Bundle BCU Performance, Finance & Information Governance Committee 25 August 2026

1 13:00 - PRELIMINARY MATTERS

1.1 PF26.98 Welcomes & Apologies
Gareth Williams, Chair

1.2 PF26.99 Declarations of Interest
Gareth Williams, Chair

1.3 PF26.100 Minutes of the Previous Meeting
Gareth Williams, Chair
1.3 Public Unconfirmed Minutes 23.06.26

1.4 PF26.101 Action Log
Gareth Williams, Chair
1.4 Summary Action Log Public

2 STRATEGIC items

2.1 13:10 - PF26.102 Corporate Services Financial Overview
Russell Caldicott, Executive Director of Finance & Performance
PF26.102 Corporate Services Financial Overview
PF26.102.1 Corporate Services Financial Overview

2.2 13:30 - PF26.103 Value & Sustainability
Neil Windsor, Programme Manager - Value & Sustainability
2.2 VS PFIG Paper

3 INTEGRATED PERFORMANCE

3.1 13:45 - PF26.104 Integrated Performance Report
Russell Caldicott, Executive Director of Finance & Performance
3.1.1 IQPR Coversheet
3.1.2 IQPR

3.2 14:05 - PF26.105 Finance Report
Russell Caldicott, Executive Director of Finance & Performance
3.2.1 Finance Report Coversheet - Month 4
3.2.2 Finance Report

4 14:35 - BREAK

5 GOVERNANCE, RISK & ASSURANCE

5.1 14:45 - PF26.106 Board Assurance Framework
Pam Wenger, Director of Corporate Governance
5.1.1 PFIG Report - BAF
5.1.2 BAF Appendix 1
5.1.3 BAF Appendix 2

5.2 14:55 - PF26.107 Audit Wales Strategic Assessment
Russell Caldicott, Executive Director of Finance & Performance

5.2.1 Audit Wales WG Strategic Funding allocation letter
5.2.2 Response to Audit Wales Letter

5.3 15:05 - PF26.108 Corporate Governance Report
Pam Wenger, Director of Corporate Governance
5.3.1 Corporate Governance Report
5.3.2 Committee Annual Report
5.3.3 PFIG TOR 26-27 Draft
5.3.4 Cycle of Business for the PFIG Committee 2026-27 Draft
5.3.5 PFIG Committee Self Assessment Presentation 2025-26

6 15:15 - CLOSING BUSINESS

6.1 PF26.109 Agree items for Referral to Board / Other Committees
Gareth Williams, Chair

6.2 PF26.110 Review of Meeting Effectiveness
Gareth Williams, Chair

6.3 PF26.111 Date of the Next Meeting - 27 October 2026
Gareth Williams, Chair

6.4 PF26.112 Resolution to Exclude the Press & 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'

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

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

PRELIMINARY MATTERS

PF26.63 Welcome and Apologies

Apologies were received for Clara Day and Debbie Eyitayo.

PF26.64 Declarations of Interest

No declarations of interest were received.

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

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

It was resolved, that the Committee:
APPROVED the minutes of the meeting held on 28 April 2026.

PF26.66 Matters Arising & Action Log

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

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

The Committee:

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

The following action was agreed:

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

It was resolved that the Committee:

AGREED to close the actions that were proposed for closure.

MAJOR PROGRAMMES & DEVELOPING STRATEGY & LONG-LASTING CHANGE

PF26.67 Planned Care

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

A new Recovery Director started with the COO's office around a month ago, creating additional capacity and resource. Day-to-day operations have been reviewed, with improvements and amendments to the major change programme made going forward.

Activity is currently off trajectory, with a worsened position noted since the end of quarter 4 in March 2026.

A speciality-by-speciality approach is being taken, with the aim to move to a regional approach within specialities of one waiting list per speciality rather than per site or IHC.

Work has been undertaken regarding diagnostics, with an improved understanding of what can be delivered internally and which areas require additional work and support, such as referral management. It was important to recognise the interdependencies between diagnostics and pathway management.

The aim is to recover the current position by the end of quarter two and be back on trajectory. It is forecasted that 0 patients waiting over 104 weeks can still be achieved by the end of March 2027.

In discussing the item, the Committee:

Reflected on the current position, and raised concerns about the deteriorating position with increasing waiting times despite additional resource and about the realism of the recovery trajectories given the lack of assurance highlighted.

Acknowledged the quality of the analytic work and data presented, but felt further work was needed to give further evidence of deliverability.

Noted that underlying causes impacting on poor performance had been understood for some time, but that progress in addressing them had been limited. It was highlighted that reducing long waits is dependent on resolving wider system constraints, including portering, scheduling processes, theatre utilisation and

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

The following action was agreed:

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

It was resolved that the Committee:

NOTED the report.

PF26.68 Urgent & Emergency Care

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

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

In discussing the item, the Committee:

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

It was resolved that the Committee:

NOTED the report.

PF26.69 Value & Sustainability

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

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

In discussing the item, the Committee:

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

The following action was agreed:

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

It was resolved that the Committee:

NOTED the report.

PF26.70 Community by Design

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

Work is underway to develop metrics to measure and track improvement.
From April 2027, the Welsh Government requires a minimum 0.5% increase in investment in primary and community care services through the programme: this equates to approx. £12m for BCUHB. National discussion through the Community

by Design board is ongoing as to whether this percentage should be higher than initially set.
There is a lack of usable primary care data and metrics due to limited integration and communication between primary care and health board systems.
Work during the next period will focus on identifying key areas for the Health Board, including important factors to residents.

In discussing the item, the Committee:

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

The following actions were agreed:

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

It was resolved that the Committee:

NOTED the report.

[Carol Shillabeer joined the meeting]

GOVERNANCE RISK AND ASSURANCE

PF26.71 Finance Report

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

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

In discussing the item, the Committee:

Noted the financial position and discussed delivery of savings, workforce expenditure and financial controls.
Highlighted concerns over continued pay overspend despite vacancies within the current establishment, querying if reliance on temporary staffing was a contributing factor.

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

The following action was agreed:

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

It was resolved that the Committee:

NOTED the report.

[Paolo Tardivel joined the meeting].

PF26.72 Integrated Performance Report

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

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

In discussing the item, the Committee:

Welcomed the development of the new IQPR, noting that the intention was for it to provide a 'single version of the truth' across all committees and the Board.
Noted how the further use of RAG ratings and quarterly assessment data would further support scrutiny, escalated and targeted queries, which is expected to be implemented later in the year.

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

It was resolved that the Committee:
NOTED the report.

[Carol Johnson joined the meeting].

PF26.73 IG KPI Report Q4

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

In discussing the item, the Committee:
Noted the clear data and transparency shown.
Reiterated the view that PPHP should look at whether the practice of recommending those seeking information from the Health Board (particularly within the media) should submit is appropriate. It was resolved that the Committee:
NOTED the report.

PF26.74 IG Annual Report 25/26

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

In discussing the item, the Committee:
Queried the information included on page 35-36 within the report and queried the total. This information will be reviewed and clarification shared outside of the meeting with members.

Noted concerns around storage for physical records following a recent site wide audit. Working is underway with IHCs to manage, with a scanning strategy being developed.

The following action was agreed:

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

It was resolved that the Committee:

NOTED the report.

[Carol Johnson left the meeting]

PF26.75 Corporate Risk Register

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

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

In discussing the item, the Committee:

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

It was resolved that the Committee:

ENDORSED the report.

PF26.76 Corporate Governance Report

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

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

In discussing the item, the Committee:

Clarified that the following topics will come under the appropriate Committee to avoid duplication:

- Foundations for the Future under People & Culture Committee
- Clinical Service Plan under Quality, Safety & Experience Committee
- Health & Wellbeing Hubs under Planning, Population Health & Partnership Committee.

Advised that a short update will be provided at the next Board to highlight each Committees' priorities.

It was resolved that the Committee:

NOTED the report.

[Tehmeena Ajmal & Pam Wenger left the meeting].

BUSINESS CASES

PF26.77 Review of Business Cases in Development

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

In discussing the item, the Committee:

Referenced the need to ensure budget holders have the appropriate authority for budget management.

Were advised of ongoing work regarding writing business cases to attempt to reduce the number produced, due to the need to move away from the narrative that a business case was needed for any change.

Highlighted the importance of improving current resources available, and redistribution where possible.

Referenced the need for a performance element, to allow prioritisation for investment and disinvestment.

Were advised that a monthly meeting will be in place to review proposals received to ensure those progressed are appropriate.

It was resolved, that the Committee:

NOTED the report.

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

CLOSING BUSINESS

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

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

Planned Care recovery remains off trajectory, with particular concern regarding 104-week waits: there is limited confidence in deliverability.

Urgent and Emergency Care performance remains fragile, with ongoing challenges in patient flow, delayed discharges and inconsistent delivery of improvement across sites.

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

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

A revised Planned Care recovery approach is being developed, including strengthened leadership, a speciality-led model and improved alignment between operational and financial planning.

Some early signs of improvement are emerging, including reductions in the longest waits and improved operational grip in some services, supported by strengthened recovery governance.

A Value and Sustainability framework is in place, with a defined pipeline of opportunities and a focus on productivity, efficiency and outcomes. The Committee will have a development session specifically relating to this.

A revised approach to business case governance is being implemented, strengthening prioritisation, aligning proposals to planning and available funding envelopes, and enabling greater local ownership of resource decisions to reduce unnecessary reliance on formal business cases. This needs to be accompanied by a streamlining of the ECR process and a review of the centralised decision making on certain types of expenditure even when these are within devolved budgets.

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

The organisation must accelerate delivery of systemic improvements, particularly around productivity (e.g. theatres, diagnostics and workforce utilisation).

Stronger clinical engagement and ownership are critical to achieving sustainable improvement and delivering value-based changes: again, greater flexibility in applying centralised controls and in handling business cases where these are needed will be important in securing buy-in.

The new version of the Integrated Performance Report was received for the first time, the Committee were pleased with the new format although significant concerns remain about many aspects of performance.

The Committee:

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

PF26.79 Review of Meeting Effectiveness

The Committee:

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

PF26.80 Date of next meeting

25 August 2026

PF26.81 Resolution to Exclude the Press and Public

'Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960'

Performance Finance & Information Governance Committee Action Log (Public)

Updated 18.08.26

Open Actions						
Actions to remain open						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
1	PF25.114.2	18.12.25	**Finance Report** Update on the AHP bank to be received at the October 2026 meeting to review progress.	Nick Graham	October 2026	Remain Open Added to forward workplan.
2	PF26.69.1	23.06.26	**Value & Sustainability** Topic to be included for future development session	Corporate Governance	TBC	Remain Open
3	PF26.70.1	23.06.26	**Community by Design** Update to be given at Committee in October 2026, including proposed metrics and baseline	Chief Operating Officer	October 2026	Remain Open
Proposed for Closure						
1	PF26.66.1	23.06.26	Cost of corporate centre to be added to forward workplan	Harriet Abbott	June 2026	Proposed for closure Added to forward workplan
2	PF26.71.2	23.06.26	**Finance Report** People & Culture Committee to review work underway to simplify the ECR process.	Head of Corporate Governance	October 2026	Proposed for closure 09.07.26 – shared with P&C secretariat
3	PF26.87.1	23.06.26	**Planned Care** A more detailed report on planned care to come to the next Committee, outlining	Chief Operating Officer	August 2026	Proposed for closure on draft agenda for august.

			proposed arrangements, delivery plans, improvement opportunities with links to the new performance report, and consideration of clinical risk and potential harm.			Additional committee meetings held in July 2026
4	PF26.74.1	23.06.26	**IG Annual Report** Primary care information on page 35-36 to be reviewed and clarification shared with members	Head of Information Governance	August 2026	Proposed for closure Information received and shared with chair for review
5	PF26.71.1	23.06.26	**Finance Report** Grip and controls checklist to be shared with members ahead of August Committee	Exec Director of Finance & Performance	August 2026	Proposed for closure Will be circulated with members ahead of the meeting.
Closed Actions (as agreed at meeting on 23.06.26)						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
1	PF26.36.1	28.04.26	**Minutes of the Previous Meeting** Minutes from December 2025 Committee to be updated following receipt of proposed amendments and circulated with members as final	Harriet Abbott	April 2026	Closed 11.05.26 - Final version circulated to members
2	PF26.37.1	28.04.26	**Matters Arising** The Integrated Performance and Accountability Framework to be reviewed to ensure alignment with current practice, enabling assurance for sign off.	Russell Caldicott	June 2026	Closed 11.05.26 – noted on draft agenda for June 16.06.26 – action superseded. Framework was received and endorsed at Board in May 2026.
3	PF26.40.2	28.04.26	**Foundations for the Future**	Chair	June 2026	Closed

			Ensure FFTF is considered at P&C Committee to ensure oversight.			11.05.26 – action shared with P&C 23.06.26 – advised an additional P&C meeting is being arranged to discuss FFTF specifically. Date is TBC. Potential discussion at the next Board Development.
4	PF26.43.3	28.04.26	**Contracts & Commissioning** Quality, Safety & Experience to consider the draft Commissioning Framework to ensure quality and safety are given sufficient weight in procurement activity	Philippa Peake-Jones / Harriet Abbott	July 2026	Closed 11.05.26 - Transferred to QSE Forward workplan
5	PF26.44.1	28.04.26	**Information Governance KPI Report** To be queried if the IG KPI report is still required to be received at Executive Committee prior to PFIG	Pam Wenger	June 2026	Closed 16.06.26 - The report will continue to be considered by Executive Committee first; and timelines will be managed to ensure no delay to PFIG reporting.
6	PF26.44.2	28.04.26	**Information Governance KPI Report** PPHP to reconsider the current practice of staff advising journalists to source information through FOIs.	Philippa Peake-Jones / Harriet Abbott	July 2026	Closed 12.05.26 – action shared with PPHP
7	PF26.3.1	24.02.26	**Integrated Performance Report** A new user-friendly integrated performance report to be developed, with aim to utilise from start if the next financial year.	~~Ed Williams~~ Russell Caldicott	~~April 2026~~ June 2026	Closed On track – a version to come to the IPR (or an update to be received at the April 2026 meeting)

						28.4.26 – work on track, new format expected at June committee meeting when first data set from the new financial year (2026/27) is presented. Due date updated. 15.06.26 – new report included on June agenda
8	PF26.05.01	24.02.26	**Urgent Emergency Care (UEC)** Update on SPOA to be brought to June 2026 Committee meeting for update on progress from Q1	Tehmeena Ajmal	June 2026	Closed To be scheduled for June's meeting. 11.05.26 – added to draft agenda for June 26 15.06.26 – included within UEC update on June agenda
9	PF26.05.02	24.02.26	**Urgent Emergency Care (UEC)** Update on Acute Frailty Service (AFS) to be brought to Committee once timescales are agreed. Update expected through Q1.	Tehmeena Ajmal	June 2026	Closed To be scheduled for June's meeting. 11.05.26 – added to draft agenda for June 15.06.26 – included within UEC update on June agenda
10	PF26.3.2	24.02.26	**Matters Arising**	All	June 2026	Closed

			Report authors to ensure accessibility of committee papers for items submitted			Added as amendment during April 2026 committee when reviewing previous minutes.
11	PF26.39.1	28.04.26	**Urgent & Emergency Care** A report on the financial implications and affordability of Community by Design to be received at the next meeting.	Tehmeena Ajmal	June 2026	Closed 11.05.26 – on June agenda
12	PF26.39.2	28.04.26	**Urgent & Emergency Care** Future UEC update to reference use of community resources and impact on patient experience and flow.	Tehmeena Ajmal	June 2026	Closed 11.05.26 – to be included in next update
13	PF26.39.3	28.04.26	**Urgent & Emergency Care** Further information on discharge to recover arrangements, including risks and patient impact to be received at the next meeting for assurance.	Tehmeena Ajmal	June 2026	Closed 11.05.26 – to be covered in June update
14	PF26.39.4	28.04.26	**Urgent & Emergency Care** Future updates to include reference to sustained improvement for assurance of embedded changes	Tehmeena Ajmal	June 2026	Closed 11.05.26 – to be included in next updated
15	PF26.40.1	28.04.26	**Foundations for the Future** Future updates on Foundations for the Future to include a paper referencing financial aspects for consideration to ensure appropriate governance	Russell Caldicott	June 2026	Closed To include when next update due at committee
16	PF26.41.1	28.04.26	**Finance Report** Response to Welsh Government (WG) checklist following deficit position to be received at the next PFIG meeting prior to submission to WG.	Russell Caldicott	June 2026	Closed 11.05.26 – to be covered in June meeting

17	PF26.43.2	28.04.26	**Contracts & Commissioning** The Executive Director of Finance & Performance and Director of Corporate Governance to discuss further to ensure oversight ahead of the next Board meeting, regarding the Commissioners Assurance Framework.	Russell Caldicott / Pam Wenger	May 2026	Closed Item went to Board in May 2026
18	PF26.45.1	28.04.26	**Board Assurance Framework** Productivity and inefficient working to be referenced against BAF07	Pam Wenger / Jody Evans	June 2026	Closed 15.06.26 – action complete
19	PF26.43.1	28.04.26	**Contracts & Commissioning** Commissioners Assurance Framework document to be circulated with Committee members	Russell Caldicott	May 2026	Closed Item was received at Board in May 2026 and approved. Documentation was received with Board papers

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

2026-27 BCU Finance Report – Corporate Services Benchmarking

Date of Meeting	25 August 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Michelle Jones, Head of Financial Reporting
Lead Executive Team Member name and title	Russell Caldicott, Executive Director of Finance.

Report Purpose	For Noting

Executive Summary

This report provides an update, using available information, on the Corporate Benchmarking paper presented in June 2025.

The Health Boards of Wales are set up to provide services in different configurations, which leads to difficulty in comparison owing to costs being known and Foundations for the Future has potential to impact upon residual establishments. However, this report seeks to confirm cost comparison benchmarking information in relation to Corporate Services in regard to;

How budget and WTE have moved over the financial years
The other Welsh Health Boards.

Based on BCUHB's month 12 Board Reports, the total expenditure on Corporate Services expenditure, excluding estates and utilities, has increased from 4.32% of Revenue Resource Allocation in 2019/20 to 5.33% in 2025/26 (with the revenue resources increasing substantially over this time.

Description	Percentage movement	Total baseline	Total spend £'s
2019/20	4.32	£1.493 billion	£ 65 million
2025/26	5.33	£2.441 billion	£130 million
Value increase (part driven by pay award) up 90%			£ 65 million

The information within this paper on 'other' Health Boards is received from the 'Financial Planning and Delivery Unit' (now known as Financial Recover Unit) in 2025, with workforce data is taken from ESR in September 2024 and September

2019 to include all staff on Agenda for Change grade (including senior managers at band 8 and 9) and Executive Directors, though excludes Clinical staff. A further update on this information has not been received to date.

It is of note that it is challenging to locate suitable benchmark information, the ability to validate like for like service models and therefore enable appropriate comparison difficult (so this is a signal to look further rather than an accurate representation of the difference between the services configured across all Health Boards.

The areas where further exploration is warranted, such as BCU being above the All-Wales Health Board average in Digital, Data and Analytics, Human Resources and Clinical Governance. A further detailed review is to be undertaken in conjunction with the Workforce workstream of the Health Board's Value & Sustainability Program, to ascertain if opportunity exists for improved efficiencies and improvement.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan
CRL	Capital Resource Limit

Please see Corporate Services Financial Overview – update August 26

ASSESSMENT	
Link to Strategic Priorities	
	1. Building an effective organisation
	If more than one applies, please list below: This paper aligns to the strategic goal of attaining financial balance and supports a number of organisational priorities.

Design Principles	Wise Spending
Corporate Risks and Board Assurance Framework	Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR) **Appendix A** **BAF risks** BAF24-03 – Value Delivery & Financial Sustainability *(There is a risk that the Health Board will be unable to secure current non-recurrent (one-off) allocations in future financial years, as these allocations are conditional on meeting agreed financial plans. Failure to secure this resource will require services to operate within a significantly reduced financial envelope.* *The objective is to achieve long-term financial sustainability or maximise value from its spending).* **Link to Corporate Risk Register:** CRR26/27-Fin-01 Delivery of the 2026/27 Financial Plan and Financial Sustainability
Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☐	No: ☒
	Outcome:	Not applicable
	If no, please include rationale:	
Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	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.
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** Data to Knowledge	**Domains of Quality** Effective
	If more than one applies, please list below:	If more than one applies, please list below:

Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales	

Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☒
	Outcome:	No - Not Applicable
	If no, please include rationale:	
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome:	No personal data included in the report.
	If no, please include rationale:	
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☒	No: ☐
	Outcome:	
	If no, please include rationale:	
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	Yes (Include further detail below)	
	Implications of deterioration of forecast to reputation.	
Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	The Health Board is in receipt of £82m of conditionally 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 improved upon and delivered the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models. Benchmarking outcomes may identify future opportunities to reduce cost growth and improve value for money across corporate service.	

BENCHMARKING CORPORATE DEPARTMENTS

1. Introduction

The below paper provides an update, where possible, on the Corporate Benchmarking paper submitted to the Performance, Finance and Information Governance Committee (PFIG) in August 2025 which reviewed expenditure incurred by Corporate Departments compared to other Health Boards.

BCU is the largest Health Board in Wales, with 20.61% of the total Health Board expenditure in 2024/25. It is of note that many of the Health Boards deploy services through the Corporate Functions in a different model, so whilst costs are known there remains variation between what is included within these services (so cost variation is to be utilised as an indicator to further review).

It is also of note that the Health Board continues to progressing the 'Foundations for the Future Programme' which will have potential to impact on services and cost exposure within the reported Corporate Service models.

Based on BCUHB's month 12 Board Reports, the total expenditure on Corporate Services expenditure (excluding estates and utilities) increased by 90% from 2019/20 at £65m to £130m per annum 2025/26 (though some of this will represent inflationary movements) and from 4.32% of Revenue Resource Allocation in 2019/20 to 5.33% in 2024/25, as shown in the table below:

Year	Service Support Functions Expenditure £'000s	Service Support Functions as a % of total RRA	Revenue Resource Allocation (RRA) £'000s
2019/20	64,532	4.32%	1,493,188
2020/21	72,611	4.01%	1,809,747
2021/22	90,845	4.85%	1,847,705
2022/23	98,488	4.94%	1,993,514
2023/24	114,750	5.37%	2,136,241
2024/25	120,001	5.17%	2,321,729
2025/26	130,179	5.33%	2,441,223

Due to significant changes in portfolios during this time, analysis of this information into individual department is complex, though an indication of where costs have increased is shown over time by department within appendix I.

2. Data used in further analysis

The benchmark of 'other' Health Boards information within this paper is from the 'Financial Planning and Delivery Unit' in Welsh Government, following a request by BCU. It uses Health Education and Improvement Wales (HEIW) data to break down Admin and Clerical WTE by area of work. All the data is taken from ESR in September 2024 and September 2019 and includes all staff on A4C grade including senior managers at band 8 and 9 and Executive Directors (Clinical staff excluded).

An update of this information is not available and therefore the below restates the detail in the 2024/25 paper.

3. General Analysis

Admin and Clerical WTE has increased from 2,931 WTE in September 2019 to 3,586 WTE in September 2024 (21.1% growth) and in September 2024 Admin and Clerical WTE accounted for 19.8% of the total WTE. This compares to 19.6% across other Welsh Health Boards.

4. Potential Issues

Different Health Boards potentially use different Areas of Work in ESR to describe staff who do similar roles. This could cause some staff to be categorised differently in different Health Boards, inflating one department and deflating another, errors or anomalies within ESR will be replicated within this analysis.

Departmental responsibilities and reporting lines will have changed over the last five years in all Health Boards. This could have impacted on the "Area of Work" allocated to some roles which means comparisons over time will not be comparable.

September 2024 WTE by Area of Work	**BCU**	**All Health Boards**	**BCU staff as a % of Other Health Boards**
Administration	65	1,539	4.22%
Catering	4	43	9.30%
Clinical Governance*	57	114	50.00%
Communication	18	100	18.00%
Corporate*	181	562	32.21%
Digital, Data, Information and Informatics*	325	1080	30.09%
Estates & Facilities	73	371	19.00%
Finance	148	601	24.62%
Human Resources	155	545	28.44%
Knowledge and Library Management	5	40	12.00%
Legal (service contracted out)	1	77	0.01%
Occupational Health	11	57	19.20%
Total	**1,043**	**5,129**	**20.33%**

**Services benchmarking above 30% of wider HB metrics*

Examples of other areas of work employing Admin and Clerical Staff which are not included in the analysis above are Patients' Records, Coding Services (within DDaT), General Practice, General Surgery, Medicine, Psychiatry, Primary Care, Community Health Services.

5. Finance

WTE per £m Spend September 2024	
Organisation	WTE per £m spend
HB A	0.037
BCUHB	0.062
HB B	0.044
HB C	0.055
HB D	0.070
HB E	0.072
HB F	0.064
All Wales	**0.055**

BCUHB has a cost per wte below three other Health Boards.

6. Human Resources

WTE as % of Substantive Workforce	
Organisation	WTE % of Workforce
HB A	0.33
BCUHB	0.84
HB B	0.38
HB C	0.45
HB D	1.23
HB E	1.20
HB F	0.60
All Wales	**0.72**

BCU has the third highest % of HR WTE as a percentage of the substantive workforce. The number of WTE in HR in BCU has increased by 66% between September 2019 and September 2024.

7. Digital, Data Information & Informatics

WTE as % of substantive Workforce	
Organisation	WTE % of Workforce
HB A	2.50
BCUHB	2.31
HB B	1.20
HB C	1.74
HB D	1.83
HB E	3.22
HB F	2.08
All Wales	**2.02**

BCU has the third highest % of Digital, Data, Information & Informatics WTE as a percentage of the substantive workforce. The number of WTE in Digital, Data, Information & Informatics has increased by 86% (from 174 WTE to 325 WTE) between September 2019 and September 2024 compared to a 58% average increase for all other Welsh Health Boards over the same period.

8. Corporate

WTE per £m spend	
Organisation	WTE per £m spend
HB A	0.043
BCUHB	0.076
HB B	0.043
HB C	0.009
HB D	0.062
HB E	0.058
HB F	0.049
All Wales	**0.048**

This section includes Executive Directors and their support and Corporate Governance staff. BCU has the highest % Corporate WTE per £m of expenditure compared to all other Welsh Health Board as at September 2024.

9. Next Steps

The work required in order to translate any opportunities identified from the information presented into Value and Sustainability schemes will be considered by the Workforce workstream in conjunction with the relevant departments.

This will include:

a) Engagement continues with 'Foundations for the Future' and potential to impact upon costs incurred and future service configuration
b) Liaison with other Health Boards through the All-Wales V&S Workforce workstream to align services provided with cost exposure to enhance comparability of costs and services provided
c) Review of the data in greater detail via ESR integration to understand variations between Health Boards

10. Financial Implications/ Risks

The non-achievement of the savings target is a key risk to the achievement of the Health Board's Statutory Financial Duties. Having Corporate Services that benchmark well in comparison to 'other' Health Boards for services provided and cost exposure is important in assessing the efficiency and value for money of Corporate Functions and their ongoing operations within the Health Board.

Appendix A - BCUHB Service Support WTE and Actual Expenditure as at Month 12 as per Ledger Reports

Information held in the ledger is categorised differently to information held in ESR which has been used for the All Wales Benchmarking

SERVICE SUPPORT FUNCTIONS	25-26		24-25		23-24		22-23		21-22		20-21		19-20	
	WTE Mth 12	Actual Mth 12 £'s	WTE Mth	Actual Mth 12 £'s	WTE Mth 12	Actual Mth 12 £'s	WTE Mth 12	Actual Mth 12 £'s	WTE Mth 12	Actual Mth 12 £'s	WTE Mth 12	Actual Mth 12 £'s	WTE Mth 12	Actual Mth 12 £'s
Chief Executive	16.03	3,465,349	15.21	3,235,180	24.73	3,658,750	13.00	3,574,591	14.00	2,393,141	13.80	2,816,946	13.80	2,370,518
Director of Integrated Services/Deputy CEO	191.13	13,672,038	163.26	11,244,987	86.95	10,210,042	49.56	6,066,138	11.60	3,752,372	10.60	2,738,234		
Finance Executive	144.35	11,182,203	144.71	9,401,436	147.60	10,430,085	175.72	10,157,363	173.65	9,292,330	133.71	9,260,345	134.64	7,481,682
Nursing Executive	245.26	16,581,427	253.03	17,338,145	286.13	18,287,540	288.57	16,028,372	288.43	16,512,585	245.96	13,070,890	206.30	11,695,532
Medical Executive	52.79	3,830,578	57.70	3,547,966	50.72	3,554,046	79.55	4,353,008	56.90	3,140,041	25.09	1,892,251	20.48	1,569,327
WF&OD Executive	212.33	17,741,260	223.41	21,004,731	234.88	22,677,443	211.80	17,421,368	185.88	20,827,011	193.68	15,247,412	168.22	12,022,332
Public Health Executive	201.95	12,632,235	67.43	4,444,740	58.74	3,547,676	65.76	3,873,723	13.80	2,022,002	15.24	1,824,957	11.76	1,263,339
Corporate Governance	53.32	3,820,544	49.61	3,350,389	26.23	1,476,981	12.62	1,261,308	24.38	1,417,593	22.33	1,033,653	39.07	2,172,788
Executive Director of Therapies	22.06	1,300,106	40.61	2,329,483	25.96	1,257,949	3.15	371,964	3.00	336,058	1.00	251,086	6.80	637,602
Transformation and Strategic Planning Executive	48.84	3,730,240	78.74	5,759,053	78.31	5,665,533	94.68	6,972,840			34.10	2,383,152	11.96	924,431
Director of Primary Care & Community Services	17.40	1,162,872							63.61	7,049,044	25.12	1,147,739	37.88	2,037,880
Director of Partnership,Engagement and Communications	17.40	1,162,872	20.89	1,318,968	25.92	1,247,230	20.60	1,179,217	20.80	1,053,744				
Chief Digital Information Officer	530.44	39,379,824	504.69	36,526,561	494.92	32,736,918	499.37	27,228,502	446.84	23,048,696	418.40	20,061,883	397.56	17,873,249
Director of Performance	7.42	517,617	7.00	499,598										
Director of Turnaround											13.81	882,704	19.33	4,482,883
Total Service Support Functions (excluding estates and energy)	**1,761**	**130,179,165**	**1,626**	**120,001,237**	**1,541**	**114,750,193**	**1,514**	**98,488,394**	**1,303**	**90,844,617**	**1,153**	**72,611,252**	**1,068**	**64,531,563**
Month 12 Revenue Resource Allocation		2,441,223,368		2,321,729,924		2,136,241,835		1,993,514,316		1,874,705,474		1,809,747,253		1,493,188,767
Service Support Functios as a % of allocation		5.33%		5.17%		5.37%		4.94%		4.85%		4.01%		4.32%

Notes/ Key Transfers between Directorates.

Integrated Services Portfolio (recently renamed Chief Operating Officer (COO)) includes Office of the COO, Eye Care sustainability, Unscheduled Care, Planned Care, Patient booking services, Corporate Facilities Medicines Management and Primary Care Academy

Finance Executive includes Capital Planning in 2021/22 and 2022/23 but not other years. Until 2024/25 included Director of Performance portfolio, which was then transferred to a separate Portfolio.

Nursing Executive included legal services until 2024/25 when this transferred to Corporate Governance

Public Health Executive increased in 2022/23 due to the transfer in of local Public Health Teams from Public Health Wales, and in 2025/26 due to the transfer of the Mass Vaccination Service into the Public Health Executive.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Performance Finance & Information Governance Committee

VALUE & SUSTAINABILITY PROGRAMME – M4 UPDATE

Date of Meeting	25 August 2026
Publication Status	Open/ Public
	Not Applicable
Report Author(s) name and title	Neil Windsor: Programme Director for Value & Sustainability
Lead Executive Team Member name and title	Russell Caldicott: Executive Director of Finance, Dr Clara Day: Executive Medical Director

Report Purpose	For Noting

Executive Summary

Purpose:

This paper provides PFIG with assurance on the current status, delivery trajectory and governance of the Value & Sustainability (V&S) Programme. It summarises progress against planned savings and other non-financial measures of value, identifies key risks and delivery challenges and outlines the mitigations being implemented to improve confidence in achieving programme objectives. The paper is intended to support PFIG's oversight role by providing a clear assessment of programme performance and the actions required to secure sustainable financial and service improvement outcomes. In addition, it highlights how the programme is using investment from the ringfenced Value Budget to stimulate and support innovative initiatives that advance the principles of prevention and early intervention. Through targeted investment in new approaches, service redesign and evidence-based interventions, the programme is seeking to improve population health and wellbeing, reduce avoidable demand on services and create more sustainable models of care that deliver long-term value for patients and the organisation.

Headline Summary of Issues:

£55.7m savings opportunities have been identified against a £46m target, however there remains a gap of £2.1m between the £46m target and assured Green RAG savings.

Of the identified Green RAG savings, £28.2m (64%) has been categorised as 'budget releasing'.

Operational teams continue to be held accountable for identifying their established 2% savings target, to complement the work of the Value & Sustainability Programme and ensuring responsibility for cost improvement is shared across the organisation.
Work continues to map non-financial metrics of value, though financial benefits still dominate programme reporting.

Key Findings:
The V&S Programme is strategically aligned to national policy and integrates financial, clinical, operational and workforce considerations into a single value framework.

At Month 4:
At M4, the savings are split as follows; £28.2m Green (Budget Releasing), £15.7m Green (Non Budget Releasing), £0.1m (Red), £11.6m (Pipeline).

Savings Plan by V&S Workstream – M4

Workstreams	Green * (Budget Releasing)	Green * (Non Budget Releasing)	Red	Pipeline	TOTAL
1. Workforce	5,762,762	9,661,089	112,230	8,322,491	23,858,573
2. Medicines Management	10,512,940	3,713,990	0	500,000	14,726,930
3. Non-Pay & Procurement	3,811,201	891,429	0	1,487,000	6,189,630
4. Continuing Health Care (CHC)	5,154,694	124,950	0	0	5,279,644
5. Clinical Value & Service Reconfiguration	2,231,885	0	0	1,000,000	3,231,885
Other	753,538	1,323,115	0	320,000	2,396,653
TOTAL	28,227,020	15,714,573	112,230	11,629,491	55,683,314
	43,941,592				

Key	Definition
Pipeline	Total opportunity identified by Workstream Lead, as yet unvalidated (may include FYE)
Red RAG	Indicative values identified for individual schemes, but formal SSD s not submitted/validated
Green RAG	Savings opportunities fully profiled with validated SSD's (non budget releasing)
Green RAG	Savings opportunities fully profiled with validated SSD's (budget releasing)

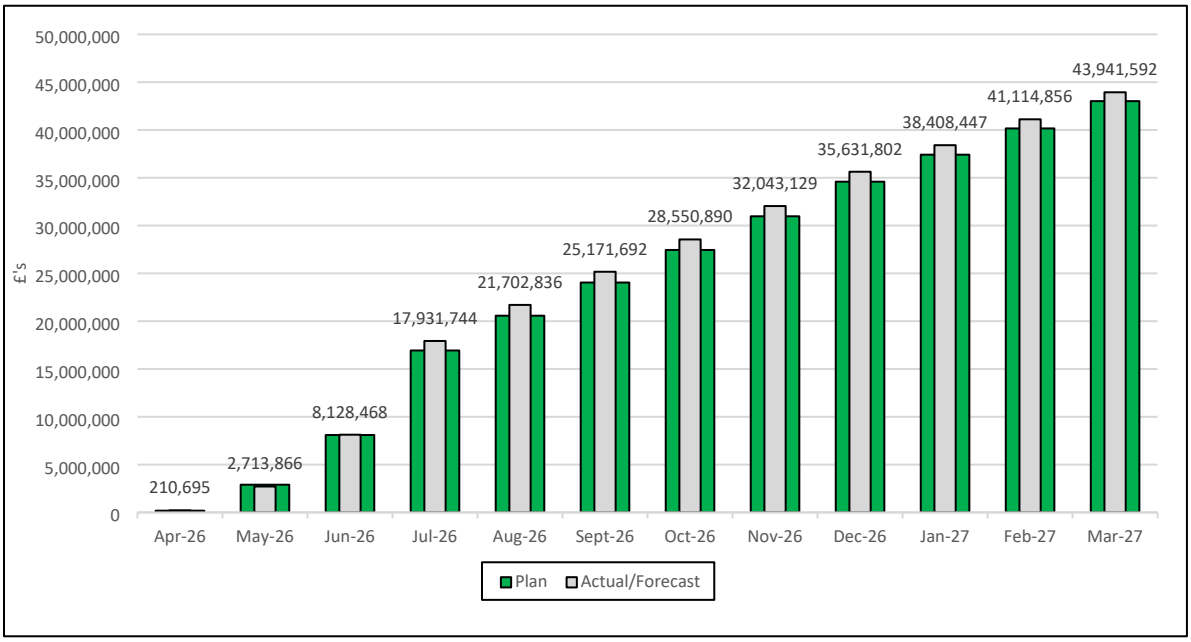
2027/28	2028/29
Pipeline	Pipeline
£3.8m	£0m

This profile has improved significantly in-month, but highlights the need to maintain strong delivery grip, timely validation and clear accountability to convert the remaining pipeline opportunities and Red RAG schemes into assured value.

Further high-value opportunity areas have been identified but require further quantification and therefore do not form part of the current pipeline of opportunities at M4. These include:

Estates Rationalisation
Clinical Procurement Standardisation
Other Corporate Non-Pay Opportunities (i.e. transport)
Commissioning
Planned Care Productivity & Efficiency
Other Workforce Opportunities (i.e. expansion of bank, healthy workforce etc)

From a delivery perspective, we are forecasting to over-deliver against original plan by £0.9m at year end.



Work is continuing, to capture non-financial value benefits particularly in regards to measures of productivity, efficiency, outcomes and environmental sustainability, with support provided to the other Major Change Programmes (MCP's) to map and report benefits, via a more comprehensive value reporting tool.

Risks & Implications:

Financial risk: Failure to close the remaining savings gap risks not achieving statutory financial balance, increasing reliance on non-recurrent measures and undermining financial recovery.

Delivery risk: Large portfolio of unvalidated pipeline schemes creates uncertainty and reduces confidence in in-year delivery.

Strategic risk: Immaturity of the Clinical Variation workstream could result in missed system-level productivity gains and continued unwarranted variation.

Actions Undertaken or In Progress:

CEO escalation meetings with Directors and SROs of Value & Sustainability Programme.

Establishment of Clinical Variation Workstream (chaired by Executive Medical Director – inaugural meeting 28/08/26) and commissioning of data intelligence/insight by DDAT, to drive key areas of opportunity.

Ask of the Group:

The Committee is asked to:

Note the scale of the identified opportunities (including Green RAG) and the reduction of the savings gap to £2.1m in month

	Support the emerging work of the Clinical Variation workstream, particularly the rapid quantification of high-impact productivity opportunities. **Endorse** the progress made in deploying targeted Value Budget investment to accelerate innovative prevention and early intervention schemes. **Endorse** the transition of the programme away from a 'cost improvement' to a value programme, which focuses equally on metrics of outcomes, experience, productivity, efficiency, quality and environmental sustainability.

Engagement (internal/external) undertaken to date (including receipt/ consideration at Committee/Group)
Detail in here the engagement that has already been undertaken, for example discussed at QSE on [date], where the proposal was approved in principle

Committee / Group / Individuals	Date	Outcome, Evidence and Data
Not applicable for this report		

Acronyms / Glossary of Terms
Include in here all the acronyms included in the paper to aid the reader. Do not assume that everyone will be aware of the terminology used.

M4	Month 4
PFIG	Perfomance, Finance & Information Governanace
V&S	Value & Sustainability
RAG	Red, Amber, Green
CHC	Continuing Health Care
MCP's	Major Change Programme
SRO's	Senior Responsible Officers
DDAT	Digital, Data & Technology
UEC	Urgent & Emergency Care
OGEP	On the Ground Education Programme
NCIP	National Cellulitis Improvement Programme
BCUHB	Betsi Cadwaladr University Health Board
NICE	National Institute for Health & Care Excellence
NT-pro BNP	N-terminal pro–B-type natriuretic peptid
BAF	Board Assurance Framework

Value & Sustainability Programme

1. SITUATION

1.1 This paper provides PFIG with assurance on the current status, delivery trajectory and governance of the Value & Sustainability (V&S) Programme. It summarises progress against planned savings and other non-financial measures of value, identifies key risks and delivery challenges and outlines the mitigations being implemented to improve confidence in achieving programme objectives.

In addition, it highlights how the programme is using investment from the ringfenced Value Budget to stimulate and support innovative initiatives that advance the principles of prevention and early intervention. Through targeted investment in new approaches, service redesign and evidence-based interventions, the programme is seeking to improve population health and wellbeing, reduce avoidable demand on services and create more sustainable models of care that deliver long-term value for patients and the organisation.

2. BACKGROUND

2.1 During Month 4 (M4), the primary focus of the Value & Sustainability Programme has been on strengthening delivery confidence against the £46m savings target through targeted intervention to transition existing schemes from pipeline and red-rated status into green-rated delivery.

2.2 Simultaneously, the workstreams (and IHC's as part of their 2% savings plan) have continued to identify and develop additional opportunities to address the remaining financial gap.

2.3 Alongside this financial recovery focus, work has continued to mature the programme from a traditional savings-based approach towards a broader value-based framework by mapping and capturing the wider benefits delivered through improvement initiatives, including quality, productivity, workforce, patient experience and sustainability outcomes. This will enable a more comprehensive articulation of the overall impact of the programme and support more balanced decision-making across the organisation.

2.4 In parallel, ongoing review and evaluation of projects supported through the ringfenced £3.1m Value Fund has continued to assess delivery progress, realised benefits and return on investment, ensuring that funded initiatives are achieving their intended outcomes and providing evidence to inform future investment decisions and programme prioritisation.

3. SPECIFIC MATTERS FOR CONSIDERATION

3.1 Overall Programme Position

At Month 4 of 2026/27, the programme has identified (see Fig. 1) a total savings opportunity of **£55.7m**, against a target of £46m comprising of:

£28.2m Green (Budget Releasing) RAG schemes
£15.7m Green (Non-Budget Releasing) RAG schemes
£0.1m Red RAG schemes
£11.6m Pipeline schemes

Fig 1 – M4 Savings Profile by V&S Workstream

Savings Plan by V&S Workstream – M4					
Workstreams	**Green *** (Budget Releasing)	**Green *** (Non-Budget Releasing)	**Red**	**Pipeline**	**TOTAL**
1. Workforce	5,762,762	9,661,089	112,230	8,322,491	23,858,573
2. Medicines Management	10,512,940	3,713,990	0	500,000	14,726,930
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Other	753,538	1,323,115	0	320,000	2,396,653
TOTAL	28,227,020	15,714,573	112,230	11,629,491	55,683,314
	43,941,592				

Key	Definition
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Green RAG	Savings opportunities fully profiled with validated SSD's (budget releasing)

2027/28	2028/29
Pipeline	Pipeline
£3.8m	£0m

To support the closure of the financial savings gap, the Executive Medical Director and Programme Director have facilitated 'Deep Dives' with workstream leads for; Workforce; Medicines Management; Non-Pay & Procurement and Continuing Health Care (CHC), with further opportunities being scoped around clinical procurement standardisation, corporate non-pay, estates rationalisation, further medicines management opportunities (blue-tech 'high cost drugs, oral nutritional supplements) and further CHC opportunities (acquired brain injury).

Whilst the Clinical Variation & Service Reconfiguration workstream is strategically critical to the delivery of sustainable value and is central to national priorities on Prudent Healthcare, productivity improvement and Value-Based Healthcare, at present this workstream remains at an early stage of maturity, with identified opportunities largely held at a high level and limited quantification of the potential value available.

To strengthen assurance and support delivery planning, there is a clear need to move from thematic identification to robust opportunity quantification, particularly in the following areas:

Theatre productivity, including utilisation, session productivity, start and finish times, cancellation rates and case mix.
Outpatient productivity, including follow-up ratios, new-to-follow-up balance, clinic utilisation and alternative models of care.
Demand management, including referral management, pathway thresholds and unwarranted variation in access and intervention rates.
Patient flow and length of stay, including discharge processes, internal flow constraints and variation in clinical decision-making.

These areas represent some of the largest system-level opportunities for improving outcomes and productivity and are directly aligned to the objectives of the Planned Care and UEC Major Change Programmes.

To expedite the development of these opportunities, the inaugural Clinical Variation Workstream Group is scheduled to meet on 28.08.26, chaired by the Executive Medical Director and with strong clinical representation.

As the programme matures in-year, a core objective is to maintain a **rolling pipeline of value opportunities**, strengthening financial resilience by enabling forward planning, sustained delivery of value and reduced reliance on reactive, short-term measures. We have already identified £3.8m of additional pipeline opportunities for 27/28.

By Q4, we also seek to embed a **value-based approach to decision-making**, ensuring that investment and disinvestment decisions are consistently informed by their impact on outcomes, quality, productivity and sustainability, in line with national Value in Health and Prudent Healthcare principles.

3.2 Non-Financial Metrics of Value - 'Prevention & Early Intervention'

A core principle of the Value & Sustainability Programme is the investment of ringfenced value funding into initiatives that improve outcomes, reduce unwarranted variation and support the long-term sustainability of health services. Through targeted investment in prevention and early intervention, we are enabling innovative models of care that aim to reduce avoidable demand, improve patient experience and deliver better value across the whole system. The following case studies demonstrate how dedicated value monies are being used to translate strategic ambition into tangible service transformation, supporting patients to remain healthier for longer while reducing the burden of preventable admissions, complications and disease progression. They showcase a diverse portfolio of initiatives, spanning the Lymphoedema 'On the Ground Education Programme', National Cellulitis Improvement Programme,

Prehabilitation, and Heart Failure Phase 1, each delivering practical examples of prevention-focused innovation and sustainable improvement.

On the Ground Education Programme (OGEP)
The Lymphoedema On the Ground Education Programme (OGEP) is a prevention-focused workforce development initiative designed to improve the management of chronic oedema, wet legs and associated long-standing leg ulceration within community settings. The programme provides bedside education and practical support to community and wound care nurses, supporting them to recognise and treat chronic oedema at an earlier stage through safe and appropriate compression therapy. By building clinical competence within frontline teams, OGEP aims to prevent disease progression, by reducing the likelihood of complications, worsening wounds and prolonged treatment pathways. The model also promotes timely referral into specialist lymphoedema services when required, helping patients access the right care sooner. Importantly, education is delivered within community and rural settings, reducing the need for staff to attend formal study leave and ensuring that best practice is embedded directly into day-to-day patient care.

Patient outcome monitoring for the OGEP demonstrates the benefits of early intervention for patients with chronic oedema and associated leg ulceration. Evaluation of 49 BCUHB cases compared outcomes before and after intervention, with the programme focused on improving symptom management, supporting appropriate compression therapy, preventing disease progression and enhancing patient quality of life. The programme's outcomes support reduced avoidable healthcare utilisation, including fewer unnecessary primary care contacts and unscheduled admissions, evidencing the positive contribution of value-funded investment towards prevention and early intervention.

National Cellulitis ImprovementProgramme
The National Cellulitis Improvement Programme (NCIP) is delivering significant benefits for patients and services across Betsi Cadwaladr University Health Board (BCUHB) through a proactive approach to prevention, early intervention and integrated care. The programme identifies patients who have experienced cellulitis and provides timely follow-up, risk assessment, patient education and rapid access to specialist support. By addressing the underlying causes of recurrent cellulitis, including previously undiagnosed lymphoedema, the programme is helping to prevent avoidable deterioration and reduce future demand on healthcare services.

The programme has demonstrated a particularly strong contribution to prevention within BCUHB. Of the patients reviewed, 43% were identified as having lymphoedema, with many not previously known to local specialist services. This has enabled earlier treatment and referral, helping to reduce recurrence, improve symptom management and prevent progression to more serious illness. The programme has also improved access for vulnerable

populations through proactive telephone follow-up, significantly increasing engagement rates and supporting patients living in areas of higher deprivation who may otherwise be less likely to access preventative healthcare interventions.

The impact on patient outcomes has been substantial. Within a BCUHB cohort of 1,494 patients, cellulitis episodes reduced from 1,240 prior to intervention to 30 following NCIP involvement. Hospital admissions reduced from 779 to 6, while associated bed days fell from 5,632 to 29, indicating a significant reduction in avoidable acute hospital activity. Patient experience measures are equally positive, with 99% of respondents reporting that they understood how to reduce their risk of future cellulitis, while 96% reported a positive care experience and felt listened to during consultations.

The programme has identified significant unmet need, particularly in relation to undiagnosed lymphoedema, enabling earlier treatment and specialist intervention. Outcome data demonstrates substantial reductions in cellulitis recurrence, hospital admissions and bed days, whilst patient experience scores remain exceptionally high.

Specialist Prehabilitation Programme

The BCUHB Specialist Prehabilitation Programme is a well-established prevention and optimisation service that prepares higher-risk patients for major surgery through a structured programme of exercise, nutrition, psychological support and lifestyle intervention. The programme recognises that a small proportion of surgical patients account for the majority of complications and healthcare costs and therefore focuses on improving patients' physical and psychological resilience before treatment. By intervening before surgery, Prehab seeks to reduce postoperative complications, accelerate recovery and improve long-term health outcomes.

The programme provides an intensive, face-to-face, multimodal intervention consisting of 12 supervised sessions over four weeks, supporting patients to become fitter, stronger and better prepared for complex surgery. This preventative approach enables patients to improve functional capacity prior to treatment, reducing the impact of major surgery and helping individuals to recover quicker. In addition to improving surgical outcomes, the programme promotes healthier behaviours that contribute to reduced risks associated with chronic conditions such as diabetes, hypertension, stroke, dementia and cancer recurrence.

Evidence from the BCUHB programme demonstrates a significant positive impact on both patient outcomes and service utilisation. Patients participating in Prehab experienced a reduction in postoperative complication rates from 64% to 34%, whilst hospital readmission rates reduced from 23% to 8%. The programme also delivered measurable benefits to hospital flow and capacity, with critical care length of stay reduced by two days and overall hospital length

of stay reduced by three days per patient. These improvements not only enhance patient recovery and experience but also release valuable hospital capacity and reduce demand on acute services.

Heart Failure Phase 1 Programme
The Heart Failure Phase 1 Programme was established to transform heart failure services across BCUHB by delivering a NICE-aligned pathway focused on early diagnosis, rapid assessment, optimised treatment and admission avoidance. The programme aims to reduce unwarranted variation in care, expand community-based diagnostics and ensure patients receive timely specialist support closer to home.

A key feature of the programme has been the development of an integrated Heart Failure Pathway spanning prevention, diagnosis, chronic disease management, acute care and end-of-life planning. The pathway promotes earlier identification of heart failure through improved use of NT-proBNP testing, rapid access to echocardiography and specialist-led one-stop diagnostic clinics. This enables patients to receive appropriate treatment earlier in their disease trajectory, reducing delays in diagnosis and helping to prevent avoidable deterioration, hospitalisation and complications

The programme is already delivering measurable benefits for patients and the wider health system. Increased community diagnostic capacity and redesigned care pathways have resulted in 2,208 hospital appointments being avoided, reduced inpatient admissions and fewer unnecessary cardiology referrals. The programme has strengthened multidisciplinary working and improved access to specialist advice, ensuring that patients are seen by the right clinician at the right time. BCUHB data also demonstrate high levels of diagnostic effectiveness, with 34.4% of referred patients confirmed as having heart failure and 65.6% appropriately ruled out, reducing unnecessary investigations and directing resources towards those most in need.

4. KEY RISKS / MATTERS FOR ESCALATION

4.1 Savings Gap & Pipeline Maturity

Identified savings opportunities (£55.7m) exceed the £46m target, however £11.7m is held in early-stage pipeline schemes and Red RAG rated limited assured delivery, leaving a gap of £2.1m in Green RAG rated schemes.

Alignment to Corporate Risk Register / BAF:
Financial sustainability / failure to achieve financial balance

Potential Impact
Failure to meet statutory financial duties
Increased in-year deficit and need for non-recurrent measures
Reduced confidence from Welsh Government and stakeholders

Board / Committee ask:

Note the scale of the identified opportunities (including Green RAG) and the reduction of the savings gap to £2.1m in month.
Support the emerging work of the Clinical Variation workstream, particularly the rapid quantification of high-impact productivity opportunities.
Endorse the progress made in deploying targeted Value Budget investment to accelerate innovative prevention and early intervention schemes.
Endorse the transition of the programme away from a 'cost improvement' to a value programme, which focuses equally on metrics of outcomes, experience, productivity, efficiency, quality and environmental sustainability
Support strengthened delivery grip, validation and accountability.

4.2 Clinical Variation Workstream Maturity

The Clinical Variation & Service Reconfiguration workstream remains at an early stage (although a more formal governance structure is now operational), with high-level opportunities and limited quantified benefit, despite being critical to sustainable value delivery.

Alignment to Corporate Risk Register / BAF:

Quality and outcomes improvement

Potential Impact

Failure to realise largest system productivity and value opportunities
Ongoing unwarranted variation and inefficiency

Board / Committee ask:

Note the immaturity and associated delivery risk
Support prioritisation of quantified opportunity development (e.g. theatres, outpatient productivity, flow, demand management)

5. RECOMMENDATIONS

a. The Committee/Meeting/Group is asked to:

NOTE and **COMMENT** on the paper

ASSESSMENT	
Link to Strategic Priorities	
	2. Developing strategy and long-lasting change
	4. Improving quality, outocmes and experience
Design Principles	Wise Spending Simplify, Standardise, and Adopt Best Practices
Corporate Risks and Board Assurance Framework	**BAF24-03** - Not Achieving Long Term Financial Sustainability **BAF24-06** - Not Delivering the Required Improvements to Transform Care and Enhance Outcomes **BAF24-08** - Not Implementing Evidenced Based Improvement and Innovation
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	A Globally Responsible Wales A Prosperous Wales A Resilient Wales

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☐	No: ☒
	Outcome:	N/A
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Yes: ☐	No: ☒
	Outcome:	N/A.
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** All Apply	**Domains of Quality** All Apply
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Environmental /Sustainability Impact (5Rs)	Yes - Reduce	
	Yes - Recycle	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☒
	Outcome:	N/A.
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	N/A.
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
	Yes: ☐	No: ☒

Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Outcome:	N/A.
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
Legal	There are no specific legal implications related to the activity outlined in this report.	
	N/A.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
	N/A.	
Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	
	N/A	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Performance Finance & Information Governance Committee

INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR)

Dyddiad y Cyfarfod **Date of Meeting**	25 August 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Olivia Shorrocks Cyfarwyddwr Perfformiad Director of Performance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Russell Caldicott Cyfarwyddwr Gweithredol Cyllid Executive Director of Finance
Pwrpas yr Adroddiad **Report Purpose**	For noting

Crynodeb Gweithredol **Executive Summary**
This report summarises the health board's current position in relation to performance metrics and identifies key actions required to improve performance and achieve sustained improvement. It provides the health board with an objective assessment, underpinned by analysis, highlights performance issues alongside longer-term data and information on the improvements underway. Members are asked to note the current position and assurance levels against performance metrics.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Not applicable for this report		

INTEGRATED PERFORMANCE AND QUALITY REPORT

1.0 Y SEFYLLFA / SITUATION

1.1 The Integrated Quality and Performance Report underpins the health board's Performance and Accountability Framework and integrates key performance indicators (KPIs) taken from:

- Key deliverables from the annual and Integrated Medium-Term Plan (IMTP)
- Special measures de-escalation criteria
- NHS Wales Performance Framework Measures
- Key deliverables in response to Welsh Government (WG), Healthcare Inspectorate Wales (HIW, Health Education and Improvement Wales (HIEW) and other formal recommendations

2.0 Y CEFNDIR / BACKGROUND

2.1 This report provides an assessment of organisational performance, outlining key achievements, areas of challenge, and the actions being taken to drive improvement against the domains of:

- Operational performance and access
- Quality, safety and patient experience
- Finance and sustainability
- People and places
- Population health and prevention

It brings together quantitative data, narrative analysis, and strategic context to present a comprehensive overview of service performance across the health board. The performance measures and targets reported within this section are aligned to Welsh Government expectations for 2026/27.

3.0 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

3.1 Performance and access

The health board made sustained progress in reducing **planned care** waiting times through to March 2026, outperforming forecast trajectories. The number of patients waiting over 104 weeks has reduced by 79% since its peak in July 2024. Whilst there was an increase of patients waiting over two years in the first two months of quarter 1, the health board recovered the position and reported 2,191 breaches at the end of quarter one. A small number of patients were waiting more than three years at the end of the quarter. This demonstrates the fragility of progress achieved to date and the need for sustained delivery of recovery actions.

Cancer performance remains the worst in Wales at 53.59% (May 2026) and a provisional outturn of 53.5% for June 2026. This is significantly below the required standard. The challenges are notable in skin, breast, urology, colorectal, and head and neck services, reflecting ongoing capacity, pathway and demand pressures. The health board has resubmitted data from quarter 4 (in line with agreed protocols) and this will show an improved performance earlier in the year when published in August.

Diagnostic performance has continued to improve, however, sustaining this improvement remains dependent on addressing ongoing capacity constraints within key services, particularly radiology, non-obstetric ultrasound and endoscopy, where demand and workforce pressures continue to impact performance.

An interim Planned Care Recovery Director was appointed in May 2026 to lead delivery of planned care recovery plans from Quarter 2 with focus on improving operational delivery, productivity, data validation and targeted commissioning.

After a period of sustained improvement during 2025, performance against the percentage of people accessing **adult psychological therapy** within 26 weeks of referral remains below the national 80% standard with 51.2% of patients starting treatment within 26 weeks in June.

Access for children requiring **neurodevelopment** assessments remains poor at 14.9% within 26 weeks for BCUHB against a 80% target. No health board is achieving the standard at latest monitoring with latest all- Wales performance of 23.3%. There is a focus on reducing the extreme waits with a 66% reduction seen in number of patients waiting more than 3 years between December 2025 and June 2026.

Urgent and emergency care services across the health board continue to operate under ongoing pressure, and present risks to patient safety and experience, quality of care, staff wellbeing and organisational reputation. In June, ambulance conveyances were static (3,340), with 39% of handovers achieved within the 45-minute target, well below the requirement of 100%. There is an improving trajectory against the special measures target for one hour ambulance handovers. Emergency department 12-hour performance has deteriorated by 1% over the past three months, 24% of patients continue to wait over 12 hours in ED's and MIU's. Time to triage is above target (median 21 minutes against the 15-minute target), while median time to clinician stands at 127 minutes (67 minutes over the national target). The number of patients with delayed pathways of care and number of delayed days has increased with West IHC accounting for 50.4% (6,592) of all delayed bed days across BCU. Improvement work has been supported by a dedicated intervention team. Following an inspection of the

Emergency Department at Ysbyty Glan Clwyd in June 2026, Healthcare Inspectorate Wales (HIW) identified a number of areas requiring immediate assurance and designated the service as an area of significant concern. A detailed recovery plan has been developed to respond to the concerns raised

3.2 Quality, safety and patient experience

1 new never event has been reported in July 2026, this is in addition to the four never events reported in Quarter 1 (1 in April and 3 in June). Data indicates that BCUHB is an outlier compared to other health boards accounting for 50% of the never events reported during first quarter of 2026/27 (this doesn't include July case). 13 never events have been recorded for the period July 2025 – July 2026. The most frequent theme was wrong site procedure

While each event has been subject to immediate escalation and investigation, the recurring nature of the themes identified continues to be a significant concern and highlights the need for strengthened assurance and compliance arrangements.

A health board wide programme is underway to consolidate all LocSSIPS and ensure that continuous audit programmes are in place. The work programme is intended to extend assurance arrangements across all invasive procedures and strengthen reporting through governance processes.

The number of open complaints is increasing. At the end of November 2025 there were 243 complaints open. This has increased to 324 at the start of August – an increase of a third. The Central IHC has the highest number of open complaints.

3.3 Finance and sustainability

The health board's financial plan identified an £89 million gap to achieve a break-even position. After delivering a targeted £46 million savings, a planned deficit of £43 million remains, meaning the organisation is not currently forecast to meet its statutory financial duty.

At the end of July 2026, the year-to-date deficit is £22.9 million, which is £8.6 million adverse to the planned year to date deficit of £14.3m due to pressures predominantly relating to pay, prescribing and CHC. Whilst significant progress to accelerate the conversion of identified opportunities into green-rated schemes has been achieved in Month 4 (July), further focus is required on closing the savings gap, containing cost overruns and recovering the year-to-date deficit above plan.

The health board is targeting £46 million of savings, with an additional stretch target of £17 million, bringing the total savings requirement to £63 million (2.4% of turnover). Subject to assurance on delivery would result in £26 million of Welsh Risk Pool costs being mitigated by Welsh Government and the Health Board being able

to submit a balanced plan for 2026/27 and attain the key statutory duty of break-even.

As at July 2026, savings schemes with a forecast deliverable value of £43.9 million have been progressed, but only £28.2 million of these saving are budget reducing, highlighting the need for significant further work to identify and deliver recurrent budget releasing savings and restore a sustainable financial trajectory.

Failure to achieve the statutory financial duty places at risk access to approximately £82 million of Welsh Government funding. This would significantly increase the financial challenge facing the organisation and constrain its ability to maintain services, invest in workforce and infrastructure, and support delivery of operational recovery plans.

3.4 People and places

Sickness absence remains high at 6.09%, with long-term sickness continuing to account for the majority of absence. Short-term sickness remained at 0.79% in June 2026, while long-term sickness was stable at 3.95%.

The overall vacancy rate is 8.4%. Agency usage within nursing and midwifery has continued to fall over the past year, reflecting progress in workforce stabilisation. Nursing workforce turnover has also reduced, supporting greater continuity of care and improved workforce sustainability. Despite this progress, workforce availability continues to present challenges across a number of services and remains a key enabler of operational recovery.

4.0 ASSESSMENT

Whilst improvement has been achieved in some areas over the past year, the health board continues to face significant challenges in delivering sustained recovery and there is a risk of slippage as waiting lists start to grow. Performance against national standards remains below expectation in many services, most notably urgent and emergency care, cancer and planned care. Alongside these operational challenges, the health board faces substantial financial risk, with delivery of the statutory financial duty critical to maintaining access to Welsh Government support funding and supporting future service sustainability. Taken together, these factors mean the organisation remains some distance from achieving the level of performance and sustainability required for de-escalation from Special Measures. Recovery plans are in place, but delivery at pace will be critical during the remainder of 2026/27.

5.0 ARGYMHELLION / RECOMMENDATIONS

5.1 All exceptions noted in this paper are being monitored and are under considerable scrutiny, despite this there is considerable risk that the health board's trajectories will not be met this quarter. Committee members are therefore asked to provide robust oversight and challenge, ensuring that recovery plans are delivering measurable improvement and that management actions are commensurate with the scale of the operational, quality and financial challenges facing the health board.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
A&E	Accident and Emergency
AB	Aneurin Bevan Health Board
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
BCU/BCUHB	Betsi Cadwaladr University Health Board
C&V	Cardiff and Vale University Health Board
CRR	Corporate Risk Register Reference
CTM	Cwm Taf Morgannwg University Health Board
ENT	Ear, Nose, and Throat
GDS	General Dental Services
GP	General Practitioner
HDda	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
IHC	Integrated Health Community
LPMHSS	Local Primary Mental Health Support Services
MH&LD	Mental Health and Learning Disabilities

MMR	Measles, Mumps and Rubella
NHS	National Health Service
NR	non-recurrent
PADR	Performance Appraisal and Development Review
PFIG	Performance, Finance, and Information Governance Committee
QSE	Quality, Safety, and Experience Committee
SB	Swansea Bay University Health Board
SM	Special Measures
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government
YTD	year to date

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	 4. Improving quality, outcomes and experience Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Equity and Accessibility Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	CRR 25-01 Timely Access to Safe and Effective Care CRR 25-06 Value Delivery and Financial Sustainability CRR 25-08 Non-Compliance with Regulatory and Legislative Requirements

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd	**Galluogwyr Ansawdd** **Enablers of Quality**	**Meysydd Ansawdd** **Domains of Quality** All Apply

A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd? **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	All Apply	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) **Environmental /Sustainability Impact (5Rs)**	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	Yes (Include further detail below)	
Enw Da **Reputational**	Yes (Include further detail below)	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Tuesday, 25 August 2026

Trugaredd
Compassion

Agored
Openness

Parch
Respect

Performance, Finance and Information Governance Committee

Integrated Quality and Performance Report (IQPR)

Table of Contents

Introduction

This report sets out the health board's performance against the latest available data, using management information where appropriate and summarises progress against a range of national and local performance measures.

The health board is using the ‘3As assessment’ approach to highlight either an alert, advise or assure status for each key performance metrics:

- **Alert** (may require discussion): There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.
- **Advise** (to monitor): There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.
- **Assure** (to note): There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Due to the health board being in special measures, an additional element to complement the 3As approach has been introduced:

- **Escalate** (Serious concerns, action required): There is no confidence that the actions taken in place will address performance issues. Executive level intervention is necessary to resolve the situation.

Performance is challenged across many of the metrics, and we have enhanced the 3As assessment to incorporate an escalation status. This status is used to highlight those metrics where additional executive or board assessment and action is needed.

What is our data telling us?

Performance and access

The health board has been on an improving trajectory, with reductions in waiting times reported until the end of March 2026, with performance exceeding the forecasted position. Whilst the position deteriorated during April and May, there has been improvements noted in June with the end of Q1 position at 2,191. A small number of three-year breaches were reported in June. A single integrated recovery plan has been submitted to Welsh Government. Cancer performance remains the worst in Wales. There is a continued focus on operational delivery, productivity, validation, and targeted commissioning. Urgent and Emergency Care (UEC) performance remains under significant pressure with ambulance handover delays over 45 minutes significantly above the Welsh Government expectation of zero, however the health board did achieve the Quarter 1 trajectory. Median time to assessment remains substantially above the 60-minute national and Special Measures target, despite remaining ahead of the health board trajectory. Deterioration in four, and twelve-hour emergency department performance and increasing delayed pathways of care are driving sustained bed occupancy pressures. Overall, while some measures remain on trajectory, performance continues to reflect ongoing system wide flow constraints. The health board has agreed three immediate focus areas in the UEC Improvement plan; Discharge to Recover and Assess (D2RA), Frailty, and Clinical Engagement to drive improvement in quarter 2.

Quality, safety and patient experience

1 new never event has been reported in July 2026, following on from four never events reported in Quarter 1 (1 in April and 3 in June). The health board has reported the highest number of never events when compared to other health boards over the last 12 months. The number of open complaints has increased. . At the end of November 2025 there were 243 complaints open. At the start of august 2026 there are now 324 – an increase of a third. Competing priorities have impacted on availability of appropriate staff to undertake and author complaint responses and senior staff required to undertake the quality assurance, review and approval process.

Finance and sustainability

As at the end of Month 4 (July 2026) the health board is reporting an in-month deficit of £5.8m, a £2.2m adverse variance compared to the profiled financial plan deficit of £3.6m. Year-to-date position is a deficit of £22.9m, an adverse variance of £8.6m compared to the planned year to date deficit of £14.3m primarily driven by pressures relating to pay, prescribing and Continuing Healthcare (CHC).The 2026/27 £43.0m financial plan deficit does not attain the key duty of the health board to achieve a balanced position, and therefore the £82m conditionally recurrent allocation being at risk. The health board has identified £43.9m Green schemes, an increase of £19.8m from previous month. Of the identified schemes, only £28.2m of these savings have been reported as budget reducing, highlighting the need for significant further work to identify and deliver recurrent budget releasing savings and restore a sustainable financial trajectory.

People and places

Overall sickness absence rates remain high for the time of year at 6.09%. Short-term sickness remains at 0.79% for June 2026, with long-term sickness stable at 3.95%. Overall vacancy rate is 8.4%. Nursing and midwifery agency usage continues to decrease since May 2025 (3.7%) to June 2026 where it stands at 2.4% equating to 163 less full-time equivalent (FTE) agency use compared to the same period in 2025. The rolling 12-month nursing staff turnover percentage has reduced to **7%** as of June 2026.

Executive Summary: Performance and access

Planned care - since July 2024 there has been a 79% reduction in waits over 2 years from 10,400 to under 2,200 – the lowest position since March 2021. Whilst position deteriorated during April and May, there has been improvements noted in June with the end of Q1 position at 2,191. The overall waiting list decreased for seven consecutive month during the latter part of 2025/26 supported by national programme to increase outpatient activity. Since April 2026, the total waiting list has increased month on month. Referral pathway refinement is a key focus area within the planned care programme and includes continued roll out of the community health pathways.

Waiting times for **diagnostic** procedures within 8 weeks continues to improve falling from c22,000 waiting over 8 weeks in January 2026 to below 9,000 at the end of May. This is a 61% reduction in patients waiting in excess of target during the period.

Cancer performance remains disappointing, with an overall deterioration from over 60% at the end of March 2025 to 53.5% at the end of June 2026 against a standard target of 75%. Recovery focus is on skin, colorectal, urology and breast.

Urgent and emergency care services across the health board continue to operate under ongoing pressure, and present risks to patient safety and experience, quality of care, staff wellbeing and organisational reputation. In June, ambulance conveyances are static (3,340), with 39% of handovers achieved within the 45-minute target. Emergency department 12-hour performance has deteriorated by 1% over the past three months, 24% of patients continue to wait over 12 hours in ED's and MIU's. Time to triage is above target (median 21 minutes against the 15-minute target), while median time to clinician stands at 127 minutes (67 minutes over the national target). The number of PoCD patients and number of delayed days has increased with West IHC accounting for 50.4% (6,592) of all delayed bed days across BCU, with 43.3% relating to patients with mental health and learning disabilities.

Adult Mental Health performance remains compliant at health board level against both Part 1a and Part 1b access standards. Performance continues to improve against Part 2 Valid Care and Treatment Plan compliance, although this remains below the national target. Whilst overall performance remains compliant, there continues to be variation across localities and pathways, with recovery activity focused on improving equitable access and reducing longer waits.

Psychological therapy performance remains below the national standard, although operational recovery activity continues. Current improvement work is focused on increasing operational capacity, resolving accommodation constraints and reducing waiting times whilst maintaining patient safety.

Children and Adolescent Mental Health performance remain compliant with the 80% standard at the end of June with Part 1a – Assessment performance at 86.8% and Part 1b – interventions at 81.8%. Part 2 performance also remains compliant with 90% standard at 94.5% in June.

Neurodevelopment Assessments remain significantly below expectation with those waiting less than 26 weeks to start an ADHD or ASD assessment at 14.9% as at the end of June 2026 although this does show a 2.2% increase from the position of 12.7% at end of May 2026. No health board is currently achieving target of 80% with April 2026 all-Wales performance at 23.3%

Executive Summary: Quality, safety and patient experience

Patient Experience 330 complaints were received during June 2026, mainly relating to delays/lack of treatment or assessment (79), incorrect/insufficient treatment or assessment (78) and communication with patient/service user (24). Listening to People has been implemented and the early resolution approach is being supported and encouraged. On average, the health board resolves complaints within 21 working days and with a closure within 30 days rate remaining one of the best performing in Wales. BCUHB's performance on overdue complaints remains as the third best in Wales. As of the 31 March 2026 (latest national data available) BCUHB contribute just 61 complaints of the 1,210 that are overdue nationally (5.04%)

Patient Safety Incidents – As at 13 July snapshot date, the BCUHB rate for National Reportable Incidents in June 2026, is 1.59 compared to all Wales 1.20 (per 100,000 population). Time to complete investigation is 107 days which is currently the lowest across Wales with a median of 180 days.

Patient Safety – Never Events – A total of 13 Never Events have been recorded for the period July 2025 – July 2026. Following a period of 59 days safe care between April and June 2026, three Never Events were reported between 13 and 17 June 2026. In July 2026, 1 Never Event was reported. The most frequent theme was wrong site procedures, along with incidents involving retained items and implant or prosthesis errors. The latest Never Event reported in July involved a misplaced nasogastric tube (NGT). All Never Event incidents have been managed in accordance with required processes, including Duty of Candour, and that comprehensive action plans are in place. Executive oversight has been strengthened through the Executive Incident Committee Oversight Panel and corresponding quality governance arrangements.

New Nursing and Midwifery Quality Standards (NMQS) – New and updated NMQS have been developed aligned to the QMS methodology .MHLD inpatients go live on 1st July and all other inpatient on the 1 September. A communications plan has been agreed, and further work is underway with Clinical executives to expand the Quality Standards to include the wider MDT.

Safe Use of Portable CD Oxygen Cylinders - A range of targeted improvements have been implemented across the health board to minimise risks to patients requiring oxygen via portable CD cylinders. A mandatory eLearning package has been developed and implemented across the health board. Current compliance stands at 88.15%. , the package is under review by the Welsh Risk Pool with the aim of adoption as an All-Wales training resource

Executive Summary: Finance and sustainability

Financial Plan

•The 2026/27 £43.0m financial plan deficit does not attain the key duty of the health board to achieve a balanced position, and therefore the £82m conditionally recurrent allocation being at risk. Focus is required on accelerating the transition of identified savings schemes to green-rated and budget releasing delivery status.

Financial Position

•As at the end of Month 4 (July 2026) the health board is reporting an in-month deficit of £5.8m, which is £2.2m adverse compared to the Month 4 profiled financial plan deficit of £3.6m.

•Year-to-date position is reporting a deficit of £22.9m, £8.6m adverse to the planned year to date £14.3m deficit. The adverse variance to plan indicating a run rate exceeding plan by approximately £2.1m per month, the adverse position primarily driven by pressures relating to pay, prescribing and Continuing Healthcare (CHC).

•The below table summarises the monthly actual and forecast variance for 2026/27.

	2026/27 Monthly Variance													
	Actual				Forecast									
	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Year to Date Position £m	Full Year Forecast Outturn Position £m
Total Monthly Surplus/ (Deficit)	(5.4)	(5.6)	(6.2)	(5.8)	(5.8)	(4.8)	(3.8)	(2.8)	(1.8)	(1.8)	(1.8)	2.60	(22.9)	(43.0)

Savings and Mitigations

•As at the end of July (Month 4), the health board has identified £43.9m Green saving schemes, an increase of £19.8m from previous month.

•In-month savings delivery is £9.8m and total year-to-date savings delivery is £17.9m, of which £10.1m is budget releasing, resulting in a £5.2m impact on the position.

•Further focus is required on accelerating the transition of identified savings schemes to green-rated and budget releasing delivery status, containing cost overruns and recovering the year to date deficit above plan.

•Welsh Government require the health board to deliver the key duty and submit a balanced plan, which would require enhanced savings delivery stretch target of £63m (an additional £17m on the £46m contained within the plan). This would enable £26m of Welsh Risk Pool costs being mitigated by Welsh Government and the Health Board being able to submit a balanced plan for 2026/27 and attain the key statutory duty of break-even.

Capital Programme

The approved Capital Resource Limit (CRL) for 2026-27 is £58.6m, which is forecast to be spent in full.

Executive Summary: People and places

Vacancy Rate

The vacancy rate for June 2026 stands at 8.4%, representing a 0.2% increase from May 2026 and a 0.2% deterioration compared to the same period last year. Positive progress is being seen across key clinical staff groups, including Registered Nursing, Allied Health Professionals (AHPs), and Additional Professional Scientific and Technical staff, all of which have reported reductions in vacancy WTE. Despite this improvement, recruitment challenges, delays associated with establishment controls, and a number of hard-to-fill roles continue to impact the organisation's ability to reduce vacancies at pace. However, progress is being supported through strengthened workforce planning, targeted recruitment activity, improved application filtering processes, and focused interventions in priority areas. In partnership with Finance colleagues. Work is underway to review the establishment control process with the aim of streamlining arrangements

Workforce Planning and Efficiency Programme

Strategic workforce planning has strengthened through targeted support to Fragile Services, with workforce action plans developed to stabilise services and mitigate workforce risks. Governance has been enhanced to embed workforce planning within service redesign, while the Interprofessional Education Group is aligning workforce planning, education commissioning and future workforce supply. Ongoing engagement with HEIW is also informing future workforce modelling and planning tools.

Progress against workforce productivity priorities has continued but has been constrained by delays in ratifying the revised Consultant Job Planning Policy. This has slowed progress towards the 90% consultant job plan compliance target, compounded by a large number of historic job plans expiring in March 2026. Compliance improvement work continues, with further progress expected once the policy is agreed and implemented.

Reducing temporary staffing reliance and optimising workforce deployment remain key priorities. Enhanced oversight of long-term medical agency use is now in place through strengthened governance and work through the Value and Sustainability Programme. Actions through the insourced medical bank service and the Variable Pay and Agency Control Framework are supporting reduced agency dependence, with delivery remaining achievable if planned controls and interventions continue to be embedded.

Overall, progress reflects a more strategic, integrated and evidence-based approach to workforce planning. While delays to consultant job planning policy approval have affected delivery in some areas, the Health Board is strengthening the governance, systems and workforce intelligence needed to support sustainable workforce transformation, reduce temporary staffing dependence, and align workforce capacity and capability with service, financial and population health priorities.

Turnover

Rolling turnover is currently 7.0%, a reduction of 0.1% compared to June 2025. Registered Nursing continues to report the lowest turnover rate at 4.8%, while Estates and Ancillary staff groups report the highest turnover rate at 11.6%. A range of retention initiatives remain in place, to support workforce stability and improve retention across the organisation.

Sickness Absence

The rolling sickness absence rate has increased marginally over the last 12 months, rising by 0.1% to 6.16% in June 2026. Long-term absence remains the primary contributor at 3.95%, compared to 0.79% for short-term absence. The in month sickness rate for June 2026 is 6.09%, which is unchanged compared to the previous month and remains higher than rates recorded during the same period over the previous two years, all of which were below 5.8%. The in month long term sickness rate has increased by 0.4% to 4.0% compared to the previous year, while the short-term sickness rate has risen by 0.1% to 0.79%. Organisation wide sickness reduction work is underway, with hotspot areas identified for targeted intervention to support staff attendance and deliver a measurable reduction in absence levels.

Agency Workforce Usage

Agency utilisation continues to improve, reducing from 3.3% in June 2025 to 2.4% in June 2026. This equates to approximately £600,000 lower in month expenditure compared to the previous year and 163 fewer equivalent FTEs utilised. Significant progress has been achieved within Registered Nursing, where agency usage is 2% lower than in June 2025. This reflects the utilisation of 112 fewer equivalent FTEs, alongside a reduction in agency expenditure of £486,876.

Performance Appraisal and Development Review (PADR)

PADR compliance stands at 80% in June 2026, remaining unchanged from the previous month but representing a 1.7% decline compared to the same period last year.

Mandatory Training Compliance

Level 1 Mandatory Training compliance remains above the organisational target of 85%, currently standing at 90.5%. Continued focus is being directed towards improving compliance among bank staff, medical staff, and departments currently below the required threshold, with targeted interventions in place to support achievement of the organisational target.

Executive Summary: Population health and prevention

Public Health plays a fundamental role in delivering the Health Board's strategic ambition to shift care towards prevention, reduce health inequalities and improve long-term population outcomes. Whilst much of this work sits outside traditional operational performance management, it underpins delivery of the Annual Delivery Plan, NHS Wales Performance Framework, Ministerial priorities and the emerging 10-year strategy.

Overall performance is positive and improving. Encouraging progress continues across smoking cessation services, substance misuse treatment and improvement in several diabetes care process measures. There is good vaccination uptake on the majority of programmes, apart from HPV and RSV. Progress is proving more challenging diabetes care, which continues to perform below national ambition and remains a key area requiring continued executive oversight.

Areas of Positive Performance

- Smoking cessation services continue to demonstrate strong performance in supporting quit attempts and successful quits, although further improvement is required in CO-validated quit rates.
- Substance misuse treatment completion remains high.
- The majority of vaccination and immunisations programmes continue to perform well, with particular progress on staff flu vaccination and Covid vaccination in the community. However, HPV and RSV 75+ uptake are areas of focus, together with reducing unwarranted variation and addressing inequalities remain key priorities.
- Building on the work established through the Well North Wales programme, the Regional Partnership Board (RPB) and Health Board have worked collaboratively with partners to co-produce a Regional Anchor Charter.
- Public Health continues to support delivery of strategic prevention programmes aligned to the Health Board's priorities, including health protection, population health management and reducing health inequalities.

Areas Requiring Focus

- Performance for diabetes care is an improving picture; however, we need to increase our improvement trajectory in order to progress our performance against other Welsh Health Boards. There is a focus on prevention, early intervention and primary care delivery.
- Continued focus is required to ensure prevention programmes are fully embedded within wider organisational planning and operational delivery, recognising that improving population health is a whole Health Board responsibility rather than solely the responsibility of the Public Health Directorate.

Next Steps

Work is underway to strengthen the Health Board's approach to Prevention and Population Health reporting through an Integrated Performance Framework aligned to the Annual Delivery Plan, NHS Wales Performance Framework, Ministerial priorities and Corporate Risk. Future reporting will place greater emphasis on concise, performance-led reporting, supported by reporting by exception and clear corrective actions for areas performing below trajectory.

Section 1
Performance and access

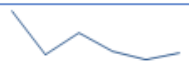
Scorecard : Performance and access – (1 of 3)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Apr-26	May-26	Jun-26	6 Month Activity	
LMU01	Total number of ambulance coveyances to acute emergency departments	-	-	-	N/A	3237	3580	3340		Advise
3AP02	Percentage of ambulance handovers within 15 minutes	80%	-	17%	6th of 6 (at May 26)	10.6%	11.6%	10.0%		Escalate
3AP01	Number of ambulance patient handovers over 45 minutes	0	-	2318	7th of 7 (at May 26)	1960	2143	2059		Escalate
LMU02	Number of ambulance patient handovers over 1 hour	-	1710	0	6th of 6 (at Apr 26)	1697	1820	1755		Escalate
LMU03	Number of ambulance patient handovers over 4 hour	-	-	0	N/A	569	582	527		Advise
LMU04	Median emergency ambulance response time to purple: arrest category calls	6-8 Mins	-	-	N/A	07:46	07:36	08:52		Advise
LMU05	Median emergency ambulance response time to red: emergency category calls	6-8 Mins	-	-	N/A	09:21	09:12	09:58		Advise
LMU06	Total number of attendances to Minor Injury Units (MIUs)	-	-	-	N/A	5443	5992	6232		Alert
LMU07	Total number of attendances to acute emergency departments	-	-	-	N/A	15070	15724	15771		Alert
LMU08	Median time from arrival at an emergency department to triage by a clinician	-	60	-	4th of 6 (at Mar 26)	19.00	19.00	21.00		Alert
3AP04	Median time from arrival at an emergency department to assessment by a clinical decision maker	-	-	160	5th of 6 (at Mar 26)	114.0	128.0	127.0		Alert
NPF25	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or	95%	-	0	6th of 7 (at May 26)	61.0%	60.3%	59.9%		Alert
3AP03	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	0	2210	3189	7th of 7 (at May 26)	3405	3645	3793		Escalate
LMU09	Total number of patients who spent over 24 hours in the ED	-	-	0	N/A	1708	1783	1864		Escalate
LMU10	Total number of patients who spent over 48 hours in the ED	-	-	-	N/A	464	463	466		Escalate
LMU11	Number of patients who did not wait to be seen at the ED	-	-	-	N/A	1408	1725	1745		Escalate
LMU12	Consistently realise 33% of discharges by midday.	-	-	33%	N/A	17.1%	16.7%	17.2%		Alert
LMU13	Total number of unplanned returns to ED within 48 hours with the same complaint	-	-	-	N/A	1297	1356	1393		Escalate

Scorecard : Performance and access (2 of 3)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Apr-26	May-26	Jun-26	6 Month Activity	
3AP05	Number of Pathways of Care Delayed discharges (total patients)	-	0	260	8th of 8 (at Apr 26)	293	308	317		Alert
3AP06	Number of bed days lost to delayed pathways of care (total)	-	-	11628	N/A	13874	12784	13085		Escalate
LMS01	Stroke: percentage patients received CT scan within 20 minutes of clock start	-	-	-	N/A	30.9%	21.9%	23.5%		Escalate
LMS02	Stroke: percentage of eligible patients thombolysed	-	-	-	N/A	100.0%	100.0%	100.0%		Assure
LMS05	Stroke: Thrombolysis Patients with Door-To-Needle <=45 mins	-	-	-	N/A	6.3%	7.7%	0.0%		Escalate
LMS06	Stroke: percentage direct admission to ASU within 4 hours	-	-	-	N/A	29.1%	33.6%	32.3%		Escalate
3BP03	Number of patients waiting more than 26 weeks for a new outpatient appointment (Welsh Patients Only)	0	-	15.0%	7th of 8 (at May 26)	16583	16971	17378		Alert
3BP02	Number of patients waiting over 52 weeks for a new outpatient appointment	-	-	0	7th of 7 (at Mar 26)	5922	5385	4963		Advise
3BP01	Number of patients waiting more than 104 weeks for referral to treatment	0	2112	1597	8th of 8 (at May 26)	2436	2528	2191		Alert
3BP14	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%	55%	56%	6th of 6 (at May 26)	52.6%	53.9%	53.5%		Escalate
3BP15	Number of patients on an active suspected cancer pathway after day 62	-	-	1286	N/A	192	211	221		Escalate
3BP16	Number of pathways waiting more than 8 weeks for a specified diagnostic (all ages)	0	6242	12000	7th of 7 (at May 26)	12386	10461	8465		Alert
NPF28	Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an	95%	-	-	8th of 8 (at May 26)	40.3%	38.9%	38.4%		Alert
3BP04	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	96,059	137002	138903	7th of 7 (at May 26)	131031	137003	139713		Alert
3EP01	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt	80%	-	80.0%	5th of 7 (at May 26)	92.9%	93.3%	86.8%		Assure
3EP02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	-	80%	6th of 7 (at May 26)	78.1%	82.8%	81.8%		Alert
3DP01	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt	80%	-	80.0%	4th of 7 (at May 26)	84.4%	89.9%	88.3%		Assure
3DP02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	-	80.0%	5th of 7 (at May 26)	85.5%	85.7%	90.7%		Assure

Scorecard : Performance and access (3 of 3)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Apr-26	May-26	Jun-26	6 Month Activity	
LMM01	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	-	-	-	5th of 7 (at Mar 26)	86.5%	86.6%	RIA		Alert
NPF19	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health	80%	-	-	3rd of 7 (at Mar 26)	50.6%	50.0%	51.2%		Alert
3DP06	Material reduction in the number of adult mental health out of area placements	-	-	-	N/A	27	16	RIA		Alert
NPF18	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	-	-	7th of 7 (at Mar 26)	12.2%	12.7%	RIA		Alert
3BP05	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0		-	6th of 7 (at Mar 26)	1423	1632	1676		Advise
NPF30	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	0	-	-	N/A	20	31	46		Advise
NPF31	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	0	-	-	N/A	678	695	741		Alert
3BP11	Percentage of lists with a start time 15 minutes or more past the scheduled start time	-	-	-	N/A	41.4%	40.2%	41.1%		Alert
3BP12	Percentage of theatre procedures finished more than 60 minutes early	-	-	-	N/A	23.2%	22.4%	26.1%		Alert
LMP01	Number of cases per theatre session	-	-	-	N/A	2.1	2.1	2.1		Alert
LMP02	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	-	-	-	N/A	12.9%	12.7%	15.1%		Alert
LMP03	Percentage Treat in Turn Rate (Stage 4)	-	-	-	N/A	20.0%	25.0%	23.0%		Alert

UEC: Ambulance Handover

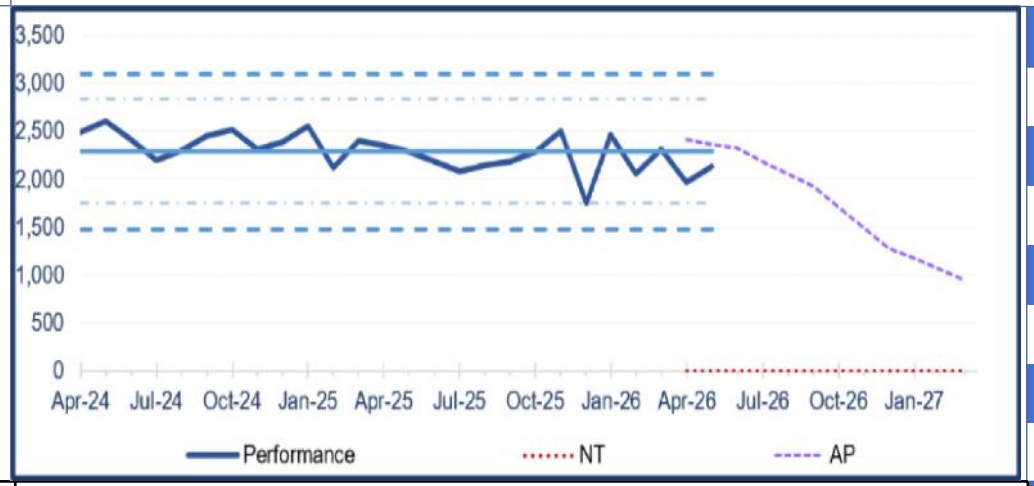
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3AP02	Percentage of ambulance patient handovers within 15 minutes	N/A	90%	17%	21%	28%	46%
	3AP01	Number of ambulance patient handovers over 45 minutes	970 (1 hr handover)	Zero	2,318	1,923	1,282	950

Percentage of ambulance patient handovers within 15 minutes

Latest Month
June 2026
Profile
17%
Actual
10.6%
Status
Escalate
Benchmark

BCU ranked as 6 of 6 as of May 2026

Number of ambulance patient handovers over 45 minutes



Latest Month
June 2026
Profile
2,318
Actual
2,059
Status
Escalate
Benchmark

BCU ranked 6 of 6 as of May 2026.

What does the data tell us? – Performance against these two metrics at the start of the emergency pathway are in line with previous months activity but fall short of national expectations and is significantly below the 90% target. Performance relating to ambulance handovers exceeding 45 minutes is below the Quarter 1 profile but remains significantly above the Welsh Government expectation of zero. Management information shows Wrexham Maelor had a positive week commencing 6th July with 17% handovers taking place over 45 minutes. Focused improvement is required over the next month to maintain alignment with the planned trajectory and support delivery within the performance framework.

Actions being taken to improve – An integrated UEC Improvement Plan, setting out targets and trajectories to achieve Handover 45 by September 2026, has been agreed.The UEC improvement plan focuses on: Optima hospital flow - Discharge to Recover then Assess (D2RA), Frailty at the front door and Clinical engagement. These priority areas are designed to enhance flow and are expected to contribute towards improvements in Handover 45 performance, alongside other interventions.

Expected impact upon forecasted performance –Performance against 15-minute handovers did not meet the expected quarter 1 target and presents a significant delivery risk for Quarter 4. While performance for handovers exceeding 45 minutes met the quarter 1 trajectory, substantial and sustained improvement will be required to achieve the national target of zero by September 2026

UEC: Median time to assessment by clinical decision maker in less than 60 minutes

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3AP04	Median time to assessment by clinical decision maker in less than 60 minutes	<60 minutes	<60 minutes	160	140	140	90

Median time to assessment by clinical decision maker in less than 60 minutes

Latest Month
June 2026
Profile
160
Actual
127
Status
Advise

Benchmark	BCU ranked 5 of 6.

What does the data tell us? Performance improved between February and April 2026, with the median time to assessment reducing by 11 minutes. Performance then deteriorated in May, reaching 128 minutes, with a further one-minute improvement noted in June. Performance remains ahead of the health board trajectory of 160 minutes, it is still 57 minutes above the national and special measures target of 60 minutes.

Actions being taken to improve – The Emergency Department workforce business case was approved by the Health Board in June 2026, securing up to £6.65 million recurrent funding to support implementation of the Resident Doctors Contract, establish compliant staffing rotas, and increase substantive staffing levels. This investment is expected to reduce reliance on locum and agency staff while strengthening workforce sustainability across Emergency Departments.

Expected impact upon forecasted performance – Based on the current trend, the median time to clinical decision maker is meeting the health board's internal trajectory and, if this rate of improvement is sustained, remains on course to deliver the required target by March 2027.

UEC: Number of patients who spend 4 hours and 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	Number of patients who spend 4 hours or more in ED and MIU	N/A	95%	95%	95%	95%	95%
	3AP03	Number of patients who spend 12 hours or more in ED and MIU	<10%	Zero	3,189 (35%)	2,743 (30%)	2,297 (25%)	1,850 (20%)

Number of patients who spend 4 hours or more in ED

Latest Month
June 26
Profile
95%
Actual
59.9%
Status
Escalation

Number of patients who spend 12 hours or more in ED

Latest Month
June 26
Profile
3,189
Actual
3,793 (17.2%)
Status
Escalation

Benchmark	BCU ranked as 6 of 7 as of May 2026.	BCU ranked as 7 of 7 as of May 2026.	Benchmark

What does the data tell us? Performance against both metrics is below the health board's trajectory and the special measures target of 10% for 12-hour delays in ED and MIU's by September 2026. In June 2026, performance deteriorated slightly in the number of patients waiting over four hours in the Emergency Department compared to the previous month. BCU twelve-hour performance for June is 17.2%, West 13%, Central 17.8 and East 20.9%. Integrated Health Communities (IHCs) have agreed UEC improvement plans with actions aligned to achieving the 10% target by September 2026, demonstrating a clear commitment to improving performance. However, given current operational pressures and the scale of improvement required, confidence in achieving the target remains low. Despite this, IHCs remain focused on delivering their plans and maximising all opportunities to improve performance over the coming months.

Actions being taken to improve – A pilot Urgent Treatment Centre (UTC) will be introduced within the Ysbyty Glan Clwyd ED footprint, led by Emergency nurse practitioners (ENPs) and supported by middle-grade doctors, to manage patients with minor injuries and illnesses and improve patient flow. Care in Undesignated Areas remains a key risk, with additional flexible staffing being deployed in line with GIRFT guidance to support the elimination of corridor care. Across Ysbyty Gwynedd and Wrexham Maelor, greater use of SDEC, DOSA, MDUs and specialty hot clinics is being pursued to increase same-day assessment and treatment and reduce avoidable admissions. A further review of Professional Standards is underway to strengthen specialty response times in ED, supported by improved performance visibility to identify delays and drive timely intervention.

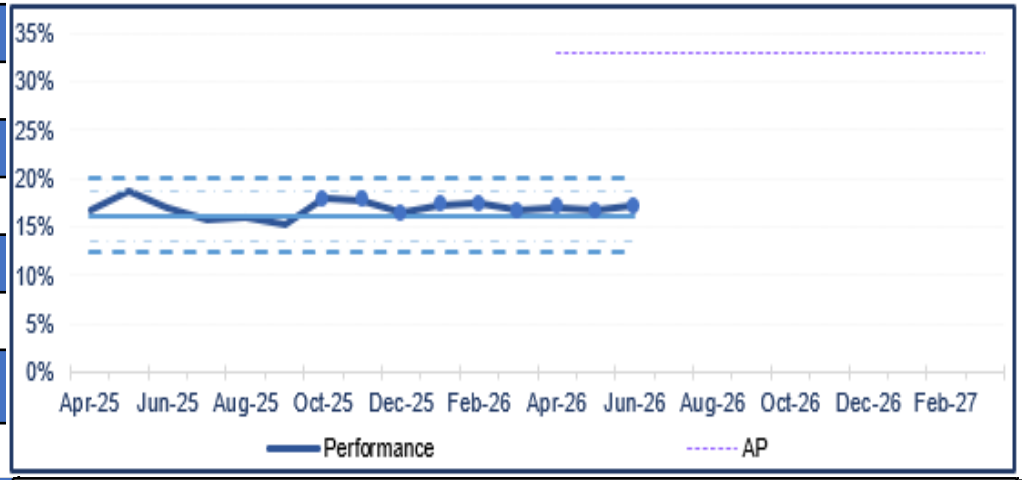
Expected impact upon forecasted performance – Both metrics did not meet the Q1 target. Further sustained improvements will be required as part of ongoing improvement plans tto improve the position

UEC: Discharges before midday

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	TPG-28	Discharges before midday - Weekday	N/A	33% of discharges by midday	33%	33%	33%	33%
	TPG- 29	Discharges before midday - Weekend	N/A	25% by the end of March 2027	15%	17%	20%	>25%

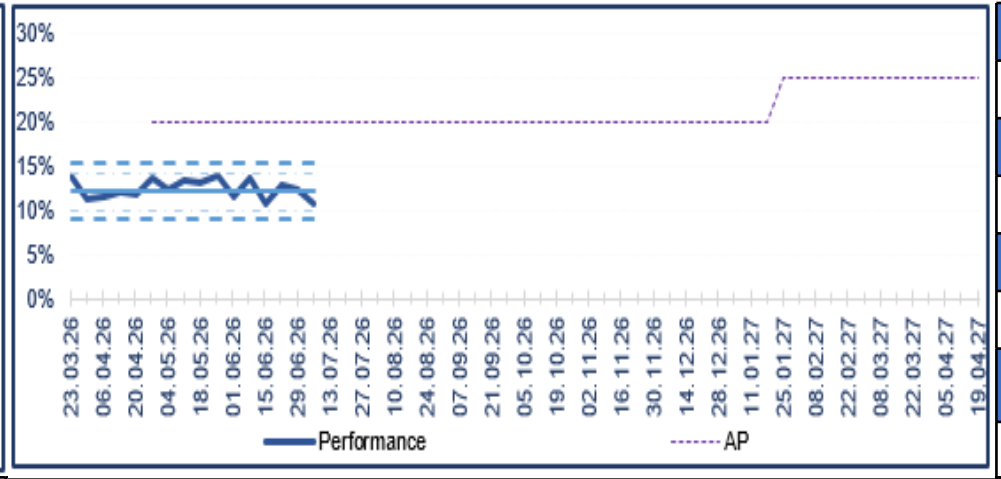
Discharges before midday - Weekday

Latest Month	Profile	Actual	Status	Benchmark
June 2026	33%	17.2%	Alert	N/A



Discharges before midday - Weekend

Latest Month	Profile	Actual	Status	Benchmark
w/c 6th June	17%	10.9%	Alert	N/A



What does the data tell us? – Both metrics remain below the agreed trajectory. However, weekday performance has shown slight improvement, improving by 0.5% in June. Weekend discharges have deteriorated by 1.3% in June reflecting ongoing operational pressure, a widening gap against plan, and a continued adverse impact on patient flow, including afternoon bottlenecks.

Actions being taken to improve – The revised Forward Waiting SOP was implemented in June following positive outcomes at Wrexham Maelor Hospital, with evaluation in place to assess its impact as part of wider regional adoption. Established ward processes support timely discharges, including sustained focus on early transfer to discharge lounges, enabling patients in the Emergency Department to be moved to inpatient wards as capacity becomes available. Further improvement actions include daily senior clinical review of clinically optimised patients and a strengthened focus on increasing weekend discharge performance.

Expected impact upon forecasted performance – The Health Board did not achieve its quarter 1 target for discharges before midday. Based on current performance trends, discharge levels are not forecast to deliver the step change required during Quarter 2 to achieve planned trajectories.

UEC: Pathway of Care Delays (PoCD)

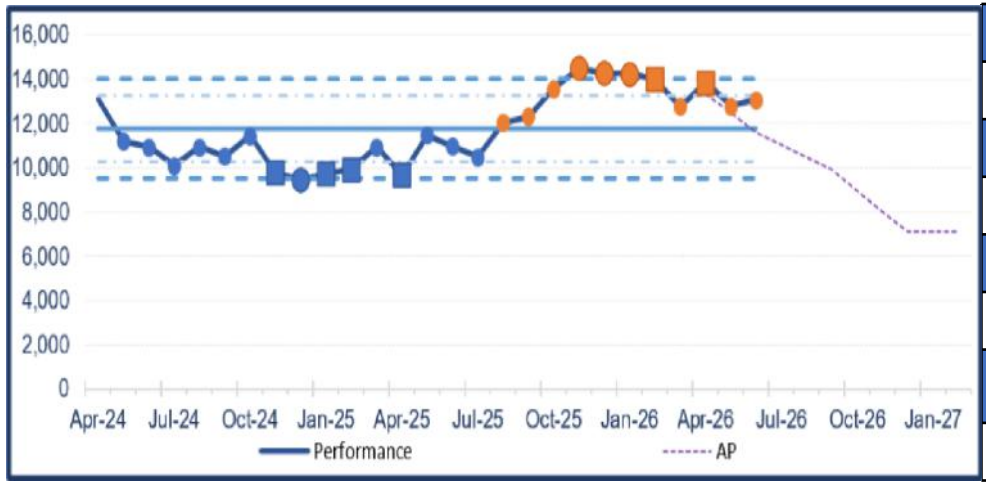
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3AP05	Number of patients on delayed pathways of care	273	12 month reduction	260	221	158	158
	3AP06	Number of bed days lost to delayed pathways of care	N/A	12 month reduction	11,628	9,926	7,090	7,090

Number of patients on delayed pathways of care

Latest Month
June 2026
Profile
260
Actual
317
Status
Alert

Benchmark BCU ranked as 8 of 8 as of May 2026.

Number of bed days lost to delayed pathways of care



Latest Month
June 2026
Profile
9,926
Actual
11,628
Status
Escalate

Benchmark N/A

What does the data tell us? Patients on a Delayed Pathway of Care (PoCD) increased by 9 in June and remain above both the Special Measures de-escalation trajectory and the Annual Plan trajectory. Bed days lost due to PoCD totalled 11,628 in June, 17.2% above the Quarter 1 profile. West IHC continues to be a significant outlier, accounting for 50.4% (6,592) of all bed days lost across BCU. Within West, 43.3% of delayed bed days relate to patients with mental health and learning disabilities, a substantially higher proportion than in other IHCs. Whilst the number of patients on delayed pathways remains broadly comparable across IHCs (Central 82, East 113, West 122), Central continues to achieve more timely discharges through stronger community discharge capacity. In contrast, longer delays in West and East are driving the higher level of bed days lost despite similar patient volumes.

Actions being taken to improve – North Wales partners are implementing a regional improvement programme focused on strengthening oversight of POCDs through the Right Patient Right Place (RPRP) dashboard, standardising escalation processes, and ensuring timely movement through Discharge to Recover and Assess (D2RA) pathways. Key initiatives include establishing Integrated Discharge Hubs, embedding a Home First approach, introducing Trusted Assessments to reduce duplication, and improving data quality and consistency to support faster discharge decision-making.

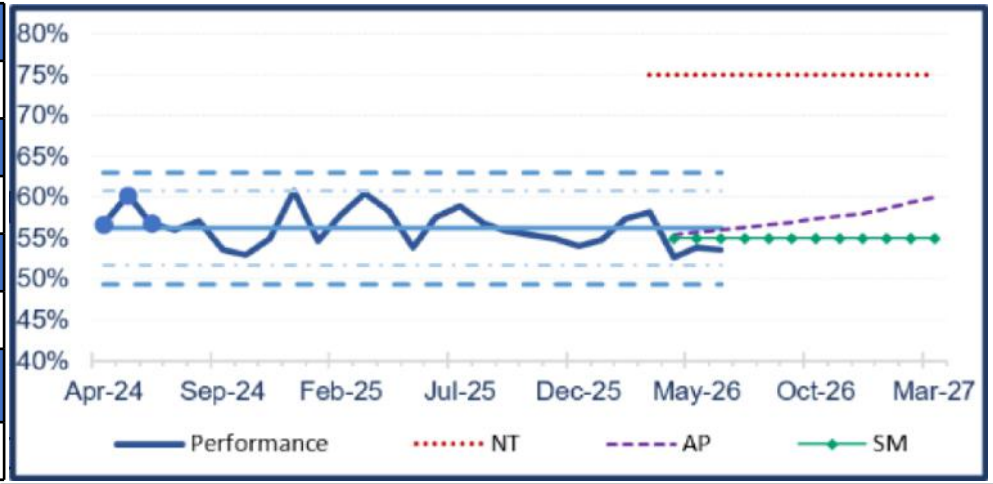
Expected impact upon forecasted performance –Significant improvement will need to be made over the next month to meet ongoing targets. Continual improvement in reducing the number of delays is predicted but reducing the days delays will require focused actions

Planned Care: Suspected Cancer Pathway

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP14	Suspected cancer pathway 62 days wait	55% (four consecutive months)	75%	56%	57%	58%	60%
	3BP15	Number of patients on an active suspected cancer pathway after day 62	N/A	Backlog Reduction	1,286	1,093	929	789

Suspected cancer pathway 62 days wait

Latest Month
June 2026
Profile
56.0%
Actual
53.5%
Status
Escalate



Benchmark

BCU ranked 6 of 6 at May 2026

Number of patients on an active suspected cancer pathway after day 62

Latest Month
July 2026
Profile
1,222
Actual
2,067
Status
Escalate

Benchmark

Number of patients after day 62 has increased across all health boards but percentage increase higher within BCUHB

What does the data tell us? - Cancer performance has shown no improvement since January 2025. The number of patients waiting over 62 days on a suspected cancer pathway continues to increase with both metrics adverse to the agreed trajectory. There is Welsh Government expectation that the health board attains performance of 55% by the end of Quarter 2. Between January and May 2026, 25,165 patients were told that they did not have cancer.

Actions being taken to improve – A plan has now been agreed to reduce the backlog of dermatology patients through an increase in teledermoscopy, additionality and locum recruitment. For Breast surgery additional theatre capacity has been agreed to reduce waits and recover position by end of September. Insourced prostate capacity recommenced in June and will continue for six months whilst service reviews biopsy capacity.

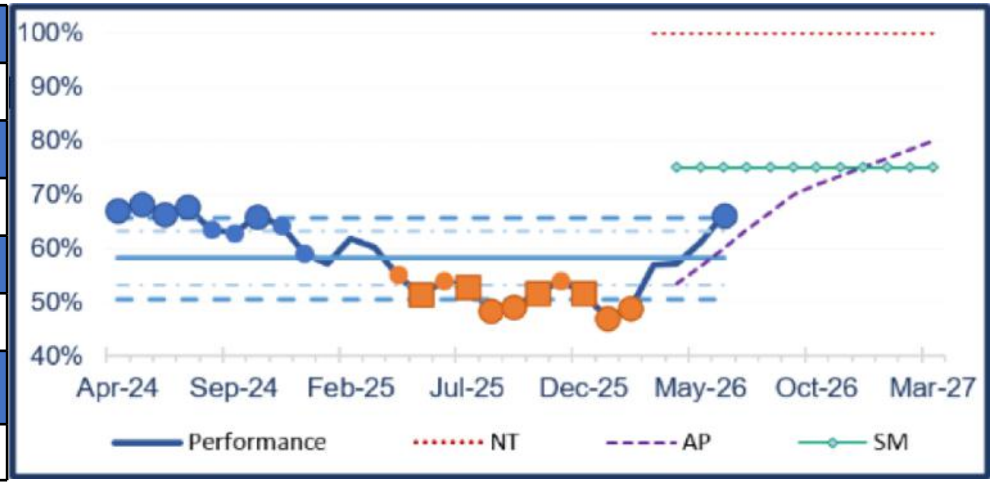
Expected impact upon forecasted performance – Timely mobilisation of actions is key to delivery recovery. The continued increase in number of patients on an active pathways after day 62 places significant risk on delivery of targets during quarter 2. Escalation has taken place to address the issues.

Planned Care: 8-weeks Diagnostic Waits

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP16	8 weeks diagnostic waits	75%	100%	60%	70%	75%	80%
	3BP16	No. of patients waiting in excess of 8 weeks for diagnostic test	N/A	Zero	12,000	8,995	6,000	3,000

8 weeks diagnostic waits

Latest Month
June 2026
Profile
60.0%
Actual
66.1%
Status
Alert



Benchmark

BCU ranked 7 of 7 at May 2026

No. of patients waiting in excess of 8 weeks for diagnostic test

Latest Month
June 2026
Profile
12,000
Actual
8,465
Status
Alert

Benchmark

BCU ranked 7 of 7 and accounts for 29% of all Wales backlog at May 2026

What does the data tell us? – Waiting times for **diagnostic** procedures within 8 weeks improved by 61% from January 2026 falling to below 9,000 at the end of June with performance ahead of trajectory at the end of quarter 1. Despite this improvement 8,465 patients are waiting over 8 weeks for a diagnostic procedure against a national target of zero with Welsh Government expectation to reach the 75% by end of September 2026 rather than the IMTP trajectory of end of quarter 3. Challenges remain around modalities of Endoscopy, Imaging and Pathology.

Actions being taken to improve – Insourcing activity has been secured within radiology and endoscopy for the first half of the financial year. Improvement work is being undertaken supported by NHS Performance and Improvement to review performance improvement opportunities in-house and review any assess any further capacity requirements for deployment from Q2 onwards.

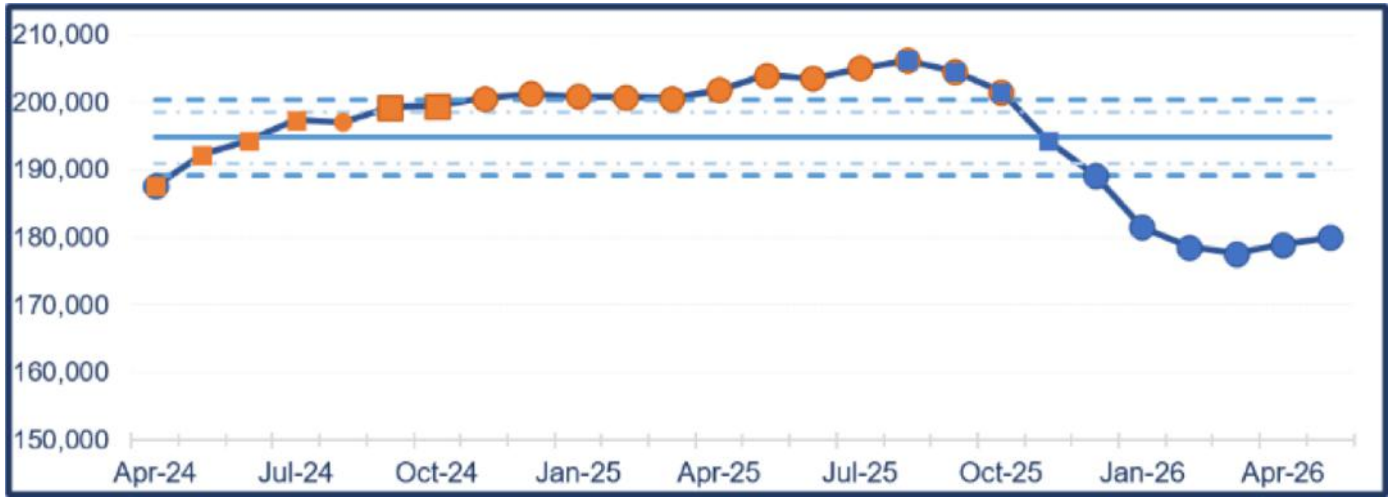
Expected impact upon forecasted performance – Finalisation of plans within key pressure areas of endoscopy, non obstetric ultrasound and echocardiogram in addition to securing required arrangements beyond first half beyond the end of the first quarter is key for continuation of improvement trajectory Q2 onwards. Sustainability remains a challenge.

Planned Care : Referral to Treatment Metrics

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	Total RTT Pathways	N/A	N/A	Reduction	Reduction	Reduction	Reduction

Total RTT Pathways

Latest Month
June 2026
Profile
Reduction
Actual
180,619
Status
Alert



Benchmark	Increase in overall waiting time numbers across all health boards from March to April and May 2026 but remain below January 2026 levels

What does the data tell us? - over the last 12 month the overall waiting list has fallen by 11% from over 201k in April 2025 to under 179k in April 2026. This reduction is linked to the increased volume of activity undertaken between August 2025 and February 2026 where additional new outpatient appointments were delivered via the national programme. The overall waiting list position has shown a slight tendency to increase during the last three months.

Actions being taken to improve – Active programme of delivery with two concurrent programme approach – i) in year delivery programme to tackle immediate improvement through additional investment and ii) major change programme for long-term sustainable systemic improvement embedding best practice. The Planned Care Major Change Programme provides the framework to integrate pathway redesign, national best practice, GIRFT recommendations and value-based healthcare principles. One on the focuses of this programme is to improve referral management with a focus on best practice, community health pathways and advice and guidance. The programmes and plans are supported by the Intensive Support Team (sponsored by the partnership of the health board, Welsh Government and NHS Performance and Improvement).Work is

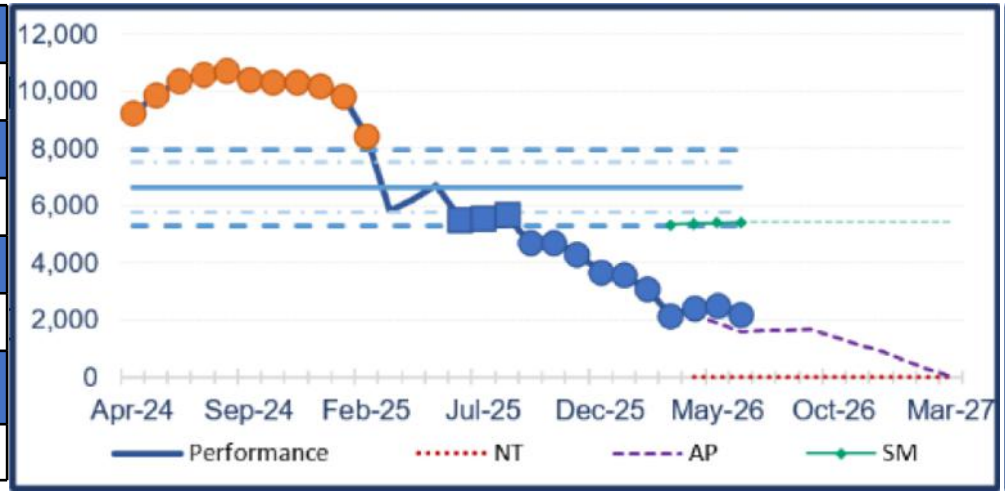
Expected impact upon forecasted performance – The overall waiting list should continue to fall as workstreams are mobilised as part of the operational improvement plans and the major change programme – however there has been an increase over the last 3 months

Planned Care : Referral to Treatment Metrics

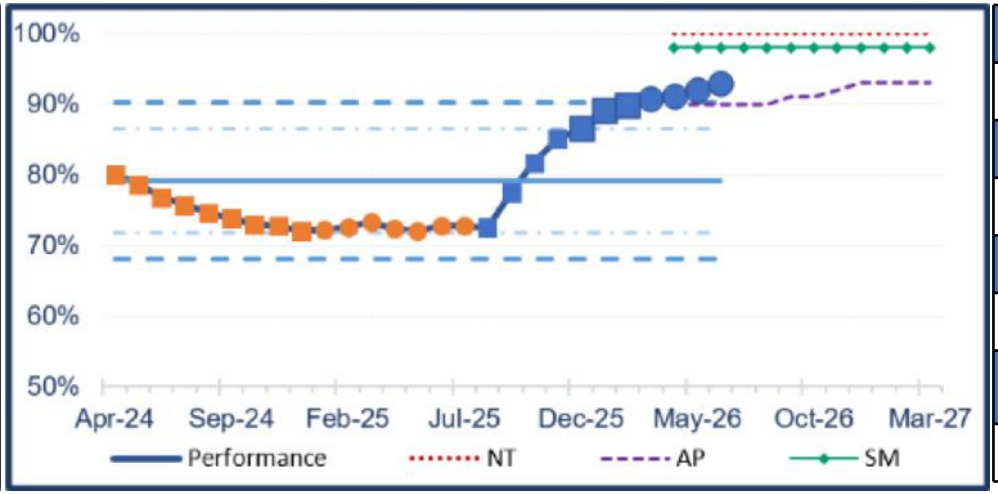
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP01	104 weeks for referral to treatment	3% of open pathways	Zero	1,597	1,668	894	0
	3BP02	Open outpatient pathways waiting < 52 weeks	98%	100%	90%	91%	93%	93%

104 weeks for referral to treatment

Latest Month
June 2026
Profile
1,597
Actual
2,191
Status
Alert



Open outpatient pathways waiting < 52 weeks



Latest Month
June 2026
Profile
90%
Actual
93.0%
Status
Advise

Benchmark	BCU ranked 8 of 8 at May 2026	BCU ranked 7 of 8 at May 2026	Benchmark

What does the data tell us? – There has been a reduction in overall number of patients waiting for treatment over 2-years from 10,400 in July 2024 to under 2,200 at end of March 2026. Whilst performance was adrift to profile during April and May the end of June position was in line with end of March level but was adrift of the trajectory within the IMTP. The health board met the end of Q1 trajectory for % of open outpatient pathways within 52 weeks (93% at latest month against trajectory of 90%). The number of patients waiting over 52 weeks for a first new outpatient appointment has reduced from 31,000 in August 2025 to <5,000 at the end of June 2026 (83% improvement) but remains below 98% national target.

Actions being taken to improve – Work is taking place to finalise the single integrated recovery plan for planned care led by the recently appointed Recovery Director working to the Chief Operating Officer with continuation of focused support by the national intervention support team. This work which has specialty level focus is expected to strengthen delivery grip, coordination and pace of improvement and includes focus on both internal productivity opportunities as well as assessing additionality where relevant .

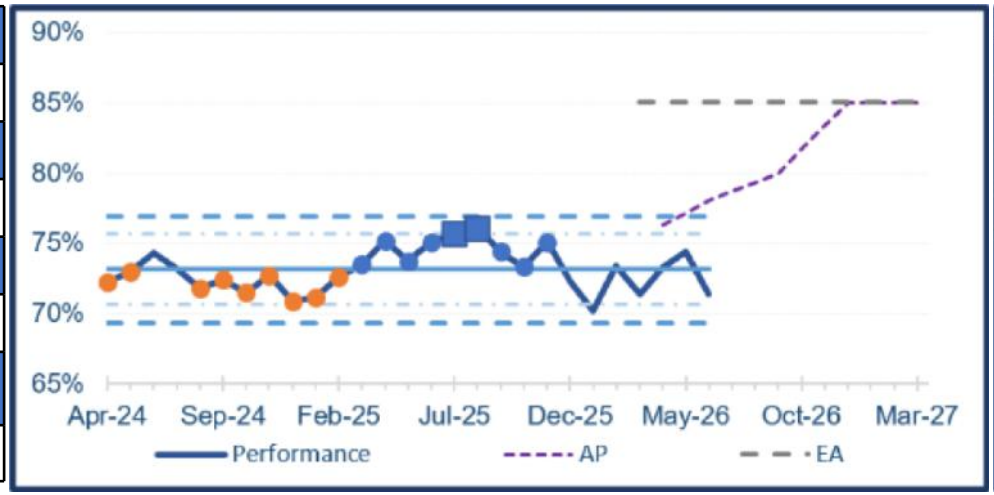
Expected impact upon forecasted performance – Current forecast data indicates that the 104 weeks metric will not meet the IMTP Q2 profile with current data indicating waits of c2,500 at quarter end. Re-profiling of delivery trajectories is currently underway as part of the single recovery plan review.

Planned Care : Productivity / Utilisation

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP13	Theatre session overall utilisation is reported as a key KPI to underpin the GIRFT standard	N/A	85%	78%	80%	85%	85%
	LMP02	Theatre Short Notice Cancellations	N/A	N/A	N/A	N/A	N/A	N/A

Theatre Session Overall Utilisation

Latest Month
June 2026
Profile
78%
Actual
71.4%
Status
Alert



Theatre Utilisation – Short Notice Cancellations

Latest Month
June 2026
Profile
N/A
Actual
15.1%
Status
Alert

What does the data tell us? – Performance against the overall utilisation metric has fluctuated between 70% and 76% over the last thirteen months. Whilst this remains within normal variation the position was over 6% adrift of the end of quarter 1 target and with the trajectory requiring improvement to 85% by end of March 2027, current performance does not suggest stepped change to reach required level. Cases per session (CPS) needs to monitored alongside overall utilisation. Latest twelve months data indicates that performance varies from 2.0 top 2.3 cases per session. At local level, the performance has been below 70% in West IHC (Oct-25, Mar-26) and East IHC (Jan-26) during the last twelve calendar months. Short notice cancellation data is at 15% as at end of June, the rate is c5% higher than same period last year.

Actions being taken to improve – Self assessment submitted nationally and meetings taking place to identify opportunities / gaps and risks to help inform planned care improvement plans with review meetings with national performance and improvement team ongoing with final specialty review to be completed by end of July. Findings from the self-assessment specialty reviews will inform priority actions, although the approach to incorporating these into service and transformation plans may need to align with any revised recovery plan priorities

Expected impact upon forecasted performance – Based on current trend, overall theatre utilisation performance is not expected to deliver the step up required during the next quarter. Further detail on local and pan BCU actions to deliver sustained improvements will be required as part of ongoing improvement plans. These plans are expected to include measures to increase utilisation and deliver additional cases within existing establishment.

Area	CPS
West	2.0
Central	2.0
East	2.3
BCU	2.1

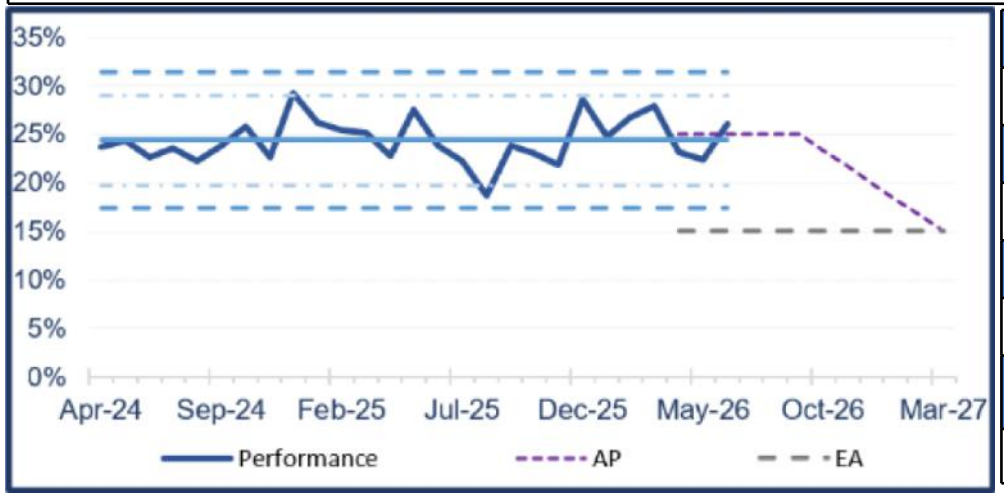
Planned Care : Productivity / Utilisation

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP11	Theatre session utilisation is improved to achieve GIRFT standard late starts (>15 mins)	N/A	<15%	44%	35%	25%	15%
	3BP11	Theatre session utilisation is improved to achieve GIRFT standard of early finishes (>60 minutes)	N/A	<15%	25%	25%	20%	15%

Theatre Utilisation – Late Start

Latest Month
June 2026
Profile
44.0%
Actual
41.1%
Status
Alert

Theatre Utilisation – Early Finish



Latest Month
June 2026
Profile
25.0%
Actual
26.1%
Status
Alert

What does the data tell us? – Data on late start in excess of fifteen minutes indicate that site pressures were the main contributor over the last three months with ward escalation and ward delay accounting for highest recorded late start reasons. During the period April – June 2026, the performance has been below the 44% target ranging between 40% and 41%.

For early finishes, overall performance over the last three months indicate that 24% of lists have early finish with completion of planned cases and cancellation of patients being the main reasons noted for theatre session early finish. Trauma and Orthopaedics and Urology are the specialties with main volume of early finish during the period.

Actions being taken to improve – A review of both late start and early finish as an aggregate is required to provide a detailed review of overall opportunity at specialty level to identify level of opportunity.

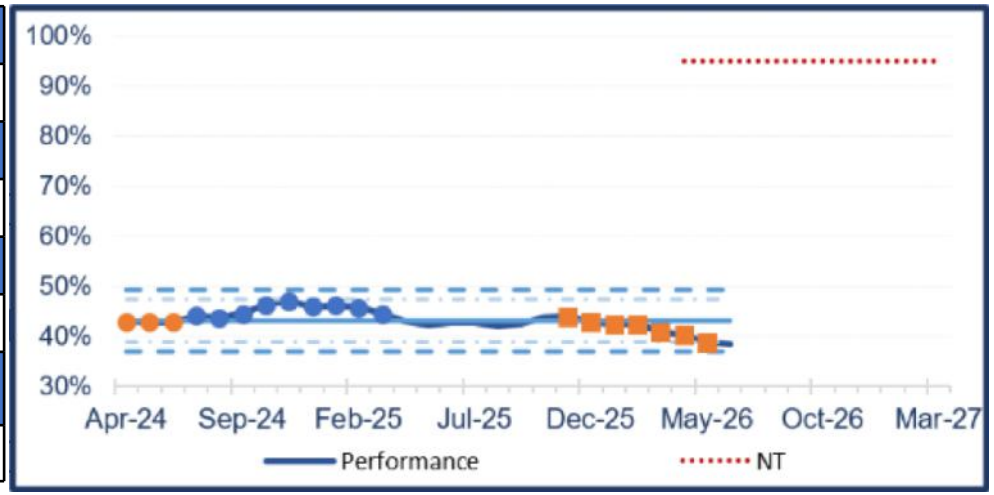
Expected impact upon forecasted performance – Levels of opportunity to increase theatre utilisation differ at specialty level dependent on procedure time.

Planned Care : Outpatient Activity

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	% of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	N/A	12 month improvement towards national target of 95%	Improvement	Improvement	Improvement	Improvement
	3BP04	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Continuous reduction	Zero	138,903 (-5%)	131,593 (-10%)	124,282 (-15%)	116,971 (-20%)

% R1 patient pathways waiting within or within 25% beyond clinical target date

Latest Month
June 2026
Profile
Improvement
Actual
38.4%
Status
Alert



Benchmark BCU ranked 8 of 8 at May 2026

What does the data tell us? – Over the last 12 months there has been a deterioration in the number of high-risk patients waiting within or beyond 25% of their clinical review date.

Actions being taken to improve – Multi-professional case note review team onboarding to redress coding nulls. This will support streaming onto appropriate pathways including to WGOS optometry monitoring in community settings.

Expected impact upon forecasted performance – Coding on track for ongoing identification of patients suitable for discharge to Primary Care WGOS. Staged profile of delivery improvement

Follow Up Delayed by over 100%

Latest Month
June 2026
Profile
138,903
Actual
139,713
Status
Alert

Benchmark BCU ranked 7 of 7 at May 2026

What does the data tell us? – Number of patients overdue by 100% has been increasing month on month and adrift of end of Q1 trajectory by over 1k. The position is 45% higher than same reporting point in 2025 The health board accounts for 44% of the all Wales total

Actions being taken to improve – National Self-Management Protocols have been adopted and shared across services to support discharge and follow-up pathways. They have underpinned the expansion of See on Symptom (SOS) and Patient Initiated Follow-up (PIFU), with Q1 implementation in Dermatology and Breast pathways. A pilot to validate patients waiting 100% beyond target date has commenced in Gynaecology, with 25% of initial cohort of 805 patients appropriately closed.

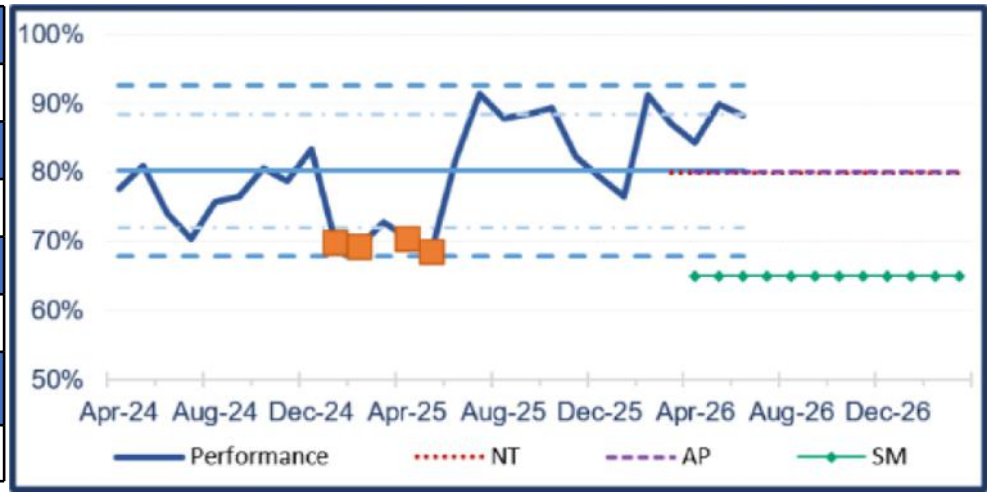
Expected impact upon forecasted performance – Actions are expected to significantly address follow up backlog volumes which will enable a re-balance of new to follow up ratio / clinical validation activity.

Adult Mental Health Measures

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3DP01	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years & over	65%	80%	80%	80%	80%	80%
	3DP02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years & over	65%	80%	80%	80%	80%	80%

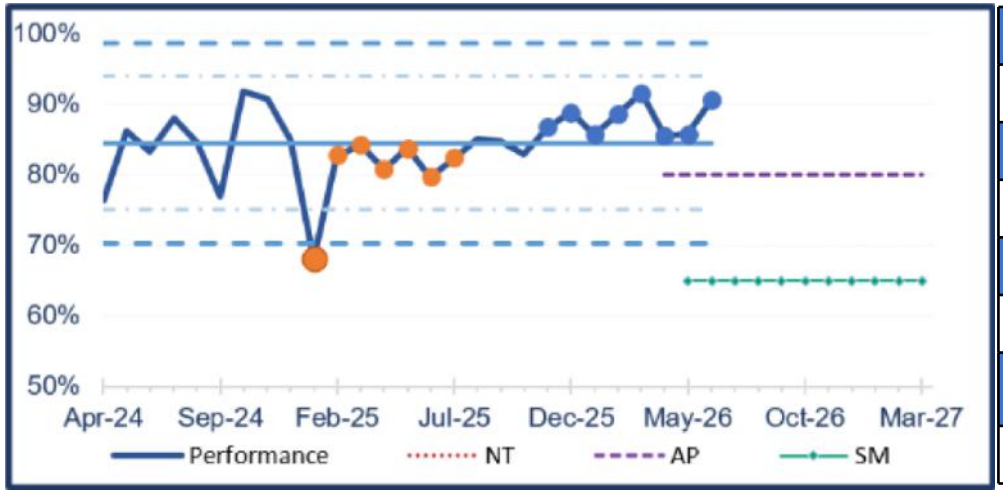
Mental Health Measure Part 1a - Assessments

Latest Month
June 2026
Profile
80%
Actual
88.3%
Status
Assure



Benchmark BCU ranked 4th of 7 at May 2026

Mental Health Measure Part 1b - 1st Intervention



Latest Month
June 2026
Profile
80%
Actual
90.7%
Status
Assure

BCU ranked 5th of 7 at May 2026 **Benchmark**

What does the data tell us? Health Board performance remains compliant against both Adult Mental Health Measure targets. In **June 2026**, **88.3%** of adult assessments and **90.7%** of first therapeutic interventions were delivered within 28 days, both exceeding the national 80% standard. Overall performance has remained stable; however, variation across localities and pathways continues. The focus is increasingly shifting from maintaining overall compliance to improving equitable access and reducing unwarranted variation across the Health Board.

Actions being taken to improve? Recovery plans remain in place within areas of greatest operational pressure. The recent Corporate Performance Accountability Review confirmed that recovery activity continues through additional operational leadership, targeted capacity, management of long-wait cohorts and ongoing monitoring through established governance arrangements. Improvement activity remains focused on reducing variation whilst maintaining patient safety and supporting sustainable recovery.

Expected impact upon forecasted performance Overall Health Board compliance is expected to remain above the national standard. Continued improvement is anticipated through delivery of local recovery plans, with a particular focus on reducing locality variation and the number of patients experiencing extended waits. A trajectory towards achieving the Part 2 standard by Quarter 4 has also been described operationally and will provide additional assurance as recovery progresses.

Adult Mental Health Measures

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3DP06	Material reduction in the number of adult mental health out of area placements	N/A		10	9	9	8
	3BP05	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	N/A	80%	72%	72%	72%	72%

Out of Area Placements

Latest Month
June 2026
Profile
10
Actual
7
Status
Alert

Benchmark N/A

Psychological Therapies

Latest Month
June 2026
Profile
80%
Actual
51.2%
Status
Alert

BCU ranked 6th of 7 at May 2026 **Benchmark**

What does the data tell us? Psychological Therapies performance remains below the national 80% standard, with 51.2% of patients starting treatment within 26 weeks in June. Health Board performance continues to be affected by variation across localities, with operational intelligence indicating that suitable accommodation and clinic capacity constraints remain significant factors affecting service delivery. Out-of-Area Placements continue to demonstrate sustained improvement, reducing further to 7 placements at end of June reporting position, representing the lowest sustained position since November 2022 and reflecting continued progress in reducing reliance on out-of-area care.

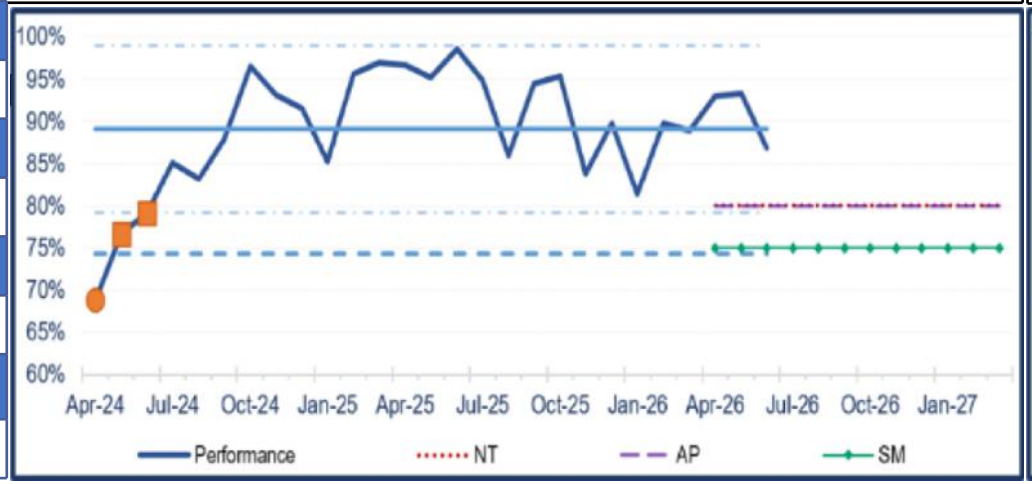
Actions being taken to improve For Psychological Therapies, recovery activity continues through operational oversight, recruitment and retention initiatives, and work to improve appropriate accommodation and clinic capacity. Recovery trajectories are being developed following the recent Corporate Performance Accountability Review. For Out-of-Area Placements, seven-day operational oversight, strengthened discharge planning, daily review processes and close partnership working continue to support reductions in placement numbers and duration.

Expected impact upon forecasted performance Psychological Therapies performance is expected to improve as operational capacity constraints are addressed, although recovery is likely to be gradual. Continued improvement in Out-of-Area Placements is anticipated, with the Division expressing confidence that current operational arrangements are becoming embedded. Sustaining this position will remain dependent upon maintaining patient flow and reducing delayed pathways across the wider system.

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3EP01	Percentage of Local Primary Mental Health Support Service **assessments** undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	75%	80%	80%	80%	80%	80%
	3EP02	Percentage of therapeutic **interventions** started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years.	60%	80%	80%	80%	80%	80%

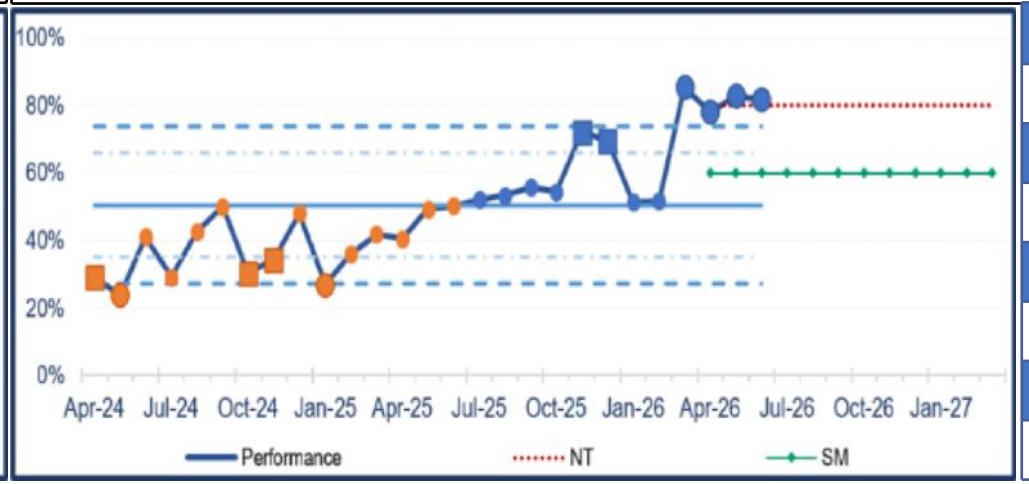
Measure – Part 1A (Assessments) – people aged under 18 years

Latest Month
June 2026
Profile
80%
Actual
86.8%
Status
Assure



Benchmark BCU ranked 5 of 7 at May 2026

Mental Health Measure – Part 1B (Interventions) – people aged under 18 years



Latest Month
June 2026
Profile
80%
Actual
81.8%
Status
Advise

Benchmark BCU ranked 6 of 7 at May 2026

What does the data tell us? – Performance has been above the target of 80% for the **assessment** metric since July 2024. The latest submitted data does show a slight dip from above 90% in prior month to 86.8% in June submitted data indicating performance remaining in excess of 90% with management data showing that the standard will be maintained during July. For the **interventions** metric, significant improvement was demonstrated during 2025/26 with performance improving from 40% at the start of the year to and end of March performance of 85.4%. Whilst performance dipped below the target of 80% in April, May and June performance has been above 80% target with management data indicating that standard will be maintained in July. In April the special measures threshold of 75% was maintained with performance of 78%.

Actions being taken to improve – Very high demand levels were experienced across all teams in June, these are being reviewed and demand closely monitored. Position for August looks more challenging, particularly in East as agency capacity reduces. A recovery delivery plan is being finalised by the East team to include refreshed demand and capacity modelling. The service offer regarding group therapy is being developed further over coming months.

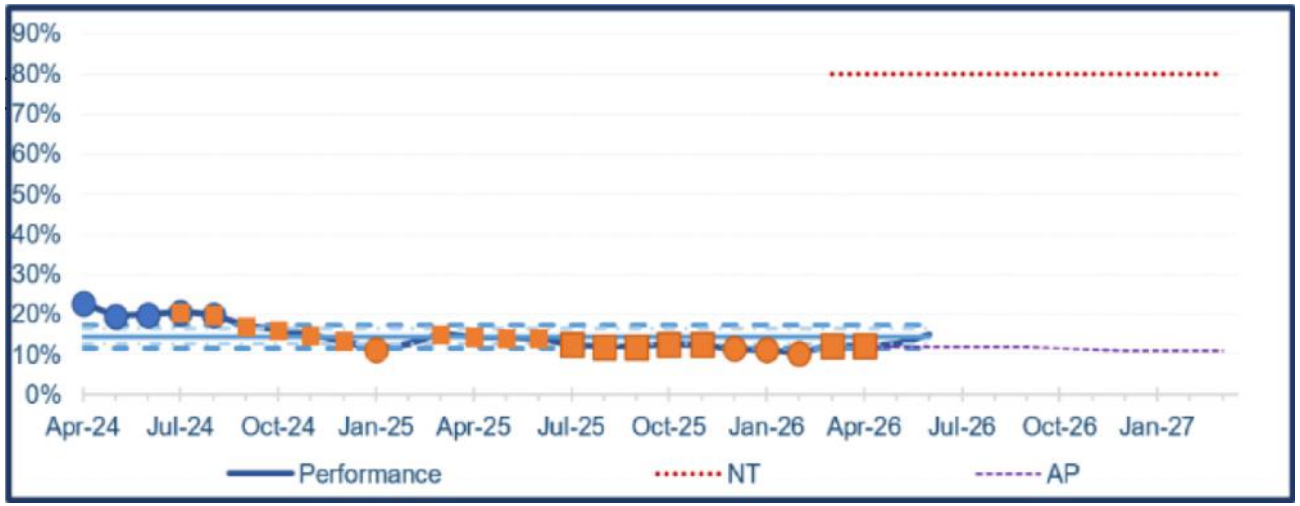
Expected impact upon forecasted performance – Performance against the metrics is expected to be maintained regionally during July but challenging forecast for August. Completion of demand and capacity work will be key in sustaining delivery.

Neurodevelopment (ND)

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3EP03	Percentage of C&YP waiting less than 26 weeks to start neurodevelopment assessment	N/A	80%	12%	12%	12%	12%

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Latest Month
June 2026
Profile
12%
Actual
14.9%
Status
Alert



Waiting List Profile

Month	<26 weeks	26+ weeks	ND Total	Of which 3yr+	Of which 4+ yr
Dec-25	900	6,929	7,829	1,249	0
Jan-26	883	6,982	7,865	1,276	0
Feb-26	756	6,560	7,316	547	2
Mar-26	851	6,069	6,920	592	3
Apr-26	856	6,162	7,018	643	15
May-26	895	6,151	7,046	652	18
Jun-26	1,014	5,779	6,793	423	14

Benchmark	At May 2026, BCU ranked 6 of 7. No health board achieving target with All Wales Performance 23.3%

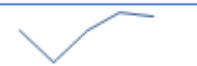
What does the data tell us? – Performance is considerably below national expectation with those waiting less than 26 weeks to start an ADHD or ASD assessment at 14.9% There has been improvement in reducing patients waiting in excess of three years from 1,249 in Dec-25 to 423 at end of June 2026 a 66% reduction.

Actions being taken to improve – Additional commissioning is taking place during 2026/27 with initial focus on extreme waits above four years. Whilst the aim was to clear all four year waits by mid-August this is unlikely to delays due to non-engagement by families or school information not being received. Discussions are taking place with procurement to increase this year's contract to provide an additional 700 assessments but this will be insufficient to manage all over three year demand in year with a current shortfall of c340 assessments. Patient validation exercise is taking place alongside a review of core activity capacity. Scoping activity is also taking place regarding increased prescribing requirement as additional assessment is resulting in additional demand on ADHD medication initiation.

Expected impact upon forecasted performance – Whilst additionality continues to support reduction in extreme wait patients, given the size of the waiting list and the volume in excess of 26 weeks, the focus on extreme waits is not expected to have a significant impact on the 26 week percentage during this financial year.

Section 2
Quality, safety and patient experience

Scorecard: Quality, safety and patient experience

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		May-26	Jun-26	Jul-26	6 Month Activity	
NPF40	Nationally reportable incidents open over 12 months	0	-	-	1st of 11 (at Jun 26)	0	0	0		Assure
4HP02	12 month rolling average crude mortality rate	-	-	-	N/A	1.5	1.5	RIA		Assure
NPF41	Cumulative number of hospital onset Klebsiella spp BSI cases	7	-	-	3rd of 6 (at Jun 26)	5	9	10		Assure
NPF42	Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases	0	-	-	4th of 6 (at Jun 26)	2	3	3		Alert
NPF43	Cumulative number of hospital onset E.coli BSI cases	26	0	-	5th of 6 (at Jun 26)	14	21	36		Alert
NPF44	Cumulative number of MSSA BSI cases	32	-	-	6th of 6 (at Jun 26)	46	63	84		Assure
NPF45	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	-	-	-	5th of 6 (at Mar 26)	37.8	42.0	49.8		Assure
LMQ01	Number of new reported falls	-	-	-	N/A	386	354	372		Advise
LMQ02	Number of reported falls with actual harm (moderate and above, post review)	-	-	-	N/A	23	19	26		Advise
NPF50	Overall HB patient experience score (out of 10)	9	-	-	N/A	8.6	8.6	RIA		Advise
LMQ03	Number of avoidable hospital acquired pressure ulcers (HAPU) (post review)	-	-	-	N/A	57	65	51		Advise
LMQ04	Number of National reportable incidents (NRIs)	-	-	-	N/A	7	14	3		Assure
LMQ05	The number of complaints open	-	-	-	N/A	331	333	324		Alert

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Q2 25/26	Q3 25/26	Q4 25/26	Notes	
3HP02	Gabapentin and pregabalin (DDDs per 1,000 patients)	10%↓ YoY	-	1613.4	4th of 7 (at Mar 26)	1676.5	1592.4	RIA		TBC

Never Events

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	NPF49	Number of new never events	N/A	0	0	0	0	0
	LMQ04	Number of new National Reportable Incidents (NRIs)						

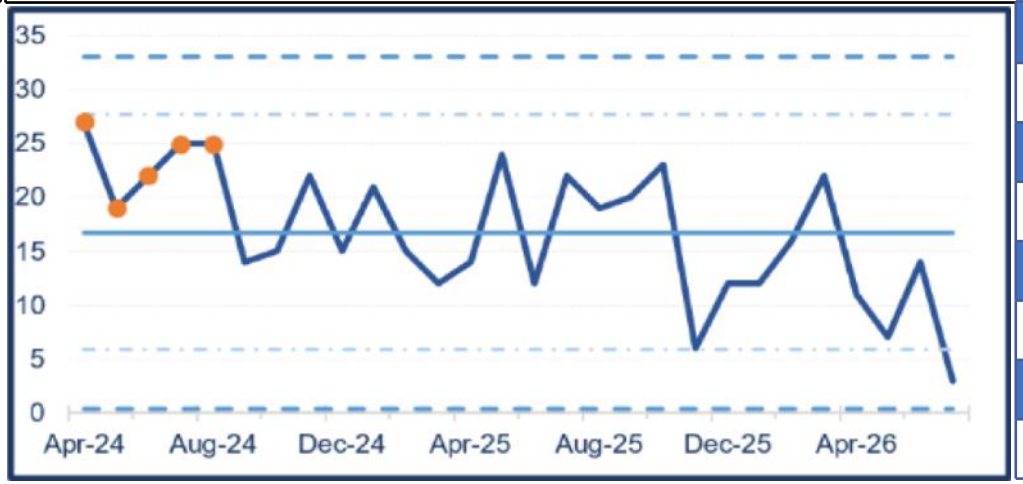
Number of new never events

Latest Month	Profile	Actual	Status
July 2026	0	1	Alert

Benchmark
BCU ranked joint 1st of 11 at May 2026

New National Reportable Incidents (NRI) by incident date (snapshot in time and data likely to fluctuate)

Latest Month	Profile	Actual	Status
July 2026	N/A	3	Advise



Benchmark
N/A

What does the data tell us? – BCUHB accounted for 43% of the reportable never events across Wales in the twelve-month period to June 2026. A total of 13 Never Events have been recorded for the period July 2025 – July 2026 with the one incident in July 2026 bringing the total to four since April 2026. The most frequent theme has been wrong site procedures, along with incidents involving retained items and implant or prosthesis errors. The latest Never Event reported in July involved a misplaced nasogastric tube (NGT).

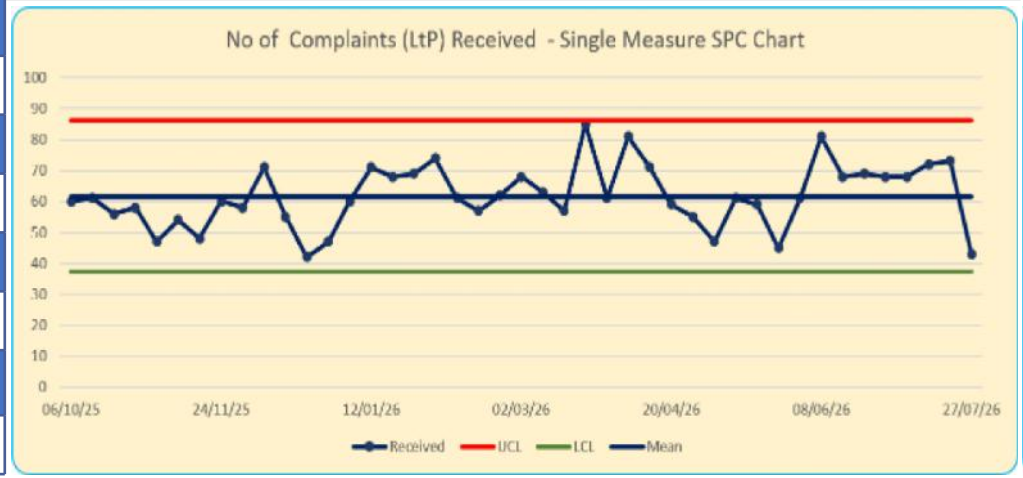
Actions being taken to improve – All Never Event incidents have been managed in accordance with required processes, including Duty of Candour, and comprehensive action plans are in place following each incident. Executive oversight has been strengthened through the Executive Incident Committee Oversight Panel and corresponding quality governance arrangements. A Health Board wide programme is underway to consolidate all LocSSIPS and ensure that continuous audit programmes are in place. The work programme is intended to extend assurance arrangements across all invasive procedures, and strengthen reporting through governance processes. All clinical leads have been asked to do a stocktake of local LocSSIPs and audit practice and to discuss within departmental meetings. The LocSSIPs Oversight Group will initially meet in mid-August to take this work forward.

Expected impact upon forecasted performance – Ongoing learning and improvement of compliance is paramount, in order to provide assurance and reduce the risk of recurrence.

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	NPF49	Number of complaints received	N/A	N/A	N/A	N/A	N/A	N/A
	LMQ05	Number of open complaints	N/A	N/A	N/A	N/A	N/A	N/A

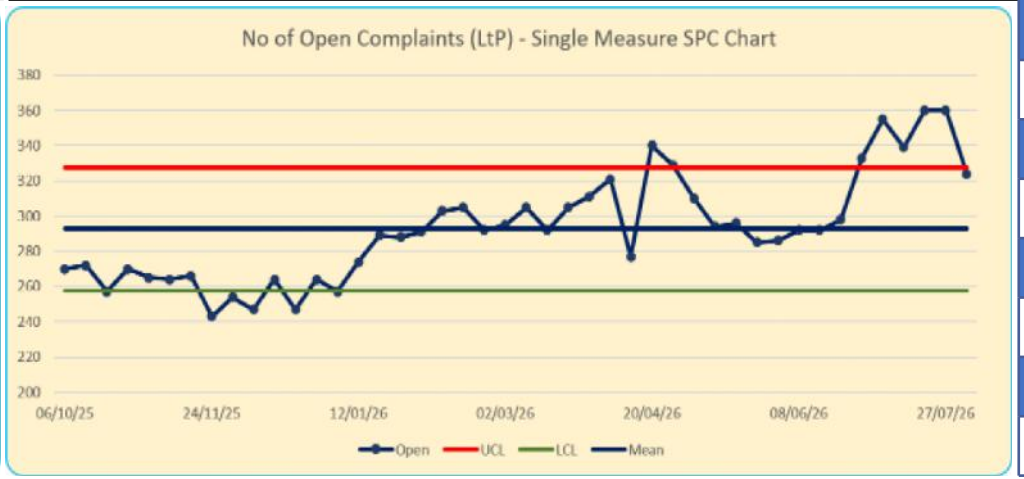
Number of complaints received (weekly)

Latest Position	Profile	Actual	Status	Benchmark
w/c 3rd August	N/A	34	Alert	N/A



Number of open complaints (weekly)

Latest Position	Profile	Actual	Status	Benchmark
w/c 3rd August	N/A	324	Advise	N/A



What does the data tell us? –620 (68.88 per week) complaints were received between 1 June and 3 August 2026, which was above the median average of 65 complaints per week received between 6 October 2025 and 1 June, 2026. The number of complaints being received by the health board is showing a rising trend above the median during the first part of 2026/27. One specific driver cannot be attributed to this rise. The increase in the use of Artificial intelligence to submit complaints, combined with persistent negative press coverage of the health board, are evident within the complaints received. The number of open complaints has increased from 243 at the end of November 2025 rising to 324 week commencing 3rd August, but down from 355 week commencing 6 July, 2026. This is attributed to capacity issues within services to respond to concerns, over the last 29 weeks we have received more complaints than we have closed on 16 occasions (weeks)

Actions being taken to improve – LTP Process refinement, recruitment into corporate services complaints ongoing, work programme for the Patient Experience Service with targeted Intervention, Use of Artificial Intelligence in raising complaints discussed nationally. Dedicated Teams channel between engagement team and PEARS to proactively engage with patients, who raise concerns via social media to prevent formal concerns, increasing use of Early Res (Formal complaint prevention)

Expected impact upon forecasted performance – Reduction in the overall total number of complaints and those overdue to maintain compliance.

Quality: Patient Experience and Regulation 28 notices

All open NRIs

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
July 2026
Profile
N/A
Actual
40
Status
Advise

All overdue NRIs

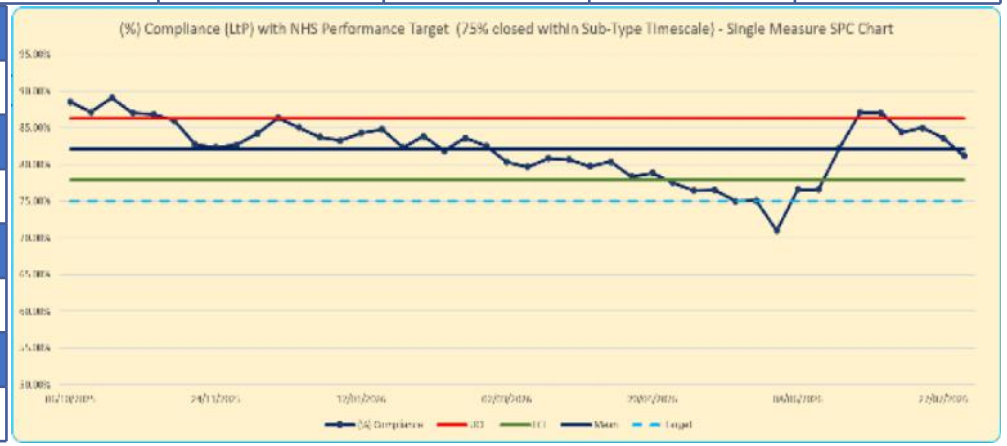
SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
July 2026
Profile
N/A
Actual
5
Status
Advise

Percentage of complaints closed within agreed timescales

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

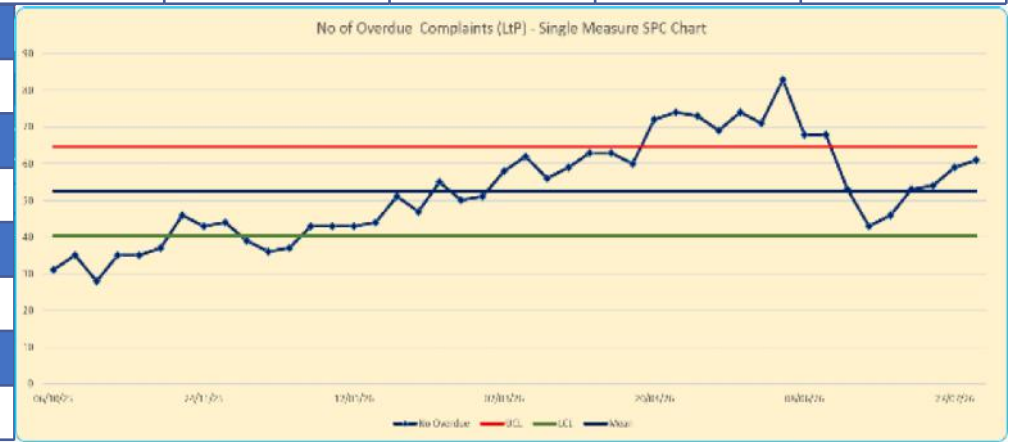
Latest Position
w/c 3rd August
Profile
N/A
Actual
81.2%
Status
Assure



Number of overdue complaints

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Position
w/c 3rd August
Profile
N/A
Actual
61
Status
Assure



Number of hospital onset E-coli BSI cases

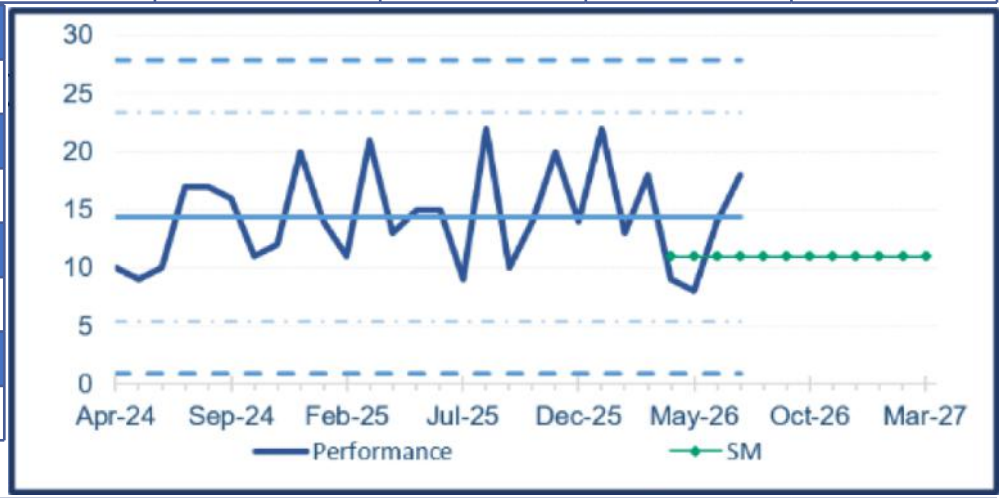
SM De-Escalation	8	Framework	N/A	Latest Benchmark	N/A

Latest Month
July 2026
Profile
N/A
Actual
15
Status
Advise

Number of hospital onset C-Diff cases

SM De-Escalation	11	Framework	N/A	Latest Benchmark	N/A

Latest Month
July 2026
Profile
N/A
Actual
18
Status
Advise

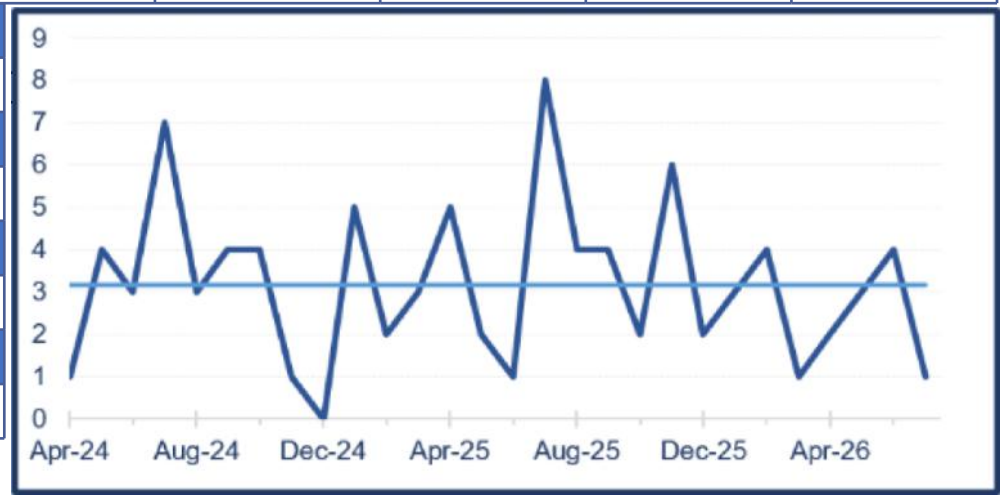


Latest Month
July 2026
Profile
N/A
Actual
21
Status
Advise

Number of hospital onset Klebsiella spp BSI cases

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
July 2026
Profile
N/A
Actual
1
Status
Advise



Overall health board patient experience score

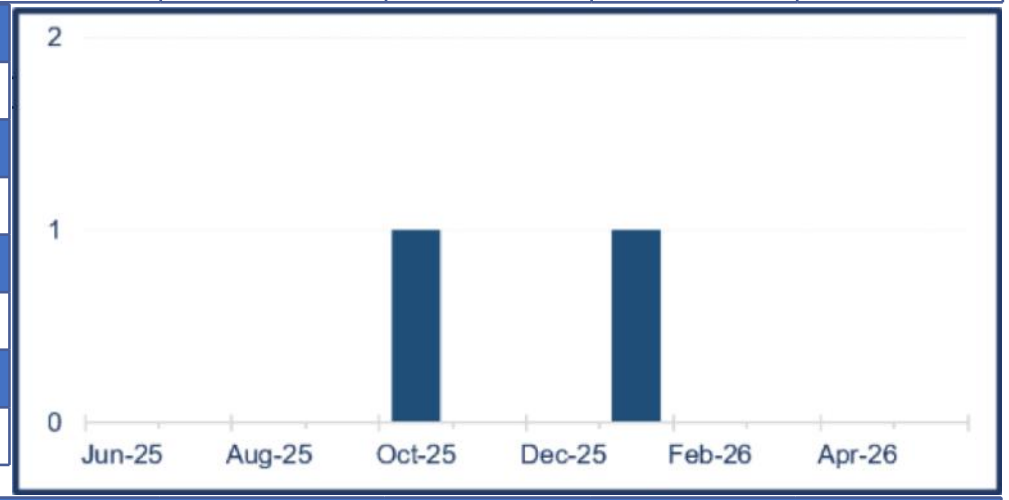
SM De-Escalation	N/A	Framework	8.5	Latest Benchmark	BCU ranked 5th out of 9 at May 2026

Latest Month
June 2026
Profile
Actual
8.6
Status
Advise

Regulation 28 notices (Prevention of Future Deaths reports)

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
May 2026
Profile
Actual
0
Status
Advise



Number of overdue Learning from Event Reports (LFERs)

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
July 2026
Profile
N/A
Actual
10
Status
Assure

Number of new Ombudsman contacts

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
July 2026
Profile
N/A
Actual
21
Status
Assure

Section 3
People and places

Scorecard: People and places

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Apr-26	May-26	Jun-26	6 Month Activity	
NPF36	Percentage of sickness absence rate of staff (month by month)	YoY↓	-	-	7th of 13 (at Feb 26)	5.63%	6.01%	6.09%		Advise
LMW05	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR) in the previous 12months (excluding medical appraisal,	-	-	-	6th of 13 (at Jan 26)	80.8%	80.0%	80.0%		Assure
LMW06	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	-	-	-	N/A	90.8%	90.6%	90.5%		Assure
LMW07 (NPF37*)	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	-	-	-	N/A	0.47%	0.39%	0.53%		Assure

Percentage of sickness absence rate of staff (month by month data)

SM De-Escalation	N/A	Framework	*comparative 12-month reduction	Latest Benchmark	BCU ranked 3rd out of 13 at April 2026

Latest Month
June 2026
Profile
6.1%
Actual
6.1%
Status
Alert

Percentage of Performance Appraisal Development Reviews (PADRs) undertaken

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
June-26
Profile
N/A
Actual
80%
Status
Advise

Percentage of staff who are up to date with all appropriate L1 mandatory training

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
June-26
Profile
N/A
Actual
90.5%
Status
Advise

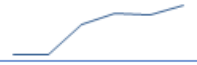
Turnover Rate of those leaving BCUHB (month by month data)

SM De-Escalation	N/A	Framework	*comparative 12-month reduction	Latest Benchmark	N/A

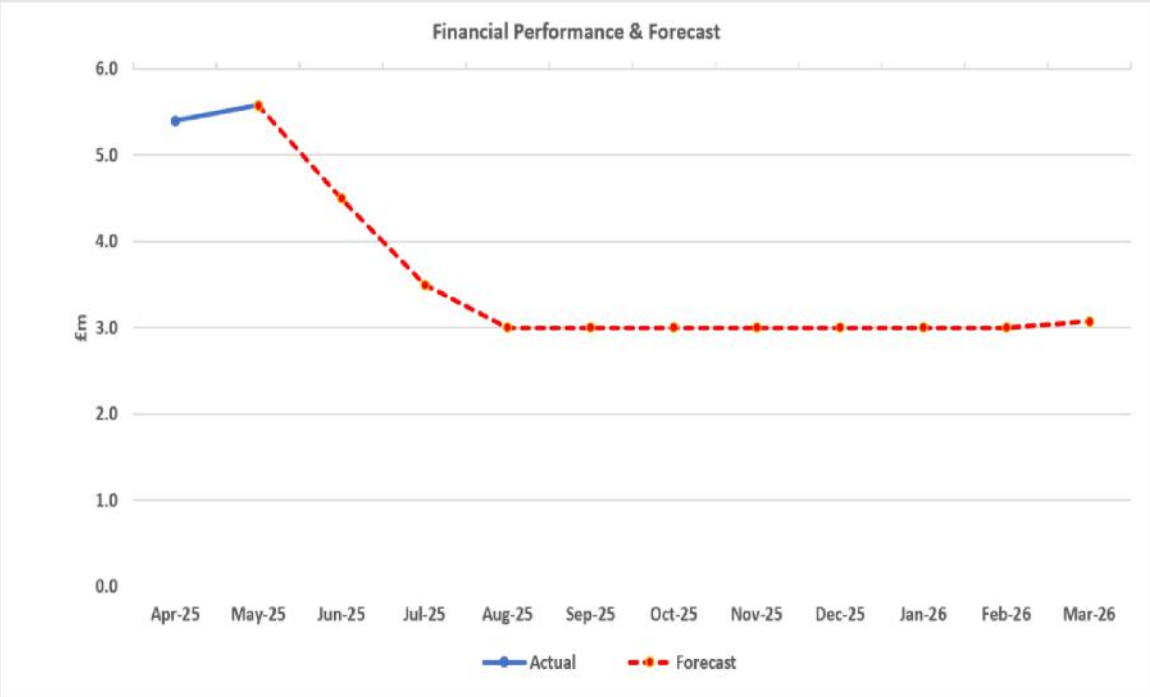
Latest Month
June-26
Profile
N/A
Actual
0.53%
Status
Advise

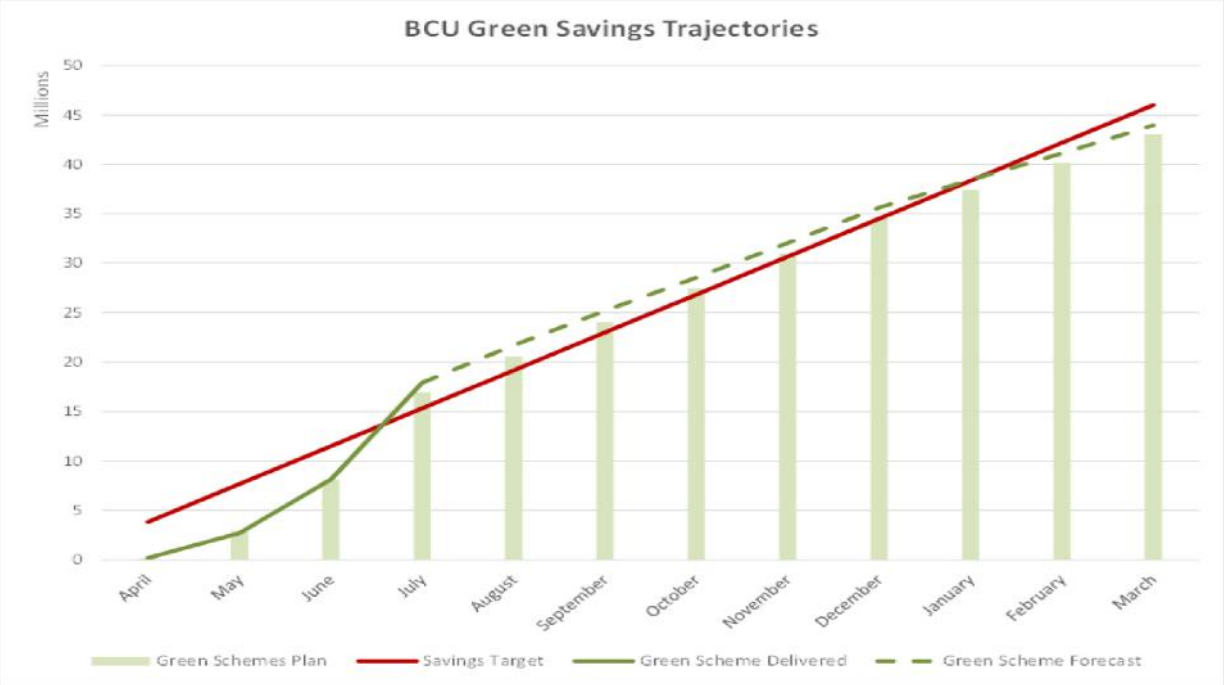
Section 4
Finance and sustainability

Scorecard: Finance and sustainability

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		May-26	Jun-26	Jul-26	6 Month Activity	
NPF38	Agency spend (30% reduction in 2026-27 from 2025-26 outturn)	30%↓	-	-	13th of 13 (at May 26)	22.0%	20.0%	21.0%		TBC
LMF01	Revenue position - expenditure over profile deficit position per month (£m)	43	-	-	N/A	2.0	2.6	2.2		TBC
LMF02	Value and sustainability forecast (up to pipeline) (£m)	46	-	-	N/A	45.2	43.6	55.6		TBC
4GP01	Green deliverable schemes (cash releasing savings forecast) (£m)	46	-	-	N/A	13.3	24.1	43.9		TBC
LMF03	Budget releasing savings (£m)	46	-	-	N/A	4.6	10.1	28.2		TBC
LMF04	Capital spend (£m)	58.6	-	-	N/A	1.7	2.8	4.0		TBC
LMF05	PSPP: Non-NHS invoices paid within 30 days by number	95%	-	-	N/A	-	92.6%	-	Quarterly	Alert
LMF06	PSPP: Non-NHS invoices paid within 30 days by value	95%	-	-	N/A	-	96.9%	-	Quarterly	Assure
LMF07	PSPP: NHS invoices paid within 30 days by number	95%	-	-	N/A	-	89.0%	-	Quarterly	Alert
LMF08	PSPP: NHS invoices paid within 30 days by value	95%	-	-	N/A	-	98.0%	-	Quarterly	Assure

Scorecard: Finance and sustainability





Scorecard: Finance and sustainability

	Actual				Forecast								2026/27 Cumulative against Plan			
	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	(197.0)	(197.3)	(200.1)	(202.7)	(196.4)	(197.3)	(197.3)	(197.0)	(199.5)	(198.5)	(196.7)	(206.8)	(797.2)	(797.2)	**0.0**	0.0%
Miscellaneous Income	(14.7)	(15.4)	(15.3)	(16.1)	(15.2)	(15.0)	(15.0)	(15.0)	(15.0)	(15.0)	(15.0)	(17.1)	(59.4)	(61.5)	**(2.1)**	3.5%
Health Board Pay Expenditure	101.6	102.4	104.9	102.9	100.7	100.9	100.8	100.6	100.8	101.1	100.9	100.8	409.1	411.8	**2.7**	0.7%
Non-Pay Expenditure	115.5	115.9	116.7	121.7	116.7	116.2	115.3	114.2	115.6	114.2	112.5	120.5	447.5	469.8	**22.3**	5.0%
Total Deficit / (Surplus)	**5.4**	**5.6**	**6.2**	**5.8**	**5.8**	**4.8**	**3.8**	**2.8**	**1.8**	**1.8**	**1.8**	**(2.6)**	**0.0**	**22.9**	**22.9**	
Planned Deficit	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**14.3**	**0.0**	**14.3**	**100.00%**
Total Deficit / (Surplus) above Plan	**1.8**	**2.0**	**2.6**	**2.2**	**2.2**	**1.2**	**0.2**	**(0.7)**	**(1.8)**	**(1.8)**	**(1.8)**	**(6.2)**	**14.3**	**22.9**	**8.6**	

Section 5
Population health and prevention

Scorecard: Population health and prevention

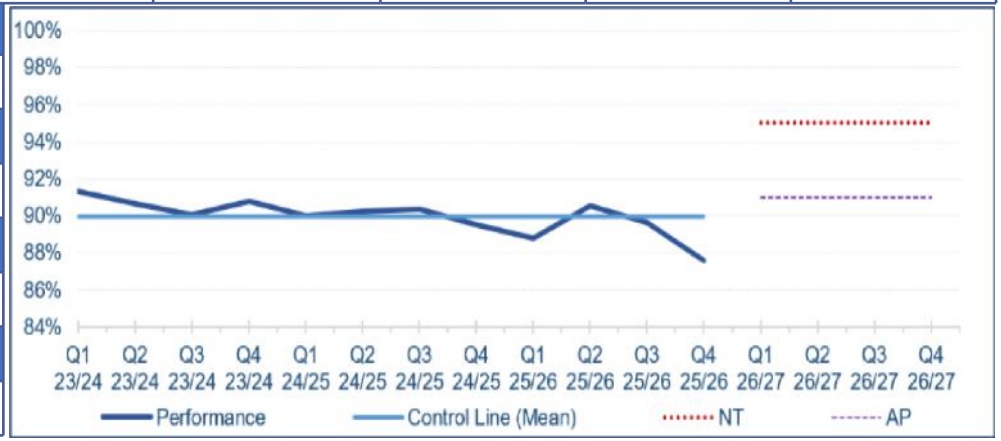
REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Q2 25/26	Q3 25/26	Q1 26/27	Notes	
1AP01	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q1: 1.5%	-	-	2nd of 7 (at Dec 25)	6.0%	8.1%	RIA	Annual Target	Assure
1AP02	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40%	-	-	4th of 7 (at Dec 25)	78.5%	93.6%	RIA		Advise
1DP01	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	-	-	3rd of 7 (at Dec 25)	89.7%	87.6%	RIA		Advise
1DP02	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	-	-	7th of 7 (at Dec 25)	70.3%	70.8%	RIA	School year based programme	Advise
LMPH01	Percentage of teenagers receiving the MenACWY vaccination by the end of year 11	-	-	-	N/A	73.1%	74.5%	RIA		TBC
LMPH02	Number of patients who started a L2 WM intervention	-	-	-	N/A	422	519	434		TBC

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Apr-26	May-26	Jun-26	6 Month Activity	
1BP02	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	-	-	4th of 7 (at Feb 26)	8.6%	RIA	RIA		Alert
3DP05	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	80%	-	-	1st of 7 (at Dec 25)	97.6%	97.1%	RIA		Assure
LMPH03	Percentage of patients (*adults) with diabetes who received all eight NICE recommended care processes	-	-	-	7th of 7 (at Mar 26)	43.7%	43.2%	43.0%		Advise
1AP07	Percentage of patients (*adults) with diabetes who have had foot surveillance recorded within last 15 months	80%	-	-	N/A	67.1%	66.1%	65.3%		Advise
1AP08	Percentage of patients (*adults) with diabetes who have had their urine albumin recorded within last 15 months	80%	-	-	N/A	65.0%	64.6%	64.4%		Advise
LMPH04	Babies exclusively breast fed at birth	-	-	-	N/A	#REF!	RIA	RIA		TBC
LMPH05	Percentage of babies who are exclusively breastfed at 10 days old	-	-	-	N/A	39.8%	33.0%	RIA		TBC
2AP01	Increase in % of adult populations accessing NHS Dental care over a 24 month period	-	-	-	N/A	181706	179750	179432		TBC
2AP02	Increase in % of child populations accessing NHS Dental care over a 12 month period	-	-	-	N/A	56025	55525	55351		TBC
3HP01	Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)	63%	-	-	N/A	43.4%	42.7%	47.6%		TBC

Percentage of children who are up to date with the scheduled vaccinations by age 5

SM De-Escalation	N/A	Framework	95%	Latest Benchmark	BCU ranked 3rd out of 7 at Q3 25/26

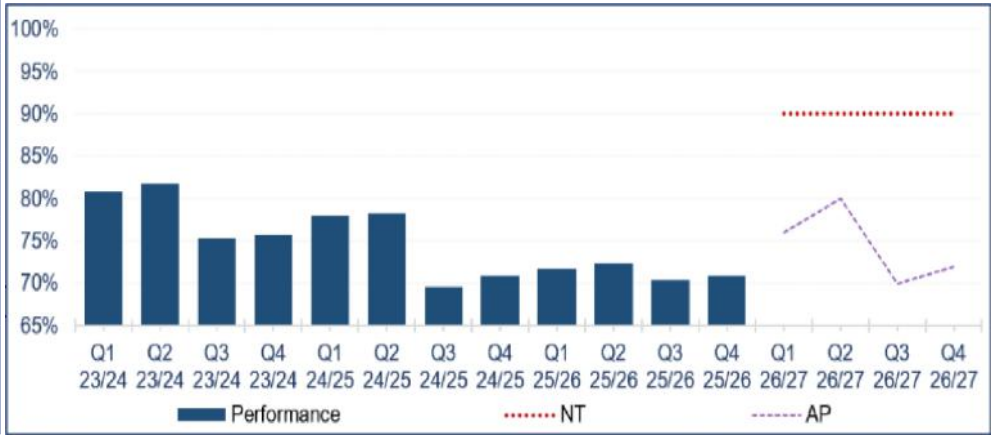
Latest Month
Q4 2025/26
Profile
N/A
Actual
87.9%
Status
Advise



Percentage of children receiving the HPV vaccination by the age of 15

SM De-Escalation	N/A	Framework	90%	Latest Benchmark	BCU ranked 7th out of 7 at Q3 25/26

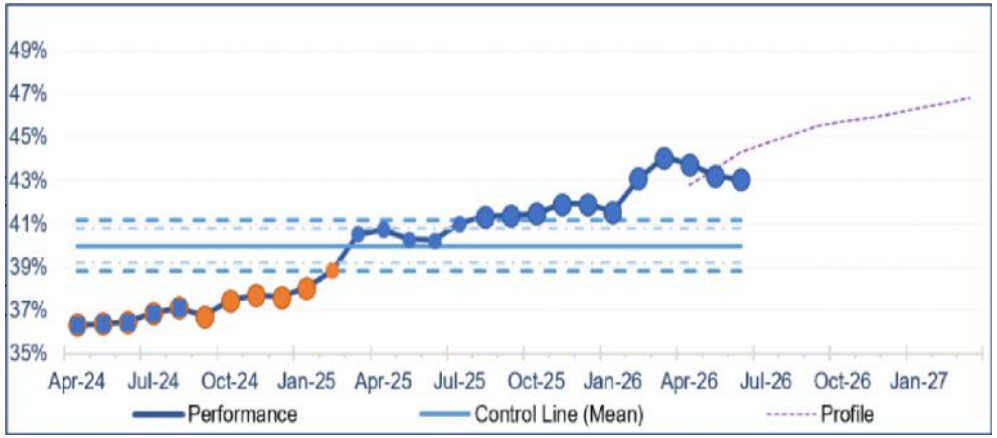
Latest Month
Q4 2025/26
Profile
N/A
Actual
70.8%
Status
Advise



Percentage of patients (*adults) with diabetes who received all eight NICE recommended care processes

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

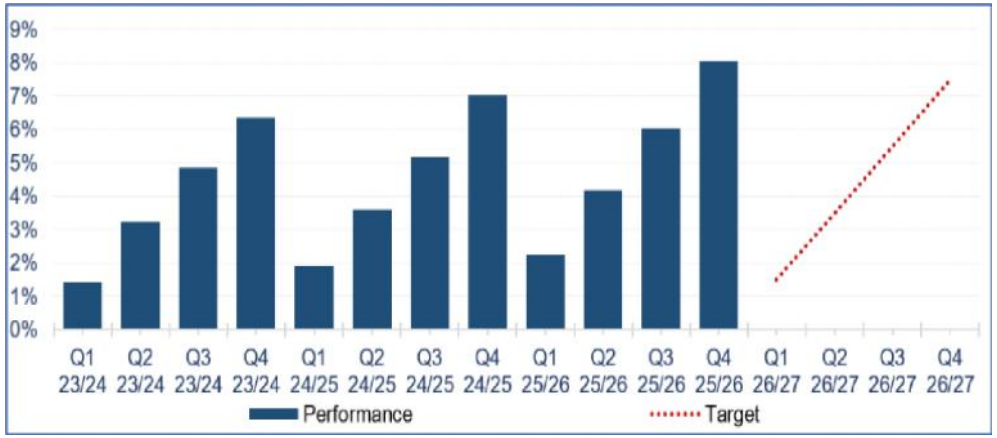
Latest Month
June-26
Profile
44.3%
Actual
43.0%
Status
Alert



Percentage of adult smokers who make a quit attempt via smoking cessation services

SM De-Escalation	N/A	Framework	7.5% Annual	Latest Benchmark	BCU ranked 2nd out of 7 at Q3 25/26

Latest Month
Q4 2025/26
Profile
N/A
Actual
8.1%
Status
Assure



Appendices

- Interpreting Statistical Process Control (SPC) Charts
- How to interpret the Integrated Performance Scorecard
- Abbreviations
- Further Information

Interpreting Statistical Process Control (SPC) Charts

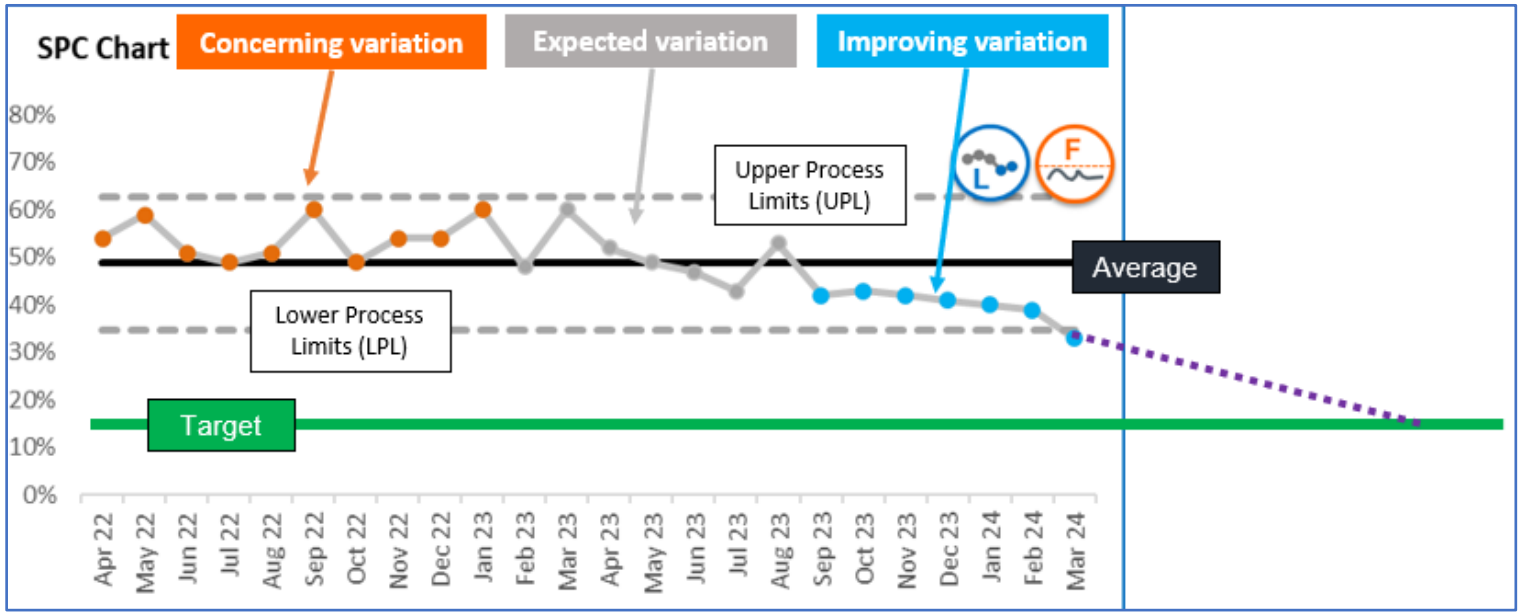
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

Orange – there is a concerning pattern of data which needs to be investigated and improvement actions implemented

Blue – there is a pattern of improvement which should be learnt from

Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable



The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.

Process limits are very helpful in understanding whether a target or standard can be achieved always, never (as in this example) or sometimes.

SPC charts therefore describe not only the type of variation in data, but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

Key

Status		
	Escalate	Escalate (Serious concerns, action required): There is no confidence that the actions taken in place will address performance issues. Executive level intervention is necessary to resolve the situation.
	Alert	Alert (may require discussion): There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.
	Advise	Advise (to monitor): There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.
	Assure	Assure (to note): There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

How to interpret the Integrated Performance Scorecard

Diagram and description of Scorecard elements

Target Suite:
NT = Nationally Mandated Target
SM = Special Measures De-escaltion Target
AP = current Month Trajectory (where we planned to be at this point)

Actual Performance Window

Month: Actual position for previous 3 months to date
Trend to Date: Trend graph for previous 6 months
Variance & Assurance: SPC Indicators

Delivery Assurance:
Based on data, intelligence etc, what is our level of confidence that the stated performance inprovement will be delivered.

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Apr-26	May-26	Jun-26	6 Month Activity	
LMU01	Total number of ambulance coveyances to acute emergency departments	-	-	-	N/A	3237	3580	3340		Advise
3AP02	Percentage of ambulance handovers within 15 minutes	80%	-	-	6th of 6 (at Apr 26)	10.6%	11.6%	10.0%		Escalate
3AP01	Number of ambulance patient handovers over 45 minutes	0	-	-	N/A	1960	2143	2059		Escalate
LMU02	Number of ambulance patient handovers over 1 hour	-	1710	-	6th of 6 (at Apr 26)	1697	1820	1755		Escalate
LMU03	Number of ambulance patient handovers over 4 hour	-	-	-	N/A	569	582	527		Advise
LMU04	Median emergency ambulance response time to purple: arrest category calls	6-8 Mins	-	-	N/A	07:46	07:36	RIA		Advise

Measure Reference Numbers
Prefix
NPF = NHS Wales Performance Framework
LMU = Local Measure Urgent & Emergency Care
LMP = Local Measure Planned Care
LMQ = Local Measure Quality, Safety & Experience
LMW = Local Measure Workforce & Organisational Development
LMF = Local Measure Finance
LMPH = Local Measure Preventiuon & Population Health
All other Prefixes are from the Annual Delivery Plan

Full Measure Description

Benchmark of Performance compared to rest of Wales

BCUHB position compared to other Welsh NHS Organisations

Abbreviations

Please see below a list of abbreviations commonly found within this report:

Abbreviation	Definition
3As	alert, advise or assure
A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professional
ASD	Autistic Spectrum Disorder
ASU	Assessment and Support Unity
BCUHB	Betsi Cadwaladr University Health Board
BSI	Bloodstream Infection
C&YP	Children and Young People
CD	Controlled Delivery
CO	Carbon Monoxide
CRL	Captial Resource Limit
D2RA	Discharge to Assess and Recover
DOSA	Day of Surgery Admission
ED	Emergency Department
FTE	Full Time Equivalent
HPV	Human Papilloma Virus
IHC	Integrated Health Community
IMTP	Intergrated Medium Term Plan
L1	Level 1
LFER	Learning from Event Reports
LocSSIP	Local Safety Standards for Invasive Procedures
LPMHSS	Local Primary Mental Health Support Service
LTP	Listening to People
MDT	Multi-disciplinary Team
MDU	Medical Decision Unit

Abbreviation	Definition
MenACWY	Meningococcal A, C, W, and Y
MHLD	Mantal Health and Learning Disabilities
MIU	Minor Injuries Unit
N/A	Not Applicable
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMQS	Nursing and Midwifery Quality Standards
NRI	National Reportable Incident
PADR	Performance Appraisal and Development Review
PIPS	Pharmacist Independent Prescribing Service
PoCD	Pathways of Care Delays
PSA	Patient Safety Alerts
PSPP	Public Sector Payment Policy
Q	Quarter
QMS	Quality Management System
RSV	Respiratory Syncytial Virus
RTT	Referral to Treatment
SDEC	Same Day Emergency Care
SPC	Statistical Process Control
TBC	To Be Confirmed
UEC	Unscheduled and Emergency Care
V&S	Value and Sustainability
WM	Weight Management
WTE	Whole Time Equivalent
YoY	Year on Year

Additional Information

Integrated Quality and Performance Report
Betsi Cadwaladr University Health Board

Information on our performance can be found online at:

Our website www.bcu.wales.nhs.uk

Stats Wales https://statswales.gov.wales/Catalogue/Health-and-Social-Care

Regular updates on how we improve healthcare services for patients can be found on social media:

follow @bcuhb

http://www.facebook.com/bcuhealthboard

Health Board

2026-27 BCU Finance Report – Month 4 (July)

Date of Meeting	25 August 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development
Lead Executive Team Member name and title	Russell Caldicott, Executive Director of Finance.

Report Purpose	For Noting

Executive Summary

This report provides a briefing on the on the Health Board's financial position as at the end of Month 4 (July 2026), together with progress against the approved Capital Programme and delivery of the 2026/27 savings programme.

Finance Report

The Health Board reported an in-month deficit of £5.8m at Month 4, which is £2.2m adverse to the Month 4 profiled financial plan deficit of £3.6m.

The Year-to-date position is a deficit of £22.9m, representing an £8.6m adverse variance to the planned year to date £14.3m deficit. This reflects an adverse run rate exceeding plan by approximately £2.1m per month, primarily driven by pressures relating to pay, prescribing and Continuing Healthcare (CHC).

Targeted year to date savings delivery totals £15.3m (4/12ths of the annual target of £46m) with savings delivered to date totalling £19.9m. Of these savings, £10.1m is budget releasing, resulting in a £5.2m shortfall in budget extractable savings verses the year to date target, highlighting the need for significant further work to identify and deliver recurrent budget releasing savings and restore a sustainable financial trajectory.

The Health Board is developing plans for attainment of the £46m savings ask and further £17m stretch savings target (total required in year being £63m). With the assurance over delivery of the savings resulting in costs associated with the Welsh Risk Pool being mitigated by Welsh Government and the deficit of £43m being re-stated to delivery of break-even for the year (the £17m plus £26m WRP improving the forecast outturn by £43m).

The below table summarises the monthly actual and forecast variance for 2026/27:

	2026/27 Monthly Variance													
	Actual				Forecast									
	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Year to Date Position £m	Full Year Forecast Outturn Position £m
Total Monthly Surplus/ (Deficit)	(5.4)	(5.6)	(6.2)	(5.8)	(5.8)	(4.8)	(3.8)	(2.8)	(1.8)	(1.8)	(1.8)	2.60	(22.9)	(43.0)

2026/27 forecast position is to deliver the planned deficit of £43m, which is in line with the financial plan for the year. The forecast position assumes that Welsh Government will fund all pay awards and associated pay uplifts in 2026/27 in full, along with receipt of all anticipated income.

Focus will remain on containing cost overruns and recovering the in-month deficit. Enhanced Grip and Control additional actions implemented during 2025-26 have been extended to continue until end of quarter 3 in 2026-27, with the potential to extend to the year-end if necessary, including:

Non-Pay Expenditure Controls Additional controls widened to include all non-pay categories which do not directly impact clinical care, to include Travel Bureau requests and orders which are processed directly to Stores.
Procurement – Review all pending requisitions in Oracle, cancelling any that are not critically urgent.
Pay – Oversight and controls placed upon external recruitment
Temporary Workforce – Clinical Executive leadership oversight and scrutiny

Financial Risks

The containment and reversal of cost overruns remains critical to delivery of the 2026/27 financial plan. The cumulative financial risk to achievement of the 2026/27 financial plan is currently assessed as approximately £105.0m.

Cash

Closing cash balance for July was £5.4m, including £2.6m cash held for revenue expenditure and £2.8m for capital projects. The Health Board is currently forecasting a closing cash balance for 2026-27 of (£36.5m) made up of (£40.5m) revenue cash and £4.1m capital cash, for which support will be requested from WG.

Savings

The 2026/27 Financial Plan requires delivery of £46.0m of savings, equivalent to 2.4% of recurrent budgets excluding ringfenced funding. Savings identification, monitoring and reporting are being managed through the Value and Sustainability framework, focusing on the priority areas of Clinical Value, Workforce, Continuing Healthcare, Medicines Management, and Non-Pay and Procurement.

As at the end of Month 4 (July), the Health Board has identified £43.9m Green saving schemes, an increase of £19.8m from previous month. Of the total savings identified £22.9m is recurring, with a full year effect of £31.5m. The identified schemes comprise:

- £39.5m cash releasing savings
- £3.5m accountancy gains
- £3.1m income generation initiatives; and
- £1.5m cost avoidance schemes

Of the identified schemes, only £28.2m of these savings have been reported as budget reducing, highlighting the need for significant further work to identify and deliver recurrent budget releasing savings and restore a sustainable financial trajectory.

A further £11.7m savings opportunities remain classified as Red-rated and pipeline opportunities. Targeted work continues across the Health Board to accelerate these schemes to Green status and securing deliverable benefits within this financial year.

Targeted year to date savings delivery totals £15.3m (4/12ths of the annual target of £46m) with savings delivered to date totalling £17.9m. However, of these savings £10.1m is budget releasing, resulting in a £5.2m shortfall in budget extractable savings compared to the year-to-date target.

In-month savings delivery is £9.8m, against the £3.8m target.

Significant progress has been achieved during Month 4 (July) to accelerate the conversion of identified opportunities into green-rated schemes following the Chief Executive Officer undertaking a series of enhanced scrutiny meetings with individual IHC Directors and Value & Sustainability Leads to challenge delivery trajectories, remove barriers to implementation and support the rapid conversion of pipeline and Red-rated schemes to Green status. However, further focus is required on closing the savings gap, containing cost overruns and recovering the year-to-date deficit above plan.

The enhanced Grip and Control actions implemented during 2025-26 have also been extended to continue for a further 3 months, until the end of quarter 3 in 2026-27.

Capital Programme

The approved Capital Resource Limit (CRL) for 2026-27 is £58.6m which is forecast to be spent in full.

As previously agreed with Welsh Government the prior year expenditure of £1.4m for Royal Alexander Hospital – Phase 1 is to be re-provided to discretionary from the All-Wales allocation.

Donated Income of £2.2m has been reported in Month 4. This is made up of £0.8m donated income and £1.4m in relation to the Ysbyty Gwynedd Helipad Redevelopment.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan
CRL	Capital Resource Limit

BCU 2026-27 M3 Finance Report

***Please see Appendix A* - BCU 2026/27 M04 Finance Report – July 2026**

ASSESSMENT	
Link to Strategic Priorities	

	1. Building an effective organisation
	If more than one applies, please list below: This paper aligns to the strategic goal of attaining financial balance and supports a number of organisational priorities.
Design Principles	Wise Spending
Corporate Risks and Board Assurance Framework	Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR) **Appendix A** **BAF risks** BAF SP14 – Estates & Capital *(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.)* BAF24-03 – Value Delivery & Financial Sustainability *(There is a risk that the Health Board will be unable to secure current non-recurrent (one-off) allocations in future financial years, as these allocations are conditional on meeting agreed financial plans. Failure to secure this resource will require services to operate within a significantly reduced financial envelope.* *The objective is to achieve long-term financial sustainability or maximise value from its spending).* **Link to Corporate Risk Register:** CRR24-06 Suitability and Safety of Sites CRR26/27-Fin-01 Delivery of the 2026/27 Financial Plan and Financial Sustainability
Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☐	No: ☒
	Outcome:	Not applicable
	If no, please include rationale:	

Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	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.
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** Data to Knowledge	**Domains of Quality** Effective
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales	

Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☒
	Outcome:	No - Not Applicable
	If no, please include rationale:	
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome:	No personal data included in the report.
	If no, please include rationale:	
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☒	No: ☐
	Outcome:	
	If no, please include rationale:	
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	Yes (Include further detail below)	
	Implications of deterioration of forecast to reputation.	
Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	The Health Board is in receipt of £82m of conditionally 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 improved upon and delivered the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models.	

Trugaredd
Compassion

Agored
Openness

Parch
Respect

Finance Report – Health Board
July - Month 4 2026/27

Russell Caldicott
Executive Director of Finance

Executive Summary

Situation		• 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**	• In-month deficit of £5.8m for July, a £2.2m adverse variance compared to the £3.6m in-month profiled financial plan deficit. • Year to date deficit of £22.9m and £8.6m adverse compared to the year-to-date financial plan deficit of £14.3m. • Full year forecast outturn for 2026/27 remains in line with the £43m planned deficit as per the 2026/27 financial plan.
	Cash	• Closing cash balance as at 31st July 2026 was £5.4m, including £2.6m for revenue and £2.8m for capital projects. The Health Board is currently forecasting a closing cash balance for 2026-27 of (£35.1m) made up of (£40.5m) revenue and £5.5m capital cash, for which support will be requested from WG.
	Savings	• The financial plan has set a savings target of £46.0m to be delivered in 2026/27 profiled equally across the financial year. • Full year forecast value of deliverable (Green) schemes total £43.9m, resulting in £2.1m still to be identified. • Year-to-date savings target is £15.3m (4/12ths of the £46m annual target), with savings delivered to date totalling £17.9m. Of these savings, £10.1m is budget releasing, therefore resulting in a £5.3m shortfall in budget extractable savings compared to year-to-date target. • Red schemes and pipeline opportunities totals £11.7m, with work progressing to convert to deliverable schemes.
	Capital	• Approved Capital Resource Limit (CRL) for 2026/27 is £58.6m. Year to date expenditure is £4.0m.
	PSPP	• 96.9% of Non-NHS invoices paid within 30 days by value and 92.6% by number, both against a Target of 95% • 98.0% of NHS invoices paid within 30 days by value and 89% by number, both against a Target of 95%
Key Risks & Matters for Escalation		Ø It is of note that the 2026/27 £43.0m financial plan deficit does not attain the key duty of the Health Board to achieve a balanced position, and therefore the £82m conditionally recurrent allocation being at risk. Ø Significant progress has been achieved in Month 4 (July) to accelerate the conversion of identified opportunities into Green Schemes. Further focus is also now required to achieve the full savings target and increase the budget releasing delivery status. To support this, escalated scrutiny meetings were held with individual IHC Directors and Value & Sustainability Leads in July to eliminate barriers to progress of existing schemes and identify alternative schemes where required. Ø Achieving the full £46.0m target as budget releasing is a key risk for the Health Board. Ø The Health Board is developing plans for attainment of the £46m savings and a further £17m stretch savings target (total savings requirement being £63m). Subject to assurance on delivery would result in £26m of Welsh Risk Pool costs being mitigated by Welsh Government and the Health Board being able to submit a balanced plan for 2026/27 and attain the key statutory duty of break-even.

Key Performance Indicators

Month 4 Position

In Month: £208.5m against plan of £206.3m
£2.2m adverse position

YTD: £820.1m against plan of £811.5m
£8.6m adverse position

Forecast

Projection held at planned deficit but this is subject to risk.

£43.0m deficit

Month 4 Divisional Variance

West IHC	£4.1m adverse
Central IHC	£6.2m adverse
East IHC	£7.1m adverse
Womens	£1.3m adverse
MH & LD	£2.5m adverse
Commissioning Contracts	£5.7m adverse
ICD Primary Care	£0.7m favourable
ICD Regional Services	£4m adverse
Support Functions	£0.7m adverse
Other Budgets	£22.2m favourable

Savings

In Month: £9.8m against target of £3.8m

£6.0m favourable

Full Year Savings Delivery

£43.9m forecast against target of £46.0m

£2.1m adverse
(Red and pipeline totalling £11.7m are being developed)

Year to Date Income

£61.5m against budget of £59.4m

£2.1m favourable

Year to Date Pay

£411.8m against budget of £409.1m

£2.7m adverse

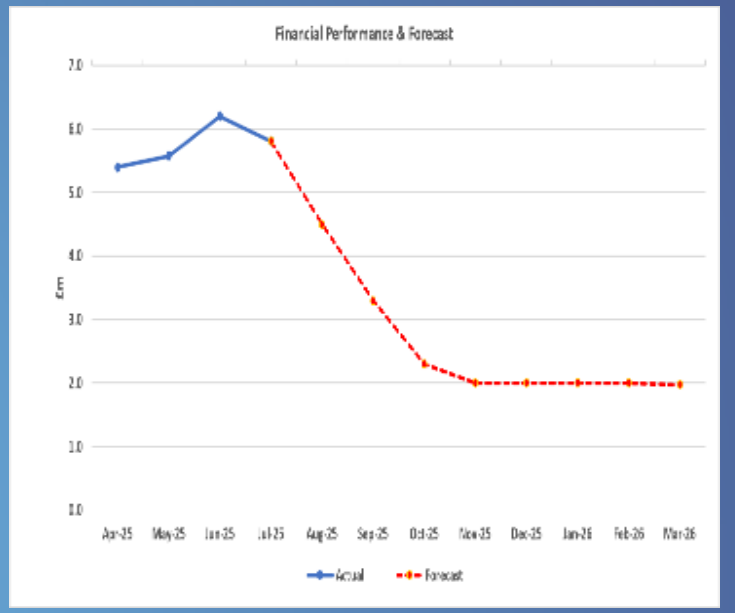
Year to Date Non-Pay

£469.8m against budget of £347.5m

£22.3m Adverse

Revenue Position

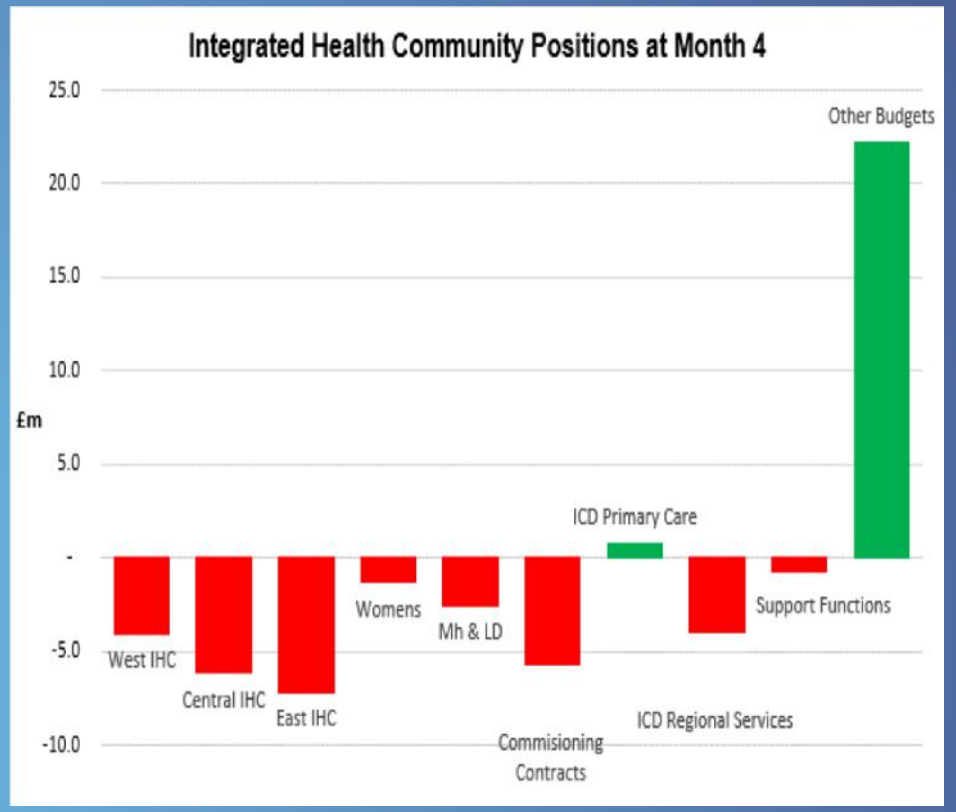
	Actual				Forecast								2026/27 Cumulative against Plan			
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%
Revenue Resource Limit	(197.0)	(197.3)	(200.1)	(202.7)	(196.4)	(197.3)	(197.3)	(197.0)	(199.5)	(198.5)	(196.7)	(206.8)	(797.2)	(797.2)	**0.0**	0.0%
Miscellaneous Income	(14.7)	(15.4)	(15.3)	(16.1)	(15.2)	(15.0)	(15.0)	(15.0)	(15.0)	(15.0)	(15.0)	(17.1)	(59.4)	(61.5)	**(2.1)**	3.5%
Health Board Pay Expenditure	101.6	102.4	104.9	102.9	100.7	100.9	100.8	100.6	100.8	101.1	100.9	100.8	409.1	411.8	**2.7**	0.7%
Non-Pay Expenditure	115.5	115.9	116.7	121.7	116.7	116.2	115.3	114.2	115.6	114.2	112.5	120.5	447.5	469.8	**22.3**	5.0%
Total Deficit / (Surplus)	**5.4**	**5.6**	**6.2**	**5.8**	**5.8**	**4.8**	**3.8**	**2.8**	**1.8**	**1.8**	**1.8**	**(2.6)**	**0.0**	**22.9**	**22.9**	
Planned Deficit	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**14.3**	**0.0**	**14.3**	**100.00%**
Total Deficit / (Surplus) above Plan	**1.8**	**2.0**	**2.6**	**2.2**	**2.2**	**1.2**	**0.2**	**(0.7)**	**(1.8)**	**(1.8)**	**(1.8)**	**(6.2)**	**14.3**	**22.9**	**8.6**	



- The Health Board's in-month position is reporting a deficit of £5.8m and is £2.2m adverse to the Month 4 profiled financial plan deficit of £3.6m.
- Year-to-date position is reporting a deficit of £22.9m, £8.6m adverse to the planned year to date £14.3m deficit. The year-to-date targeted savings delivery totals £15.3m (4/12ths of the annual target of £46m) with savings delivered to date totalling £17.9m. Of these savings, £10.1m is budget releasing, and therefore resulting in a £5.3m shortfall in budget extractable savings compared to year-to-date target.
- 2026/27 forecast position is to deliver the planned deficit of £43m, which is in line with the financial plan for the year.
- Focus should remain on containing cost overruns and recovering the in-month deficit. The enhanced Grip and Control actions implemented during 2025-26 have been extended to continue until end of quarter 3 in 2026-27, with the potential to extend to the year-end if necessary, including:
  - **Non-Pay Expenditure Controls –** Additional controls will be widened to all non-pay categories which do not directly impact clinical care or are covered by reasonable adjustments" under H&S legislation. Controls are also extended to include Travel Bureau requests and orders which are processed directly to Stores.
  - **Procurement –** Review all pending requisitions in Oracle, cancelling any that are not critically urgent.
  - **Pay –** Further oversight and controls placed upon all non-clinical external recruitment and clinical posts prior to recruitment.
  - **Temporary Workforce –** Additional oversight and scrutiny for use of temporary workforce through the relevant Clinical Executive leadership.

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Planned Deficit
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	£m
WG RESOURCE ALLOCATION	(202.7)	(202.7)	0.0	0%	(797.2)	(797.2)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.5	0.5	0.0		0.1
West Area	18.9	19.3	(0.4)		74.2	75.2	(1.0)		(5.3)
Ysbyty Gwynedd	12.5	13.4	(0.9)		50.5	53.4	(2.9)		(8.3)
Facilities	1.2	1.3	(0.0)		4.9	5.1	(0.2)		(0.6)
Total West	32.7	34.0	(1.3)	-4%	130.1	134.2	(4.1)	-3%	(14.2)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.2	(0.0)		0.6	0.6	(0.0)		(0.1)
Central Area	25.0	25.5	(0.5)		96.6	98.8	(2.2)		(11.0)
Ysbyty Glan Clwyd	15.9	17.4	(1.4)		62.1	65.9	(3.8)		(13.5)
Facilities	1.5	1.6	(0.1)		6.1	6.3	(0.2)		(0.3)
Total Central	42.6	44.7	(2.0)	-5%	165.3	171.5	(6.2)	-4%	(24.9)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.4	0.4	0.0		0.2
East Area	27.3	28.6	(1.3)		107.9	111.8	(3.9)		(12.7)
Ysbyty Wrexham Maelor	13.8	14.2	(0.4)		53.5	56.6	(3.1)		(9.9)
Facilities	1.4	1.5	(0.1)		5.6	5.8	(0.2)		(0.7)
Total East	42.6	44.3	(1.7)	-4%	167.4	174.5	(7.1)	-4%	(23.1)
Total Midwifery and Women's Services	4.6	4.9	(0.4)	-8%	17.9	19.1	(1.3)	-7%	(3.4)
Total Mental Health and LDS	16.4	17.6	(1.2)	-7%	66.8	69.3	(2.5)	-4%	(7.4)
Total Commisioning Contracts	26.6	28.0	(1.5)	-5%	107.0	112.7	(5.7)	-5%	(13.6)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Dental North Wales	3.1	3.3	(0.2)		12.5	12.0	0.5		1.0
Community Dental Services	0.6	0.6	0.1		2.6	2.4	0.2		0.4
Other Primary Care	0.1	0.2	(0.0)		0.5	0.5	0.0		(0.2)
Total Integrated Clinical Delivery Primary care	3.9	4.0	(0.1)	-4%	15.6	14.8	0.7	5%	1.2
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1.9)	(2.5)	0.6		(7.7)	(9.1)	1.4		2.5
Diagnostic and Specialist Clinical Support	8.8	8.4	0.4		30.4	33.6	(3.2)		(11.6)
Cancer Services	6.4	7.2	(0.8)		25.4	27.6	(2.2)		(6.3)
Total Integrated Clinical Delivery	13.3	13.1	0.2	1%	48.1	52.1	(4.0)	-8%	(15.4)
Total Service Support Functions	15.1	14.6	0.5	3%	60.1	60.8	(0.7)	-1%	(5.5)
Total Other Budgets	8.5	3.2	5.4	63%	33.3	11.0	22.2	67%	106.3
Total Health Board Position	**3.6**	**5.8**	**(2.2)**		**14.3**	**22.9**	**(8.6)**		**0.0**



- In-Month Position is reporting a deficit of £5.8m, which is £2.2m higher than the profiled Financial Plan deficit of £3.6m.
- The forecast position is to deliver a deficit of £43.0m, which is in line with the financial plan for the year.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.

Expenditure – Pay & Non-Pay

Pay Costs	2026-27												Cumulative			Full Year Forecast
	Actual				Forecast											
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	14.0	13.9	13.9	13.7	14.5	14.6	14.6	14.5	14.6	14.6	14.6	14.6	63.7	55.5	8.2	186.9
Medical & Dental	23.3	23.5	25.5	24.5	22.5	22.5	22.5	22.4	22.5	22.5	22.5	22.5	90.1	96.8	(6.8)	288.5
Nursing & Midwifery Registered	31.2	31.5	31.9	31.2	31.1	31.2	31.1	31.1	31.1	31.2	31.2	31.1	124.2	125.8	(1.6)	399.9
Additional Clinical Services	15.3	15.6	15.6	15.9	15.4	15.4	15.4	15.4	15.4	15.5	15.4	15.4	60.0	62.4	(2.4)	197.9
Add Prof Scientific & Technical	4.4	4.4	4.4	4.3	3.9	3.9	3.9	3.9	3.9	4.0	3.9	3.9	18.3	17.5	0.8	50.6
Allied Health Professionals	6.8	6.8	6.9	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	26.2	27.3	(1.1)	85.8
Healthcare Scientists	1.9	1.9	1.9	1.9	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	7.6	7.5	0.0	21.5
Estates & Ancillary	4.6	4.7	4.7	4.6	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	18.7	18.6	0.1	61.8
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	0.4	0.4	0.0	1.2
Health Board Total	**101.6**	**102.4**	**104.9**	**102.9**	**100.7**	**100.9**	**100.8**	**100.6**	**100.8**	**101.1**	**100.9**	**100.8**	**409.1**	**411.8**	**(2.7)**	**1,294.0**
Other Services (Incl. Primary Care)	3.2	3.2	3.3	3.3	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	11.5	12.9	1.5	38.8
Total Pay	**104.7**	**105.6**	**108.2**	**106.3**	**103.9**	**104.2**	**104.0**	**103.8**	**104.0**	**104.3**	**104.2**	**104.0**	**420.5**	**424.7**	**(4.2)**	**1,332.8**

Non-Pay Costs as per Monitoring Return Table	2026-27												Cumulative			Full Year Forecast
	Actual				Forecast											
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£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)	22.3	22.2	22.0	22.5	22.5	22.5	22.6	22.6	22.7	22.7	22.7	22.7	91.6	89.1	2.5	270.0
Primary Care - Drugs & Appliances	11.1	10.6	11.8	12.8	11.8	11.5	11.3	10.9	11.8	10.9	10.5	11.2	45.7	46.3	(0.6)	136.3
Provider Services - Non Pay (excluding drugs & depreciation)	20.1	19.6	20.1	20.8	19.8	20.0	19.6	19.8	19.7	19.6	19.5	15.0	59.8	80.5	(20.7)	233.5
Secondary Care - Drugs	9.2	9.1	9.3	10.6	9.0	9.4	9.2	9.0	9.4	9.0	8.8	9.1	38.4	38.2	0.2	111.0
Healthcare Services Provided by Other NHS Bodies	33.4	33.9	33.7	33.9	33.8	33.7	33.7	33.6	33.5	33.5	33.5	33.7	133.3	134.8	(1.5)	403.8
Continuing Care and Funded Nursing Care	11.9	12.4	12.6	13.0	12.1	11.8	12.1	11.8	12.1	12.1	11.2	12.1	47.7	49.9	(2.2)	145.1
Other Private & Voluntary Sector	3.5	3.5	2.8	3.2	2.6	2.4	1.8	1.6	1.5	1.5	1.5	1.5	14.1	13.0	1.1	27.4
Joint Financing and Other	0.5	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	1.1	1.6	(0.5)	4.2
Losses, Special Payments and Irrecoverable Debts	0.3	0.3	0.6	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	1.0	1.5	(0.5)	4.2
Non-pay costs	**112.3**	**112.1**	**113.2**	**117.4**	**112.4**	**111.9**	**111.0**	**109.9**	**111.3**	**110.0**	**108.2**	**105.9**	**432.7**	**455.0**	**(22.3)**	**1,335.6**
AME/DEL Depreciation	3.2	3.9	3.5	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	14.7	14.8	14.8	0.0	59.6
Total non-pay	**115.5**	**115.9**	**116.7**	**121.7**	**116.7**	**116.2**	**115.3**	**114.2**	**115.6**	**114.2**	**112.5**	**120.5**	**447.5**	**469.8**	**(22.3)**	**1,395.2**

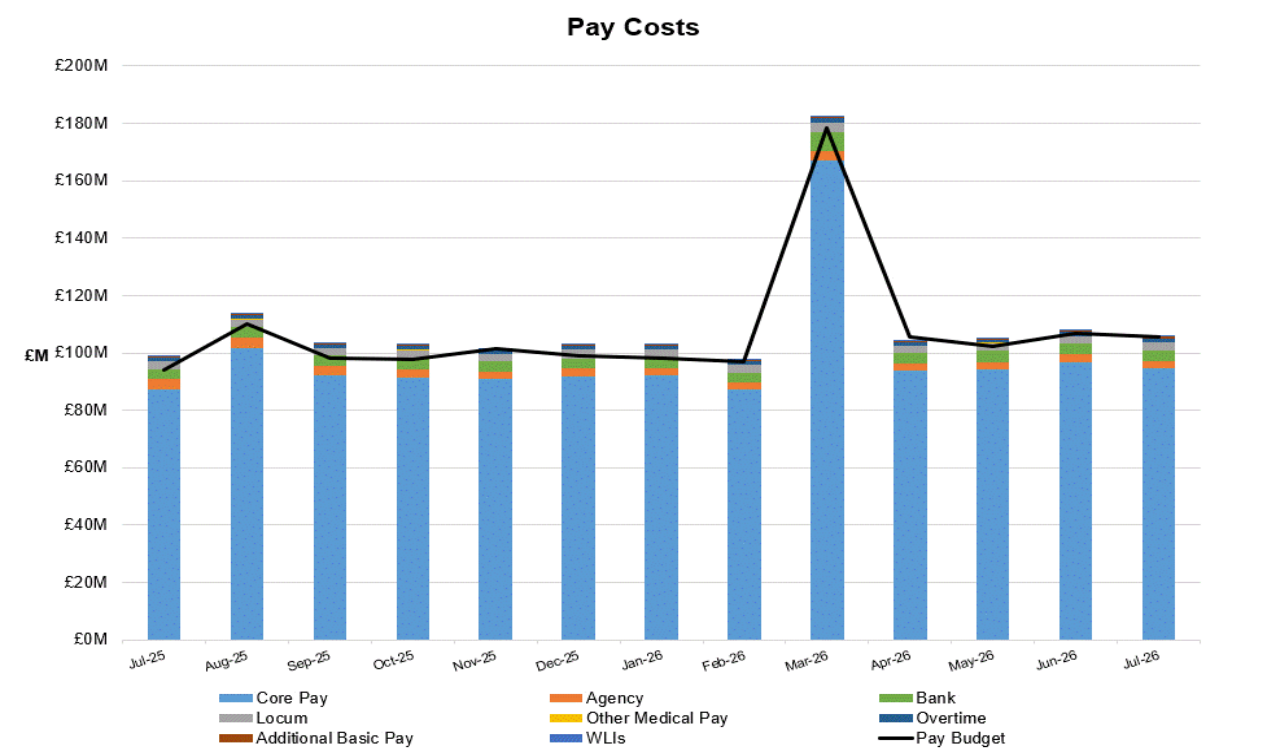
Health Board Pay:

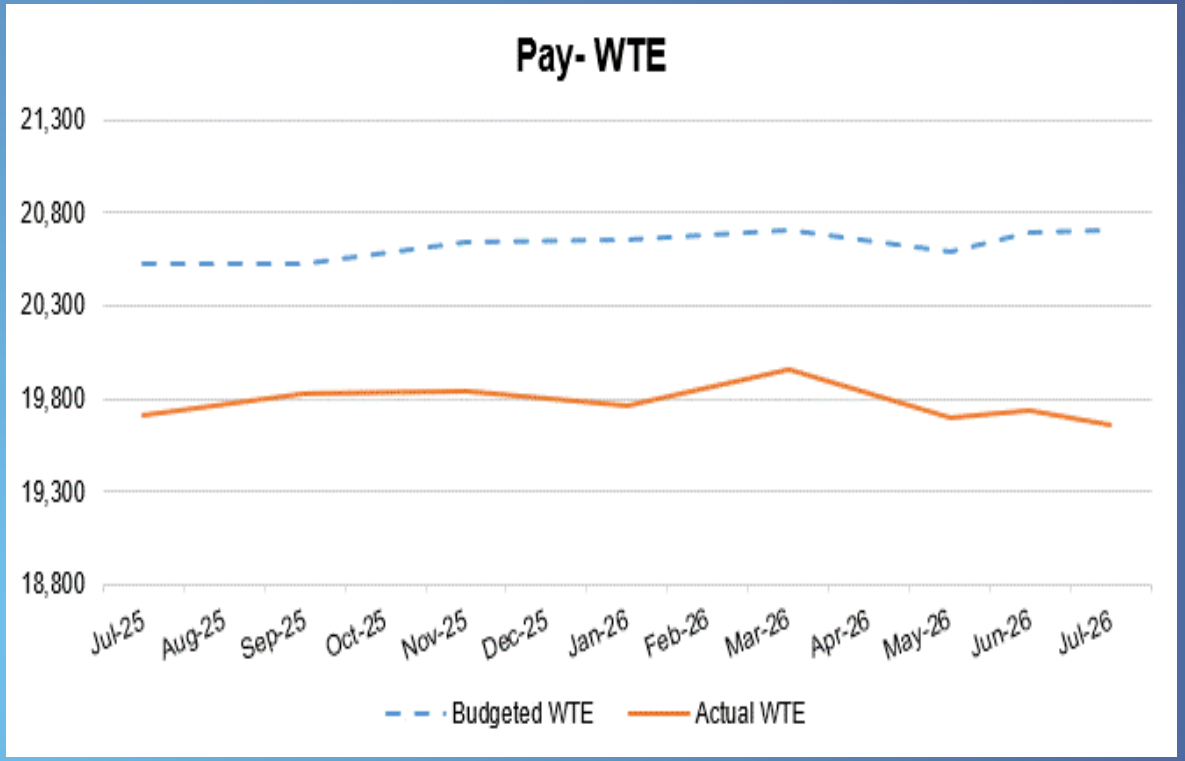
- Month 4 Provider Services Pay reduced by £2.0m (1.9%) from previous month total pay.
- Variable Pay totals £11.6m for July, an increase of £0.2m from previous month driven by increases of £0.2m in Locums, £0.1m in WLI and £0.1m in other non-core this is offset by a £0.2m reduction in Agency and £0.1m reduction in Bank.
- Other 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 £4.2m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure – Pay





Variable Pay	Actual 2025-26 M10 £m	M11 £m	M12 £m	2026-27 M01 £m	M02 £m	M03 £m	M04 £m	Total £m
Agency	2.6	2.3	3.1	3.3	2.5	2.6	2.4	10.9
Overtime	1.3	1.4	1.6	1.1	1.2	1.3	1.3	4.9
Locum	2.7	2.5	3.3	2.6	2.8	2.7	2.9	11.0
WLIs	0.5	0.4	0.4	0.4	0.4	0.5	0.7	2.0
Bank	3.8	3.7	6.5	3.2	4.0	3.8	3.7	14.8
Other Non- Core	0.1	0.1	0.5	0.1	0.1	0.0	0.1	0.3
Additional Hours	0.4	0.4	0.4	0.4	0.4	0.4	0.4	1.7
Total	**11.2**	**10.8**	**15.8**	**11.2**	**11.3**	**11.4**	**11.6**	**45.6**

- July budgeted WTE increased by 16 WTE from June. See Slide 8 for further detail.
- Variable Pay totals £11.6m for July, an increase of £0.2m from previous month driven by increases of £0.2m Locum, £0.2m WLIs and £0.1m Other Non- Core, offset by reductions in Agency and Bank .

Pay - WTE

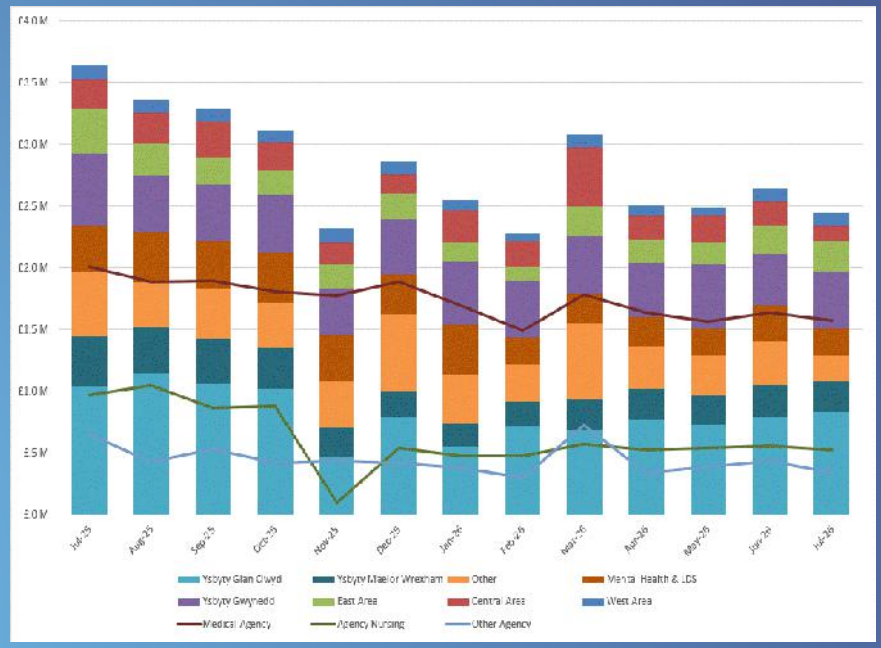
	2025/26						2026/27				
	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	June-26	July-26	Movement M4 V M3
Budgeted WTE	20,575	20,637	20,649	20,656	20,693	20,705	20,384	20,593	20,688	20,704	16
Actual WTE	19,907	19,844	19,869	19,767	19,952	19,951	19,978	19,691	19,740	19,663	-77

- Budgeted WTE increased by 16 WTE in July from previous month, with the below table providing further detail on Budgeted WTE movements.
- Actual worked in July is 19,663, a decrease of 77 WTE from June.

	2025/26						2026/27					
	WTE Budget						WTE Budget					
	M07 Oct	M08 Nov	M09 Dec	M10 Jan	M11 Feb	M12 Mar	M01 Apr	M02 May	M03 Jun	M04 Jul	In Month Movement	Explanation of in-month movements (>5WTE)
West IHC - Management	8	8	8	8	8	8	8	8	8	8	0	
West IHC - West Area	1,575	1,572	1,572	1,572	1,573	1,573	1,567	1,585	1,589	1,590	1	
West IHC - Ysbyty Gwynedd	1,839	1,838	1,840	1,841	1,846	1,855	1,836	1,885	1,913	1,912	-1	
West IHC - Facilities	382	382	382	382	382	382	382	382	382	382	0	
Centre IHC - Management	8	8	8	8	14	14	15	15	17	17	0	
Centre IHC - Central Area	2,312	2,310	2,309	2,303	2,307	2,307	2,263	2,296	2,296	2,293	-3	
Centre IHC - Ysbyty Glan Clwyd	2,241	2,243	2,245	2,245	2,248	2,250	2,243	2,256	2,258	2,260	2	
Centre IHC - Facilities	422	422	421	421	419	419	420	420	420	420	0	
East IHC - Management	10	10	10	10	10	10	10	10	10	10	0	
East IHC - East Area	2,476	2,483	2,485	2,481	2,485	2,484	2,470	2,479	2,508	2,513	5	Fixed term posts following escalation funding
East IHC - Ysbyty Wrexham Maelor	1,906	1,954	1,962	1,970	1,971	1,972	1,908	1,963	1,962	1,964	2	
East IHC - Facilities	365	365	365	365	365	366	365	365	365	366	0	
Midwifery & Womens Services	694	695	696	696	696	695	684	687	693	695	2	
Mental Health & LDS	2,319	2,327	2,327	2,326	2,327	2,331	2,299	2,324	2,347	2,348	0	
COVID Programmes	0	0	0	0	0	0	0	0	0	0	0	
Dental GDS	14	14	14	14	14	14	14	14	15	15	0	
Dental CDS	168	168	167	165	165	165	166	166	166	166	0	
Other Primary Care	15	15	15	15	15	15	15	15	15	15	0	
Diagnostics & SCS	1,024	1,028	1,028	1,029	1,031	1,030	1,023	1,023	1,024	1,024	0	
Cancer Services	423	423	423	424	423	423	423	425	425	425	0	
Corporate	2,251	2,249	2,249	2,255	2,269	2,265	2,147	2,146	2,151	2,152	0	
Med ED/R&D	123	124	125	125	125	127	126	126	123	132	8	Medical Education SIFT & R&D Budget realignment
Health Board Total	**20,575**	**20,637**	**20,650**	**20,656**	**20,693**	**20,705**	**20,384**	**20,593**	**20,688**	**20,704**		

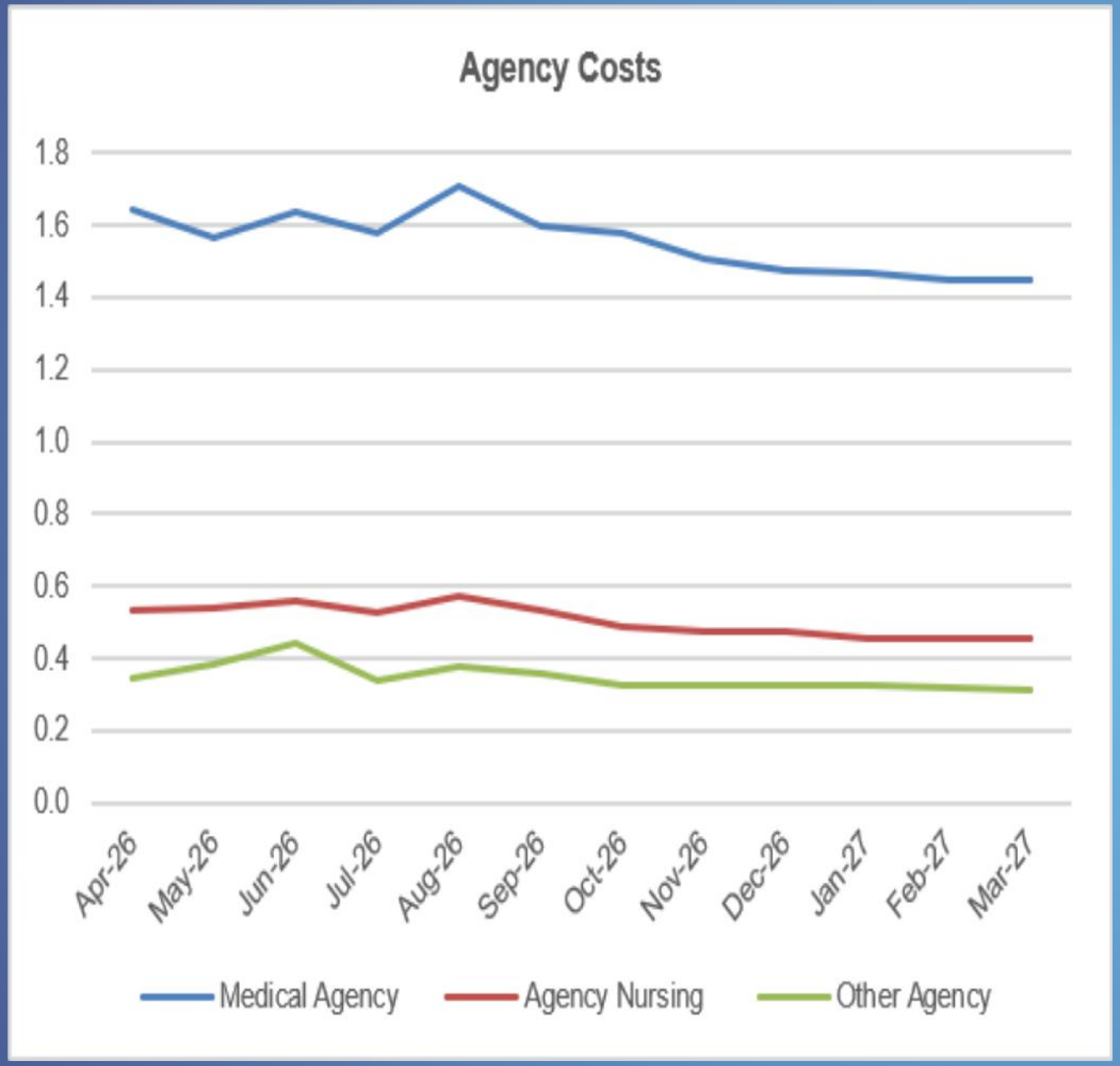
Pay Costs – Agency

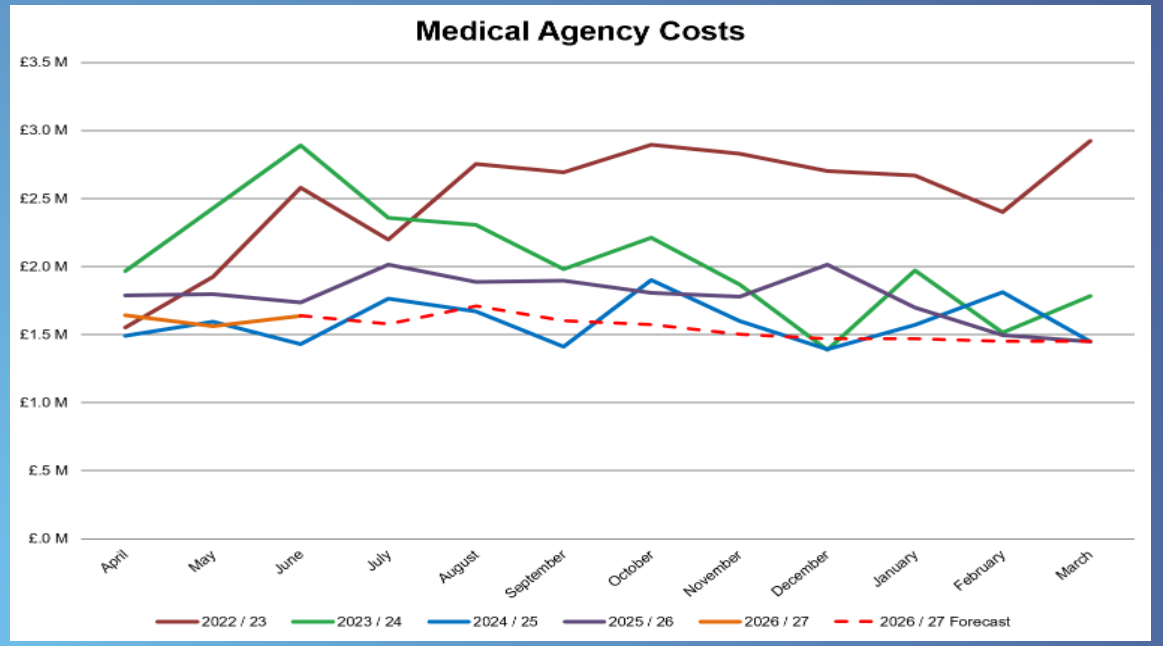
	2026-27 Agency Spend £m												YTD Expenditure £m	2026/27 Forecast £m
	Actual				Forecast									
	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12		
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.4	1.2
Central Area	0.2	0.2	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.7	1.6
East Area	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.8	2.6
Ysbyty Gwynedd	0.4	0.5	0.4	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	1.8	5.2
Ysbyty Glan Clwyd	0.8	0.7	0.8	0.8	0.9	0.8	0.8	0.8	0.8	0.8	0.8	0.8	3.1	9.5
Ysbyty Maelor Wrexham	0.3	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.0	2.8
Mental Health & LDS	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.0	2.8
Women's	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	1.1
Other incl pan BCU Cancer Services and Corporate	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.7	2.1
Total Agency	**2.5**	**2.5**	**2.6**	**2.4**	**2.2**	**2.1**	**2.0**	**1.9**	**1.8**	**1.8**	**1.8**	**1.8**	**10.1**	**28.9**

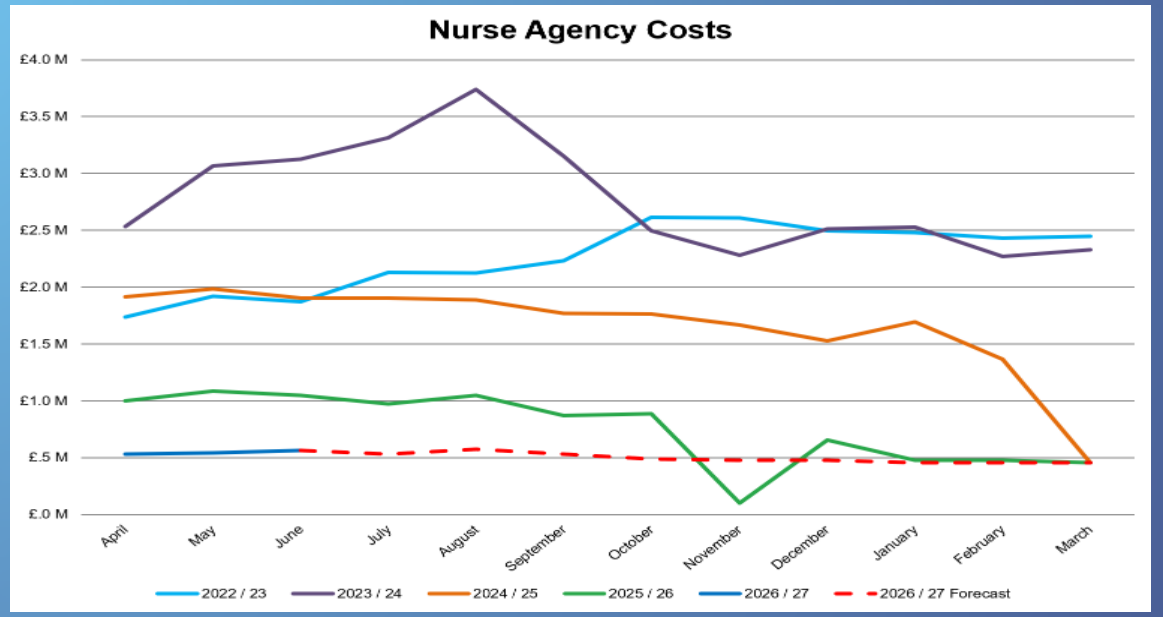


- Agency expenditure for July (Month 4) is £2.4m (2.3% of total pay). Monthly average spend in 2025/26 was £3.1m.
- 2026/27 Full year Agency forecast outturn is £28.9m (2.3% of total pay), a £7.7m reduction compared to the £36.6m 2025/26 full year actual agency spend and a 21% reduction compared to the 30% enabling target.
- Month 4 Medical Agency expenditure is £1.6m, in line with June. Monthly average medical agency expenditure for 2025/26 was £1.8m. Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.6m), Ysbyty Gwynedd (£0.4m), Ysbyty Wrexham Maelor (£0.2m), Women's (£0.1m) and Mental Health (£0.2m), covering medical vacancies and sickness.
- Registered Nurse agency costs totalled £0.5m for the month, a reduction of £0.1m from previous month, being predominantly within Ysbyty Glan Clwyd (£0.3m), Ysbyty Maelor Wrexham (£0.1m), and Gwynedd (£0.1m).
- Other agency costs totalled £0.3m in July, mainly consisting of Allied Health Professionals.
- Work continues to support delivery of the Cabinet Secretary enabling target of 30% reduction in agency spend. Focused actions are being undertaken to reduce agency utilisation, particularly within the medical workforce and focus remaining on strengthening existing bank capacity where appropriate across all staff groups.

Pay Costs – Agency

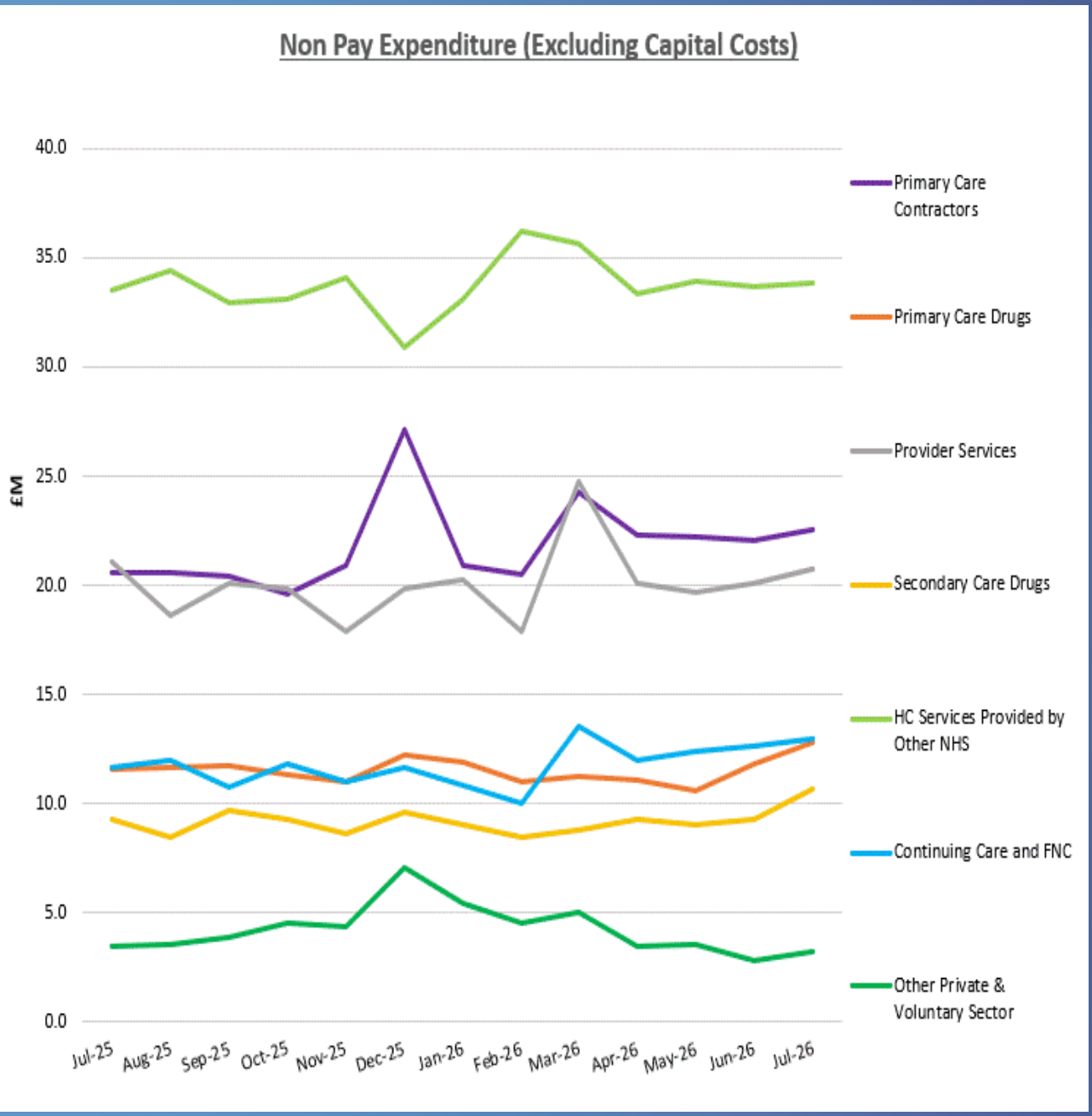






Expenditure - Non-Pay

- **Primary Care Contractor:** July in-month expenditure increased by £0.5m (2.3%) being predominantly due to increases in GDS and Pharmaceutical Services.
- **Primary Care Drugs:** Expenditure is £1.1m (8.3%) higher than June spend of which £0.8m is an under accrual relating to previous months following receipt of May data.
- **Provider Services Non-Pay:** Provider Services Non-Pay increased by £0.7m (3.5%) in-month and is £0.8m higher than previous months monthly average, of which £0.6m is increase in Clinical Services & Supplies M&SE non pay spend.
- **Secondary Care Drugs:** Expenditure increased by £1.4m (14.6%) from previous month and is £1.2m higher than forecast with the in-month increase reported across all IHC's and Cancer Services due to backdated Homecare invoices processed in-month.
- **Healthcare Services provided by Other NHS Bodies**: Expenditure increased by £0.2m (0.5%) from previous month and is £0.1m higher than forecast for the month due to increased activity in RJAH and high cost devices in Liverpool Hospital plus JCC reporting additional activity within Christies and Liverpool Heart and Chest.
- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure increased by £0.3m (2.5%) from previous month due to an increase in both Children's and MHLD continuing healthcare care packages and 1:1 support costs.
- **Other Private & Voluntary Sector:** In-month expenditure increased by £0.4m (13.5%) from previous month and is £0.6m higher than forecast for the month due to an increase in MHLD Out of Area placements and DTOC patients within Rehabilitation. However, in-month spend is in line with previous months monthly average.



Allocations

	£m
Total Allocations Received	2,352.1
Total Allocations Anticipated	34.7
Total Welsh Government Income	**2,386.7**

- 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 2,386.7m.
- Confirmed allocations to date are £2,352.1m.
- Further anticipated allocations in year total £34.7m as detailed in the table.

Description	£m
Allocations Received	2,352.1
Total Allocations Received	**2,352.1**

Description	£m
Allocations anticipated	
Owned Asset Baseline Provider Depreciation	0.7
Owned Asset Strategic Depreciation	6.2
Donated Asset Depreciation	1.5
Owned Asset Impairments	17.3
Owned Asset Impairments Reversals	-6.9
Removal of Donated Assets / Government Grant Receipts	-2.2
Removal of IFRS-16 Leases (Revenue)	-4.0
WRP Forecast Contribution	-34.0
IM&T Refresh Programme	2.6
Prevention and Early Years fund allocation 2026/27	1.2
A4C Payaward funding	33.7
All Ages Mental Health Digital Solution 26/27	1.2
ESR charges 2026-27 "Future Workforce Solution - WG Support"	2.3
GMS Disp Doctors / PADMS & List Size funding	1.2
26/27 Payaward funding for M&D	8.8
Neurodivergence Improvement Programme	2.0
MH Advocacy funding	0.5
Other	2.5
Total Allocations Anticipated	**34.7**

Risks

- The below are risks to the Health Board's financial position for 2026/27. Where it is clear of specific costs for risks and opportunities, these are incorporated into the forecast position.

Risks – Pressures not assumed in Forecast Outturn	£m	Level
Risk of conditionally recurrent funding removed	£82.0m	Medium
Risk that Prescribing costs may rise by up to 4% when growth of certain items is included	£2.0m	Medium
Risk of final Band 2/3 costs being higher than the provision set for previous years	TBC	Low
Resident Doctors New contract impact	TBC	High
Impact of new contracts for Dental, GMS and Community Pharmacy	TBC	Medium
Risks – Benefits assumed in the Forecast Outturn		
Non-Delivery of Planned Mitigations yet to be finalised	£2.0m	Low
Dental Ring-Fenced Allocation Underspend potential clawback	£1.0m	Medium
Under delivery on Green Schemes included in outturn via the Tracker	£18.0m	Low
Total Risks	**£105.0m**	
Opportunities not factored into the Forecast Outturn		
Total Opportunities	**£0m**	

Balance Sheet & Cash

- Closing cash balance as at 31st July 2026 was £5.365m, which included £2.575m cash held for revenue expenditure and £2.790m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2026-27 of (£35.061m) made up of (£40.517m) revenue cash and £5.456m capital cash.
- The forecast closing cash balance assumes working balance support of £3.999m for capital payments relating to Right of Use Assets and £12.120m for movements in revenue balances.

	Opening Balance Beginning of Apr-26 £'m	Closing Balance End of Jul-26 £'m	Forecast Closing Balance End of Mar-27 £'m
Non-Current Assets			
Property, plant and equipment	812.0	801.5	813.2
Intangible assets	1.2	1.0	1.2
Trade and other receivables	185.3	185.1	185.3
Non-Current Assets sub total	998.5	987.7	999.7
Current Assets			
Inventories	21.7	22.8	21.7
Trade and other receivables	140.7	135.6	132.7
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	8.0	5.4	-35.1
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	170.4	163.8	119.4
TOTAL ASSETS	1168.9	1151.5	1119.0
Current Liabilities			
Trade and other payables	245.2	213.5	229.1
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	49.6	52.0	41.6
Current Liabilities sub total	294.8	265.5	270.7
NET ASSETS LESS CURRENT LIABILITIES	874.1	886.0	848.3
Non-Current Liabilities			
Trade and other payables	21.2	21.2	21.2
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	185.8	185.8	185.8
Non-Current Liabilities sub total	207.0	207.0	207.0
TOTAL ASSETS EMPLOYED	667.1	678.9	641.3
FINANCED BY:			
Taxpayers' Equity			
General Fund	412.6	424.5	386.9
Revaluation Reserve	254.5	254.5	254.5
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	667.1	678.9	641.3

Capital

BUDGET 2026/27		
Capital Resource Limit 2026/27	**£m**	Brief Overview / Update 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).
WG Discretionary Capital	14.1	
All Wales Scheme	44.5	
CRL	**58.6**	

CAPITAL PROGRAMME 2026/27	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.5	1.4	5.9	1.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.6	0.2	1.6	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	5.0	0.5	5.0	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	2.5	-0.3	2.5	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	0.0	0.0	0.0	0.0	Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	0.6	0.0	0.6	0.0	Brokerage managed within the programme.
WG Discretionary Capital	**14.1**	**1.8**	**15.5**	**1.4**	**Over Commitment**

- Approved Capital Resource Limit (CRL) for 2026/27 is £58.6m which is forecast to be spent in full.
- As previously agreed with Welsh Government the prior year expenditure of £1.377m for Royal Alexander Hospital – Phase 1 is to be re-provided to discretionary from the All-Wales allocation.
- Donated Income of £2.197m has been reported in Month 4. This is made up of £800k donated income and £1.397m in relation to the Ysbyty Gwynedd Helipad Redevelopment.

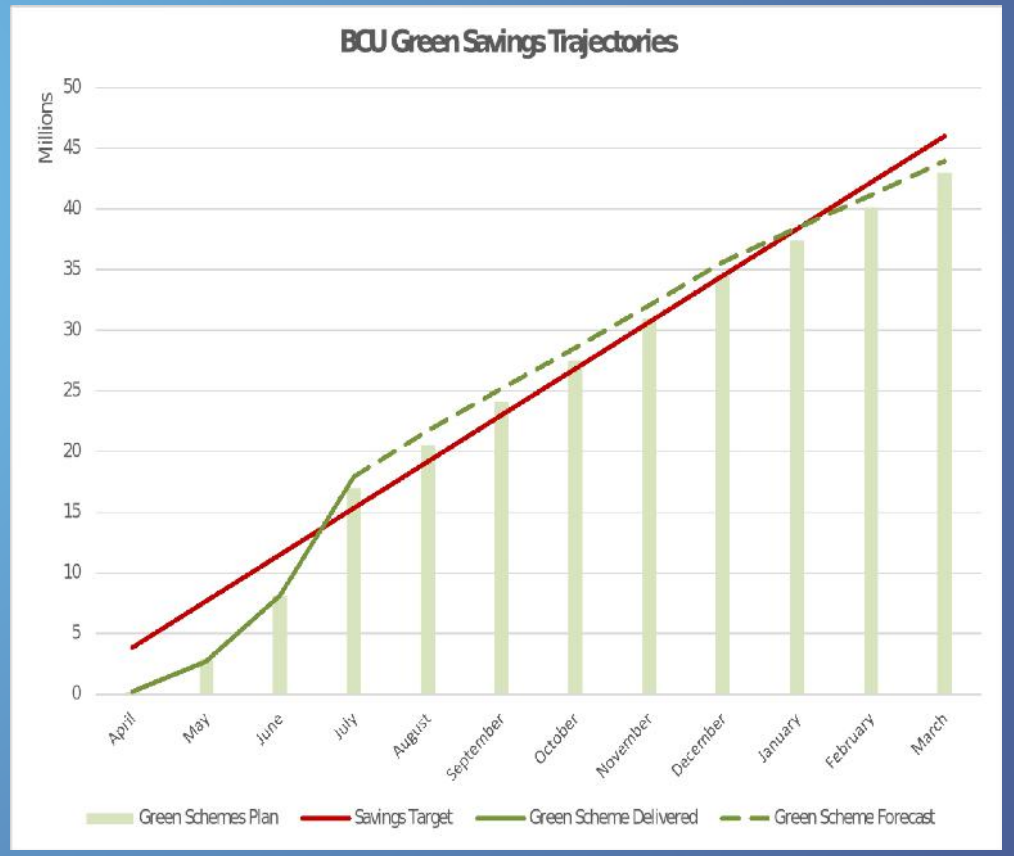
Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Royal Alexander Hospital - Phase 1	20.1	0.0	18.7	(1.4)	The principal contractor, MTX, has been appointed and commenced on site as planned. The demolition contractor has also been appointed and is scheduled to commence works in August. A revised integrated programme has been issued and accepted, incorporating mitigation measures to address ecology-related issues.
Replacement Diagnostic and Treatment Equipment	1.6	0.6	1.6	0.0	The first Linac has been installed with the second Linac due for installation in quarter 2. The programme for purchase of service lead equipement is being reviewed with the procurment team
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	4.5	0.3	4.5	0.0	Construction works are progressing well, remain on programme, and are currently within budget. Work is ongoing to finalise the legal lease agreements with the electrical supplier for the new substation, with this activity remaining in line with the project programme. Amendments to the cable routing have been reviewed and approved by the Board. Any remaining project risks are being actively managed, with mitigation measures in place to minimise potential impacts on programme, cost, and delivery.
TEF - Fire	2.4	0.0	2.4	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The fire safety elements remain on track in terms of expenditure and delivery. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements.
TEF - Infrastructure	5.0	0.2	5.0	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The Infastructure elements remain on track in terms of expenditure and delivery. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements.
TEF - Decarbonisation	2.5	0.0	2.5	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The fire safety elements remain on track in terms of expenditure and delivery. Funding allocated for the solar farm at Ysbyty Gwynedd is expected to be returned to Welsh Government (WG) due to challenges associated with securing planning permission and the associated programme timescales. The impact of this decision is being managed through the established governance process, with regular updates provided to WG as required.
TEF - Mental Health	2.1	0.0	2.1	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The Mental Health elements remain on track in terms of expenditure and delivery. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements. Change request are due to submited to support some underspend within the mental health allowance.
TEF - Infection Prevention Control	0.6	0.0	0.6	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The fire safety elements remain on track in terms of expenditure and delivery. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements.
TEF - Decontamination	0.8	0.0	0.8	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The Decontamitaiton elements remain on track in terms of expenditure and delivery, there is a timing risk
Redevelopment the Hospital Helipad at Ysbyty Gwynedd	1.0	0.6	1.0	0.0	The contractor is progressing in accordance with the approved programme and budget, with project completion anticipated during Q3. Mitigation measures relating to the adjacent footpath are currently being reviewed under the direction of the Project Board to ensure any potential impacts are appropriately managed and do not affect project delivery.
Diagnostic Equipment 2026-27	2.5	0.0	2.5	0.0	The tender documentation is in the final stages of completion and is being submitted to Procurement for review and approval. It is noted that the installation and enabling works are scheduled to be undertaken during Q4, in accordance with the project programme. The project team will continue to monitor progress to ensure key milestones are achieved and any emerging risks are managed appropriately.
End of Year Digital Funding 2025-26	0.4	0.4	0.4	0.0	Complete.
Mental Health Quality and Safety Schemes 2026-27	0.7	0.0	0.7	0.0	Both schemes are progressing into the procurement stage, with tendering activities being undertaken in line with the approved programme. Construction works are scheduled to commence following procurement, with completion on site currently programmed for Q4. The project teams will continue to monitor progress and manage any emerging risks to ensure delivery remains on track.
North Wales Medical School Fees	0.4	0.0	0.4	0.0	Works to prepare business case is ongoing. We are targeting business case submission to be quarter 4.
All Wales Capital	**44.5**	**2.2**	**43.1**	**-1.4**	
Donated	**0.8**	**0.2**	**0.8**	**0.0**	
Donated – YG Helipad Redevelopment	**1.4**	**0.0**	**1.4**	**0.0**	
Total	**60.7**	**4.2**	**60.7**	**0.0**	

Savings Performance against Target

- The Health Board's financial plan has set a target of £46.0m to be delivered in 2026/27, profiled on an equal twelfth's basis with savings identification, reporting and monitoring developed through a Value and Sustainability thematic model.
- Full year value of Green Schemes total £43.9m, of which £22.9m is recurring, with a full year effect of £31.5m. £35.9m is cash releasing, £3.5m are accountancy gains, £3.1m is income generation and £1.5m are cost avoidance schemes. Of the full year value only £28.2m of these savings have been identified as budget releasing.
- Targeted year to date savings delivery totals £15.3m (4/12ths of the annual target of £46m) with savings delivered to date totalling £17.9m. However, of these savings £10.1m is budget releasing which results in a £5.3m shortfall in budget extractable savings verse that targeted year to date. In-month delivery is £9.8m, against the £3.8m target.
- Red schemes and pipeline opportunities total £11.7m, work is progressing to convert into green schemes.

			Budget Releasing Savings						
Services	Total Saving YTD £m	Total Saving Forecast £m	Recurring Target £m	Forecast - Delivery £m	Forecast - Variance (+ve = adverse) £m	FYE Savings forecast £m	YTD - Target £m	YTD - Delivered £m	YTD - Variance (+ve = adverse) £m
West Integrated Health Community	2.5	7.5	7.1	5.9	1.2	5.8	2.4	1.8	0.6
Central Integrated Health Community	3.8	8.7	9.6	7.1	2.4	5.5	3.2	2.4	0.7
East Integrated Health Community	2.9	8.1	9.1	5.3	3.9	3.6	3.0	1.6	1.4
MHLD	1.4	4.6	4.3	4.6	-0.2	5.3	1.4	1.4	0.0
Womens Services	0.5	1.2	1.1	0.7	0.3	0.0	0.4	0.4	0.0
Commissioning Contracts	0.0	0.3	7.0	0.3	6.7	0.8	2.3	0.0	2.3
Diagnostic and Specialist Clinical Support	1.0	1.4	1.9	1.1	0.9	0.1	0.6	0.7	-0.1
Cancer Services	1.1	2.1	1.8	1.3	0.6	1.5	0.6	0.7	-0.1
Dental Services	0.0	0.0	0.2	0.0	0.1	0.0	0.1	0.0	0.1
Service Support Functions & Other Budgets	1.3	2.5	3.9	2.0	1.9	0.4	1.3	1.0	0.3
Grip and Control Savings	3.4	7.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Saving Total	**17.9**	**43.9**	**46.0**	**28.2**	**17.8**	**23.0**	**15.3**	**10.1**	**5.3**
Non Budget Releasing Savings				12.3	-12.3	8.5		4.4	-4.4
Accountancy Gains			0.0	3.5	-3.5	0.0	0.0	3.5	-3.5
Total	**17.9**	**43.9**	**46.0**	**43.9**	**2.1**	**31.5**	**15.3**	**17.9**	**-2.6**



Performance Finance & Information Governance Committee

BOARD ASSURANCE FRAMEWORK 2026-2027

Dyddiad y Cyfarfod **Date of Meeting**	25 August 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Jody Evans Assistant Head of Risk Management
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Pam Wenger Director of Corporate Governance

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

The Board Assurance Framework (BAF) comprises five principal strategic risks aligned to the Health Board's Strategic Intentions and Integrated Medium-Term Plan (IMTP). This report provides an update on the assurance position for the following risks within the Committee's remit:

BAF 26_03: Failure to Improve Access, Outcomes and Experience (Urgent and Emergency Care; Planned Care, Cancer and Diagnostics, and Fragile Services).
BAF 26_04: Failure to Deliver a Modern, People-Centred Healthcare System (Value and Sustainability; Finance and Commissioning).
BAF 26_05: Long-Term Financial Sustainability.

The refreshed BAF has been developed to provide a clearer line of sight between the Health Board's strategic objectives, delivery plans, operational performance, and Board assurance arrangements. Progress has been made in identifying and articulating key strategic risks, controls, sources of assurance, assurance gaps, and mitigating actions across the priorities within the Committee's remit.
BAF Risk 26_03, 04 and 05 have been validated, and published on the Risk Management Portal.

The overall assurance position remains predominantly **Limited Assurance**. This should not be interpreted as a lack of governance, oversight, or management action. Rather, it reflects the relative maturity of the refreshed framework, the ongoing development of controls and assurance mechanisms, and the limited availability of outcome-based evidence demonstrating that mitigating actions are delivering measurable and sustainable improvements.

Whilst governance arrangements, controls, and improvement programmes are in place and subject to ongoing monitoring, further work is required to strengthen assurance in the following areas:

- Delivering sustainable improvements in urgent and emergency care, planned care, cancer, and diagnostic performance.
- Achieving financial recovery objectives and recurrent savings targets.
- Demonstrating measurable benefits from value and sustainability programmes.
- Strengthening independent and outcome-based sources of assurance to evidence the effectiveness of controls and risk mitigation.

The Committee is asked to review the current assurance position and determine whether it is satisfied that appropriate controls, assurances, and mitigating actions are in place to manage the principal strategic risks within its remit.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Executive Directors	June – Aug 2026	Draft BAF risks circulated for review, challenge and validation.
Risk Scrutiny Group	20 July 2026	Draft BAF reviewed and endorsed subject to completion of outstanding Executive Director feedback and amendments.
Transformation and Improvement Team	Ongoing	Collaboration continuing to develop the BAF within the Portal and explore future reporting integration opportunities.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
BAF	Board Assurance Framework
IMTP	Integrated Medium Term Plan
ADP	Annual Delivery Plan
EC	Executive Committee

BOARD ASSURANCE FRAMEWORK 2026-2027

1. Y SEFYLLFA
SITUATION

The Board Assurance Framework (BAF) has been refreshed to align with the Health Board's Strategic Intentions and Integrated Medium Term Plan (IMTP), providing a clear framework through which principal risks are identified, managed and monitored.

The Performance, Finance and Information Governance Committee has oversight responsibility for:

BAF 26_03 - Failure to Improve Access, Outcomes and Experience (3A Urgent and Emergency Care and 3B Planned Care, Cancer and Diagnostics, 3C Fragile Services);
BAF 26_04 - Failure to Deliver a Modern, People-Centred Healthcare System (4G Value and Sustainability and 4K Finance and Commissioning); and
BAF 26_05 - Long-Term Financial Sustainability.

The Committee's role is to seek assurance that these principal risks are being managed effectively and to provide assurance to the Board accordingly.

Whilst assurance ratings remain limited, progress has been made in strengthening governance arrangements, defining controls, identifying assurance gaps and establishing improvement actions. Evidence of sustained impact and risk reduction will continue to emerge as the framework matures

However, assurance remains predominantly **Limited Assurance**, reflecting the need for further evidence to demonstrate the effectiveness, sustainability and impact of mitigating actions on reducing strategic risk exposure.

BAF Risk 26_03, 04 and 05 have all been validated and uploaded to the Risk Management BAF Portal.

2 Y CEFNDIR
BACKGROUND

The refreshed Board Assurance Framework has been developed following approval of the Health Board's Strategic Intentions and Integrated Medium Term Plan.

A programme of work has been undertaken with Executive Directors and Risk Lead Owners to identify principal risks, review existing controls, establish sources of assurance and identify gaps requiring further management action. The refreshed

framework is intended to strengthen the link between strategic objectives, operational delivery, performance monitoring and Board assurance.

The framework will continue to mature as further evidence becomes available through performance reporting, audit activity, external review and routine governance processes.

3 MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

The Committee is asked **to note**:

The controls, sources of assurance and mitigating actions in place to manage the risks within the Committee's remit.
That assurance ratings across the relevant risks remain predominantly Limited Assurance.
That further assurance is required to demonstrate the sustainability and effectiveness of mitigating actions and improvement programmes.
That ongoing work is being undertaken to strengthen outcome-based measures, benefits realisation and independent assurance.

Cross-Cutting Assurance Themes

Review of the risks within the Committee's remit has identified several recurring themes:

Workforce capacity and service pressures continue to impact delivery of strategic objectives.
Financial sustainability and delivery of recurrent savings remain significant organisational challenges.
Delivery of transformation and improvement programmes is dependent upon organisational capacity and effective partnership working.
Further evidence is required to demonstrate that improvement initiatives are delivering sustained benefits and reducing strategic risk exposure.
Independent and outcome based assurance arrangements require further development to strengthen confidence in the effectiveness of existing controls.
These themes contribute to the current Limited Assurance ratings across the framework.
The themes are reflected consistently across the strategic risks, assurance gaps and planned mitigating actions included within the refreshed Board Assurance Framework

4 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

The Committee should note the following areas of significant concern:

BAF 26_03 - Access, Outcomes, Fragility and Experience

There remains a risk that the Health Board may be unable to deliver sustained improvements in urgent and emergency care, planned care, cancer and diagnostic services due to workforce pressures, service capacity constraints, increasing demand, variation in service delivery, and the continued fragility of key services arising from workforce constraints, operational pressures and challenges in delivering sustainable service models. Whilst a range of improvement programmes and mitigating actions are in place, further assurance is required to demonstrate sustainable performance improvement, improved service resilience and a reduction in strategic risk exposure. However, the Committee can take assurance that improvement programmes, governance arrangements and performance monitoring mechanisms remain in place.

BAF 26_04 - Value and Sustainability and Finance and Commissioning

There remains a risk that the Health Board may be unable to achieve a financially sustainable position and deliver the intended benefits associated with value and sustainability initiatives due to financial pressures, organisational change and competing operational priorities. Further assurance is required regarding delivery of recurrent savings, financial recovery objectives and the long-term sustainability of planned improvements.

BAF 26_05 - Long-Term Financial Sustainability

This risk has recently been reviewed, refreshed and validated with the Executive Director of Finance. It aligns with the equivalent risk from the 2025/26 Board Assurance Framework and has been updated to reflect the Health Board's Strategic Intentions and associated Annual Delivery Plan deliverables.

The refreshed risk provides greater visibility of the long-term financial challenges facing the Health Board, together with the key controls, sources of assurance and mitigating actions established to support financial sustainability. It also strengthens oversight of strategic financial risks and provides a framework through which progress towards achieving a sustainable financial position can be monitored and assured.

Overall Assurance Position

The Committee can take assurance that governance arrangements, controls and mitigating actions are in place to manage the principal risks within its remit. However, additional evidence is required to demonstrate the effectiveness of these controls and provide increased assurance that strategic risks are reducing over time. The overall assurance position therefore remains predominantly Limited Assurance.

5 ARGYMHELLION
RECOMMENDATIONS

a. Gofynnir i'r Pwyllgor

The Committee is asked to:

NOTE the current assurance position for BAF Risks 26_03, 04 and 05.
REVIEW the proposed assurance ratings and supporting rationale.
NOTE the key assurance gaps and areas requiring further management action.
SUPPORT continued work to strengthen assurance evidence, benefits realisation and demonstration of risk reduction.
FOLLOWING DISCUSSION AND SCRUTINY of the assurance presented, determine the level of assurance it is able to provide to the Board regarding the management of principal risks within its remit.

Appendices:

Appendix 1 – BAF Risks Relevant to Committee
Appendix 2 – Mapped Open Actions from Extant BAF 2024-2025 (Open actions from the previous Board Assurance Framework have been reviewed and mapped to the refreshed framework to ensure continuity of oversight and delivery where appropriate).

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	Choose an item. If more than one applies, please list below: Improve Access, Outcomes and Experience Create a Modern, People Centred Healthcare System
Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	This paper relates directly to the Board Assurance Framework and supports the Health Board's strategic risk management arrangements through the development and implementation of a refreshed BAF aligned to the IMTP.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative Report.
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm:	Administrative Report.

economic Duty when making strategic decisions?	If no, please include rationale:	
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	No
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative Report
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒ Administrative report
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative report.
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Galluogwyr Ansawdd Enablers of Quality	Administrative report.

Have you undertaken a Quality Impact Assessment Screening?	Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative report.
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative report.
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	Yes (Include further detail below)	
	Positive impact through improved Board oversight, assurance and transparency regarding strategic risk management.	

Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below) Existing resources have been utilised to undertake the BAF refresh. Efficiencies through integration with Portal reporting arrangements and alignment with ADP reporting processes.


GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board
Board Assurance Framework 2026-29


Drivers
Population Needs Assessment
Key Organisational Risks
Strategy Development
Performance Expectations
Financial Context
Anchor Institution
Strategic Priorities
1 Focus on Health and Wellbeing
Through every stage of life - enabling a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities.
1A Preventative approaches to Health & Wellbeing
1B Proactive strategies for disease prevention, falls & frailty
1C Health Inequalities
1D Health Protection
2 Enhance the co-ordination of care
For people with long-term conditions and improve access to a broader range of community-based services by investing in integrated primary and community care and working collaboratively with partners.
2A Primary Care
2B Community Care
2C Integrated Health & Wellbeing Hubs
3 Improve access, outcomes and experience for all
Developing and enhancing high-quality, high-value, and sustainable pathways of care for the region, delivered in partnership.
3A UEC
3B Planned Care, Cancer & Diagnostics
3C Fragile Services
3D MH & LD
3E CAMHS & ND
3F Childrens
3G Womens
3H Pharmacy & Medicines Management
3I Dementia
4 Create a modern, people-centred healthcare system
That is future-focused, maximising opportunities of digital care, research, innovation, and improvement, investing in workforce development and wellbeing and strengthening our role as an anchor institution for North Wales.
4A FFTF
4B Strategy & Planning
4C CSP, Clinical Leadership & Interprofessional Working
4D Digital, Data & Intelligence
4E Research, Development & Innovation
4F Education
4G Value & Sustainability
4H Quality
4I Environment & Estates
4J Workforce
4K Finance & Commissioning
Delivering the Plan
Population Health Management
Working with Regional Partners
Citizen Engagement
Organisational Approach to Change
Performance & Accountability
Governance & Risk Management

Board Assurance Framework

**The Board Assurance Framework (BAF) provides a single view of the organisation's principal risks, how they are being managed, and the level of assurance available to the Board.
It brings together strategic risks, controls, actions and assurance sources to support effective oversight and decision-making.**

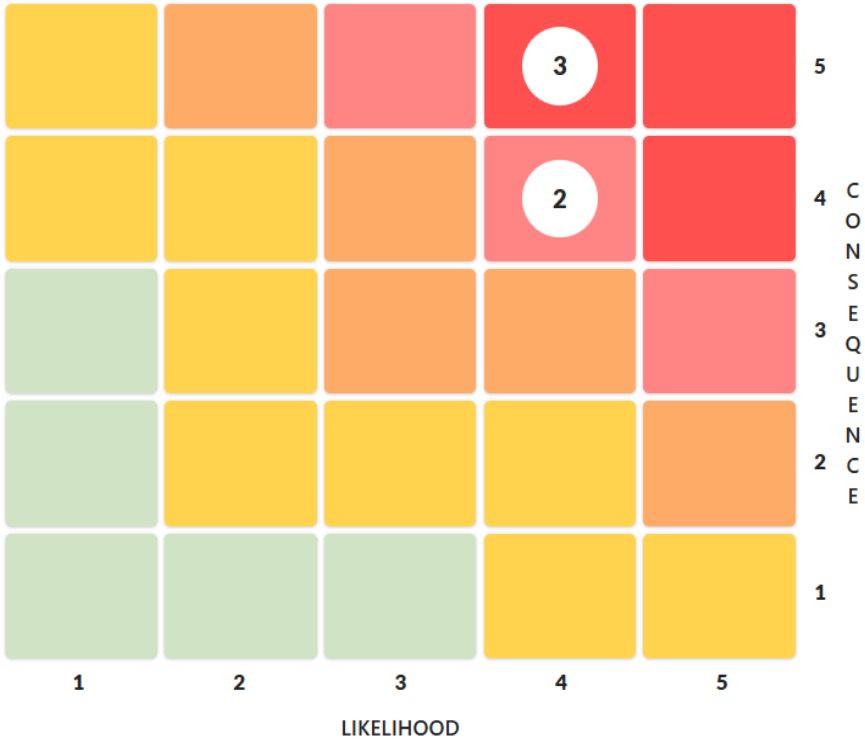
Pending Action

20	0	0
Plans Pending Update	Threats Pending Update	BAF Risks Pending Update

All Risks

Reset All Risks

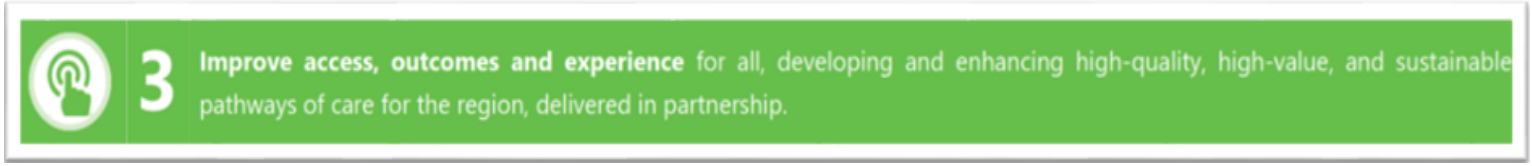
Risk Title	Current Score
BAF26-03 - Failure to Improve access, outcomes and experience	20
BAF26-05 - Failure to achieve long-term financial sustainability	20
BAF26-04 - Failure to deliver and create a modern, people centred heath care system that is future focused	20
BAF26-01 - Failure to deliver improved population health and reduced inequalities	16
BAF26-02 - Failure to deliver enhanced coordination of care for people with long term conditions and improve access	16



BAF	BAF26-01	BAF26-02	BAF26-03	BAF26-04	**BAF26-05**
	Failure to deliver improved population health and reduced inequalities	Failure to deliver enhanced coordination of care for people with long term conditions and improve access	Failure to Improve access, outcomes and experience	Failure to deliver and create a modern, people centred heath care system that is future focused	**Failure to achieve long-term financial sustainability**
Current Risk Score	16	16	20	20	20
Target Risk Score	9	12	15	15	12
Threats	4	3	9	11	1
Plans:					
Complete:	1	1	14	17	2
In Progress:	32	25	76	75	11
Overdue:	0	3	3	9	2

Key to lead committee assurance ratings:

 **Substantial Assurance**	The Committee is satisfied that there is reliable evidence supporting the effectiveness of the current risk treatment strategy in mitigating the threat, with minimal gaps in control. While the majority of actions have been addressed, some minor actions may still require completion before the risk score is reduced. However, the Committee has good assurance regarding action progress. Likelihood of risk materialising: Low.
 **Reasonable Assurance**	The Committee has seen sufficient evidence that the most significant actions to reduce the risk have been completed. There is assurance that the planned actions within the current risk treatment strategy are appropriate, with the majority of control and assurance gaps having been addressed. Likelihood of risk materialising: Low to moderate.
 **Limited Assurance**	The Committee does not have sufficient evidence for assurance that the current risk treatment strategy is effectively mitigating the threat. There remains to be some key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: Moderate.
 **Unsatisfactory Assurance**	The Committee has no/little evidence for assurance that the current risk treatment strategy is effectively managing the threat. There remains to be several key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: High



Principal risk (What could prevent us achieving this strategic objective)	**BAF 26 03 - Failure to Improve access, outcomes & experience** There is a risk that the organisation may be unable to deliver improved access, outcomes, and experience for all patients across the region if high-quality, high-value, and sustainable care pathways cannot be developed, enhanced, or delivered in effective partnership. This could result from constraints in workforce capacity, system pressures, service fragility, digital & infrastructure limitations, variation in pathway maturity, and insufficient collaboration with partners. Failure to mitigate this risk may lead to widening inequalities, reduced patient satisfaction, & an inability to meet regional population health needs		
Lead Committee	Performance Finance and Information Governance Committee, Quality, Safety Experience Committee, People & Culture Committee	**Risk Type**	**Quality**
Risk Lead	Chief Operating Officer	**Risk Appetite**	**<15**
Related Corporate Risks:	CRR25-01 – Timely Patient Access to Safe and Effective Care, CRR25-02 – Future Demand & Sustainable Workforce, CRR25-04 – Modernising Digital Infrastructure to Enable Safe, Integrated Care, CRR25-05 – Strategic Change Impacting Care and Staff Delivery, CRR25-06 – Delivery of the 2026/27 Financial Plan and Financial Sustainability, CRR08 – Partnership Working and System Integration		

Risk Rating			**Review Dates**	
	Current Exposure	**Target**		
Consequence	5	5	**Initial assessment**	July 2026
Likelihood	4	3	**Last Committee review**	
Risk Rating	20	15	**Last Executive Review**	July 2026

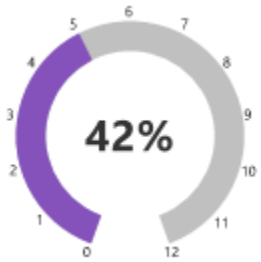
Priority:	3A Urgent and Emergency Care (UEC)

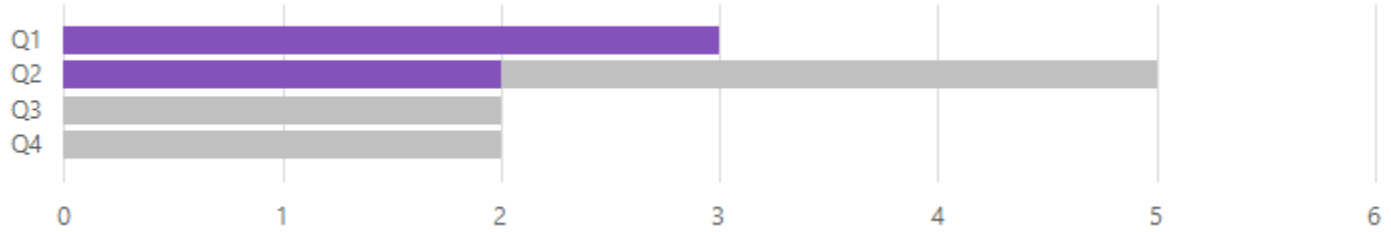
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver sustained improvements in urgent and emergency care access, outcomes and patient experience due to constraints in recurrent funding, system capacity, workforce limitations and reliance on partner organisations, particularly during periods of increased demand

Accountable:	Chief Operating Officer

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
UEC Improvement Programme and IMTP deliverables (3A.1–3A.13) Programme governance including UEC Programme Board and NHS Wales oversight 90-day Operational Improvement Plans informed by 6As and GIRFT Daily–monthly operational escalation and performance monitoring Adoption of national best practice (triage, streaming, ambulance handover, senior decision making) Strengthened discharge pathways (D2RA and 7-day discharge model) Partnership working with WAST, Local Authorities and community services	G1: No confirmed recurrent funding for key UEC models (e.g. SDEC) G2: Insufficient 7-day and MDT capacity (SPOA, discharge, workforce) G3: Limited community capacity (CRT, falls response, D2RA resilience) G4: Dependence on non-recurrent funding and partner contribution G5: Variation in front-door processes, triage and workforce deployment G6: Inconsistent system-wide alignment and escalation during surge	**Management Assurance** Programme Board oversight of IMTP deliverables and system performance Ongoing operational reporting and improvement plan delivery **Risk & Compliance Assurance** Monitoring against national UEC standards (handover, 12-hour waits, etc.) Compliance with GIRFT and ED Quality Statement Internal audit review of governance and controls **Independent Assurance** NHS Wales Performance & Improvement oversight Welsh Government monitoring against trajectories External validation (6As, GIRFT benchmarking)	A1: Limited evidence on sustainability of improvements (particularly SDEC and surge) A2: Insufficient independent assurance on community capacity and CRT models A3: Weak triangulation of system-wide data (acute, WAST, partners) A4: Limited assurance on cross-organisational delivery (e.g. SPOA sustainability) A5: Insufficient independent validation of workforce and senior clinical cover A6: Limited evidence that 7-day and discharge models are consistently embedded	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3A.1	Reduce avoidable ambulance conveyances and ED admissions from Care Homes through providing falls lifting equipment and level one falls prevention training to be delivered to 30 Care Homes across North Wales.	G3	A2	Chief Operating Officer	**Q1 (Complete)**
3A.2	Reduce avoidable ambulance conveyances and ED admissions from the community through producing an options appraisal for the National Six Goals Team to support funding for St John's Level 1 falls training and lifting equipment for Community Resource Teams (CRTs), ensuring a consistent pan North Wales approach to community-based falls response.	G3 G4	A2	Chief Operating Officer	**Q2 (Complete)**
3A.3	Reduce avoidable ambulance conveyances and ED admissions from the community by developing a proposal to use Six Goals Programme funding to increase Community Resource Teams (CRT) capacity, focused on mobilising Band 3 therapy support staff as a dedicated pan BCU community falls response resource.	G2 G3	A2	Chief Operating Officer	**Q1 (Complete)**
3A.4	Reduce avoidable ambulance conveyances and ED admissions by transitioning from the current Single Integrated Clinical Assessment and Triage (SICAT) model to the Single Point of Access model (SPOA) with a broader Multi-Disciplinary Team (MDT) that	G2 G4 G6	A1 A4	Chief Operating Officer	**Q4 (Low Delivery Confidence)**

	is able to better sign post the most appropriate alternate to hospital treatment routes. This will ensure there is sufficient resource to operate the SPOA 7 days a week, 12 hours a day.				
3A.5	Improve pathways of care delays out of the hospital through working more closely with the Local Authority Social Care Information Advice and Assistance (IAAs) team to improve referral pathways out of hospital.	G2 G4 G6	A3 A4	Chief Operating Officer	**Q3 High Delivery Confidence**
3A.6	Provide more suitable pathways for frail patients that ensure they have shorter lengths of stay within acute hospitals in line with the national Acute Frailty Service (AFS) model. Undertake baseline assessment and gap analysis for current Acute Front Door Frailty Services across all acute sites, identifying current service provision, workforce utilisation, SDEC alignment and opportunities to strengthen early frailty assessment and intervention.	G1 G6	A1 A3	Chief Operating Officer	**Q1 (Complete)**
3A.7	Adopt national best practice in relation to implementation of safe, fast, and consistent ambulance handover processes at the ED front door.	G5 G6	A1	Chief Operating Officer	**Q2 (Moderate Delivery Confidence)**
3A.8	Reduce ambulance hours lost, improve hospital-wide flow and ambulance handover times by standardising triage and streaming processes across all sites (majors, minors, SDEC, frailty).	G5 G6	A1 A2	Chief Operating Officer	**Q2 (Moderate Delivery Confidence)**
3A.9	Reduce ambulance hours lost, improve hospital-wide flow and ambulance handover times by strengthening senior clinical decision-maker presence at the front door, especially during periods of high demand.	G2 G5	A5	Chief Operating Officer	**Q2 (Moderate Delivery Confidence)**
3A.10	Reduce the number of people delayed in hospital and their length of stay, thereby reducing the potential for deconditioning, by strengthening application of community Discharge to Recover and	G2 G3 G6	A1 A2	Chief Operating Officer	**Q3 (Moderate Delivery Confidence)**

	Assess (D2RA) pathways, ensuring faster discharge options for frail patients.				
3A.11	Reduce the number of people delayed in hospital and their length of stay, thereby reducing the potential for deconditioning, through implementation of Optimal Hospital Flow facilitators, utilisation of the Transport Coordination hub and enabling a 7-day discharge model across all acute sites.	G2 G3 G6	A1 A6	Chief Operating Officer	**Q4 (Moderate Delivery Confidence)**
3A.13	Implement appropriate best practice within the national Quality Statement for Care in Emergency Departments.			Chief Operating Officer	**Q2 (Complete)**

Priority:	3B Planned Care, Cancer & Diagnostics

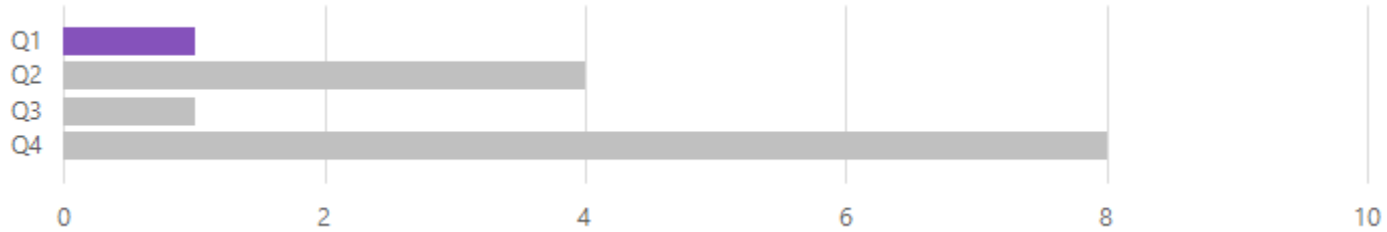
Strategic Threat and Risks: There is a risk that the Health Board is unable to deliver timely and sustainable improvements in planned care, cancer and diagnostics access, outcomes and patient experience due to challenges in achieving clinical consensus on service models, pace of pathway transformation (including PIFU/SOS), and workforce capacity and recruitment constraints

Accountable:	Chief Operating Officer

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Planned Care Major Change Programme governance Clinical Services Planning (CSP) Programme driving system-wide models Follow-up transformation workstream (PIFU/SOS – 3B.5, 3B.12) National guidance (GIRFT, CIN pathways, Cancer standards) Demand and capacity modelling supporting pathway design External support from Intensive Support Team (IST) Workforce redesign and fragile service improvement plans Investment in external capacity to protect performance	G1: Variation in specialty engagement and readiness to adopt change G2: Lack of standardised pathways and models across sites G3: Workforce capacity constraints limiting delivery pace G4: Data quality and variation impacting decision-making G5: Inconsistent integration across primary, community and secondary care G6: Fragility of key services limiting ability to stabilise workforce and models	**Management Assurance** Programme Board and CSP governance oversight Monitoring of IMTP deliverables (3B.1–3B.20) Specialty-level reporting on performance and transformation **Risk & Compliance Assurance** Monitoring against RTT, diagnostics and cancer standards Compliance with GIRFT, CIN pathways and national accreditation (e.g. JAG) Internal audit oversight of pathway and governance processes **Independent Assurance** Intensive Support Team (IST) and national programme oversight External clinical networks and benchmarking	A1: Limited assurance that consensus is achieved across all specialties A2: Insufficient independent validation of new service models A3: Weak triangulation of performance, quality and pathway data A4: Limited assurance that redesigned pathways are embedded consistently A5: Insufficient evidence that transformation will deliver improvement at pace A6: No full external assurance on long-term sustainability of workforce and models	

		Welsh Government performance monitoring		

Plans to improve control :



Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3B.1	WS1 – RTT Pathway Validation: Consistent clerical and clinical validation will be in place incorporating national guidance and a suite of initiatives included expanding the reach of the EBO Virtual 'chat bot' for patient validation.	G3 G4	A3	Chief Operating Officer	**Q4 (Low Delivery Confidence)**
3B.2	WS2 – Referral Pathway Refinement: A range of initiatives to support a reduction in referrals to outpatients in high volume specialities, adopting best practice in waiting list management including the continuing roll out of the community health pathways, to ensure better prioritisation of available capacity for the longest waiting patients with a particular focus on unwarranted variation and associated referral threshold management.	G1 G2 G5	A1 A4	Chief Operating Officer	**Q4 (Moderate Delivery Confidence)**
3B.3	WS3 – Booking Services: Reduce variation in outpatient waiting times and improve communication with patients on the waiting lists by adopting best practice including modernisation and standardisation of centralised booking services.	G2 G4	A4 A5	Chief Operating Officer	**Q4 High Delivery Confidence**

3B.4	WS4 – Pre-operative & Operative Effectiveness: Adopt best practice in theatre management through standardising pre-operative assessment process, and driving theatre productivity across North Wales. Undertake the national Surgical Hub Accreditation to support improved efficiencies and High Volume Low Complexity listings.	G2 G3	A2 A5	Chief Operating Officer	**Q4 (Moderate Delivery Confidence)**
3B.5	WS5 – Follow-up Pathways: Modernise outpatient services management of follow-up care through ensuring consistent and best practice application of See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) across all specialties and undertaking pathway validation and data quality cleanse of the follow-up waiting lists in line with the National Clinical Information Network (CIN) pathways and discharge protocols.	G1 G2 G3	A1 A3 A5	Chief Operating Officer	**Q3 High Delivery Confidence**
3B.6	Effective commissioning of planned care services in key specialties where core capacity and Waiting List Initiatives (WLIs) are insufficient to meet forecast demand.	G3	A2 A5	Chief Operating Officer	**Q4 (Moderate Delivery Confidence)**
3B.7	Secure continuation of additional external capacity within dermatology, endoscopy, radiology and urology to meet existing demand into 2026/27. (Investment from Planned Care fund).	G3	A2 A5	Chief Operating Officer	**Q1 (Complete)**
3B.8	Agree the strategic model for the delivery of dermatology services in north Wales.	G2 G6	A2 A6	Chief Operating Officer	**Q2 (Low Delivery Confidence)**
3B.9	Agree the strategic model for the development of robotic assisted surgery in north Wales.	G2	A2 A6	Chief Operating Officer	**Q2 High Delivery Confidence**
3B.10	Finalise the oncology clinical strategic plan for north Wales.	G2 G5	A1 A2 A6	Chief Operating Officer	**Q2 (No Update provided during this reporting cycle)**

3B.11	WS6a – Cancer: Increase compliance with national optimal pathways with particular focus on increasing straight to test rates.	G4	A4	Chief Operating Officer	**Q4 (Moderate Delivery Confidence)**
3B.12	Deliver opportunities for streamlined follow-up to improve patient care (e.g. Patient Initiated Follow-up – PIFU or See on Symptoms – SOS).	G1 G2 G3	A1 A6	Chief Operating Officer	**Q4 High Delivery Confidence**
3B.16	WS6b – Diagnostics: With the support of the NHS Wales Performance and Improvement (NHS Wales Performance & Improvement) develop diagnostics plans which are safe, sustainable and fit for the future. This includes the full implementation of digital technology as a key service enabler to address workforce shortages.	G4 G5	A2 A4	Chief Operating Officer	**Q2 High Delivery Confidence**
3B.17	Progress national business justification case for digital cellular pathology, enabling the service to fully realise clinical and operational benefits, including overall increased reporting performance for routine cases in addition to those of higher clinical priority.	G4	A2 A6	Chief Operating Officer	**Q4 (Moderate Delivery Confidence)**

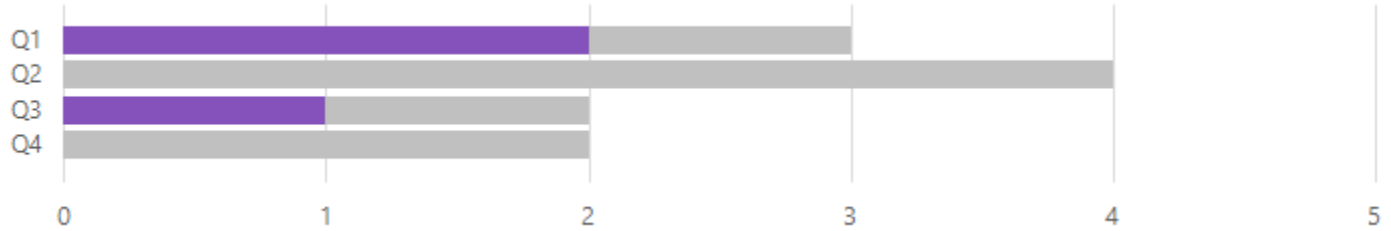
Priority:	3C Fragile Services

Strategic Threat and Risks: There is a risk that the Health Board is unable to deliver safe, sustainable and equitable fragile services due to workforce constraints, financial limitations, challenges in agreeing service models, and operational pressures impacting delivery and resilience

Accountable:	Chief Operating Officer

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Clinical Services Planning (CSP) Programme driving sustainable service models Fragile Services Programme governance and oversight Adoption of national guidance (GIRFT, Royal College standards, clinical networks) Workforce planning, succession planning and skill mix redesign Quality Management Systems (QMS) development across fragile services Networked service models across North Wales to share workforce and expertise Investment in external capacity where required Performance and quality oversight through IMTP delivery monitoring	G1: Ongoing workforce shortages and limited pipeline for key specialties G2: Lack of sustainable workforce models and over-reliance on traditional roles G3: Financial constraints limiting service redesign and sustainability G4: Fragmentation of services across sites limiting efficient use of capacity G5: Limited capacity to deliver transformation due to operational pressures G6: Variation in pathway design, quality systems and data maturity	**Management Assurance** CSP Programme and Fragile Services governance oversight Monitoring of IMTP deliverables (3C actions) Divisional reporting on workforce, performance and service delivery **Risk & Compliance Assurance** Compliance with GIRFT recommendations and Royal College standards Monitoring of RTT, diagnostics and specialty-specific performance measures Development and implementation of Quality Management Systems **Independent Assurance** External clinical networks and professional body reviews NHS Wales Performance & Improvement support and benchmarking Welsh Government oversight and reporting	A1: Limited assurance that workforce models will deliver long-term sustainability A2: Insufficient independent validation of redesigned service models A3: Gaps in data quality and consistency across specialties A4: Limited evidence that service changes will improve resilience and outcomes A5: Insufficient assurance on reduction of reliance on locum/external capacity A6: Limited visibility of long-term financial sustainability across fragile services	

Plans to improve control :



Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3C.2	Commence implementation of vascular service review as part of the first tranche of Clinical Services Plan reviews, to:-Help strengthen integrated working across hub and spoke sites, -Support development of a skilled, happy and sustainable workforce,-Improve patient outcomes across key pathways-Ensure greater alignment with national guidance and best practice.	G2 G4 G6	A1 A2 A6	Chief Operating Officer	**Q2 (Moderate Delivery Confidence)**
3C.7	Engagement and implementation of interim pan North Wales networked Dermatology service model, to better utilise resources (staff and funding) across North Wales. This is ahead of the full Clinical Services Plan work due to urgency around service sustainability especially in the West.	G4 G6	A2 A4	Chief Operating Officer	**Q1 (No Update provided during this reporting cycle)**
3C.8	Involvement in the full Clinical Services Plan work to design the long-term sustainable Dermatology model.	G4 G6	A2 A4	Chief Operating Officer	**Q4 (No Update provided during this reporting cycle)**
3C.9	Balancing Dermatology work between primary and community and secondary care – Further development of the Community Health Pathways and Teledermoscopy in order to reduce avoidable referrals into secondary care.	G2 G4 G6	A2 A4	Chief Operating Officer	**Q2 (No Update provided during this reporting cycle)**

3C.13	Full workforce review, succession planning, skills mix, expansion of roles such as Dentists with special interests, Orthodontic Therapists, to support more sustainable services.	G1 G2 G5	A1 A5	Chief Operating Officer	**Q4 (No Update provided during this reporting cycle)**
3C.14	Develop proposals to increase access to Cone Beam capable CT scanners, improving capacity and patient experience and travel.	G3 G6	A2 A4	Chief Operating Officer	**Q3 (Complete)**
3C.23	Full workforce review, succession planning, skills mix, expansion of roles such as Optometrists, Orthoptists, Advanced Clinical Practitioners, to support more sustainable services.	G1 G2 G5	A1 A5	Chief Operating Officer	**Q2 (Moderate Delivery Confidence)**
3C.36	Further development of QMS to provide structured view and understanding of the drivers behind fragile services, through the triangulation of broad range of key data points.	G6	A3 A4	Chief Operating Officer	**Q1 (Complete)**
3C.37	Use the new QMS capability to map the highest priority services of concern as part of the Clinical Services Plan work, capturing the main KPIs for each that will be tracked to measure improvement.	G6	A3 A4	Chief Operating Officer	**Q2 High Delivery Confidence**
3C.38	Ensure that services of concern monitoring, escalation and de-escalation processes, governance and reporting are adequately covered within the latest Performance and Accountability framework, covering both Executive and Board Member visibility. Including capturing how people's care and treatment outcomes are monitored and how they compare to similar services.	G6	A3 A4	Chief Operating Officer	**Q3 (No Update provided during this reporting cycle)**
3C.39	Review and implement improvements to the governance surrounding services of concern, including establishment of both risks and separate issues logs.	G6		Chief Operating Officer	**Q1 (Complete)**

4 **Create a modern, people-centred healthcare system that is future-focused**, maximising opportunities of digital care, research, innovation, and improvement, investing in workforce development and wellbeing and strengthening our role as an anchor institution for North Wales.

Principal risk (What could prevent us achieving this strategic objective)	**BAF 26 04 - Failure to deliver and create a modern, people centred heath care system that is future focused** There is a risk that the Health Board is unable to deliver a modern, people-centred and future-focused healthcare system due to capacity constraints, workforce pressures, financial and infrastructure limitations, dependency on national programmes and funding, and the scale and complexity of transformation required across digital, estates, workforce, planning, quality &governance. Failure to modernise the system risks unwarranted variation in care, reduced workforce sustainability and resilience, loss of public confidence, increased scrutiny, and delayed Special Measures de-escalation.		
Lead Commitee	Planning, & Population Health and Partnerships Committee Performance, Finance & Information Governance Committee Quality, Safety & Experience Committee	**Risk Type**	**Innovation**
Risk Lead	Executive Director of People Services & OD, Executive Director of Nursing , Executive Director of Transformation and Strategic Planning, Executive Medical Director, Chief Digital & Information Officer, Director of Corporate Governance, Director of Partnerships, Executive Director of Finance and Director of Estates	**Risk Appetite**	**<20**
Related Corporate Risks:	CRR25-02 – Future Demand & Sustainable Workforce, CRR25-04 – Modernising Digital Infrastructure to Enable Safe, Integrated Care, CRR25-05 – Strategic Change Impacting Care and Staff Delivery, CRR25-06 – Delivery of the 2026/27 Financial Plan & Financial Sustainability, CRR25-07 – Leadership and Operating Model, CRR25-08 – Non-Compliance with Regulatory & Legislative Requirements, CRR25-09 – Safe Environment, CRR25-10 – Health & Safety, CRR25-11 – ICT Failure & Cyber		

Risk Rating			**Review Dates**	
	Current Exposure	**Target**		
Consequence	**5**	**5**	**Initial assessment**	**July 2026**
Likelihood	**4**	**3**	**Last Committee review**	
Risk Rating	**20**	**15**	**Last Executive Review**	**Aug 2026**

Priority:	4G Value & Sustainability

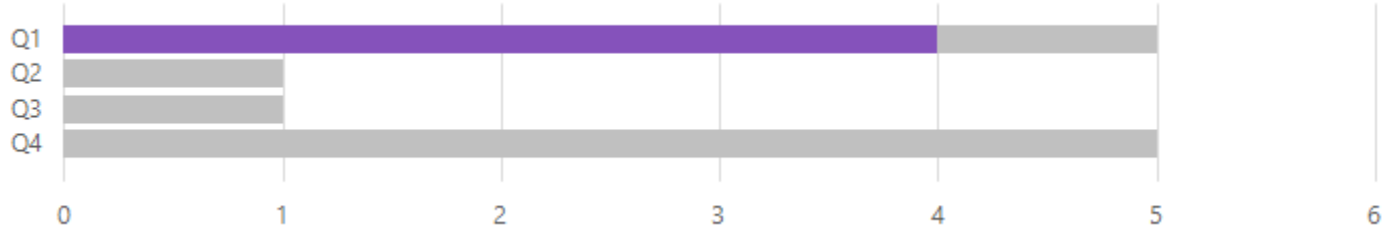
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver a sustainable Value & Sustainability programme due to insufficient identification and delivery of recurrent savings, disruption from organisational change, and competing operational pressures. This may result in increased financial deficits, reduced ability to invest in transformation, failure to shift resources to higher-value care, and an inability to deliver efficient, high-quality and sustainable services.

Accountable:	Executive Director of Finance

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Development of Value & Sustainability programme aligned to national priorities and Board objectives (4G.1–4G.12) • Implementation of clinical variation programmes to reduce unwarranted variation and improve efficiency (4G.1–4G.4) • Development of non-pay and procurement programmes to optimise resource use (4G.5) • Implementation of medicines management programme aligned to national priorities (4G.6) • Development of continuing healthcare (CHC) programme to manage demand and cost pressures (4G.7) • Implementation of value-based healthcare approaches to improve outcomes and resource use (4G.8–4G.11) • Delivery of agreed savings targets through refreshed Value & Sustainability programme (4G.12)	G1: Insufficient pipeline of savings opportunities to meet recurrent targets G2: Disruption from operating model changes impacting programme delivery G3: Operational pressures limiting focus on transformation and prevention G4: Inconsistent identification and delivery of value opportunities across services G5: Limited embedding of value-based healthcare principles in decision-making G6: Limited capacity and capability to deliver efficiency and productivity improvements	**Management Assurance** • IMTP monitoring of 4G deliverables (4G.1–4G.12) • Value & Sustainability Programme governance and reporting • Monitoring of savings delivery against agreed targets • Performance and productivity metrics **Risk & Compliance Assurance** • Alignment with national Value & Sustainability Board priorities • Financial governance and reporting frameworks • Oversight of programme delivery through Finance and Performance governance **Independent Assurance** • Welsh Government oversight of financial performance and IMTP delivery • External benchmarking of productivity and efficiency • Audit review of savings	A1: Limited assurance of delivery of recurrent savings at required scale A2: Limited visibility of impact of operating model changes on savings delivery A3: Limited assurance that transformation and prevention programmes are being prioritised A4: Limited evidence linking value initiatives to improved outcomes and efficiency A5: Limited assurance of consistent application of value-based decision-making across organisation	

		programmes and financial controls		

Plans to improve control :



Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4G.1	Review current progress with the implementation of the Value & Sustainability Board 'Bone Health' High Value High Impact (HVHI) pathway and produce a proposal to support further implementation.	G4 G5	A4	Executive Director of Finance	**Q2 (No Update provided during this reporting cycle)**
4G.2	Review current progress with the implementation of the Value & Sustainability Board Diabetes' High Value High Impact (HVHI) pathway and produce a proposal to support further implementation. This is to be managed as part of the Primary Care IMTP plans.	G4 G5	A4	Executive Director of Finance	**Q3 (No Update provided during this reporting cycle)**
4G.3	Address variation reported in the National Outcomes Framework and National Clinical Audit and Outcome Review Programme.	G4	A4	Executive Director of Finance	**Q4 (Moderate Delivery Confidence)**

4G.4	Develop a Clinical Variation programme to deliver against the core thematic, which have been identified through the national Clinical Variation & Service Reconfiguration Group, with a particular focus on reducing unwarranted clinical variation, minimising waste, improving efficiency and ensuring sustainable service configuration.	G4 G5	A4	Executive Director of Finance	**Q1 (Low Delivery Confidence)**
4G.5	Develop a Non-Pay & Procurement programme to deliver against the core thematic, which have been identified through the national Non-Pay & Procurement Value & Sustainability Group, with a particular focus on reducing clinical variation to maximise benefits in relation to price and product standardisation.	G1 G6	A1	Executive Director of Finance	**Q1 (Complete)**
4G.6	Develop a Medicines Management programme to deliver against the seven priority areas, which have been identified through the Directors of Pharmacy's Medicines Value and Sustainability Delivery Assurance Group and endorsed by the NHS Value and Sustainability Board.	G1 G6	A1	Executive Director of Finance	**Q1 (Complete)**
4G.7	Develop a CHC programme to deliver against the seven priority areas, which have been identified through the national CHC Value & Sustainability Group.	G1	A1	Executive Director of Finance	**Q1 (Complete)**
4G.8	Develop a 'bottom-up' value programme for staff to register their value ideas/initiatives, with advice, guidance and resource provided where appropriate to mature ideas into delivery.	G4 G6	A3 A5	Executive Director of Finance	**Q4 High Delivery Confidence**
4G.9	Develop a robust benefits framework for the programme, which allows for the effective measurement of activity and resources linked to VBHC (clinical staff, administrative staff, budgets, buildings, energy etc) to improve patient outcomes, patient experience and resource efficiency to ensure value and patient-centred care.	G5	A4	Executive Director of Finance	**Q1 (Complete)**

4G.10	Use Value Based Health Care (VBHC) guidance for designing services, responding to key population level intelligence including OECD PaRIS report 2025 - Value in Health and through service level Patient Reported Outcome Measurements (PROMs), Patient Reported Experience Measurements (PREMs) and social value measures for procurement. This is to be managed as part of the Clinical Services Plan	G5	A4	Executive Director of Finance	**Q4 (No Update provided during this reporting cycle)**
4G.11	As part of our refined planning process, we will utilise the value-based approach that provides the discipline to stop low-value activity, shifting finite resources to prevention and earlier access, community-based care, better-value interventions, and supporting people to manage more of their own health. All of our major investment and dis-investment decisions should therefore be assessed according to their impact on outcomes, experiences, and the value generated from resources used. This is to be overseen by the Planning Team.	G3 G5	A3 A4	Executive Director of Finance	**Q4 (No Update provided during this reporting cycle)**
4G.12	Deliver a refreshed Value & Sustainability programme that realises the agreed recurrent savings target for 26/27, aligned with the national value and sustainability structure and associated priorities and which also ensures that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis.	G1 G2	A1 A2	Executive Director of Finance	**Q4 High Delivery Confidence**

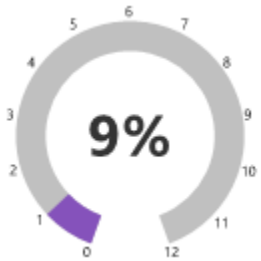
Priority:	4K Finance & Commissioning

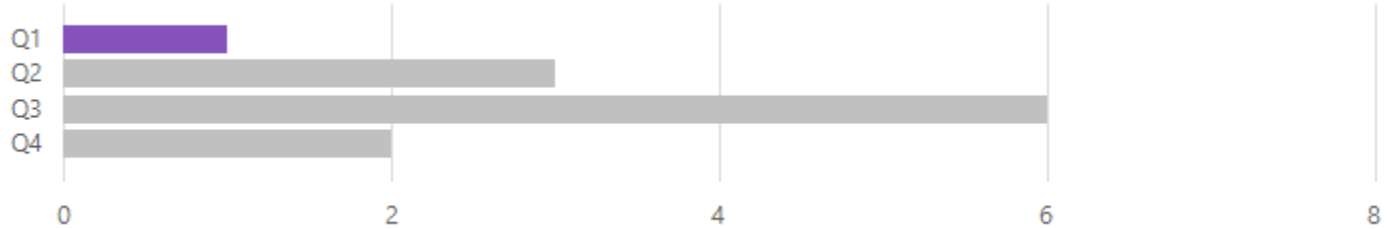
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver a financially sustainable position and effective commissioning arrangements due to organisational change, external financial pressures, and limited capacity within services. This may result in failure to achieve a balanced financial plan, ineffective allocation of resources, reduced value from commissioned services, and an inability to deliver strategic service transformation aligned to population needs.

Accountable:	Executive Director of Finance

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Implementation of financial control environment and governance arrangements (4K.1) • Establishment of accountability agreements for budget holders (4K.2) • Delivery of Value & Sustainability programme to support financial recovery (4K.3) • Monitoring and analysis of investment shifts towards primary and community care (4K.4) • Development of commissioning strategic approach and partnerships (4K.5) • Implementation of integrated commissioning framework and governance arrangements (4K.6) • Annual review of commissioned services and contracts (4K.7–4K.8) • Strengthening commissioning performance monitoring and oversight (4K.10–4K.11) • Engagement with Joint Commissioning Committee and national partners (4K.12) • Development and delivery of financial recovery plan (4K.13)	G1: Organisational change impacting financial governance and accountability G2: Challenging financial environment limiting ability to shift investment to priority areas G3: Limited capacity within services to support commissioning reviews and decision-making G4: Incomplete maturity of commissioning frameworks and processes G5: Limited integration between financial planning, service planning and commissioning G6: Variability in contract management and performance monitoring arrangements	**Management Assurance** • IMTP monitoring of 4K deliverables (4K.1–4K.13) • Financial performance reporting and budget monitoring • Value & Sustainability Programme reporting • Commissioning and contract performance monitoring **Risk & Compliance Assurance** • Compliance with Standing Financial Instructions and governance frameworks • Oversight of financial control measures and accountability agreements • Monitoring against Welsh Government financial requirements **Independent Assurance** • Welsh Government oversight of financial plans and IMTP delivery • External audit and financial assurance reviews • Benchmarking and national commissioning and financial frameworks	A1: Limited assurance that financial plan delivery is sustainable over medium term A2: Limited visibility of impact of organisational changes on financial performance A3: Limited assurance of capacity and capability to deliver commissioning changes A4: Limited evidence that commissioning decisions are delivering improved value and outcomes A5: Limited assurance of alignment between financial planning, commissioning and strategic priorities	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4K.1	Maintain financial control measures from start of financial year, with a view to step them down as assurance and confidence is being gained in delivery of the financial plan. Particularly important due to FFTF structure changes mid-year that could otherwise cause some disruption in delivery of financial plan.	G1	A2	Executive Director of Finance	**Q2 High Delivery Confidence**
4K.2	Contribute to the broader performance accountability agreements to ensure that budget owners are clear on their budget for the year and their accountabilities in relation to delivery within budget.	G1	A2	Executive Director of Finance	**Q1 (Complete)**
4K.3	Contribute to all the workstreams within the Value & Sustainability programme with a particular focus on those that are more traditionally related to financial management such as Non-Pay and ensuring there is a focus and visibility associated to savings in non-core areas and overheads to prioritise front-line services.	G2 G5	A1	Executive Director of Finance	**Q2 High Delivery Confidence**
4K.4	Repeat the exercise to quantify current spend on primary and community services to compare against the baseline produced in 2025/26, in order to ascertain whether the required strategic move to proportionately increasing investment into primary	G2	A1	Executive Director of Finance	**Q3 High Delivery Confidence**

	and community care when compared to secondary care is happening.				
4K.5	Develop and commence implementation of a Commissioning Strategic Approach for all externally commissioned healthcare activities, that provides direction to the organisation on the role of commissioned services as part of longer-term strategic planning. Forming strategic partnerships will be an important part of the Clinical Services Plan work.	G4 G5	A4 A5	Executive Director of Finance	**Q2 (No Update provided during this reporting cycle)**
4K.6	Create an Integrated Commissioning Framework that includes commissioning assurance, and clarity of roles and responsibilities, ensuring that everyone across the organisation is clear on roles to enable effective commissioning with a focus on value, quality and patient outcomes.	G4	A4 A5	Executive Director of Finance	**Q3 (No Update provided during reporting cycle)**
4K.7	Individual services to undertake an annual review of all their commissioned and contracted services as part of the IMTP process to ensure that the right strategic decisions are made on what the organisation should provide or commission. This should trigger de-commissioning, re-commissioning, as well as commissioning of new services where that best meets the needs of the population.	G3 G4	A3	Executive Director of Finance	**Q4 High Delivery Confidence**
4K.8	In advance of the annual review of all services, undertake a risk-based review of contracts to ensure they are delivering value against current population need.	G3 G6	A3 A4	Executive Director of Finance	**Q3 High Delivery Confidence**
4K.10	Develop robust commissioning plans for planned care services to secure additional capacity that addresses service backlogs and demand beyond internal capability. Establish and implement a comprehensive process that defines internal resource requirements and incorporates the full procurement, governance, and mobilisation pathway needed to deliver the required capacity.	G3 G6	A3 A4	Executive Director of Finance	**Q3 (No Update provided during reporting cycle)**

4K.11	Complete a review of performance monitoring arrangements for all existing commissioned services, ensuring that an appropriately broad set of performance metrics are covered along with consistent periodic commissioned services partner review meetings.	G6	A4	Executive Director of Finance	**Q4 High Delivery Confidence**
4K.12	Work with the Joint Commissioning Committee (JCC) to develop a financially balanced plan for the delivery of specialist services for the Health Board's population. Ensure consistent and effective representation from BCU at all JCC meetings and support a constructive approach to handling challenges. Proactively engage with the JCC to contribute to:- Efficiency and productivity schemes that collaboratively manage demand and cost pressures e.g. referral management.- New clinical models in relation to Emergency Ambulance Services.- Save a Life Cymru (SALC) defibrillator awareness. ▪ New air bases for the Emergency Medical Retrieval Service (EMRTS).▪ Adult Critical Care Transfer Service (ACCTS) in line with the Health Board's emerging Clinical Services Plan. Non-Emergency Patient Transport Service (NEPTS) transformation. Neonatal Transport (CHANTS) & Major Trauma pathways. Clinical engagement and partnership in Sexual Assault Referral Centres (SARC).▪ Improved commissioning and strategic partnerships with hospices and the Voluntary Sector. A strategic review of Mental Health, Learning Disabilities and Vulnerable Groups commissioning. Strategic reviews and deep dives relating to specialised services commissioned services across Cancer & Blood, Cardiac, Kidney, Neurosciences and Women & Children's services.	G2 G5	A1 A4	Executive Director of Finance	**Q3 (Moderate Delivery Confidence)**
4K.13	Prepare and commence execution of a robust and sustainable recovery plan, as detailed within Standing Financial Instructions, following submission of an in year deficit outturn	G1 G2	A1 A2	Executive Director of Finance	**Q3 (No Update provided during**

					reporting cycle)

Principal risk (what could prevent us achieving this strategic objective)	**BAF 26-05 – Failure to achieve long term financial sustainability** There is a risk that the Health Board will fail to achieve long-term financial sustainability, resulting in an inability to meet its statutory financial duties and secure the resources required to deliver its strategic objectives and maintain safe, effective and sustainable services for the population of North Wales.			
Lead Committee	PFIG / PPHP		**Risk type**	**Financial**
Risk Lead	Executive Director of Finance		**Risk Appetite**	**Open**
Related Corporate Risks:	**CRR25-06 Value Delivery and Financial Sustainability** (Primary) **CRR25-05 Strategic Change Impacting Care and Staff Delivery** **CRR25-07 Leadership and Operating Model** **CRR25-02 Future Demand and Sustainable Workforce**			
Risk Rating			**Review Dates**	
	Current exposure	**Target**		
Consequence	5	4	**Initial assessment**	Aug 2026
Likelihood	4	3	**Last Committee review:**	
Risk Rating	**20**	**12**	**Last Executive Review:**	Aug 2026

Priority:	Lead Priorities: 4G Value & Sustainability; 4K Finance & Commissioning Supporting Priorities: 4A Foundations for the Future; 4B Strategy & Planning; 4C Clinical Services Planning, Leadership & Interprofessional Working; 4I Environment & Estates; 4J Workforce.

Strategic Threat and Risks: Threat: The financial climate is challenging, with no further allocations expected to offset adverse performance. The first financial duty is to attain a break-even financial position over a rolling three years period. In not achieving break even the organisation suffers;

- A regulatory breach from Failure to achieve the key duty results in a regulatory Qualification
- Failure to achieve breakeven places at risk future receipt of conditionally recurrent allocations and/or the ability to attract prospective allocations.
- Cash depletion and a potential lack of ability to pay employees and suppliers of goods and services. This potentially leading to late payment interest charges and difficulty in securing continued supply.
- The Health Board will still be required to meet its statutory duty to break-even, resulting in a need to reduce costs and potentially reduce access to services offered to the local population.

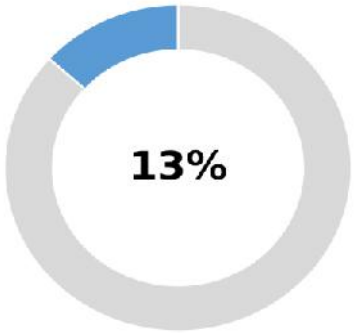
Accountable:	Executive Director of Finance

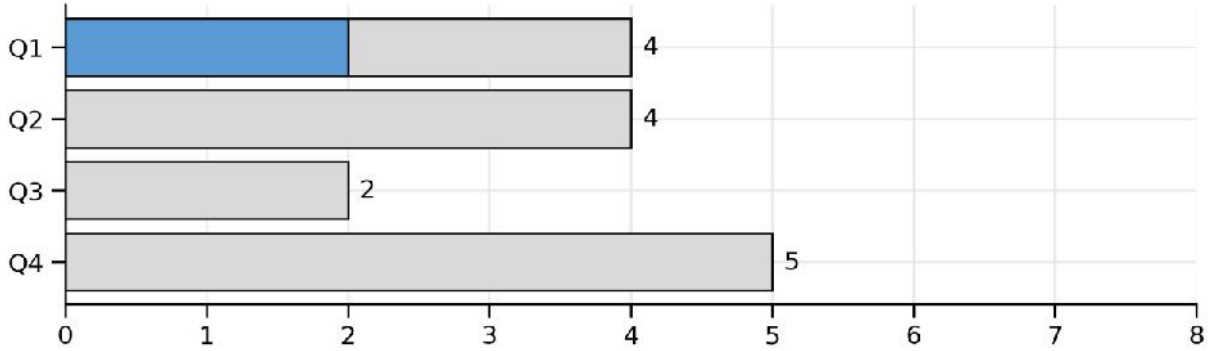
Primary risk controls	**Gaps in control**	**Sources of assurance**	**Gaps in assurance**	**Assurance rating**
• Annual Plan details requirements for further controls and required controls detailed in 'Gaps in controls' • Monthly reporting of financial performance, articulating risk to delivery, drivers of any financial risk and suggested actions in place to mitigate risk • Monthly reporting to Welsh Government financial performance each month, again articulating drivers of risk to delivery and mitigating actions • Corporate risk for shorter term sustainability in place • A key element of delivery centres upon savings realisation, the Value & Sustainability programme formed to support mitigation of	G1 Financial governance framework aligned with the organisation's strategic priorities G2 Clinical Services Plan and associated demand, capacity and workforce modelling are not yet fully developed and implemented. G3 A refreshed Estates Strategic Plan aligned to the emerging Clinical Services Plan and 10-Year Strategy is not yet in place. G4 Long-term financial planning arrangements are not yet fully integrated with strategic service transformation and	Management: Budget setting policy & Financial Reporting monthly, budgetary controls in place and Accountability Agreements signed off. Integrated Performance – The Executive, the Executive Delivery Group (IP-EDG) with oversight through the Performance, Finance & Information Governance Committee Risk and compliance: Oversight by Audit Committee Internal Audit, Annual audit of financial governance effectiveness (to include budgetary control) The Performance Framework endorsed by the Health Board	A1 Limited Assurance Internal Audit report for Delivery of Health Board Transformational Savings A2. Limited independent assurance regarding delivery and sustainability of recurrent savings schemes and productivity benefits A3 Head of Internal Control Opinion articulating limited assurance over systems of internal control A4 Positive assurance for budgetary control environment. No changes from draft accounts to final submission following External Audit scrutiny A5 Audit Wales issued a "true and fair" audit opinion on the 2024/25 accounts but gave a Qualification for regulatory breach for not attaining the key financial duty to break-even.	

shortfalls and place focus on improvements driving financial sustainability. • The Executives have been allocated lead Executive status for each of the five programmes, the aim being to deliver improvement. Whilst not a financial programme it is expected through enhanced oversight and a drive to deliver improved productivity and efficiencies this programme will support a movement to financial balance.	organisational change programmes. G5 Integration of financial planning with performance and risk management processes G6. Insufficient recurrent savings and inability to fully mitigate emerging inflationary, pay, CHC, medicines and commissioning cost pressures. G7 Inconsistent alignment between financial planning and strategic service goals G8 A triangulation of activity, workforce modelling and finances. This leading to miss-alignment of the overall plans for the Health Board G9. Limited ability to influence externally commissioned services expenditure and demand growth, particularly CHC, specialised services, prescribing and commissioning arrangements. G10. Productivity and efficiency improvements are not yet delivering at the scale required to offset financial pressures and support long-term sustainability.	for 2026/27, facilitating regular review of financial performance as part of the balanced scorecard approach. Independent assurance: Internal Audit and Audit Wales as external bodies reviewing and reporting on financial monitoring, reporting, oversight and the control environment. Annual review of compliance with Welsh Government financial guidelines as part of the reviews completed by the external bodies, who report through to the Audit Committee (the Committee charged with governance) Audit Wales full access to mapping of financial transactions within financial statements to source ledgers. Monthly oversight of financial performance by Welsh Government and Performance and Improvement NHS Wales.	A6 Limited independent assurance that planned benefits from transformation and service redesign programmes will be realised within the required timeframe.	

	G11. Financial sustainability is dependent on successful delivery of major organisational transformation and service redesign programmes, the benefits of which have not yet been fully realised.			

Plans to improve control





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4A.9	Implement a new governance model as part of the revised operating model, ensuring sharper accountability, fewer/streamlined meetings, focusing on delivery and transparency.	G1, G5, G7	A3	Chief Executive	**Q2 High Delivery Confidence**
4B.5	Draw on support from NHS Performance and Improvement (NHS P&I) colleagues to develop proposals on an improved approach to a unified modelling across demand, capacity, skills mix, activity, performance, finance and workforce, incorporating benchmarking against other Health Boards – to be utilised in the 2027-30 IMTP planning cycle.	G5, G8	A3, A5	Executive Director of Transformation & Strategic Planning	**Q1 (Low Delivery Confidence)**

4B.8	Update the BCUHB Integrated Planning Framework and associated more detailed planning guidance in light of annual reflection and learning exercise, emphasising the importance of clinical leadership, Community by Design principles and patient feedback in service planning.	G5, G7	A3	Executive Director of Transformation & Strategic Planning	**Q2 High Delivery Confidence**
4B.11	Support delivery of commitments set out in the IMTP through monthly monitoring and timely escalation of any risks to delivery as well as quarterly reporting of delivery against the IMTP and Special Measures de-escalation framework.	G1, G5, G7	A1, A2, A5	Executive Director of Transformation & Strategic Planning	**Q4 High Delivery Confidence**
4C.1	Agree the CSP methodology and first tranche of areas to be prioritised and establish the CSP Programme by developing the programme structure, governance, and delivery approach, supported by targeted internal engagement and awareness raising activities to build understanding and organisational buy in. Success will be demonstrated through formal approval of the methodology, confirmation of programme governance, and evidence of staff awareness and engagement across key teams including the first major engagement event held.	G2, G7	A3	Executive Medical Director	**Q1 (Low Delivery Confidence)**
4C.2	Operationalise the CSP Programme by finalising detailed delivery plans for the process (pertaining to the first tranche of areas), establishing programme reporting and risk management processes, and initiating structured engagement with leads to prepare for CSP assessments. Success will be demonstrated through approved delivery plans, active reporting cycles, and evidence of areas' readiness to enter the CSP process in Q3.	G2, G5, G8	A3	Executive Medical Director	**Q2 (Moderate Delivery Confidence)**
4C.3	Deliver the full CSP assessment process for the first tranche of priority services, including evidence gathering (including use of key population level intelligence, assessment workshops, option development and prioritisation. This will be supported by structured engagement with leads and clinical and operational teams from the full set of professional groups to ensure clarity, collaboration and high-quality outputs. Success will be demonstrated through completed CSP assessment documentation and agreed prioritisation outcomes for all first tranche areas that demonstrates Community by Design principles, maximise pathway redesign and strengthened joint working between primary and secondary care and partners.	G2, G7, G8	A3	Executive Medical Director	**Q3 (Moderate Delivery Confidence)**
4C.4	Finalise and submit the first tranche of CSP service change proposals for formal approval by the CSP Programme Board. This will include refining proposals based on feedback, completing required documentation, and ensuring alignment with strategic, operational and financial considerations. Success will be demonstrated through Programme Board approval of all first tranche service change proposals and confirmation of readiness for wider Health Board governance approvals and implementation planning.	G2, G7	A3	Executive Medical Director	**Q4 (Moderate Delivery Confidence)**

4G.9	Develop a robust benefits framework for the programme, which allows for the effective measurement of activity and resources linked to VBHC (clinical staff, administrative staff, budgets, buildings, energy etc) to improve patient outcomes, patient experience and resource efficiency to ensure value and patient-centred care.	G6	A1, A2	Executive Director of Finance	**Q1 (Complete)**
4G.12	Deliver a refreshed Value & Sustainability programme that realises the agreed recurrent savings target for 26/27, aligned with the national value and sustainability structure and associated priorities and which also ensures that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis.	G6	A1, A2, A5	Executive Director of Finance	**Q4 High Delivery Confidence**
4I.5	Agree the approach to developing a revised Estates Strategic Plan, in line with the Health Board's 10-year Strategy and Clinical Services Plan.	G3, G7	A3	Director of Environment and Estates	**Q4 (Moderate Delivery Confidence)**
4J.7	Implement in partnership strategic workforce planning across the organisation, improving alignment with Clinical Service Plans, use of technology, Financial Plans linked to IMTP objectives. Progress will be measured through the Foundations for the Future programme board. Plans will proactively identify any workforce capacity, skills and talent gaps and set out initiatives to address these in order to meet organisational objectives.	G7, G8	A3	Executive Director of People Services & Organisational Development	**Q4 High Delivery Confidence**
4K.1	Maintain financial control measures from start of financial year, with a view to step them down as assurance and confidence is being gained in delivery of the financial plan. Particularly important due to FFTF structure changes mid-year that could otherwise cause some disruption in delivery of financial plan.	G1, G6	A4, A5	Executive Director of Finance	**Q2 High Delivery Confidence**
4K.2	Contribute to the broader performance accountability agreements to ensure that budget owners are clear on their budget for the year and their accountabilities in relation to delivery within budget.	G1	A4	Executive Director of Finance	**Q1 (Complete)**
4K.13	Prepare and commence execution of a robust and sustainable recovery plan, as detailed within Standing Financial Instructions, following submission of an in year deficit outturn.	G6	A4, A5	Executive Director of Finance	**Q3 (No Update provided during this reporting cycle)**

BAF Risk	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range	Status of Actions at mapping	Strategic intent Priority	Mapped deliverable	BAF 26_01 – Failure to deliver improved population health and reduced inequalities	BAF 26_02 – Failure to deliver enhanced coordination of care for people with long term conditions and improve access	BAF 26_03 – Failure to Improve access, outcomes and experience	BAF 26_04 Failure to deliver and create a modern, people centred heath care system that is future focused
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Senior Posts for reviewing Digital architecture and EHR. Funding for Architecture and EHR Teams is temporary and has been sourced from various non-recurrent budgets. Teams likely to have to stand down from April 2025 onwards and therefore progress halted (subject to budget setting process). NB. This is a 3-to-5-year piece of work. Activity which is required by 31st March 2025 will be completed. Senior Architecture posts in place but funded non-recurrently. These are resolving clinical system integration, which will also halt on the 31/03/2026 should recurrent funding not be secured.	Overdue	4D – Digital, Data & Intelligence 4C – Clinical Services Planning	• 4D.19 Review and update Digital Roadmap • 4D.15 Decommission legacy unsupported systems • 4D.16 Strategic Outline Case for digitisation of patient records • 4C.1–4C.4 CSP methodology & alignment of digital requirements				X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Roll-out of key priority EHR transformation projects. No funding from April 2025 onwards, to progress EHR Programme and other augmentation projects to improve the current digital environment. NB. This is a 3-to-5-year piece of work. The Electronic Health Record (EHR) – Acute and Community, Outline Business Case (OBC) first draft was handed over from the external consultants in March 25, the OBC has been updated following engagement with legal, finance, procurement and DDaT. Currently, there is no funding to progress this further, and Welsh Government have asked all Health Boards to pause while they agree a national approach. The Mental Health EHR is progressing with the procurement evaluation complete. Once assurance activities have been completed the next step will be to finalise the Full Business Case (FBC) and award contract following board approval. A strategic outline case for the scanning plan is being prepared, with anticipated submission for formal approval in April 2026 via the appropriate governance board.	Progressing	4D – Digital, Data & Intelligence 3D – Mental Health & Learning Disabilities	• 4D.19 Digital Roadmap alignment to 10-year Strategy & CSP • 4D.11–4D.12 Population Health Management datasets • 3D.9 Mental Health EHR transformation			X	X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Transformation of the DDaT Operating Model. Proposals for 2025/26 onwards are being progressed for consideration. Due to significant digital inflation, plans have been put forward and are currently being considered in line with other inflationary pressures. Bids for growth are being revised to align with IMTP Planning processes Anticipated position and due date will be 30th April 2026	Delayed	4D – Digital, Data & Intelligence 4A – Foundations for the Future	• 4D.1 Demand & capacity tools for digital • 4D.19 Digital Roadmap alignment • 4A.1–4A.7 Foundations for the Future: new operating model design				X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Proposals, (repeated from previous years) for 2025/26 onwards are being progressed for consideration. Cost Pressures and Growth proposals submitted to Executive Team for consideration. Only RIGA 1 additional funding resource received which doesn't take into consideration the required cost pressures or growth initiatives. Will continue to review funding gaps and available schemes.	Overdue	4K – Finance & Commissioning 4G – Value & Sustainability	4K.1 Financial control measures • 4K.2 Accountability agreements • 4G.12 Recurrent savings realisation • 4G.3 Address clinical variation & resource efficiency				X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Expand the implementation of the Digital Training Academy enhancing the skills and understanding of clinical and non-clinical systems and O365 tools.	Progressing	4D – Digital, Data & Intelligence	• 4D.13 Digital Skills Assessment • 4D.14 Data literacy & "Making Data Count" training offer				X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Implement and ensure Executive Decision and oversight of the Digital Prioritisation of projects and programmes in line with IMTP and Funding Arrangements.	Progressing	4D – Digital, Data & Intelligence 4B – Strategy & Planning	4D.19 Roadmap integration with Strategy & CSP • 4B.1–4B.3 Strategy Discovery & Design phases				X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Develop phase 2 of the Clinical Services Plan for implementation - a blueprint for services across North Wales	Progressing	4B – Strategy and Planning 4C - Clinical Services Planning	4B1, 2, 3 & 4B5 – 11 4C1, 2, 3, 4				X
BAF24-03: Not Achieving Long Term Financial Sustainability	Decarbonisation reporting of key objectives through to Committee (PPHP) completed, articulating goals and objectives through to Health Board. Revised NHS Wales decarb plan was published in 2025 and is currently under review. Health Board then to draft plan and an action plan.	Delayed	4I – Environment & Estates	• 4I.10 Development of BCUHB Climate Adaptation Plan • 4I.11 REFIT / carbon-reduction grant funding access • 4I.12 Renewable energy implementation (e.g., PV array) 4I.7 4I.5				X
BAF24-03: Not Achieving Long Term Financial Sustainability	Ongoing development of Estates strategy to be informed by completion of a reduced facet survey (to reflect unallocated budget), a register of assets and most importantly clinical strategies (this review of estates is likely to take 12 months) and will be used to drive estate utilisation and rationalisation. At present, this is delayed pending clinical service plans.	Delayed	4I – Environment & Estates 4C – Clinical Services Planning	• 4I.5 Revised Estates Strategic Plan aligned to 10-year Strategy & CSP • 4I.7 Estate utilisation & rationalisation improvements • 4C.1–4C.4 Clinical Services Plan methodology, prioritisation & alignment				X
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Prioritise implementing the workforce planning framework across the Health Board, with initial prioritisation for 'challenged services'. This action is on-going as services become familiar with the templates and the governance arrangements for the framework are embedded throughout 2026/27.	Overdue	4J – Workforce 4F – Education Partnerships	• 4J.7 Strategic Workforce Planning implementation • 4J.1–4J.4 Workforce productivity, job planning & sickness absence reduction • 4F.9–4F.10 Governance alignment of education & workforce planning				X

BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Support the implementation of measures to aid reducing agency usage and improve value and sustainability of workforce. Progress has been made in some staff groups and now a particular focus on M&D agency is needed throughout 2026/27. The action end date will need to be extended to the end of Q4 (from 31/03/2026).	Delayed	4G – Value & Sustainability 4J – Workforce	• 4G.1–4G.12 Value & Sustainability (clinical variation, workforce efficiencies) • 4J.2–4J.3 Reduce agency spend & improve workforce sustainability • 4J.7 Strategic Workforce Planning implementation				X
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Implementing Values and Behaviours Framework. The V&B framework has been implemented, additional actions will be agreed to further embed and enhance its adoption, these will be added to the BAF in the coming weeks.	Overdue	4A – Foundations for the Future 4J – Workforce 4C – Clinical Leadership	• 4A.1 Culture, Leadership & Engagement programme • 4J.5–4J.6 Culture, engagement & behavioural improvement actions • 4C.9–4C.10 Interprofessional team working & leadership behaviours				X
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Embedding Integrated Leadership Development Framework. Three of the four programmes have already been written and launched. The remaining program pilot will be developed by the end of Q2 and the expected launch will be Q426/27. The ILDF framework will be reviewed by the Executive Committee in Q1 2026/27 to ensure it remains strategically aligned to the IMPT. The end date for action will be extended to end of September 2026 (from 31/03/2026).	Delayed	4C – Clinical Services Planning & Leadership 4A – Foundations for the Future 4J – Workforce	• 4C.5–4C.8 Clinical leadership roles, training & capability • 4A.1 Leadership culture & organisational development • 4J.5 Leadership & engagement improvement programme				X
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Developing Anchor Institute Framework – ongoing, draft Anchor Charter developed with partners and being formally discussed at regional wellbeing and anchor charter event on 19.03.26.	Overdue	1C – Health Inequalities / Anchor Institute Partnership & Regional Collaboration	• 1C.6 Anchor principles & missions implementation (Environment, Communities, Housing, Employment, Food, Learning, Creative & Active Lifestyles) • Section 5 – Working with Partners: strengthening regional collaboration & social value frameworks	X			
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Citizen Engagement Plan being reviewed – the draft principles and framework developed – Co-production, Engagement and Consultation Toolkit developed, Principles and Framework to be discussed at Executive Group Meeting before end of April 2026.	Progressing	3B – Citizen Engagement 4A – Foundations for the Future 4B – Strategy & Planning	• 4A.12 Partner engagement in operating model • 4B.1–4B.4 Embedding engagement into IMTP & Strategy processes			X	X
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Communications and engagement plan November 2025 to post Senedd election 2026 addressing progress to date and areas of Board focus in the months ahead – plan in development, overseen by the Chief Executive Officer.	Progressing	3B – Citizen Engagement 4A – Foundations for the Future 4B – Strategy & Planning	• 4B.2–4B.3 Strategic design & delivery – embedding public voice 4B.4, 4B7			X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Learning Repository Development – A Project Group oversees governance, strategic alignment, and accountability for the wider rollout by 31st April 2026. (Delayed from 31/11/2025)	Delayed	4H – Quality	• 4H.13 Implementation of learning repository & embedding organisational learning				X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Harms review process to be approved for planned care activity.	Overdue	3B – Planned Care 4H – Quality 4C – Clinical Services Planning	• 4H.1–4H.3 Quality Management System & governance framework development			X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Diabetes Pathway Programme – completion of case for change and next steps agreed - delay in appointing Clinical Lead however this has now gone out for expressions of interest. There have been some revisions to the plan as a result and also in keeping with wider priority programmes including Primary Care. Completion of the Diabetes Pathway Programme case for change has been completed however the overall implementation of the programme has been delayed in 25.26 due to dependencies, including the appointment of a Clinical Lead. The plan has been revised to align with wider priorities, and the completion date has moved from July 2025 to December 2026.	Delayed	1B – Disease Prevention 2A Primary Care 2B Community by Design 4G – Value & Sustainability 4C – Clinical Services Plan 4D – Population Health Management	• 1B.4–1B.7 Diabetes pathway (care processes, variation reduction, best practice) 2A.5 integrated primary & Community care 2B.1 -4 Community by Design (mapping, planning, delivery) • 4G.2 High Value/High Impact Diabetes Pathway • 4C.1-4 CSP alignment with disease pathways 4D.11-12 Population health intelligence	X	X		X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Deliver Primary Care based approaches to improving the compliance with NICE guidance. Awaiting update and revised date from Primary Care leads.	Overdue	2A – Primary Care 2B – Community by Design 1B – Disease Prevention 4H – Quality 4C – Clinical Services Plan	Incomplete improvement in NICE compliance; requires strengthened primary-community-secondary integration and clearer pathways.	X	X		X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Prevention embedded in Board Major Programmes.	Overdue	1A–1D – Prevention & Inequalities 4B – Strategy & Planning 4C – Clinical Services Plan 4G – Value Based Healthcare	• 1A–1D Prevention, Health improvement, Health Inequalities, Health Protection • 4B.1–4B.3 Strategy & IMTP alignment • 4C.1 CSP methodology – embedding prevention & PHM 4G.10 Respond to key population health intelligence	X			X

BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Development of Clinical Services Plan and Health Board Strategy recognises prevention as component part. Development of the Clinical Services Plan and Health Board Strategy, which incorporates prevention as a key component, has been delayed due to dependencies on preceding work. The completion date has moved from March 2025 to December 2026.	Delayed	1A-D Prevention & inequalities 4C – Clinical Services Planning 4B – Strategy & Planning 4D – Population Health Management 4I – Environment & Estates	1A-D Prevention, Health improvement, Health Inequalities, Health Protection • 4C.1–4C.4 Clinical Services Plan development & prioritisation • 4B.1–4B.3 10-year Strategy Discovery/Design/Delivery 4D.11-12 Population health intelligence • 4I.5 Estates Strategy alignment to CSP	X			X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Increased pathways with Primary care. Primary Care Service Transformation Delivery group has progressed with work completed outlining system challenges to inform next steps. On track but will be ongoing.	Delayed	3D MHLD 2A – Primary Care 4C – Clinical Leadership	• 3D.3 - Agree and develop with partners • 2A.5 Integrated primary & community pathways • 4C.9–4C.10 Interprofessional working		X	X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Electronic Health Record programme with MHLD as early adopter. Procurement concluded - assurance activity underway for award of contract. Implementation will be impacted by contract award timescales; this may impact the control completion date, but measures are being into place to mitigate this.	Overdue	4D – Digital, Data & Intelligence 3D – Mental Health & LD	• 4D.19 Digital Roadmap • 4D.6–4D.8 Coding, AI & data quality improvements • 3D.9 MHLD EHR programme rollout			X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Enhanced Savings plans. OOA/ CHC remain the well documented risks here for delivery, but plans are progressing well.	Overdue	3D MHLD 4G – Value & Sustainability 4K – Finance & Commissioning	3D.5 - Deliver a material reduction 4G.1–4G.12 Value & Sustainability Programme 4K.1–4K.3 Financial control & commissioning improvements			X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Capping OOA bed utilisation	Overdue	3D – Mental Health & LD 4G – Value & Sustainability	3D.5 Reduction in out-of-area placements • 4G.12 Financial sustainability & reducing unwarranted cost variation			X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Continued implementation of waiting list protocol to ensure patients are supported whilst waiting.	Progressing	3D MHLD	3D.3 agree & develop with partners a phrased open access MH service model			X	
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Alignment with Learning Disabilities national programme- Improving Care Improving lives review.□ The LD transformation programme covers ECRS, Inpatient and Community Services and is fully aligned to the NHS P&I National improvement works. Improvements are project managed through service and divisional governance as well as the national programme. Progress to date includes successful roll out and uptake of Paul Ridd disability awareness training across BCU (not just LD services), introduction of the Health Equalities Framework (HEF) outcomes measure to support identifying health inequalities for people with a learning disability.	Overdue	3D – Mental Health & Learning Disabilities 4C – Clinical Services Planning & Interprofessional Leadership	3D.6–3D.7 MHLD improvement actions including health inequalities reduction, crisis response, • 4C.1–4C.4 CSP methodology & redesign of challenged services			X	X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Use of data analytics to identify high-risk populations (completed) and optimise resource allocation, as a part of workstream one, needs aligning to enhanced community care Priorities agreed for primary and community transformation led by DPH, EMD and COO.	Overdue	4D – Digital, Data & Intelligence 1B – Proactive Strategies for Prevention	• 4D.1 Demand & capacity modelling tools • 4D.11–4D.12 Population Health Management intelligence • 1B.1–1B.3 Population health & prevention roadmap	X			X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Deployment of live dashboards for real-time monitoring (complete) of performance and governance metrics. Standardise data collection and reporting processes to reduce variability in decision-making. Review of various dashboards to align input criteria and date. Data quality and alignment to data dictionary review ongoing. Dashboard designs work ongoing. Design phase to be complete by 31/07/2025. Once designed, build and deployment to take place with timescale tbc. Dashboard completed and information now used in UEC programme management, further work to continue moving forward as we develop SPoA This is on track. Due date extended to 30/09/2026 from June 2026.	Progressing	4D – Digital, Data & Intelligence	4D.13–4D.14 Digital & data skills improvement 4D.6–4D.8 Coding & data quality improvements 4D.19 Digital Roadmap alignment				X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Strengthen digital capabilities to support service teams (such as e-triage, further roll out of home adaptations particularly rural areas, single patient tracking lists). Align digital plan to UEC plans. Alignment of plans consistent with revised prioritisation. Work underway to improve digital interface with UEC. WECDS has just been updated to enhance the data collection for ED's.	Overdue	4D – Digital, Data & Intelligence	4D.19 Digital Roadmap • 4D.15–4D.16 Legacy system reduction & digital records • 4D.5 RPA & automation opportunities				X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Standardising care pathways across the Health Board. Current mapping exercise. Sits within clinical service strategy, community health pathways being rolled out for development in elective care. SPoA 'operational 'phase is commencing in Q1. There are clear performance metrics and expectations assigned to the developments into 2026/27	Overdue	3A – Urgent & Emergency Care 3B – Planned Care 4C – Clinical Services Planning	3A.4–3A.12 UEC care pathway redesign • 4C.1–4C.4 CSP methodology & service redesign 3B.2 Planned care 3B.5 Planned care			X	X

BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Re-enforce specialty level planning cycle through service line demand and capacity plan across the Health Board. Reinforced with services, complete. To be evidenced in April 2026 through Plans. Demand & capacity (D&C) planning session held in April to review core demand and capacity planning across specialties within Q1 to confirm the position for 2026/27. A further session is scheduled in May with a specific focus on Cancer and Diagnostics to enable more detailed discussions on demand and capacity for 26/27. This will be supported by a 'planned care sprint' to improve booking of long waiters into core capacity and transfers of care to appropriate services	Overdue	Outstanding for update as at 22/05/2026	Outstanding for update as at 22/05/2026				
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Strengthened workforce planning for key areas linked to challenged services.	Overdue	4J – Workforce 4A – Foundations for the Future	• 4J.7 Strategic workforce planning • 4J.1–4J.4 Workforce productivity controls • 4A.1 Leadership, culture & engagement improvement				X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Telehealth care to strengthen out of hospital care including home systems and video facilitated care forms workstream 1 or 4 for UEC.	Overdue	2A – Primary Care 1B – Prevention 4D – Digital, Data & Intelligence	2A.8 Digital innovation in primary care (NHS app, virtual care) • 1B.3 Preventive digital interventions • 4D.19 Digital Roadmap	X	X		X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Continued efforts to further strengthen collaboration with local authorities and voluntary sectors for integrated care delivery models. Milestones to be reported. Operational workshop to be held in May with health & Social care partners to discuss development of a 12 month plan for implementation	Overdue		Outstanding for update as at 22/05/2026				
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Incorporate public health needs analysis to service planning (such as deprivation links to access for UEC, Planned Care, CAMHS and Womens services).	Overdue	1B.1–1B.3 PHM intelligence • 4B.1–4B.3 Strategy Discovery/Design/Delivery • 3A.1–3A.3 UEC prevention & falls pathways 4C.1-4C.4	• 1B – Population Health 4B – Strategy & Planning 4C Clinical Services Plan 3A – UEC	X		X	X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Regional improvement approach for Child and Adolescent Mental Health (CAMHS)and Childrens Neurodevelopmental Services. CAMHS Improvement Plan revised for 2026/27 to sustain delivery of the Mental Health Measure access targets which the HB achieved in 2026/27 for assessment and intervention. The Childrens ND 3-year improvement plan has been agreed with RPB to implement a needs-led Childrens ND delivery model across health, social care and education. Confirmation of WG funding allocation (£2m) 26-27 for ND assessments, received in April. Approval from Exec Committee & PFIG subsequently confirmed for the continued use and extension of the private provider contract for children's ND assessments to support delivery against WG expectations for 2026/27.	Overdue	3E – CAMHS & ND 3D – MHLD 4C – Clinical Leadership & CSP 1A - Preventative Approaches to Health & Wellbeing 4B - Strategy & Planning	3E.1–3E.6 CAMHS & ND redesign • 3D.9 EHR for MHLD • 4C.3 CSP alignment with challenged services 1A.3 Deliver approved Grant Funded Programmes of work (WSA) 4B.5 Draw on support for NHS P&I colleagues	X		X	X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Develop a model for Cancer Referrals and activity for single modality. Work is continuing with cancer services looking at breast pathways. Stage 1 demand for all tumour sites has been assessed against ringfenced capacity to incorporate into Referral to Treatment demand and capacity work, linked to workstream 6 of the Planned Care Programme. Due to operational challenges and the complexity of cancer pathways and associated data, current focus is on short term operational forecasting and we will with colleagues from NHS Performance & Improvement to develop longer term (annual and beyond) forecasting tools for the cancer pathways. Revised due date 30/06/2026 from 30/11/2025)	Delayed	3B – Planned Care, Cancer & Diagnostics 4D – Digital, Data & Intelligence	• 3B.7–3B.15 Cancer pathway optimisation & diagnostics modernisation • 4D.1 Demand & capacity modelling • 4D.10 Transition to cloud analytics			X	X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Strengthen collaborative research projects with university partners. Draft 'Research Strategy on a Page' developed with Bangor University for consideration by the BU & BCUHB Strategic Steering Group which is due to meet on 8th May 2026. Action delayed from 31/03/2025 to 31/05/2026	Delayed	4E – Research, Development & Innovation	• 4E.1–4E.5 Research, Development & Innovation strategic plan, joint appointments & academic partnerships				X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Strengthen academic career pathways with universities Academic Careers Community of Interest Working Group has been established and draft framework developed. The community of Interest is to be established during 2026/27. The development of this is to be supported by focus groups and workshops approach. A paper for the consideration of Executive Committee was considered on 4th March 2026 and agreement reached regarding support pending a further paper with a business case approach describing anticipated benefits and costs. Delayed from 31/03/2025 to 31/05/2026.	Delayed	4F – Education Partnerships & Academic Careers	• 4F.7–4F.11 Academic careers framework; governance for strategic education planning; HEI partnerships				X

BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Strengthen collaboration with Higher and Further Education partners across North Wales Memoranda of Understanding have been developed with Bangor and Wrexham Universities as well as Group Llandrillo Menai and College Cambria. Signing is complete apart from CC which is expected to take place in April/May. Strategic Steering Groups are in place with Bangor, Wrexham and GLIM with arrangements to follow with CC in April/May. The collaborative partnerships will progress and mature during the course of 2026/27.	Progressing	4F – Education Partnerships & Academic Careers	• 4F.1–4F.6 HE/FE partnerships; Medical School & Dental School collaboration; MoU implementation				X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Increase R&D collaboration with industry and academic institutions. MoUs have been developed as described above. Collaborations with industry have resulted in a number of joint bid applications to i4i, Contracts for Innovation and NIHR. BCU staff have presented nationally at events such as BioWales London, Cancer innovation.	Overdue	• 4E.2–4E.5 Innovation Centre development; external funding; research activity expansion	4E – Research, Development & Innovation				X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Secure additional funding for healthcare innovation projects. A number of grant applications are being developed or are awaiting decision from funders. To date funding has been secured from Welsh Government Innovation and from Contracts for Innovation.	Overdue	• 4E.2 Innovation Centre & funding model • 4E.4 Growth of research studies and income	4E – Research, Development & Innovation				X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Increase the number of joint appointments between the Health Board and academic institutions. A number of honorary appointments have been awarded, and a joint research fellow post has been appointed to. A joint research fellow post in cardiology is in progress. We are awaiting decision regarding readvertising the joint post in cancer services.	Overdue	• 4F.7–4F.11 Academic careers pathways & joint roles • 4E.3–4E.5 Embedding research into clinical roles	4F – Academic Careers 4E – Research, Development & Innovation				X

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Use of Welsh Government strategic financial allocation 2020-2025

Dear Carol

You'll probably recall that we'd reserved some time within our programme of audit work at the Health Board to review the use of strategic financial assistance funding that has been provided by the Welsh Government following since November 2020.

The aim of this work was to seek assurance that the Health Board was able to demonstrate how it has used this money and what returns have been secured from this investment. Our work to date has focused on confirming the amount of the allocations received since November 2020 and establishing the feasibility of undertaking more detailed work to assess how these funds have been used.

We were able to collect some initial information with the support of the Finance Team. However, it was apparent that the way in which some of the strategic funding has been dispersed across divisions and incorporated into budgets was going to make it very difficult to accurately determine its use and impact. We recognise that the reasons for this were partly to do with issues we have previously reported on, including the qualification of the Health Board's 2022-23 accounts, as well as issues identified in our report on Board Effectiveness in 2023. Based on this we had paused our audit queries and considered the viability of undertaking any further work on the Health Board's use of its strategic assistance funding.

Our conclusion is that it would not be practical to pursue further, more detailed work on the Health Board's use of strategic assistance funding. We understand that the Health Board would not be able to readily provide all the information needed to support such work. As such it is likely that both Audit Wales and Health Board staff would spend a lot of time trying to progress work that would be unlikely to provide any further meaningful insight.

This of course is of some concern because it would be our expectation that the Health Board should be able to clearly demonstrate how it has used all of the strategic assistance funding it has received, as well as the returns from that investment.

Whilst we will not be progressing any more detailed work, we are nonetheless still able to pull together some headline messages from the work done to date. These are as follows:

- between November 2020 and the end of March 2026, the Health Board received an additional £461 million of strategic assistance funding to support service transformation, improved performance and achievement of financial balance;
- £40 million per year of the additional annual funding was specifically to cover the Health Board's historic deficit position. This funding did initially help the Health Board achieve financial balance. however, the Health Board recorded year-end deficits in both 2023-24 and 2024-25 and whilst it set a balanced financial plan for 2025-26, it was predicting a £17.4 million deficit at month 11 of 2025-26;
- the quality of planning for the use of the additional funds varied significantly between 2021-22 and 2023-24, but has improved from 2024-25 onwards, in line with broader actions to strengthen financial controls and governance across the organisation;
- the Health Board is able to evidence where the additional resources have been spent, and whether a significant portion the strategic support funding was spent in line with Welsh Government's expectations;
- recognising difficulties in quantifying where the funding has been spent, the ability to understand the extent to which the funding has supported service improvement is challenging; and

- whilst the Health Board can demonstrate that it has adequately monitored the deployment of the resource, or the impact of the strategic assistance support funding.

The annex attached to this letter provides some further information under each of the above themes.

We also used our 2025 Structured Assessment work to seek some further high-level information on the Health Board's management processes around the use of the strategic assistance funding during 2025-26. That work has shown that the Health Board has strengthened its approach for assessing how the funding is used. Schemes are being re-evaluated against clearer criteria aligned to national and local priorities and the benefits that will be derived for frontline services. We note that the Health Board intends to continue to evolve its prioritisation process for the funds as part its change programme development.

We understand that there is currently still a large reliance on the fund to cover the pay of existing staff which means there was little left to fund new transformation initiatives. It is positive, however, to see the desire going forward to ensure core roles are supported through the Health Board's baseline budget rather than from the strategic assistance funding.

We also identified some concerns in this year's structured assessment about delays in the revised agreement of the use of this funding. This affected the Health Board's ability to commence transformation projects in a timely fashion during 2025-26 and is something the Health Board will need to reflect on for subsequent years.

Collectively therefore, the work we have done has highlighted a strengthening of assessment of use of the funds moving forwards. However, the historical picture is unclear in relation to benefits realisation. We do take some assurance from the fact that current arrangements to oversee the use of the funding are stronger. However, there is still very limited evidence to indicate that the funding has supported genuine service transformation or can be attributed to improved performance.

We would suggest that this letter is included within the papers of the next available Audit Committee meeting so that Committee members are sighted of our work in this area and can take appropriate assurance from relevant members of the Executive.

To assist that, it would be helpful to receive a written response from yourself which can be shared with the Audit Committee, and which includes the following information:

- whether the Health Board has any plans to describe in more detail how the strategic assistance funding has been used to date and the benefits that have been realised, and if so, what those plans are;
- what the Health Board's plans are to provide prospective updates to the relevant committee and Board on use and impact of the strategic assistance funding; and
- given that the continued receipt of the £42 million a year to support improvements to planned care, unscheduled care and mental health services is contingent on the achievement of financial balance, what arrangements are in place to mitigate the risk of that funding no longer being provided by Welsh Government.

I look forward to receiving your response to above.

Kind regards

Andrew Doughton
Performance Audit Manager

Annex: Further information

By the end of March 2026, the Health Board will have received an additional £461 million of strategic assistance funding to support service transformation, improved performance and achievement of financial balance

In November 2020, the then Minister for Health and Social Care announced a package of financial assistance to the Health Board. This strategic financial assistance was to cover the historic deficit position, to improve performance in planned care and unscheduled care, to support transformation of services and to strengthen mental health services. The additional allocation was initially £297 million for a three-and-a-half-year period ending March 2024, but the funding has continued into subsequent years and total £461 million to the end of the 2025-26 financial year. The table below summarises our understanding of how the strategic assistance funding was intended to be used.

Financial Year	Cover historical deficit £m	Planned care, unscheduled care improvement and transformation £m	Mental health service improvement £m	Total £m
Initial Welsh Government allocation				
October 2020-March 2021	40	10.3	0.7	51
2021-22	40	30	12	82
2022-23	40	30	12	82
2023-24	40	30	12	82
Sub total	**160**	**100.3**	**36.7**	**297**
Subsequent ongoing Welsh Government allocation				
2024-25	40	30	12	82
2025-26	40	30	12	82
Grand total	**240**	**160.3**	**60.7**	**461**

The additional funding initially helped achieve financial balance, but the Health Board recorded year-end deficits in 2023-24 and 2024-25 and was predicting a £17.4 million deficit for the end of 2025-26

The provision of £40 million each year helped the Health Board achieve financial balance for the years 2020-21, 2021-22 and 2022-23. However, there was a deficit position of £24.3 million in 2023-24 and although the position improved for 2024-25 the Health Board still recorded a deficit of £7.65 million. For 2025-26, the Health Board was forecasting a year-end deficit of £17.4 million, having initially committed to a break-even position.

The quality of planning for the use of the additional funds varied significantly between 2021-22 and 2023-24 but has improved from 2024-25 onwards

In 2021, we reviewed the Health Board's initial plans for using the strategic financial allocation. That work was able to provide assurance that the Health Board had broadly clear plans for how it intended to spend the additional funding, although we did identify some concerns around the pace of business case development.

The plans for how the funding was to be used in 2022-23 were clearly set out in the Integrated Medium-Term Plan the Health Board had developed at the time. No details were produced on how the strategic assistance funding would be used during 2023-24 but from 2024-25 onwards there is evidence of an improved position with more detailed proposals being developed.

The Health Board is unable to evidence whether a significant portion of the strategic support funding was spent in line with expectations

We asked the Health Board for details on how it spent the funding. It provided information on how the money was recorded in its accounts. We then tested 14 schemes to check whether the funding was used as intended.

The Health Board was able to provide extra detail for three of these, but for the other 11, the way spending was recorded means there is no reliable evidence that the money was used as planned. This was partly because the extra funding was absorbed into wider service budgets during 2022-23 and 2023-24.

Accounts information provided to us also indicates that some of the additional funding that was intended to be used for planned care, unscheduled care and transformation was actually used for funding existing commitments and core posts in other areas including digital, HR and in the corporate governance team.

The Health Board cannot demonstrate that it has monitored the use or impact of the Welsh Government strategic support funding

We found no evidence that the Health Board and Welsh Government had clearly set out expectations for monitoring and reporting the use of the strategic support funding at the outset. While we identified that the Board and committees have overseen plans for how the Health Board intended to use the funding, we also found no evidence of oversight of whether the funding was used as planned and whether it has had the impact intended.

The extent to which the funding has supported service improvement is variable

The strategic assistance appears to have had little impact on the Health Board's unscheduled care performance with key metrics continuing to show the significant pressure these services are under. There have been some notable improvements in some areas of planned care, including patients with the longest waits and a reduction in 104-week Referral to Treatment waiting times and 52-week first outpatient waiting times. However, performance in other key areas remains worrying and overall demand remains high. It should also be noted that for the period 2022-23 to 2025-26, the Health Board has received £149 million of planned care recovery funding in addition to the strategic assistance funding.

Funding to support mental health service transformation and improvement appears to have been more successful. Improvements can be seen in timeliness of assessments provided by local primary mental health services where national standards are now consistently being achieved, and with the most adults and children seen by secondary care services now having a treatment plan. There is also an improving position on therapeutic interventions for adults and children.

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Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy, Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business Park, St Asaph, LL17 0JG

Andrew Doughton,
Performance Audit Manager,
Audit Wales,
1 Capital Quarter,
Cardiff,
CF10 4BZ

Ein cyf / Our ref: CS/AW/CE26/0364
Eich Cyf/Your Ref: PA346/AD/hcj
☎: 01745 448788 ext 6382
Gofynnwch am / Ask for: Emma Hughes
E-bost / Email: emma.hughes19@wales.nhs.uk
Dyddiad / Date: 4th August 2026

Dear Andrew,

RE: Use of Welsh Government strategic financial allocation 2020-2025

I would firstly offer my thanks to you and the team for the work undertaken on the use of Strategic Funding for Betsi Cadwaladr University Health Board. I understand the considerable interest in how the health board over the last 6 years has utilised this funding for the benefit of patients. As you are aware the funding was made available to the health board late in 2020 as the organisation was de-escalated to Targeted Intervention. The report clearly articulates almost 50% of the funding received over the six financial years related to a deficit between income and expenditure of £40m per annum, with the remainder to be utilised in key capacity building and transformation areas.

The balance of £42m per annum was utilised in supporting Transformation and Service Improvement committed historically by the previous leadership of the Health Board, and during exit of Covid. Unfortunately, we have not been able to evidence the impact tracking that may have been expected to be required at the time. As a consequence, whilst it is clear where funding has been deployed, the relative benefits realised historically by the Health Board are difficult to quantify.

I would also like to place on record my thanks for the recognition of the increased visibility, and robustness of the prioritisation process enacted by the Health Board in seeking to align the funds to transformation and service improvement during mine and the current Boards oversight. In relation to each of your points requiring clarification on next steps by the Health Board I would state;

Question 1 & 2 - Plans to describe how the Strategic Funds have been used and benefits and provision of prospective updates on use to relevant Committees;

As articulated already, c50% of the allocated funds use is clear, with this offsetting a financial deficit within the Health Board, and whilst clear on how the remaining £42m per annum was allocated, benefits realised are more subjective with senior leaders taking these decisions having now left the Health Board. For these reasons I agree it is difficult

to articulate benefits historically delivered through use of the element associated with the Strategic Fund.

Over the last 2 years however, as a health board we have undertaken review processes led by the Planning and Transformation Directorate of the Health Board and aligned to the Integrated Medium Term Planning approach. This continues to play an active role in oversight and prioritisation, monitoring the ongoing use of the fund and increasingly seeking to measure future benefits. The visibility of these (which can be shared with Audit Wales colleagues in subsequent reviews on use) will be reported through Executive and onwards to the Performance, Finance and Information Governance Committee.

Question 3 - The Health Board continued receipt of the £42m is contingent on delivery of financial balance, what arrangements are in place to mitigate the risk of the funding no longer being received;

The Health Board has £82m contingent on delivery of financial balance and exiting of 'Special Measures' with £40m to support a historic deficit and £42m per annum transformation and Improvement. It is therefore imperative in the formation of future plans and for future stability and sustainability for these funds to remain with the Health Board.

To ensure financial balance is achieved (the key financial duty attained) the Health Board has allocated savings targets to the business units and further deployed the national model for Improvement of 'Value & Sustainability'. The deployment of these measures has resulted in continued improvement in financial performance, with the target being for 2026/27 to deliver a stretch savings target of £63m and 2.4% of baseline.

The Health Board's Performance, Finance and Information Governance Committee provide oversight on financial delivery (Audit Committee oversight on Statutory duty to breakeven over three financial years). The Executive, Integrated Performance – Executive Delivery Group and Financial Oversight Group (Chaired by the Chair of the Health Board) actively reviews assurances over the delivery of financial balance.

The Health Board has set clear timeframes for identification of savings by Directorate and Area, on Value & Sustainability with lead Executives and further is developing a number of 'choices' that the Board can consider to achieve breakeven.

The Health Board (in delivery of break-even) will secure the £82m Strategic Funds and also for 2026/27 mitigation of increased costs totalling £26m for the Welsh Risk Pool. In summary, £108m of resource or mitigations are reliant on attainment of break-even and if this funding is withdrawn significant decisions on reduction/cessation of services and/or back office functions will be required.

I am clear, and will advise the Board, that the risk of not securing the funding on an ongoing basis presents a highly significant challenge to the progress that has been made in the organisation over the last 3 years. This is because whilst the health board had improved across a broad range of areas since escalation to Special Measures/Level 5 in

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Betsi Cadwaladr
University Health Board

February 2023, there continues to be more work needed to fully embed and sustain the long-lasting changes that the Board and the public wish to see.

I would conclude by thanking you once more for your report on allocation for use of the Strategic Fund, and for your recognition of the progress made in prioritisation of the use of the fund and further deployment of the resources that for future reporting will enable modelling of benefits realisation.

Kind regards,

Carol Shillabeer
Prif Weithredwr/Chief Executive

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Performance Finance & Information Governance Committee

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod **Date of Meeting**	25 August 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Philippa Peake-Jones, Head of Corporate Governance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol **Executive Summary**
Members are asked to: **NOTE** the summary of business considered in private session to be reported in public **NOTE** the Committee Annual Report **NOTE** the Committee Self-Assessment **NOTE** the Committee Cycle of Business **ENDORSE** the Committee Terms of Reference for Board Approval

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Not applicable for this report		

Acronymau / Rhestr Termau

Acronyms / Glossary of Terms

CORPORATE GOVERNANCE REPORT

1. **Y SEFYLLFA**
SITUATION

1 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.

2 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.

3 **Y CEFNDIR**
BACKGROUND

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

4 **MATERION PENODOL I'W HYSTYRIED**
SPECIFIC MATTERS FOR CONSIDERATION

4.1 **Summary of Business Considered in Private**

4.1.1 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.

4.1.2 The below item was considered in private at the meeting held on 23 June 2026:

Agenda Item	Subject (including narrative)	Committee Resolution	Rationale for item in Private
PF26.86	Contracts & Commissioning – Insourcing & Outsourcing	It was resolved that the Committee: **NOTED** the report.	Business Sensitive
PF26.87	Community Health Outline Business Case – All Ages	it was resolved that the Committee:	Business Sensitive

Agenda Item	Subject (including narrative)	Committee Resolution	Rationale for item in Private
		ENDORSED the report for Board Approval	
PF26.88	Mental Health Advocacy Contact	It was resolved that the Committee: **Endorsed** the content of the report.	Commercially Sensitive

5 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

5.1 There are no matters for escalation.

6 ARGYMHELLION
RECOMMENDATIONS

6.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Committee/Meeting/Group is asked to:

- NOTE the matters considered in Private at the 23 June 2026. Items included:

  PF26.86: Contracts & Commissioning – Insourcing & Outsourcing
  PF26.87: Community Health Outline Business Case – All Ages
  PF26.88: Mental Health Advocacy Contact

- NOTE the Committee Annual Report
- NOTE the Committee Self-Assessment
- NOTE the Committee Cycle of Business
- ENDORSE the Committee Terms of Reference for Board Approval

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	1. Building an effective organisation
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd** **Enablers of Quality** All Apply	**Meysydd Ansawdd** **Domains of Quality** All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report

Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE

Annual Report 2025-26

FOREWORD

I am pleased to present the 2025-26 Annual Report of the Betsi Cadwaladr University Health Board Performance, Finance and Information Governance Committee.

During the year, the Committee discharged its delegated responsibilities on behalf of the Board by providing scrutiny, challenge and assurance in relation to the Health Board's financial position, performance against key delivery requirements, information governance arrangements, external contracting, and the management of principal risks within its remit.

The Committee received regular reports relating to finance, operational performance, delivery against Welsh Government and local targets, information governance, external contracts, risks allocated through the Board Assurance Framework and Corporate Risk Register, and matters requiring escalation to the Board through the AAA reporting process.

Through its work, the Committee was able to provide assurance to the Board in a number of key areas, while also identifying matters requiring continued scrutiny and oversight during 2026-27. These include financial sustainability, delivery of performance improvement, strengthening of strategic risk and assurance arrangements, continued oversight of external contracts, and maintenance of robust information governance arrangements.

The remainder of this report summarises the assurance received, the challenge provided by Committee members, the key areas of Committee activity, and the matters requiring continued attention.

Gareth Williams
Chair of the Performance, Finance and Information Governance Committee

Annual Report 2025 - 2026

1. Introduction

1.1 This report provides the Board with an annual summary of the assurance received by the Performance, Finance and Information Governance Committee during 2025-26. It describes how the Committee discharged its delegated responsibilities on behalf of the Board and identifies the key areas of oversight, assurance, challenge and ongoing focus for 2026-27.

1.2 The Committee's work during the year was guided by its Terms of Reference and Cycle of Business, which supported the systematic consideration of matters within its remit. These included finance, performance, external contracts, information governance, strategic and corporate risks, and matters requiring escalation to the Board.

1.3 Through its work, the Committee sought assurance that appropriate arrangements were in place to support the delivery of the Health Board's strategic priorities, with particular regard to financial sustainability, organisational performance, information governance and the management of risks allocated to the Committee.

1.4 The Committee also provided a key mechanism for supporting the Board's wider assurance framework by ensuring that matters of concern, areas requiring further action, and issues requiring Board-level awareness were reported through the Committee Chair's AAA Reports.

2. Role and Responsibilities

2.1 The primary purpose of the Committee is to act on behalf of the Board to:

2.1.1 Advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance.

2.1.2 Oversee the delivery and monitoring of financial strategy, planning, policies and performance including capital and external contracting.

2.1.3 Oversee the delivery and monitoring of performance strategic, framework, policies, Welsh Government / local targets and performance reports.

2.1.4 Monitor the performance of external contracts including shared services and primary care. The Committee will provide advice on the adoption of a set of key indicators of quality of care against which the Health Board performance will be regularly assessed and reported on.

2.1.5 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

2.1.6 Monitor the performance and oversight of Information Governance.

3. Agenda Planning Process

3.1 The Chair of the Committee, in conjunction with the Executive Lead and Corporate Governance Directorate develop the final agenda for the Committee meetings.

3.2 The venue, location and other administrative arrangements are organised a year in advance where possible.

3.3 The secretariat for the meeting is provided by Harriet Abbott.

3.4 The agenda and papers are published and sent to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

4.1 The Committee reviewed its Terms of Reference and operating arrangements during the year. A minor amendment was made to ensure the Committee's remit remained clear, current and aligned to the Board's assurance requirements.

4.2 The Committee also reviewed its Cycle of Business, which provided a structured framework for ensuring that key matters within the Committee's remit were scheduled for consideration during the year. The agenda remained sufficiently flexible to allow the Committee to consider emerging issues and areas requiring additional scrutiny.

5. Membership, Frequency and Attendance

5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of three members of the Board.

5.2 During the year the Committee met on six occasions with member attendance as follows:

Name	Attendance
Gareth Williams, Committee Chair	Five out of six meetings
Rhian Watcyn Jones, Committee Vice Chair	Five out of six meetings
Prof Mike Larvin	Six out of six meetings
Chris Lothian-Field	Four out of six meetings

5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Assurance

6.1 During 2025-26, the Committee fulfilled its work plan and considered a wide range of matters within its delegated remit. The Committee's activity can be summarised across the following key areas:

Financial governance and sustainability
The Committee received regular reports relating to the Health Board's current and forecast financial position, financial planning, financial strategy, capital, and external contracting. Through its scrutiny of these reports, the Committee sought assurance that appropriate arrangements were in place to monitor financial performance, identify areas of risk, and support the Board in discharging its responsibilities in relation to financial governance. Members provided challenge in relation to the clarity of financial reporting, delivery of financial plans, the management of emerging financial risks, and the robustness of actions being taken to support financial sustainability.

Performance and delivery
The Committee received regular performance reports relating to Welsh Government and local targets, key performance indicators and areas requiring improvement. These reports enabled the Committee to consider the extent to which performance issues were being identified, understood and addressed through appropriate management action.
The Committee's scrutiny focused on ensuring that performance reporting was clear, risk-based and supported by appropriate analysis, including the identification of areas requiring further assurance or escalation.

External contracts and commissioned services
The Committee maintained oversight of external contracts, including shared services and primary care arrangements, in line with its delegated responsibilities. The Committee sought assurance that contract performance was being monitored effectively and that any issues affecting delivery, value or quality were being appropriately addressed.

Risk and assurance
The Committee considered risks allocated to it through the Board Assurance Framework and Corporate Risk Register. In doing so, it sought assurance that relevant principal and corporate risks were being reviewed, managed and escalated appropriately.
The Committee also considered whether the controls, assurances and actions described in risk reports were sufficient to support effective Board oversight. Where matters required Board-level attention, these were escalated through the Committee Chair's AAA Reports.

Information Governance
The Committee maintained oversight of Information Governance arrangements during the year. This included scrutiny of reports relating to compliance, performance, risks and areas requiring improvement.

The Committee sought assurance that appropriate arrangements were in place to support the effective management of information governance responsibilities and that any risks or incidents were being managed and escalated appropriately.

Reporting and escalation to the Board
The Committee Chair reported key issues discussed at each meeting to the Board through the AAA Report. This ensured that matters requiring alert, advice or assurance were clearly communicated to the Board in a timely and structured way. This aligns with the current reporting section, which states that the Committee Chair reports key issues to the Board by way of an AAA Report

7. Key Achievements/Benefits:

7.1 During 2025-26, the Committee made an important contribution to the Board's overall system of governance and assurance. Key achievements included:

Strengthened oversight of the Health Board's financial position, financial planning and financial risks.
Continued scrutiny of organisational performance against key national and local requirements.
Improved alignment between performance, finance, risk and assurance reporting.
Regular oversight of external contracts, shared services and primary care arrangements within the Committee's remit.
Continued monitoring of information governance arrangements, including areas of risk and compliance.
Review of the Committee's Terms of Reference and Cycle of Business to ensure continued alignment with Board assurance requirements.
Regular reporting to the Board through AAA Reports, ensuring that key issues, risks and areas of assurance were escalated appropriately.
Completion of annual reporting arrangements to support transparency, accountability and continuous improvement.

8. Key Challenges

8.1 During 2025-26, the Committee recognised a number of significant challenges within its re mit. These included the need to maintain robust oversight of the Health Board's financial po sition, support improvement in organisational performance, strengthen the maturity of risk and assurance reporting, and ensure continued compliance and resilience in relation to in formation governance.

The Committee will maintain a particular focus during 2026-27 on:

- Financial sustainability and delivery of financial plans.
- Performance improvement against key national and local targets.
- The quality, clarity and impact of performance reporting.
- The management and escalation of risks allocated to the Committee through the Board Assurance Framework and Corporate Risk Register.
- Oversight of external contracts, shared services and primary care arrangements.
- Information governance compliance, resilience and risk management.
- Continued improvement in the quality of assurance provided to the Board.

The Committee will continue to use its Cycle of Business, agenda planning process and AAA reporting arrangements to ensure that these matters are subject to appropriate scrutiny, challenge and escalation.

9. Committee Effectiveness & Performance

9.1 The Committee regularly reviews its own performance by completing this report on an annual basis, reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.

9.2 A Committee effectiveness questionnaire will be issued again circa July 2026, the outcome of which will be reported to the Committee in respect of recommendations and subsequent actions in response to areas identified for improvement.

10. Reporting the Committee's Work

10.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'AAA Report' to the Board.

10.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's website.

11. Conclusion and way forward

11.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.

11.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.

11.3 It will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

12. Further Information

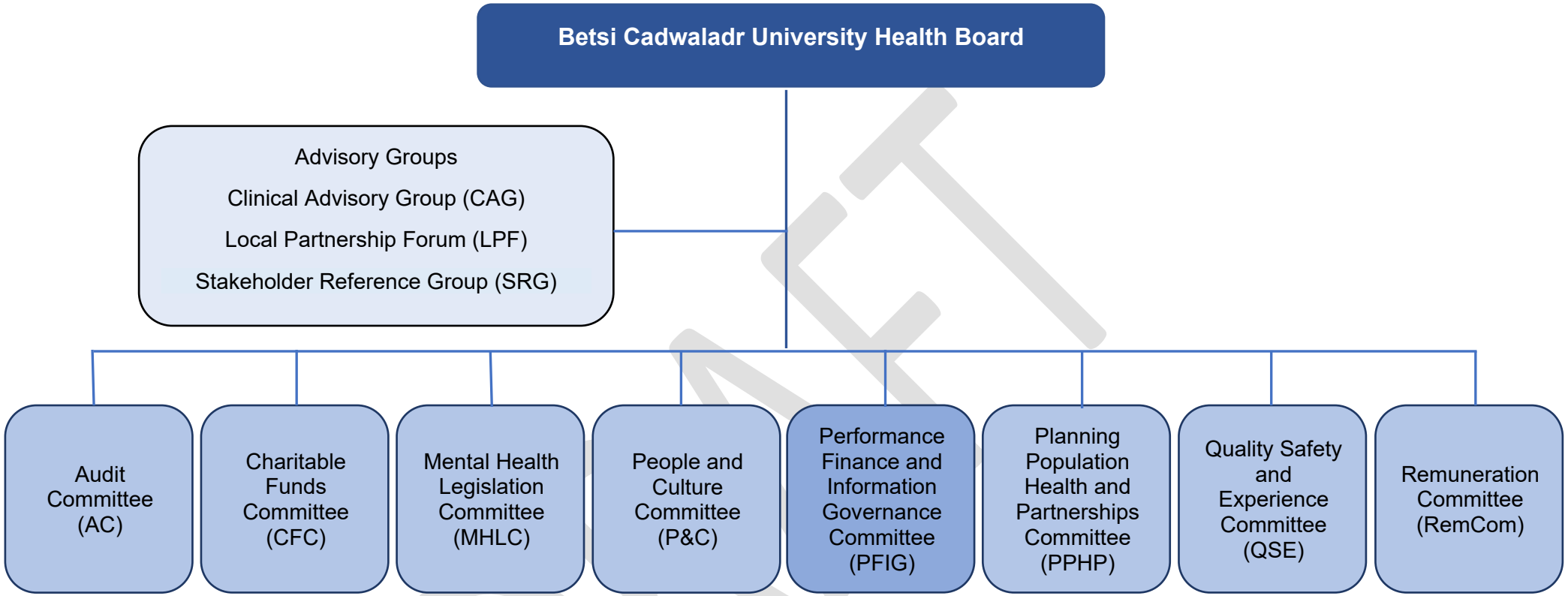
Please visit the Health Board's websites for further information as outlined below:
Committees and Advisory Groups - Betsi Cadwaladr University Health Board

PEFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE

Terms of Reference & Operating Arrangements

(Schedule 3.5 of the Standing Orders)

Date approved by Health Board:



Version Control

Version	Issued to	Date	Comments
V0.01	Performance, Finance & Information Governance Committee	06.05.25	Endorsed for approval at the May Board
V1.0	Board	29.05.25	Approved
V1.01	Performance, Finance & Information Governance Committee		Seek endorsement for submission to the Board

TERMS OF REFERENCE

1 INTRODUCTION

1.1 The Betsi Cadwaladr University Health Board (BCUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees

1.2 In accordance with Standing Orders (and the BCUHB scheme of delegation), the Board shall nominate annually a committee to be known as the Performance Finance and Information Governance. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.

2 PURPOSE

2.1 The purpose of the Committee is to act on behalf of the Board to:

2.2 To advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance.

2.3 Oversight, delivery and monitoring of financial strategy, planning, policies and performance including capital and external contracting.

2.4 Oversight, delivery and monitoring of performance strategies, framework, policies, WG / local targets and performance reports.

2.5 Monitoring the performance of external contracts including shared services and primary care. The Committee will provide advice on the adoption of a set of key indicators of quality of care against which the Health Board performance will be regularly assessed and reported on.

2.6 To seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

2.7 To monitor the performance and oversight of Information Governance.

3 DELEGATED POWERS

With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the Performance Finance and Information Governance will comment specifically upon:

3.1 The Performance, Finance and Information Governance Committee is required by the Board to:

3.1.1 Provide evidence based and timely advice to the Board on the development of finance and performance related strategies and the Integrated Medium Term Plan/Annual Plan.

3.1.2 Provide evidence based and timely advice to the Board on the delivery of Strategies/aspects of strategies relating to finance, performance and information governance.

3.1.3 Oversee and provide evidence based and timely advice to the Board on relevant risks and mitigation.

3.1.4 Provide relevant and timely advice to the Board on developing the Integrated Medium Term Plan in relation to:

The financial performance of the Health Board.
The operational performance of the Health Board and associated impact on Improvement Plans.
Evidence based assurance on the financial position, forecasting, and the capital programme.
Evidence based assurance to the Board and Accountable Officer on whether effective arrangements are in place through the operation of the governance framework for data processing and information management.

3.1.5 Receive the results of relevant investigations and provide the Board with assurance around the implementation of accepted recommendations.

3.1.6 Seeking assurance in relation to the compliance with relevant national practice and mandatory guidance and healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards and Quality Management in relation to the business of the committee.

3.2 Financial Management

3.2.1 Seek assurance on the Financial Planning process.

3.2.2 Monitor financial performance and cash management against revenue budgets and statutory duties.

3.2.3 Consider submissions to be made in respect of revenue or capital in excess of £0.5m funding and the service implications of such changes, including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions.

3.2.4 Monitor turnaround and transformation programmes' progress and impact/pace of implementation of organisational savings plans.

3.2.5 Receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual directorates, divisions and sites.

3.2.6 Determine any new awards in respect of Primary Care contracts.

3.3 Performance Management and Accountability

3.3.1 Review and endorse revisions to the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).
3.3.2 Ensure scrutiny of the performance and resources dimensions of the Quality and Performance Report (QAP)
3.3.3 Monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets.
3.3.4 Review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP)
3.3.5 Review and monitor performance against external contracts.
3.3.6 Receive assurance reports arising from Performance and Accountability Reviews of individual teams.
3.3.7 Receive assurance reports in respect of the Shared Services Partnership.
3.3.8 Review post implementation, the extent to which benefits from business cases have been realised.

3.4 Capital Expenditure and Working Capital

3.4.1 Approve and monitor progress of the Capital Programme in excess of £0.5m.

3.5 Workforce

3.5.1 Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.
3.5.2 Consider and determine any proposals from the Primary Care Board (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices.

3.6 Information Governance

3.6.1 Oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
3.6.2 Oversee the direction and delivery of the Health Board's information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation using information and technology.
3.6.3 Consider the information governance implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners.

3.6.4 Consider the information governance implications for the Health Board of internal and external reviews and reports.

3.6.5 Oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).

3.6.6 Oversee the direction and delivery of the Health Board's Cyber security policy (details of which will be taken in private session of the committee)

3.6.7 Oversee the direction and delivery of the Health Board's Patient records management.

3.6.8 Oversee the direction and delivery of the Health Board's National systems and programmes.

4 AUTHORITY

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and

Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

5 SUB-COMMITTEES

5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

6 MEMBERSHIP

6.1 Formal membership of the Committee shall comprise of the following:

MEMBERS
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)

6.2 The following should attend Committee meetings:

IN ATTENDANCE
Executive Director of Finance (Executive Lead)
Chief Operating Officer
Chief Digital and Information Officer
Director of Environment and Estates

~~Director of Performance and Commissioning~~

6.3 The attendance of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

6.4 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation whom the Committee considers should attend, taking into account the matters under consideration at each meeting.

5. COMMITTEE MEETINGS

5.1 Quorum

A quorum shall consist of no less than two of the membership, and must include as a minimum the Chair or Vice Chair of the Committee.

5.2 Frequency of meetings

The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.

Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

5.2 Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

5.3 Meeting arrangements

The agenda and papers will be distributed/published seven days in advance of the meeting.

The Director of Corporate Governance is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Director of Finance at least six weeks before the meeting date.

The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members.

6. REPORTING AND ASSURANCE ARRANGEMENTS

The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing information.

6.1 The Committee Chair, supported by the Committee Secretary, shall:
Report formally, regularly and on a timely basis to the Board on the Committee's activities;
Bring to the Board's specific attention any significant matter under consideration by the Committee; and
Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

6.2 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

7. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for these matters.

7.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

7,2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

~ Joint planning and co-ordination of Board and Committee business and
~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

7,3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

7.4 The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

• Quorum

9. REVIEW

These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

10. CHAIR'S ACTION ON URGENT MATTERS

10.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board – after first consulting with **all** Members of the Committee. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

10.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

DELEGATED AUTHORITY

Matter	Role	Escalation / Final Approval
Annual Discretionary Capital Programme	Recommend approval	Board
Capital Business Justification Cases > £500k	Recommend approval	Board / Welsh Government as required
Capital Schemes > £1m	Recommend approval	Board and Welsh Government [
Significant Variations to Approved Capital Schemes	Review and recommend	Board / Welsh Government as required
Asset Disposal > £250k purchase value	Approve	Delegated authority
Disposal of Land and Property (any value)	Recommend	Board and Welsh Government approval required
NHS and Non-NHS Contracts > £1m (outside framework arrangements)	Review and recommend	Board / Welsh Government as applicable
Major Contract Variations > £1m	Review and recommend	Board approval where required
Leases > £250k	Scrutiny and oversight	Executive Committee approval, reported to PFIG
Financial Elements of the IMTP	Recommend approval	Board
Major Financial Recovery Plans and Strategies	Recommend approval	Board
Information Governance Strategies and Frameworks	Recommend approval	Board where required
Special Payments, Compensation, Write-offs and Losses > £250k	Recommend in accordance with Scheme of Delegation	

DRAFT

Betsi Cadwaladr University Health Board

Performance, Finance and Information Governance Committee

Cycle of Business

(1 April 2026 – 31 March 2027)

Betsi Cadwaladr University Health Board should, on an annual basis, receive a cycle of business that identifies the items which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Health Board is effectively carrying out its role.

The Committee Cycle of Business covers the period 1 April 2026 to 31 March 2027.

The Committee Cycle of Business has been developed to help plan the management of Health Board matters and facilitate the management of agendas and Health Board business. The Annual Cycle of Business will be complemented by a “Non-Routine Board Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.

The role of the Performance, Finance and Information Governance Committee is set out in the Terms of Reference which is available here:

Committee Chair Gareth Williams **Committee Vice Chair**	**Independent Members** Mike Larvin Christopher Lothian Field Rhian Watcyn Jones	**Executive Members** Russell Caldicott (Executive Director of Finance & Performance) (Chief Operating Officer) (Chief Digital and Information Officer)	**In Attendance** Pam Wenger (Director Corporate Governance) Stuart Keen (Director of Environment & Estates)

PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE CYCLE OF BUSINESS 2026-27

Item of Business	Executive Lead	Reporting Period	Q1			Q2			Q3			Q4			2027-28	
			April 2026	May 2026	June 2026	July 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	April 2027	May 2027
PRELIMINARY MATTERS																
Minutes of the Previous Meeting	Director of Corporate Governance	All Regular Meetings														
Matters Arising and Action Log	Director of Corporate Governance	All Regular Meetings														
STRATEGIC ITEMS																
Major Change Programmes																
Planned Care	Chief Operating Officer	Every meeting														
Urgent and Emergency Care	Chief Operating Officer	Every meeting														
~~Clinical Services Plan~~	~~Executive Medical Director~~	~~TBC~~														
Value and Sustainability	Executive Director of Finance	Every meeting														
Key Programmes																
Health and Wellbeing Hubs	Chief Operating Officer	Bi-Annually														
Foundations for the Future	Chief Executive	To be agreed at agenda setting														
Cancer Services	Chief Operating Officer	As Required														
STRATEGIC PLANNING																
Performance and Financial Aspects of the Integrated Medium Term Plan	Executive Director of Transformation & Strategic Planning	Annually / As Required														
Integrated Medium Term Plan Progress Report	Executive Director of Transformation & Strategic Planning	End of year regular update														
Royal Alexandra Hospital	Director of Environment & Estates	As Required														
Ablett Mental Health Unit	Director of Environment & Estates	As Required														
Mental Health Electronic Health Records (EHR)	Chief Digital & Information Officer	As Required														
Electronic Healthcare Record (EHR)	Chief Digital & Information Officer	As Required														
Estates Plan 2025/2028	Director of Environment & Estates	Annually														
Procurement of Dental Services	Chief Operating Officer	To be agreed at agenda setting														
Business Cases related to Key Programmes for Approval	Executive Director of Finance	To be agreed at agenda setting														

Item of Business	Executive Lead	Reporting Period	Q1			Q2			Q3			Q4			2027-28	
			April 2026	May 2026	June 2026	July 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	April 2027	May 2027
Evaluation of Business Cases implemented	To be agreed at agenda setting	To be agreed at agenda setting														
INTEGRATED PERFORMANCE																
Integrated Performance Report	Executive Director of Finance	All Regular Meetings														
Integrated Performance and Accountability Framework	Executive Director of Finance	Annually														
Finance Report	Executive Director of Finance and Performance	All Regular Meetings														
Contracts and Commissioning	Executive Director of Finance	As Required														
Commissioning Assurance Framework	Executive Director of Finance	Annually														
Information Governance Strategy	Chief Digital & Information Officer	Annually														
Information Governance KPI Report	Chief Digital & Information Officer	Quarterly														
Information Governance Annual Report	Chief Digital & Information Officer	Bi-Annually														
GOVERNANCE, RISK & ASSURANCE																
Corporate Governance Report *(Including summary of business to be reported from private and forward workplan)*	Director of Corporate Governance	All Regular Meetings														
Committee Cycle of Business	Director of Corporate Governance	Annually														
Committee Terms of Reference	Director of Corporate Governance	Annually														
Committee Self-Assessment	Director of Corporate Governance	Annually														
Committee Annual Report	Director of Corporate Governance	Annually														
Corporate Risk Register Report	Director of Corporate Governance	Quarterly														
Board Assurance Framework Report	Director of Corporate Governance	Quarterly														
Legal Services	Director of Corporate Governance	Quarterly														
CLOSING BUSINESS																
Agree Items for Referral to Board / Other Committees	Chair	All Regular Meetings														
Review of Meeting Effectiveness	Chair	All Regular Meetings														
Date of Next Meeting	Chair	All Regular Meetings														

Item of Business	Executive Lead	Reporting Period	Q1			Q2			Q3			Q4			2027-28	
			April 2026	May 2026	June 2026	July 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	April 2027	May 2027
Resolution to Exclude the Press and Public	Chair	All Regular Meetings														
PRIVATE AGENDA																

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Openness

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PERFORMANCE FINANCE AND INFORMATION GOVERNANCE COMMITTEE SELF ASSESSMENT

2025-2026 Results Summary

Performance Finance and Information Governance Committee Self Assessment 2025-26

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Overall Assessment

- Committee is confident, well-chaired and constructive
- **Strong governance basics**
  - Terms of Reference, annual review, annual report and business cycle all received 5/5 positive responses.
- **Constructive culture**
  - Open debate, courteous behaviour and chairing were all rated positively by respondents.
- **Operationally positive**
  - Clear remit, Board influence and focus on assurance rather than operational detail were rated positively

- **Key gaps:** report quality, Executive support, assurance framework understanding and audit action monitoring
- Overall message: strong foundations, with opportunity to strengthen consistency and assurance maturity.

What's Working Well

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Governance & Structure

Terms of Reference are in place and judged adequate
- Annual review is confirmed
- Annual Report is produced
- Cycle of business is established

Meeting culture

- Meetings are sufficiently frequent
- Enough time is allowed for questions and discussion
- Atmosphere supports open, productive debate
- Members and attendees behave courteously and professionally

Leadership & support

- Committee meetings are chaired effectively
- Secretariat support is rated strongly
- Chair reporting to Board is rated positively
- Comments highlight excellent chairing

Key Weaknesses

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Weaknesses & Risks

Assurance system depth

Board Assurance Framework/internal assurance system robustness had a lower confidence profile: 1 strongly agree, 1 agree and 3 slightly agree.

Report quality variability

Reports were not consistently viewed as timely or in the right format/content: 3 agree, 1 slightly agree and 1 disagree.

Audit action monitoring

Monitoring implementation of audit report actions was mixed: 2 agree, 2 slightly agree and 1 slightly disagree.

Executive support

Executive support for attendance, quality/length of papers and responses to challenge was uneven: 1 agree, 3 slightly agree and 1 disagree.

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Confidence Gaps

Assurance framework

Improve shared understanding of the Board Assurance Framework and how PFIG assurance flows to other committees and the Board.

Papers and reports

Address variation in report quality, length and clarity so papers better support scrutiny.

Training needs

One respondent indicated additional training is needed; four said no.

Message:

The PFIG Committee appears effective in core duties, but its next improvement phase is about consistency, clarity and closing the assurance loop.

Opportunities for improvement

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Assurance Integration

- Clarify committee interdependencies
- Make risk and assurance flows more visible
- Strengthen links to Board assurance reporting

Report Quality

- Use clearer paper templates
- Apply pre-submission quality checks
- Highlight decisions and assurance asks upfront

Action tracking

- Sharpen audit action monitoring
- Close items with clear outcomes
- Track slippage and residual risk visibly

Executive support

- Improve consistency of attendance
- Strengthen response to challenge
- Reduce unnecessary paper length

Meeting flow

- Keep focus on assurance
- Avoid operational drift
- Ensure each item is clearly closed off

Conclusion

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Committee is **effective in core duties**

- Strong governance foundations and positive meeting culture
- Clear evidence of effective chairing and professional behaviours
- Further maturity depends on more consistent reporting, stronger Executive support and clearer assurance integration
- Enhancements will help the Committee strengthen scrutiny, escalation and Board-level assurance

Next-stage maturity requires:

- A move from well-run governance to consistently evidenced assurance