

Bundle Performance, Finance & Information Governance Committee 6 May 2025

- 1 PRELIMINARY MATTERS
 - 1.1 14:00 - PF25 24 Welcome & Apologies - Verbal Update
Gareth Williams, Chair
 - 1.2 14:05 - PF25 25 Declarations of Interest - Verbal Update
Gareth Williams, Chair
 - 1.3 14:07 - PF25 26 Unconfirmed minutes of meeting held on 25 February 2025 - Paper Update
Gareth Williams, Chair
PF25 26 Unconfirmed minutes of meeting held on 25 February 2025 - Paper Update
 - 1.4 14:12 - PF25 27 Matters Arising & Action Log - Paper Update
Gareth Williams, Chair
PF25 27 Matters Arising & Action Log - Paper Update
- 2 ITEMS FOR ASSURANCE
 - 2.1 14:22 - PF25 28 M12 Finance Report - Paper Update
Russell Caldicott, Executive Director of Finance
PF25 28 M12 Finance Report - Paper Update
PF25 28 M12 Finance Report - Paper Update
 - 2.2 14:42 - PF25 29 Integrated Performance Report - Paper Update
Stephen Powell, Director of Performance and Commissioning
PF25 29 Integrated Performance Report - Paper Update
PF25 29 Integrated Performance Report - Paper Update
 - 2.3 15:02 - PF25 30 Integrated Medium Term Plan - Verbal Update
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
- 3 ROUTINE REPORTING
 - 3.1 15:17 - PF25 31 Board Assurance Framework - Paper Update
Pam Wenger, Director of Corporate Governance
PF25 31 Board Assurance Framework - Paper Update
 - 3.2 15:22 - PF25 32 Corporate Risk Register - Paper Update
Pam Wenger, Director of Corporate Governance
PF25 32 Corporate Risk Register - Paper Update
 - 3.3 15:27 - PF25 33 Terms of Reference - Paper Update
Pam Wenger, Director of Corporate Governance
PF25 33 Terms of Reference - Paper Update
- 4 15:32 - FOR INFORMATION
 - 4.1 PF25 34 Summary of Business to be Reported from Private - Paper Update
Pam Wenger, Director of Corporate Governance
PF25 34 Summary of Business to be Reported from Private
 - 4.2 PF25 35 Committee Workplan - Paper Update
Pam Wenger, Director of Corporate Governance
PF25 35 Committee Workplan - Paper Update
- 5 CLOSING BUSINESS
 - 5.1 15:34 - PF25 36 Agree Items for Referral to Board / Other Committees - Verbal Update
Gareth Williams, Chair
 - 5.2 15:36 - PF25 37 Agree Items for Chairs Assurance Report - Verbal Update
Gareth Williams, Chair
 - 5.3 15:41 - PF25 38 Review of Meeting Effectiveness - Verbal Update

Gareth Williams, Chair

5.4 15:43 - PF25 39 Date of Next Meeting - Verbal Update

Gareth Williams, Chair

5.5 15:44 - PF25 40 Resolution to Exclude the Press and Public

Gareth Williams, Chair

Betsi Cadwaladr University Health Board (BCUHB)
UNCONFIRMED Minutes of the Performance, Finance and Information
Governance Committee (PFIG)
held in PUBLIC on 25 February 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Gareth Williams	Vice Chair (Chair of PFIG Committee)
Rhian Watcyn Jones	Independent Member
Prof Mike Larvin	Independent Member
Chris Lothian-Field	Independent Member
In Attendance	
Sreeman Andole	Interim Executive Medical Director
Russell Caldicott	Executive Director of Finance
Nick Graham	Associate Director Workforce Optimisation
Nesta Collingridge	Head of Risk Management
Dave Harries	Head of Internal Audit
Stuart Keen	Director of Environment and Estates
Jane Moore	Executive Director of Public Health
Justine Parry	Assistant Director of Compliance and Business Management
Michelle Phoenix	Financial Audit Manager, Audit Wales
Carol Shillabeer	Chief Executive
Pam Wenger	Director of Corporate Governance
Committee Support	
Philippa Peake Jones	Head of Corporate Affairs

PRELIMINARY MATTERS
<p>PF25/01 Welcome and Apologies</p> <p>The Chair welcomed Stuart Keen, Director of Environment and Estates and congratulated Russell Caldicott on his appointment as the permanent Executive Director of Finance.</p> <p>Apologies were received for Stephen Powell, Director of Performance and Commissioning.</p>
<p>PF25/02 Declarations of Interest</p> <p>Mike Larvin Independent Member (IM) declared on interest with Bangor University.</p>
<p>PF25/03 Unconfirmed Minutes of the Meeting held on 23.12.24</p> <p>The minutes of the previous meeting were reviewed and minor amendments were agreed by the Chair. The Committee agreed to ensure that all points raised in the minutes are covered in the Matters Arising section and the action log is amended to reflect the discussion.</p>

It was resolved that the Committee:

- **AGREED** that the minutes of the meeting held on 23.12.24 were a true and accurate record subject to the amendments discussed.

PF25/04 Matters Arising and Action Log

Integrated Performance Report

- There was discussion around action PF25/135.3 and it was noted that the Chief Executive is completing a piece of work to identify the key barriers for the Health Board and would share this outside of the meeting. An update was provided in relation to action PF25/135.4 and the Chief Executive noted that a meeting is taking place this afternoon with the Neurodiversity Team and an update would be provided at the next meeting.

Matters Arising & Action Log

- In relation to action PF24/133.2 it was agreed that Estates Rationalisation will be added to the forward work plan and return to a future meeting. In relation to recruitment and retention in Cancer Services, it was noted that a paper on funding for Oncology services is included on the private agenda and an update on cancer staffing will be provided at the April meeting.

There was discussion around the following areas and it was noted:

- **Pay Award:** The pay award is being centrally resourced and the Health Board will receive an initial allocation of £72 million. Ongoing discussions will take place to mitigate any remaining risks and areas of concern have been raised with Welsh Government.
- **Disposal of Properties:** An update was provided on the disposal of properties, with two properties currently out to market but not yet disposed of.
- **Efficiency and Productivity:** A discussion took place on the need to improve efficiency and productivity to meet demand without requiring additional revenue. It was emphasised that improving the planning process and adopting best practices are crucial steps.

Action:

- **PF25/04.1** The use of Primary Care premises for minor procedures was discussed, and it was confirmed that this is being translated into an action.

The Committee reviewed the action log and agreed to close the actions that were proposed for closure.

ITEMS FOR ASSURANCE

PF25/05 Finance Report

Members received the report and the Executive Director of Finance highlighted:

- The Health Board received an additional £11.1 million from Welsh Government, reducing the year-end financial position from £19.8 million to £8.6 million, which is now the target for the year.
- A £2 million underspend in January helped reduce the adverse year-to-date variance to £12.9 million. The gap to close by year-end is £4.3 million. To address this, a £2 million surplus is required in each of the next two months. Cost and expenditure controls have been implemented, leading to reductions in spending by various teams (IHC colleagues

and leadership teams). Additional controls are in place, particularly focusing on non-pay, non-clinical spending and limiting non-clinical agency usage.

- With regards to Savings Delivery, the Health Board saved £54.9 million in 2024/25, with £41.9 million being recurrent. The target was £48 million, so while overall this was a very positive performance, there was a £6 million shortfall in recurrent savings.
- The Welsh Government had agreed that the Health Board could retain underspends in dental and Covid-related ring-fenced budgets, de-Risking the risks previously identified. Welsh Government support has mitigated risks concerning out-of-area pay awards. It was noted that £9.7 million of unmitigated risk remains, but spending is trending in the right direction to meet the control target. Oversight of this process is being maintained.
- Challenges in capital spending were raised, particularly regarding timing. It was raised that most of the capital works are still on track for delivery.

In discussing the report, the Committee:

- Raised concerns about the negative cash balance expected at the end of the year, but noted that Welsh Government support in March was anticipated to cover the shortfall. A £2 million cash drawdown is forecast to meet year-end obligations.
- Discussed the issue of how to cover above inflation pay costs incurred by the Shared Services Partnership.
- Noted that the overspend on additional clinical staff largely relates to non-clinically qualified staffing roles (principally health and care assistants), which will now be centralised through the corporate centre to streamline the system.
- Sought assurance that Audit Wales and Internal Audit will be reviewing the accounts and financial modelling to ensure accuracy and transparency.
- Attributed the overspend in pay allocation to overtime, bank and agency staffing, unfunded areas, and healthcare assistant support for open unfunded beds.
- Received assurance that the cash balance and associated risks have been considered, with a focus on managing substantive staffing levels and related incentives.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINISED** the Report.

PF25/06 Integrated Performance Report

Members received the report and the following points were highlighted:

- Recognition of improvements in a small number of metrics were acknowledged.
- The review of theatre utilisation, which highlighted the need for a real focus on reducing cancellations and a significant increase in the number of cases being handled per list.
- Planned Care and Insourcing – while progress has been made in reducing extreme waits in planned care, this was mostly by insourcing and outsourcing contracts: additional work is needed to ensure the long-term sustainability of services and to drive improvements in productivity in-house.

In discussing the report, the Committee:

- Discussed the positive impact of insourcing on reducing waiting times for planned care.
- Emphasised the importance of maintaining progress after the year end and future planning to enable this.
- Noted that an update on planned care would be provided to the Board development session scheduled for 27 February 2025.

- Recognised progress in addressing waiting list backlogs through commercial engagement, which has increased productivity but does not address long-term sustainability.
- Sought assurance on plans for managing backlogs post-outsourcing, including exit strategies and drivers for improvement.
- Emphasised the importance of embedding Get it Right First Time (GIRFT) to support exit strategies and drive marginal productivity gains.
- Discussed ongoing validation reviews, with a focus on identifying areas for improvement.
- Recognised that specialties will require support to meet ministerial priorities, particularly for 104-week wait times, but further work is required across the Board:
- In terms of Urgent and Emergency Care, the committee noted that there is a question over the relatively high proportion of attendances that lead to admission as well as needing better discharge planning in order to improve emergency department performance.
- Emphasised the need for better collaboration with social care.
- Recognised improvements in the quality of the performance report, in particular better data triangulation, and explanation of action being taken.
- Assurances were sought on strategies to support care homes in preventing avoidable hospital admissions, along with patient flow and the current clarification of signposting of admissions.
- Sought greater clarity on the use of face-to-face appointments for pre-operative assessment, and for follow-ups. Efforts are currently underway to streamline the three existing models into a single model.

Actions:

- **PF25/06.1** Executive Director of Finance to circulate the slides outside of the meeting in relation to the Planned Care statistics.
- **PF25/06.2** Executive Director of Public Health to circulate a briefing note on admissions from Care Homes.
- **PF25/06.3** Chief Executive to circulate the information from Denmark on Models of flow.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINSED** the Integrated Performance Report.

PF25/07 Integrated Medium-Term Plan

Members received the report and the Executive Director of Finance highlighted:

- That the plan is scheduled for the Board development session on 27th February 2025. Some gaps and deficiencies had been identified, along with strategies for increasing savings and addressing associated risks.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINSED** the Report

ROUTINE REPORTING

PF25 08 Corporate Risk Register

Members received the report and the Head of Risk Management highlighted:

- Risks had been identified for the Committee, exceeding the Health Board's risk appetite.
- Progress has been noted, along with the triangulation of updates concerning Urgent and Emergency Care (UEC) and Planned Care.

In discussing the report, the Committee:

- Received assurance regarding the contingency for estate-related risks, which will be reviewed by the Director of Environment and the Emergency Preparedness Lead.
- Acknowledged the expectation that there will be a reduction in the scores for Financial Sustainability and Planned Care risks, while recognising Urgent and Emergency Care (UEC) and Estates as longer-term risks.

Action:

- **PF25/08.1** Review how the actions can be smarter and ensure these are highlighted in the cover paper and also include due dates where possible.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINSED** the Report.

FOR INFORMATION

PF25/09 Diabetes Service Performance Update

Members received the report for information and the Executive Director for Public Health which:

- Provided an overview of the current performance of the NICE Diabetes Care processes within BCUHB, along with suggestions for potential improvements.
- Stressed the need to address the lack of access to data at the level of individual primary care practices, which must be resolved to support the development of further proposals.
- Drew attention to variations in performance at the cluster level and considered how to address them.
- Evaluated the current model of care, with a focus on prevention and early intervention.

In discussing the report, the Committee:

- Stressed the need for increased visibility of primary care data, to help understand the variations across the clusters.
- Noted that responsibility for delivering the NICE Care Processes lies within both Primary Care and Secondary Care (Paediatrics & Adult Diabetes), and the ongoing projects and plans (such as the BCU Diabetes Transformation Project), which should contribute to the development of a new diabetes model.
- Supported work with both primary and secondary care colleagues to identify potential improvements for the current year, as well as the medium- and long-term development of a new care model.

Actions:

- **PF25/09.1** Executive Director of Public Health and Assistant Director of Compliance and Business Management to discuss access to Primary Care data.
- **PF25/09.2** Chair, Gareth Williams to raise the issue of GDPR nationally regarding the inability to access Primary Care data being raised as an issue.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINSED** the Report.

PF25/10 Summary of Business to be Reported from Private

The Committee had previously considered the following matters in private session at the meeting held on 23rd December 2024:

- Board Assurance Framework
- Dental Procurement
- Nuclear Medicine Consolidation – Outline Business Case
- BCU-OJEU-57084 Wheelchair Service and Maintenance
- Contract
- IMTP - Finances

It was resolved that the Committee:

- **NOTED** the report

PF25/11 Committee Workplan

No items were raised against the current workplan.

CLOSING BUSINESS

PF25/12 Agree Items for referral to Board / Other Committees

It was agreed to refer the Workforce Strategy to the People and Culture Committee.

PF25/13 Agree items for Chair's Assurance Report

The Chair advised that he would report on the following:

To assure the Board that:

- Ongoing efforts are being made to achieve the financial control target, and the Committee is assured that all possible actions are being taken.
- The potential for a potential negative end of year cash balance has been fully mitigated.
- The overspend in pay is primarily due to temporary staffing, covering vacancies: filling vacant posts within the establishment would paradoxically save money.
- Work was ongoing to develop a new model of care for diabetes.

To advise the Board:

- Of the challenges surrounding Urgent and Emergency Care (UEC), noting that the issues extend beyond discharge to include admission processes.
- That although progress is being made in Planned Care, much of this is being achieved through additional 'bought in' resources, rather than resolving the issue of poor productivity..
-

To refer to the People and Culture Committee; the question of the costs of filling vacancies with more expensive temporary staff.

PF25/14 Review of meeting effectiveness

It was requested to consider receiving an update on Corporate Functions at the next meeting.

PF25/15 Date of next meeting

Tuesday 18th March 2025.

Exclusion of the Press and Public

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

Performance Finance & Information Governance Committee Action Log (Public)

Updated 24.04.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
	PF25/04.1	25.02.25	<p>Matters Arising and Action Log</p> <p>Bring back to Committee an update on the use of Primary Care premises for minor procedures.</p>	Tehmeena Ajmal	May 25	<p>Suggest Close</p> <p>Moved to forward work plan</p>
	PF25/06.1	25.02.25	<p>Integrated Performance Report</p> <p>Circulate the slides outside of the meeting in relation to the Planned Care statistics.</p>	Russell Caldicott	May 25	<p>Suggest Close</p> <p>Presentation from 16.01.25 Informal Board on Ibabs and in IM's Teams Channel</p>
	PF25/06.2	25.2.25	<p>Integrated Performance Report</p> <p>Circulate a briefing note on admissions from Care Homes.</p>	Jane Moore	May 25	<p>17.4.25 Jane is discussing with Ed Wilson regarding admissions from Care Homes</p>
	PF25/06.3	25.2.25	<p>Integrated Performance Report</p> <p>Circulate the information from Denmark on Models of flow.</p>	Carol Shillabeer	May 25	<p>Suggest Close</p> <p>Circulated 23.04.2025</p>
	PF25/08.1	25.2.25	<p>Corporate Risk Register</p> <p>Review how the actions can be smarter and ensure these are highlighted in the cover paper and also include due dates where possible.</p>	Pam Wenger Nesta Collingridge	May 25	<p>Suggest close.</p> <p>All risks are being reviewed as part of the risk cycle to ensure they are SMART</p>
	PF25/09.1	25.2.25	<p>Diabetes Service Performance Update</p>	Jane Moore	May 25	<p>Suggest close.</p>

			Jane and Justine to discuss the access to Primary Care data.			17.04.25 Meeting arranged for Jane and Justine to discuss
	PF25/09.2	25.2.25	Diabetes Service Performance Update Gareth to raise the issue of GDPR nationally regarding the inability to access Primary Care data being raised as an issue.	Gareth Williams	May 25	
	PF24/133.1	23.12.24	Matters Arising & Action Log Russell Caldicott to provide an update at the next meeting on Shared Services and how we manage our own internal processes.	Russell Caldicott	TBC	Remain Open 25.02.25 It was noted during the meeting that it was agreed at agenda setting to review this at the April meeting. Verbal update to be given at the meeting.
	PF24/133.2	23.12.24	Matters Arising & Action Log Rhian Watcyn Jones highlighted the following actions that have not been included on the action log: An update on estates rationalisation and how we are moving to fill unfunded posts in Cancer services and an update on recruitment and retention strategies including those related to Cancer services.	Russell Caldicott	May 2025	Remain Open 25.02.25 It was agreed during the meeting that Estates Rationalisation will be added to the forward work plan and return to a future meeting. In relation to Cancer Services, it was noted that a paper on funding for Oncology services is included on the private agenda and an update on cancer staffing will be provided at the April meeting. Verbal update to be given at the meeting.

PF24/135.2	23.12.24	<p>Integrated Performance Report Future reports to include: An explanation in relation to serious improvements and trajectories to highlight activity. Highlight IHC performance and the difference in types of emergencies. Detail on centralised booking and validation. Trajectory in relation to theatre utilisation.</p>	Stephen Powell	TBC	<p>Remain Open Verbal update to be given at the meeting.</p>
PF25/135.3	23.12.24	<p>Integrated Performance Report To share with Members a piece of work she was undertaking for Independent Members, in which she would identify the key barriers to getting where the Health Board wished to be.</p>	Carol Shillabeer	February 2025	<p>25.02.25 It was agreed during the meeting that Carol would share this information after the meeting.</p>
PF25/135.4	23.12.24	<p>Integrated Performance Report To share with Members a Neuro Diversity Team briefing which should include an overview of the current system highlighting possible improvements.</p>	Carol Shillabeer	<p>February 2025 Revised timescale April 2025</p>	<p>25.02.25 It was noted during the meeting that Carol is meeting with the Neurodiversity Team during the afternoon of 25.02.25 and an update would be provided at the next meeting.</p>
PF24/105.1	29.10.24	<p>PF24/105 Draft minutes of the previous meeting held on 27.8.24 for approval In response to Rhian Watcyn Jones' comments, it was agreed that the Secretariat would amend the minutes to more appropriately explain allocative efficiency and clarify that the Chief Executive gave assurance that</p>	Pam Wenger	<p>December 2024 Revised timescale February 2025</p>	<p>Suggest Close Minutes amended and Emergency and Unplanned Care was reported at the Board Meeting in November.</p>

			Emergency and Unplanned Care would be reported to the next Board meeting.			
PF24/107.1	29.10.24	PF24/107 Shared Service Partnership performance assurance report Rebecca Nelson's attendance would be factored into the Committee workplan, along with areas of focus that would be agreed through the Committee Chair, Interim Executive Director of Finance and the Director of Corporate Governance	Pam Wenger	December 2024 Revised timescale February 2025	Remain Open This will be taken forward when the cycle of business is reviewed in the New Year.	
PF24/88.5	27.8.24	Integrated Performance Report Invite Russ to give an overview on how the Integrated Planning Framework is operating.	Russell Caldicott	February 2025	Suggest Close Deferred to a future meeting with portfolio changes. February 2024 On forward work plan.	
PF24/38	30.4.24	Finance Report Make arrangements to ensure PFIGC also sighted on Financial Efficiencies review being undertaken by Wales Audit	Pam Wenger	June 2024 Revised timescale February 2025	Suggest Close To be provided once received by the organisation. No further update at this stage. 25.6.24 Arrange circulation to PFIGC members. 2.8.24 Audit Wales will be commencing this work shortly will be circulated when more information is available. 13.2.25 Awaiting confirmation if this is complete? Has been discussed at PFIG Dev Session & Board in Jan.	

						23.4.25 Financial Efficiencies Review is no longer included in the Audit plan for 2025 – which was approved by the Audit Committee in March
	PF24/39.4	30.4.24	Planning Independent Review schedule Planning within the Board Development programme and schedule the Review’s action plan update to the August PFIGC meeting.	Paolo Tardivel	December 2024	Remain Open Initial session scheduled for July and further sessions to be included in the Board Development Plan. To be included on the forward work plans. 25.6.24 Committee requested to leave open until completed 20.10.24 Suggest add to the Forward Plan 23.04.25 This has not completed, this could be reviewed by PPHP rather than PFIG once finalised
	PF24/41.3	30.4.24	Performance Report	Pam Wenger Sreeman Andole	June 2024	Remain Open

			Provide focussed performance reports to PFIGC on Dermatology, Ophthalmology, Cancer, Theatre Utilisation and management of waiting lists, following Quality Round Table session with WG based on scheduling agreed with Director of Corporate Governance	Nick Lyons	Revised timescale February 2025	The business cycle for all the Committees is being reviewed to align with the Annual Plan Delivery Plan as agreed by the Board in March 2024. 25.6.24 Committee requested to leave open until completed The Annual Delivery Plan will address all areas of Fragile Services and these will be monitored
	PF24/63.7	25.6.24	Provide monthly updates in between PFIGC meetings to Committee members.	Russell Caldicott	November 2024 Revised timescale February 2025	Suggest Close 20.10.24 Added to the Forward Plan for the Director of Performance and Commissioning to consider reporting frequency and updates Presentation from Cancer Division took place in October 2024
Closed Actions (as agreed at meeting on 25.02.25)						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PF24/133.3	23.12.24	Matters Arising & Action Log Rhian Watcyn Jones queried the role of arts in Health, and it was agreed to circulate the paper that Jane Moore recently took to the Board, agreed that this item should report into the PPHP Committee and keep RWJ informed of the progress.	Pam Wenger	February 2025	12.2.25 PPJ uploaded this paper to the IMs channel and transferred action to PPHP Action Log.

2	PF24/134.1	23.12.24	Finance Report Present a more detailed paper on value and sustainability workstreams at the next meeting (this could be shared as an appendix to the Finance Report)	Russell Caldicott	February 2025	Included in report
3	PF24/134.2	23.12.24	Finance Report Russell Caldicott and Gareth Williams to meet outside of the meeting to discuss KPIs and adverse variance.	Russell Caldicott Gareth Williams	February 2025	Additional dialogue in regards to reported variance and KPI's completed.
4	PF24/134.3	23.12.24	Finance Report Russell Caldicott to include an analysis of clinical outcomes and avoidance of clinical risks in the next Finance report.	Russell Caldicott	February 2025	Included in report
5	PF24/134.4	23.12.24	Finance Report Russell Caldicott to share the details relating to the capital spend profile and the financial detail ahead of the next Board meeting in January.	Russell Caldicott	March 2025	This will form part of the discussion at Board Development.
6	PF24/135.1	23.12.24	Integrated Performance Report Gareth Williams to share queries relating to the presentation outside of the meeting.	Gareth Williams	February 2025	Notes shared before the meeting.
7	PF24/137.1	23.12.24	Divisional Performance, Finance & Workforce Report: Women's Services Pam Wenger and Fiona Giraud to meet outside of the meeting to discuss the governance route of Women's services plus the potential for a wider discussion paper to a future Board meeting.	Pam Wenger Fiona Giraud	February 2025	13.2.25 PW & FG met on 24.2.25.
8	PF24/138.1	23.12.24	Corporate Risk Register	Pam Wenger	February 2025	13.2.25 RSG Chair's assurance reports are approved by the Executive Team, the committee are

			Committee members sought further assurance on the conversations had in Risk Scrutiny Group.			provided with the reports outside of the meeting for assurance’.
9	PF24/138.2	23.12.24	Corporate Risk Register Russell Caldicott to share the timelines in relation to the 6 facet survey including the progression on asset disposal.	Russell Caldicott	February 2025	This action is handed over to Director of Environment and a report to Board Development will 6 facet survey including the progression on asset disposal.
10	PF24/112.1	29.10.24	PF24/112 Diabetes service performance update To bring a paper in two meetings time detailing how to enhance the performance framework.	Jane Moore	February 2025	Paper being presented to the February 25 meeting.
11	PF24/110.1	29.10.24	PF24/110 Divisional Performance, Finance and Workforce report: Cancer Services To return in December on how to prioritise and utilise the Planned Care funding of £42m	Russell Caldicott	February 2025	Discussions continue regarding use of the £42m. Delivery of control total, securing the funds into the 2025/26 financial year and risk appetite of the Health Board. Ongoing, update to be provided February 2024 – on private agenda.
12	PF24/109.2	29.10.24	PF24/109 Finance Report Add a risk to the Corporate Risk register around the going concern in terms of cash flow and how assets are valued.	Pam Wenger	December 2024 Revised timescale February 2025	To be reviewed during the next round of Risk Meetings 13.2.25 Denise Roberts on behalf of Russ: This is all part and parcel of the SP2 BAF24-03 3.2 risks as there is not risk to the valuation of assets as that is managed through the NHS Wales Manual

						for Accounts. However the cash flow will form part of the BAF.
13	PF24/113.1	29.10.24	<p>PF24/113 Information Governance Quarterly Key Performance Indicator report</p> <p>PF24/114 Information Governance Annual report 2023/2024</p> <p>Submit the feedback on the external audit on keeping secure reports secure to Audit Committee</p>	Justine Parry	<p>December 2024</p> <p>Revised timescale February 2025</p>	<p>06/02/2025 Confirmation received, report is on the agenda and will be presented to the Audit Committee on the 4th March 2025</p>
14	TRANSFER LOG AC24.154.4	5.11.24	<p>Internal Audit Progress Report</p> <p>Due to the lack of regular oversight of the Llandudno Hospital Orthopaedic Surgical Hub, note this via PFIG Committee and provide an update back to the Committee. Potentially invite Chris Stockport to join the January 2025 Audit Committee meeting.</p>	Chris Stockport	February 2025	Below action closes this action
15	PF24/85.4	27.8.24	<p>IG1 Information Governance Strategy</p> <p>Publish a Welsh version of the IG1 Information Governance Strategy</p>	Justine Parry	<p>December 2024</p> <p>Revised timescale February 2025</p>	<p>1.10.24 In progress. The Strategy has been translated, but is waiting final approval from the Workforce Policy Group before it can be published alongside other strategies on the Internet.</p> <p>16.10.24 Confirmation received from Policy lead that Information Governance Strategy has been approved, just waiting for confirmation that Welsh version has been loaded into policy database with English Version</p>

						<p>and also this will be added under the Publication Scheme Class Five: Our Policies and Procedures Section on the Internet</p> <p>13.02.25 Advised by Policy lead that the Welsh version of the IG1 Information Governance Strategy was uploaded onto the intranet on 9.1.25 – the English version was uploaded on 16.10.24. It remains to be added to the Publication Scheme.</p> <p>Dosbarth Pump: Ein polisiâu a'n gweithdrefnau - Bwrdd Iechyd Prifysgol Betsi Cadwaladr (gig.cymru)</p>
--	--	--	--	--	--	--



<p>Teitl adroddiad:</p> <p>Report title:</p>	<p>2024-25 Month 12 (March) Finance Report – DRAFT (Subject to Final Adjustments and Audit)</p>																																																												
<p>Adrodd i:</p> <p>Report to:</p>	<p>Performance, Finance and Information Governance Committee (PFIG)</p>																																																												
<p>Dyddiad y Cyfarfod:</p> <p>Date of Meeting:</p>	<p>Tuesday, 29 April 2025</p>																																																												
<p>Crynodeb Gweithredol:</p> <p>Executive Summary:</p>	<p>This report provides a briefing on the draft unaudited year end financial position of the Health Board (subject to final adjustments and Audit) as at the end of Month 12 (March 2025). This is an update report owing to the Health Board reporting financial position for 2024/25 Accounts by the submission deadline of the 2nd May 2025, a full report will be shared following submission.</p> <p><u>Finance Report</u></p> <p>The full year draft unaudited financial position of the Health Board is reporting a deficit of £7.6m, with the in-month position reporting a surplus of £2.6m. The end of year financial position is subject to the closure and submission of the final accounts for 2024/25 and the subsequent audit by Audit Wales.</p> <p>The Health Board has delivered a £1.0m surplus against the planned deficit control total of £8.6m. The improvement is reflective of the focus placed upon savings attainment and additional centralised controls and enhanced oversight implemented following endorsement by the Executive Team (IPEDG).</p> <p>Whilst the Health Board has reported a £1.0m surplus against the planned £8.6m deficit, the full year £7.6m deficit is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs.</p> <p>It is of note that the 2024/25 £7.6m full year deficit outturn position does not attain the key duty of the Health Board to have a balanced financial position.</p> <p>March (Month 12) is reporting a draft in-month surplus of £2.6m, (£3.3m surplus compared to the in-month planned deficit of £0.7m), which is £0.1m less than the previous month's £2.7m surplus.</p> <p>£0.1m Accountancy Gains were identified by the Health Board in March. Year to date Accountancy Gains totals £12.7m.</p> <p>The below table summarises monthly variance for 2024/25:</p> <table border="1" data-bbox="392 1888 1492 2040"> <thead> <tr> <th></th> <th colspan="12">Actual</th> <th>DRAFT Mar</th> <th>DRAFT Total 2025/26</th> </tr> <tr> <th></th> <th>April</th> <th>May</th> <th>June</th> <th>July</th> <th>August</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th></th> <th>£m</th> <th>£m</th> </tr> <tr> <th></th> <th>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Monthly Surplus/ (Deficit)</td> <td>(4.3)</td> <td>(4.8)</td> <td>(3.7)</td> <td>(0.7)</td> <td>(3.3)</td> <td>(1.9)</td> <td>(2.7)</td> <td>5.1</td> <td>1.5</td> <td>1.9</td> <td>2.7</td> <td></td> <td>2.6</td> <td>(7.6)</td> </tr> </tbody> </table>		Actual												DRAFT Mar	DRAFT Total 2025/26		April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb		£m	£m		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m				Total Monthly Surplus/ (Deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7		2.6	(7.6)
	Actual												DRAFT Mar	DRAFT Total 2025/26																																															
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb		£m	£m																																															
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m																																																		
Total Monthly Surplus/ (Deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7		2.6	(7.6)																																															

	<p><u>Savings</u></p> <p>The Health Board's financial plan required a recurrent savings target of £48.0m to be delivered in 2024/25.</p> <p>Full year savings delivered value of Green Schemes totals £58.4m (including £43.5m Savings, £1.5m Income Generation, £12.7m Accountancy Gains and £0.7m Cost Avoidance), an increase of £1.3m from Month 11. Of these, £30.1m have been identified as recurring, with a full year effect of £44.0m, and £28.4m are non-recurring savings.</p> <p>The Health Board targeted £48m of recurrent savings, the £44m full year effect reflecting a gap of recurrent savings to the target totalling £4.0m (although this is an improvement of £1.6m over the previous months position).</p> <p>The Value & Sustainability programme is now focusing upon identification of 2025/26 improvement and saving plans, with an expectation of a total savings ask of approximately £40m for the 2025/26 financial year. It is important that the savings identified are progressed to delivery at pace, so as to not result in adverse performance in the early part of 2025/26 that will require recovery during the financial period.</p>			
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Receive, and scrutinise this report 			
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Russell Caldicott, Interim Executive Director of Finance.</p>			
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development</p>			
<p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<p>Lefel sicrwydd:</p> <p>Assurance level:</p>	<p>Arwyddocaol <i>Significant</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p>				

<p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>	<p>This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.</p>
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</p>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p> <p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>BAF – Financial Stability</p> <p>From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>Not applicable.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks:</p>	<p>Appendix A BAF risks BAF SP14 – Estates & Capital</p>

<p><i>(or links to the Corporate Risk Register)</i></p>	<p><i>(There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</i></p> <p>Link to Corporate Risk Register: CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 24/25 Financial Plan</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <p>A - 2024/25 DRAFT Finance Report – March (Month 12) – Subject to Final Adjustments and Audit</p>	

Finance Report - PFIG March - Month 12 2024/25 (DRAFT – Subject to Final Adjustments and Audit)

Russell Caldicott
Executive Director of Finance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Executive Summary (Draft Subject to Final Adjustments and Audit)

Objective	<ul style="list-style-type: none"> To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern. 	
Statutory Financial Duties	Revenue	<ul style="list-style-type: none"> The full year draft unaudited financial position of the Health Board is reporting a deficit of £7.6m, which is £1.0m under the £8.6m planned deficit control target (Draft Annual Accounts submission deadline being the 2nd May 2025) Draft In-month surplus of £2.6m, which is £0.1m less than previous month's surplus of £2.7m. The draft end of year financial position is subject to the closure and submission of the final accounts for 2024/25 and the subsequent audit by Audit Wales.
	Cash	<ul style="list-style-type: none"> Closing Cash Balance as at 31st March 2025 was £5.9m (£3.0m revenue cash and £2.9m capital cash).
	Savings	<ul style="list-style-type: none"> The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. Month 12 delivered savings are £58.4m (including £12.7m Accountancy Gains). An increase of £1.3m from Month 11 that exceeds plan requirements. Of the £58.4m delivery, £30.1m is recurring schemes with a full year effect of £44.0m. The gap of recurrent savings to the target is £4.0m. Savings delivered in Month 12 totalled £5.3m, of which £3.7m is recurring. Accountancy Gains of £0.1m were also identified in month which contribute to the in-month delivery.
	Capital	<ul style="list-style-type: none"> Approved Capital Resource Limit (CRL) for 2024/25 is £50.7m.
	PSPP	<ul style="list-style-type: none"> The final PSPP for paying non-NHS invoices by number was 95.6% (Welsh Government target 95.0%)
Key Messages	<ul style="list-style-type: none"> ➤ In November 2024, Welsh Government (WG) recognised the continuing pressures reported within the Health Board and allocated a further £11.15m, on condition that the planned deficit was reduced to £8.6m. ➤ The Health Board has delivered a £7.6m deficit for the year, this representing a £1.0m surplus against the full year £8.6m planned deficit control target, the full year draft unaudited financial position reporting a deficit of £7.6m (subject to final adjustments and audit). The delivery of the year end control target will ensure significant progress in securing the Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) received on a non-recurrent basis in 2024-25 and the £74.6m agreed on a conditional recurrent basis for 2024/25 will continue into 2025-26. ➤ Additional centralised controls and enhanced oversight agreed and endorsed at the January Integrated Performance Delivery Group (IPEDG) meeting have contributed to the reduced year end deficit against plan. ➤ The Health Board has returned slippage of £3.49m to WG against the additional Planned Care funding received to address the 104-week waits. ➤ It is of note that the 2024/25 £7.6m year end deficit outturn position does not attain the key duty of the Health Board to have a balanced financial position. 	

Key Performance Indicators (Draft Subject to Final Adjustments and Audit)



Month 12 Draft Position

In Month: £260.3m against plan of £263.6m
£3.3m favourable above Plan (Total £2.6m favourable variance)

Full Year: £2,329.3m against plan of £2,330.3m
£1.0m favourable below £8.6m full year planned deficit (Total deficit is £7.6m)



2024/25 Full Year DRAFT Position

£7.6m deficit
(£1.0m below the
£8.6m planned deficit outturn)

(Draft Subject to Audit)

Month 12 Divisional Performance

To be confirmed



Savings

In-month: £5.3m against target of £4.0m

£1.3m favourable



Full Year Savings Delivery

Full Year £58.4m (includes £12.7m
Accountancy Gains) against a
target of £48.0m
£10.4m favourable



COVID-19 Impact

£10.9m YTD cost

£1.3m YTD Slippage



Year to Date Income

£170.0m against budget of £159.0m

£11.0m favourable



Year to Date Pay

£1,186.5m against budget of £1,160.6m

£26.0m adverse



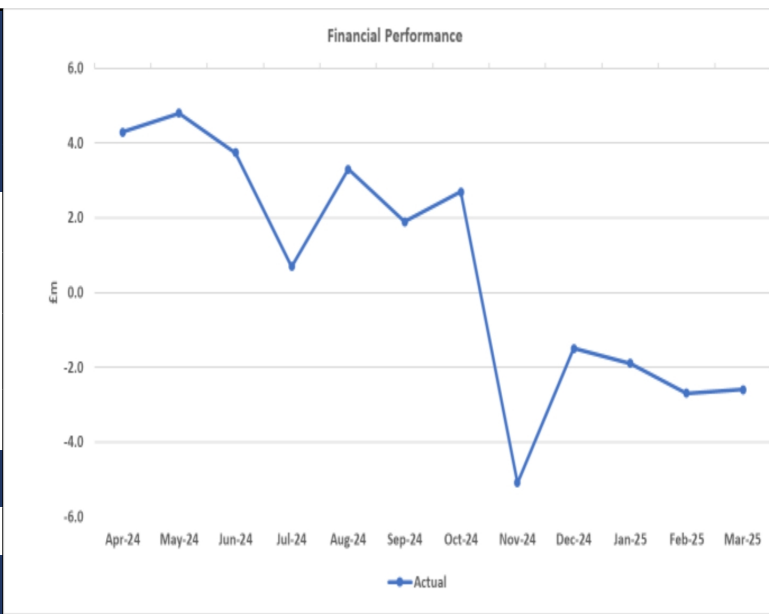
Year to Date Non-Pay

£1,312.8m against budget of £1,320.2m

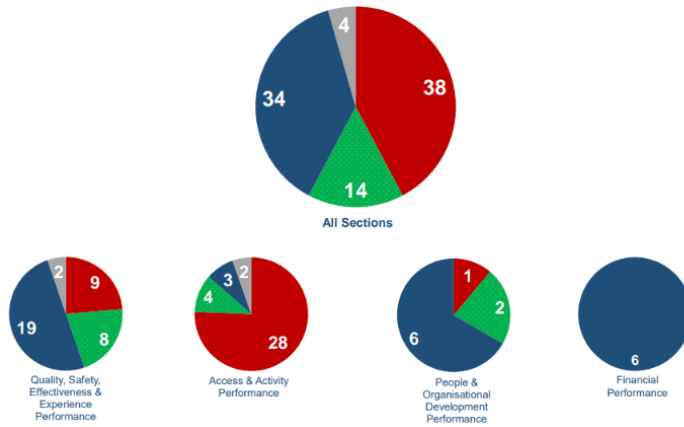
£7.4m favourable

Revenue Position (Draft Subject to Final Adjustments and Audit)

	Actual												2024/25 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	(172.4)	(171.6)	(172.4)	(178.2)	(178.6)	(186.2)	(184.8)	(227.6)	(188.2)	(197.1)	(201.7)	(262.9)	(2,321.7)	(2,321.7)	0.0	0.00%
Miscellaneous Income	(13.1)	(12.8)	(13.5)	(13.4)	(13.7)	(13.2)	(14.5)	(13.8)	(13.4)	(14.8)	(15.2)	(18.6)	(159.0)	(170.0)	-11.0	6.95%
Health Board Pay Expenditure	86.7	87.2	86.7	87.7	87.5	96.5	88.7	122.5	92.2	96.0	93.6	161.1	1,160.5	1,186.5	26.0	2.24%
Non-Pay Expenditure	103.1	102.0	102.9	104.6	108.1	104.9	113.2	113.8	107.8	113.9	120.6	117.8	1,320.2	1,312.8	-7.4	-0.56%
Total Deficit / (Surplus)	4.3	4.8	3.7	0.7	3.3	1.9	2.7	(5.1)	(1.5)	(1.9)	(2.7)	(2.6)	0.0	7.6	7.6	
Planned Deficit	1.6	1.6	1.6	1.6	1.6	1.6	1.6	(5.8)	0.7	0.7	0.7	0.7	8.6	0.0	8.6	
Total Deficit / (Surplus) above Plan	2.6	3.2	2.1	(0.9)	1.6	0.3	1.0	(0.7)	(2.2)	(2.6)	(3.4)	(3.3)	8.6	7.6	(1.0)	



- Within the 204/25 financial plan Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) was allocated for an additional year on a non-recurrent basis in 2024/25. The £74.6m non-recurrent additional support issued in 2023/24 was agreed as recurrent for 2024/25; giving an opening recurrent underlying deficit position of £178.2m. In November 2024, Welsh Government have recognised the continuing pressures, which were in part funded on a non recurrent basis in 23/24, and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m.
- As requested by WG, the Health Board has reviewed the treatment of the conditionally recurrent allocation of £74.6m received in 2023/24. This is now re-stated as conditionally recurrent following instruction from WG on the MMR Reply Letter dated 25th February 2025 to treat as conditionally recurrent based on the Health Board forecasting to attain the target control total of an £8.6m deficit for the 2024/25 financial year.
- The full year draft unaudited position of the Health Board is a deficit of £7.6m and the draft in-month position is a £2.6m surplus, which is £0.1m less than previous month's surplus of £2.7m. The year end deficit position is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs.
- The increase in Month 12 WG Revenue Resource Limit and Health Board Pay expenditure includes the £69.6m year end adjustment in respect of the notional 9.4% additional employers superannuation adjustment fully funded by Welsh Government.

Teitl adroddiad: Report title:	Integrated Quality & Performance Report, Month 12 2024/2025																		
Adrodd i: Report to:	Performance, Finance & Information Governance Committee																		
Dyddiad y Cyfarfod: Date of Meeting:	Tuesday, 06 May 2025																		
Crynodeb Gweithredol: Executive Summary:	<p>The Health Board endorsed the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023. It is one of a three frameworks intended to drive the strategic objectives of the Health Board. The other frameworks being the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF).</p> <p>The three Frameworks support the Board Assurance Framework (BAF) and will align with the Quality Surveillance Strategy as it is developed. The purpose of Our Framework is to integrate key performance indicators (KPIs) from: -</p> <ol style="list-style-type: none"> 1. Key deliverables from the Annual Plan (IMTP) 2. NHS Wales Performance Framework (Quadruple Aims) 3. Key deliverables in response to WG, HIEW and other formal recommendations including Special Measures. <p>There are 90 measures included in this report, 38 of which are locally defined or do not have a specified monthly target rate. Of the remaining measures, 14 (16%) are on target and 38 (42%) are off target. As indicated within the below graphic;</p> <div style="text-align: center;">  <table border="1" style="margin: auto;"> <caption>Performance Metrics Data</caption> <thead> <tr> <th>Section</th> <th>On Target</th> <th>Off Target</th> </tr> </thead> <tbody> <tr> <td>All Sections</td> <td>14</td> <td>38</td> </tr> <tr> <td>Quality, Safety, Effectiveness & Experience Performance</td> <td>8</td> <td>9</td> </tr> <tr> <td>Access & Activity Performance</td> <td>4</td> <td>28</td> </tr> <tr> <td>People & Organisational Development Performance</td> <td>2</td> <td>6</td> </tr> <tr> <td>Financial Performance</td> <td>6</td> <td>0</td> </tr> </tbody> </table> </div> <p>The Framework supports the delivery of better outcomes for our patients and our staff, and ensure that all stakeholders understand their roles, responsibilities, and accountabilities.</p> <p>The Framework supports performance improvement through articulation of key performance indicators and articulation of opportunities for improvement (utilising available industry benchmarks to assess performance) and builds on the commitment for all levels of the organisation to improve. Our Framework is firmly based on our values: -</p>	Section	On Target	Off Target	All Sections	14	38	Quality, Safety, Effectiveness & Experience Performance	8	9	Access & Activity Performance	4	28	People & Organisational Development Performance	2	6	Financial Performance	6	0
Section	On Target	Off Target																	
All Sections	14	38																	
Quality, Safety, Effectiveness & Experience Performance	8	9																	
Access & Activity Performance	4	28																	
People & Organisational Development Performance	2	6																	
Financial Performance	6	0																	

	<ul style="list-style-type: none"> • Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate open and honestly <p>The Framework reflects the Health Board’s current level of performance escalation with Welsh Government. The Framework implementation approach will be subject to review should escalation levels change.</p> <p>The Framework requires the production of an Integrated Quality & Performance Report (IQPR) and is presented at this committee (Appendix 1). The Performance & Commissioning Directorate has been working with our partners across the organisation, including the Executive and the Integrated Performance Executive Delivery Group (IPEDG) in developing our IQPR.</p> <p>The Committee should note the framework is continuing to be developed. Future reports will also outline the implementation and engagement arrangements for embedding the IPF and IQPR at various levels across the Health Board. These arrangements include putting in place formal and informal accountability review structures and escalation/ de-escalation mechanisms.</p> <p>The structure of our IQPR is based upon the Quadruple Aims as per the Welsh Government’s healthier Wales paper, the NHS Wales Performance Framework 2024-25 and identifies where metrics fall within the Special Measures Framework for BCUHB or within the Ministerial Priorities. Performance is RAG rated against the targets set within the NHS Wales Performance Framework 2024-25, or as set by Welsh Government in the Special Measures Framework for BCUHB or outlined in the Ministerial Priorities. However, where appropriate, BCUHB’s internal improvement trajectories as submitted and agreed by Welsh Government have also been included</p> <p>Key areas of escalation are identified within the ‘Escalated Performance Measures’ section at the beginning of the report, with the Executive identifying within a one-page summary and further detailed escalation reports key performance within the four quadrants of workforce, quality, performance and finance.</p> <p>Statistical Process Control (SPC) charts have been included where appropriate, with the cover report including reference to theatres utilisation, in future reporting these measures will be included (with improvement trajectories) within the main IQPR for members as reported local metrics.</p>
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Committee is asked to:</p> <p>Review the contents of the report and propose any actions arising from the report, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.</p>
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Stephen Powell, Director of Performance & Commissioning</p>

Awdur yr Adroddiad: Report Author:	Stephen Powell, Director of Performance & Commissioning			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	The performance measures included in this report are from the NHS Wales Performance Framework 2024-25.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	This report will be available to the public once published for Performance, Finance and Information Governance Committee			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N The Report has not been Equality Impact Assessed as it is reporting on actual performance.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance.			

<p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022.</p> <p>References to Corporate Risks have been made in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The delivery of the performance indicators within our IPR will directly/ indirectly impact upon the financial recovery plan of the Health Board.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The delivery of the performance indicators within our IQPR will directly/ indirectly impact on our current and future workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	<p>This report has been reviewed by Executive Team.</p> <p>The full report has been reviewed by the Director of Performance & Commissioning, and the Executive Director of Finance.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i></p>	<p>The Deputy Director of Performance continues to work with the Head of Risk Management in strengthening linkage from this report into the Corporate Risk Register and eventually Board Assurance Framework (BAF) once objectives have been set.</p> <p>References to Corporate Risks are included in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care</p>

	24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (Ile bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: <i>Implementation of recommendations:</i> Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described. The Integrated Quality & Performance Report will undergo further development into 2025-26 to reflect both the Health Board's strategic priorities and the NHS Wales Performance Framework 2025-26, as published in January 2025.	
Rhestr o Atodiadau: <i>List of Appendices: 2</i> 1: Summary of Report 2: Integrated Performance Report in PDF	

Appendix 1 Summary of Report

Committee: **Performance, Finance & Information Governance Committee**

Report title: **Summary of Integrated Quality & Performance Report (IQPR)**

Report Author: **Director of Performance & Commissioning**

1. Introduction

The Performance and Commissioning Directorate continues to develop and refine the performance report for the Health Board and it's Committees, the key aim being to enable focus to be placed upon areas of high performance or those metrics requiring improvement, with the 'Integrated Performance Report' including a section summarising the areas requiring escalation for Board members, divided into the following four quadrants;

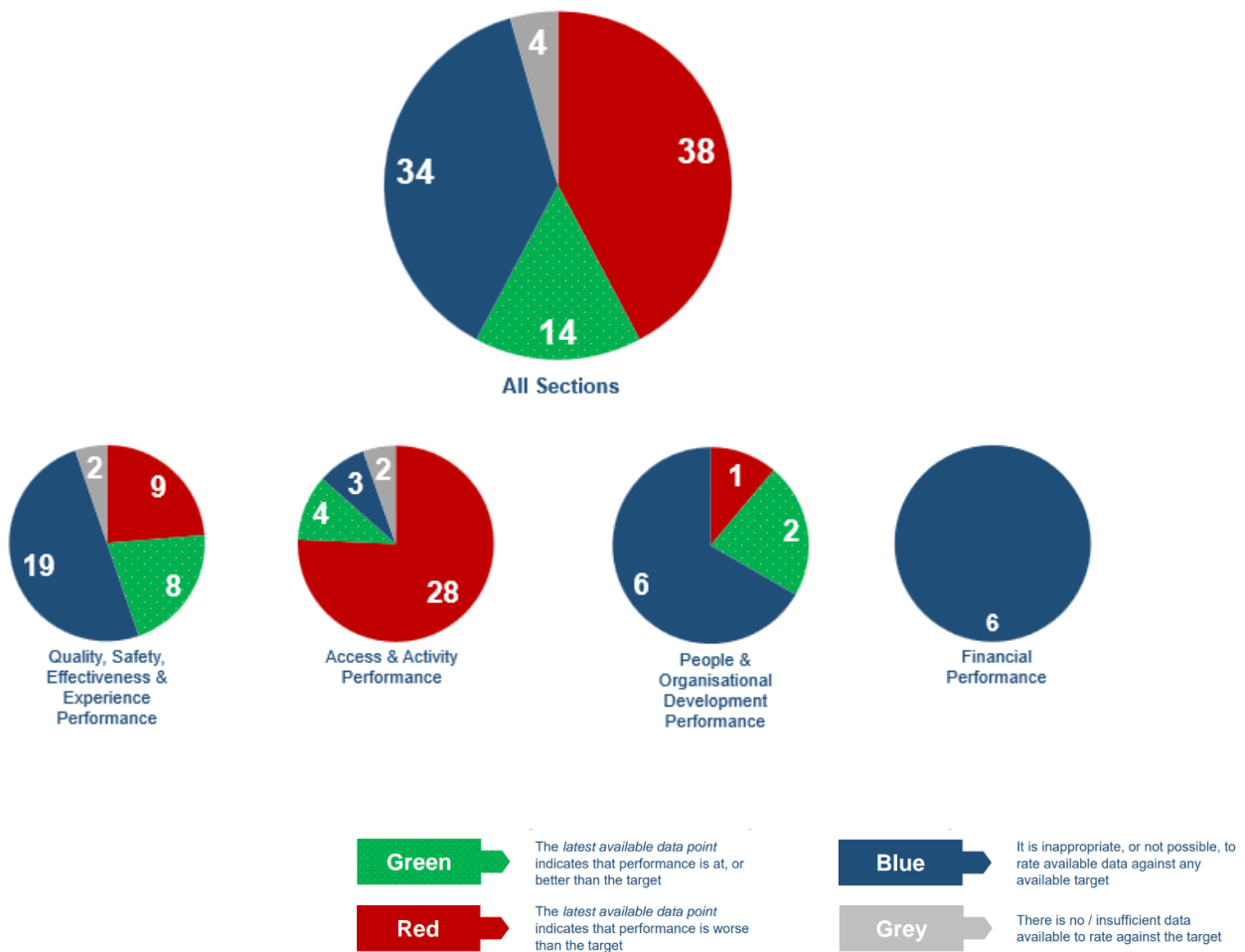
- Quality (Safety, Effectiveness & Experience) Performance
- Access & Activity Performance
- People & Organisational Development Performance
- Financial Performance

This structure enables an 'at a glance' view of the main concerns or message of the report through review of the initial one-page summary that is split into four quadrants, with the further slides contained within this escalation section articulating in more detail the current performance and actions being taken to support improvements. This should be the area of most focus in the report.

This report reflects performance against the NHS Wales Performance Framework for 2024-25. Furthermore, it includes several locally defined metrics within the Quality and People & Organisational Development domains.

For the remit of the Performance, Finance & Information Governance Committee, Quality, Safety, Effectiveness & Experience Performance, is not included in the report as this section falls within the remit of the Quality, Safety & Experience Committee (QSE).

2. Overall Summary



Of the measures from the NHS Wales Performance Framework included in the report, 14 are on target, 38 are off target. It remains clear that there continues to be significant risks to delivery on a number of key metrics for which the attached report at appendix I, gives further detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic.

A prioritisation of the metrics off plan has been used to populate the escalation section of the IPR (see appendix I) to give greater focus to the metrics we are seeking to enhance in the short term. This summary report will indicate some key elements from our quality, our access and activity, our people and our finance as seen within the Health Board.

3. Key outputs from oversight of Performance

3.1 People & Organisational Development

(Corporate Risk 24-01 People, Culture and Wellbeing)

(Corporate Risk 24-1 Leadership / Special Measures)

The key areas highlighted centre upon:-

The monthly turnover rate of nursing and midwifery staff increased in March 2025 to 0.9% having been at a rate of circa 0.3% - 0.4% in previous six months. As this measure is calculated as monthly rather than rolling the in-month increase can be attributed to retirements usually seen at this time of year.

Sickness absence decreased to 5.6% in March following a period of higher percentage absence over winter months. The peak in December at 6.8% was in line with seasonal increase and replicating prior year rates. Stress and other mental health issues continue to be the main reason for sickness absence. The % rate of agency spend as a proportion of total pay bill has shown a decreasing trend over the year in lined with target with a rate of 2.2% in March 2025.

3.2 Access & Activity Performance

(Corporate Risk 24-11 Planned Care)

(Corporate Risk 24-12 Areas of Clinical Concern)

(Corporate Risk 24-13 Timely Diagnostics)

This quadrant contains the greatest number of measures within the report, with the 37 measures within this section requiring oversight through PFIG. It is noted that based on latest information BCUHB is not achieving the target for 30 (81%) of these measures.

The Health Board has key areas of challenge, centred upon;

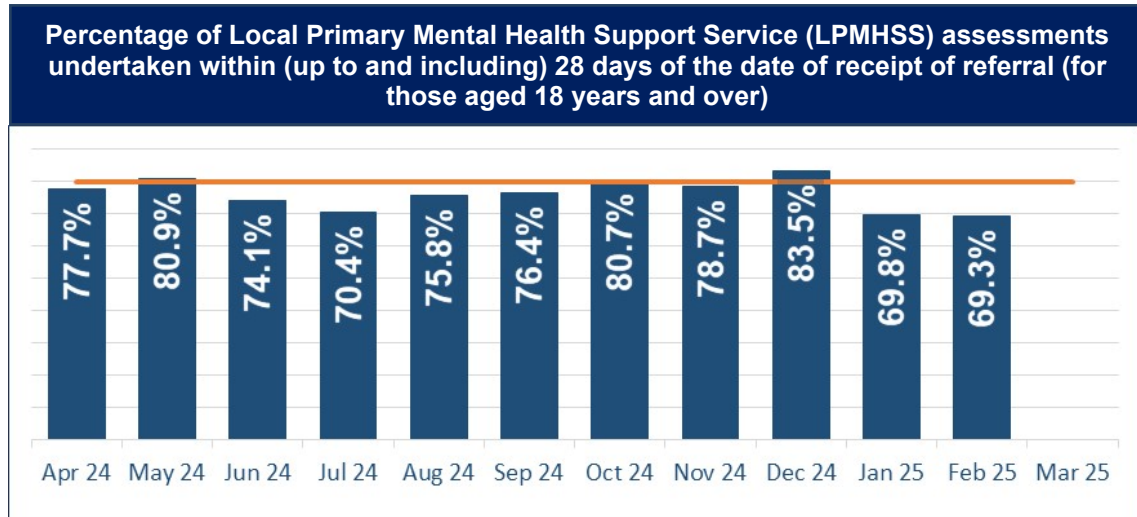
- Maintaining CAMHS and AMH performance
- Achievement of cancer standards and waiting times
- Planned Care waiting times and performance
- Ambulance handover times and performance
- Patient flow (emergency departments and delays to discharge)

3.2.1 Adult Mental Health Measures Performance

Performance against the assessment target remained below target level of 80% with a performance of 69.3% in February 2025. The Health Board has continued to reduce waiting times for assessments and in February 884 assessments were undertaken with 267 of these addressing long waiters and 352 first interventions undertaken with 58 addressing long waiters for interventions. Whilst there will be some seasonal

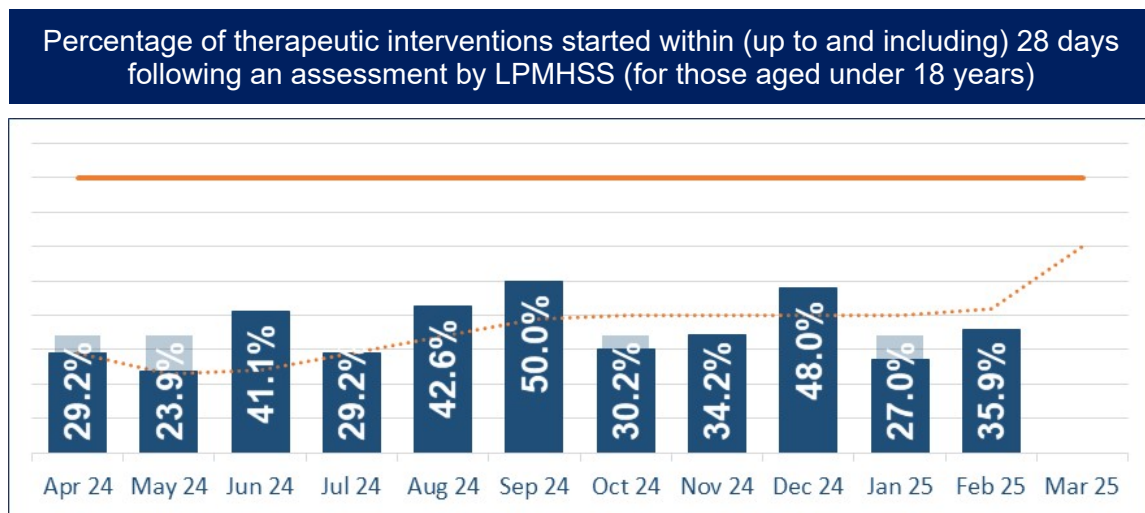
variation the Division has trajectories to achieve Part 1a target by the end of Quarter 2 and Part 1b by the end of Quarter 1. As part of this focus is required on equity of service across the individual areas of North Wales with Denbighshire and Anglesey having been outlier areas during 2024/25.

During 2025/26 the expectation is that all measures will be compliant with national target by the end of Q4.



3.2.2 Children’s & Adolescent Mental Health Services (CAMHS), and Neurodivergence

Performance against Part 1a of the Mental Health Measure was 95.7% compliance in February 2025 – above the target of 80%. Part 1b performance remains significantly below the 80% target at 35.9% and did not meet the year end target



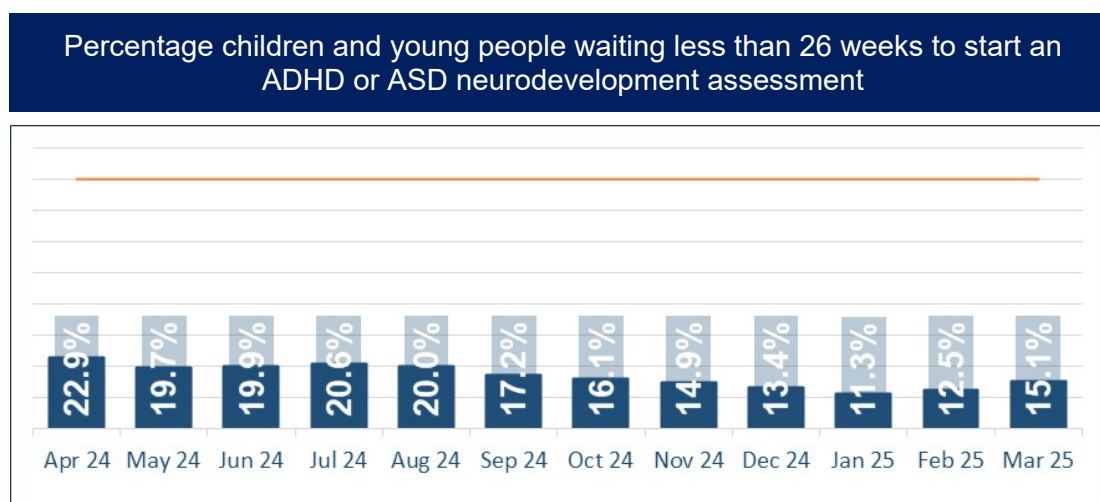
Recovery actions include: -

- Focus on and support aligned to team with longest waiting times with senior clinical review of cases with numerous appointments.
- Review of psycho-education offer in line with Part 1b compliance, meeting arranged in mid-April with other Health boards to learn about their offer.

- Commencement of programme of groups including CBT group, Getting Started, Anxiety and Endings (to support step down/discharge)

With latest performance of 15.1% against the 26 weeks target for children requiring assessment for neurodivergence, the performance continues to be significantly adverse to target. This is recognised as a nationwide issue and work has started to develop and improve the service following participation in the Wales Rapid Design event along with partners.

Improvement actions within this area include review of options for additional capacity and system wide working with the Regional Partnership Board. Whilst discussions are in place to look to improve performance on this metric during 2025/26, the performance is not expected to deliver national targets during the next financial year – this is an NHS wide issue.



3.2.3 Urgent & Emergency Care Performance

(Corporate Risk 24-10 Urgent and Emergency Care)

The performance for this element is focused 2025/26 Ministerial Priorities under the timely access of care priority area:

- Patients waiting greater than 1 hour for ambulance handover (UEC Figure 1)
- Patients waiting greater than 12 hours in the Emergency Department (UEC Figure 2)

Performance against both Ministerial Priority metrics remains below expected standards, with a continued decline observed across the majority of Urgent and Emergency Care indicators from February to March 2025.

During this period, Emergency Department (ED) self-presentations increased significantly by 19.6%, alongside an 8.6% rise in ambulance conveyances. This notable growth in patient footfall has directly impacted key performance areas, including the number of ambulance handovers exceeding one hour, 12-hour ED breaches, time to triage, and time to first contact with an ED clinician.

Minor Injury Unit (MIU) attendance also rose by 19% over the same timeframe. The cumulative increase in demand across both Acute and MIU services is placing

considerable pressure on system capacity, contributing to the ongoing deterioration in performance against national targets.

UEC Figure 1



UEC Figure 2

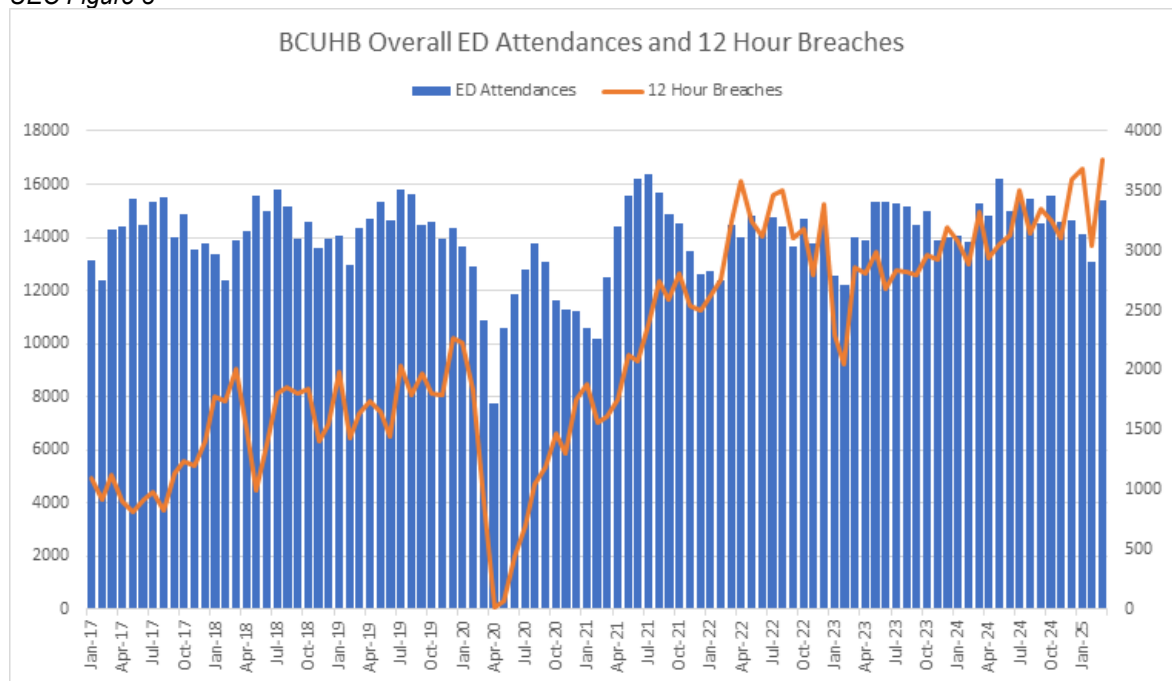


Comparing to the previous year, the Health Board has experienced a 0.5% increase in Emergency Department (ED) attendance. No improvement has been seen in the number of patients waiting over one hour for ambulance handover with an increase of 0.2%. However, there has been a 12% increase in ED 12-hour breaches, indicating a strain on patient throughput. Utilisation of resources in Minor Injury Units (MIUs) has risen, with attendance increasing by 7%.

Additionally, the total time in ED has increased by 19% when comparing the previous year. The average length of stay has seen a modest increase of 0.35 minutes, while the number of pathway of care delays has decreased by 12% over the last year, demonstrating improvements in care coordination.

Notably, there has been an overall improvement in the front door performance to ED and improved pathways of care delays. Despite this, the area of concern remains focused around the patient journey in ED, notably 12 hour breaches. Figure 3 displays the significant increase in patients spending longer than 12 hours in ED over the last 7 years while attendance at ED remains consistent.

UEC Figure 3



As part of the UEC Improvement Programme which has four workstreams, actions are ongoing to avoid unnecessary ambulance conveyance and related admissions, increase capacity at the wider front door including Same Day Emergency Care (SDEC) and Acute Front Door Frailty Services/Units to deliver the required improvement against these key performance metrics.

3.2.3 Planned Care Performance

(Corporate Risk 24-11 Planned Care)

(Corporate Risk 24-12 Areas of Clinical Concern)

(Corporate Risk 24-13 Timely Diagnostics)

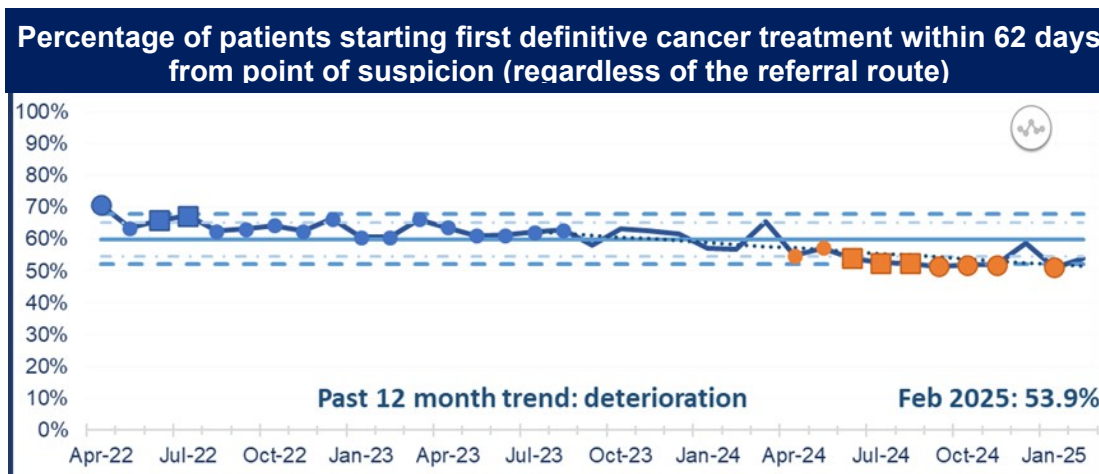
i. Single Cancer Pathway

The performance against the single cancer pathway (SCP) target remains fragile, with a rate of 53.9% at the end of February 2025.

Overall performance improved slightly in latest month, in line with expectations, following the drop in performance after the Christmas period. Strong performance in haematology and lung, with breast and upper GI recovering well. Skin performance continues to drop due to capacity issues – over 62 day backlog remains over 2,000. Continued pressures in colorectal, urology and head & neck.

Capacity issues are expected within the Head and Neck / Thyroid Tumour site cohort due to resignation, reduction in hours and sickness within the consultant body. Interviews are scheduled to take place in first week of May.

Deterioration in single cancer pathway performance is expected during Quarter 1 of 2025/26 due to focused work to target the skin backlog position. ‘Super weekends’ are planned via insourcing company on a see and treat basis. As this will target the backlog position, this is expected to have an impact on the compliance metric. Plans to clear remainder of backlog in this area are being developed.



ii. Diagnostics

The number of patients waiting over 8 weeks for a diagnostic test increased further in March with a financial year end position of 10,950 breaches of the 8-week standard. This increase in breaches has been, in part driven by a significant increase in demand.

Whilst there has been a reduction in the number of breaches within some modalities with neurophysiology backlog reducing by 27% there has been a corresponding increase in breaches in a number of other areas most notably diagnostic endoscopy and radiology.

Modality	Apr-24	Mar-25
Diagnostic Endoscopy	2,038	3,990
Radiology – Consultant Referral	1,140	2,495
Radiology – GP Referral	667	2,128
Cardiology	1,592	1,646
Neurophysiology	1,029	671
Other	74	20
Total	6,540	10,950

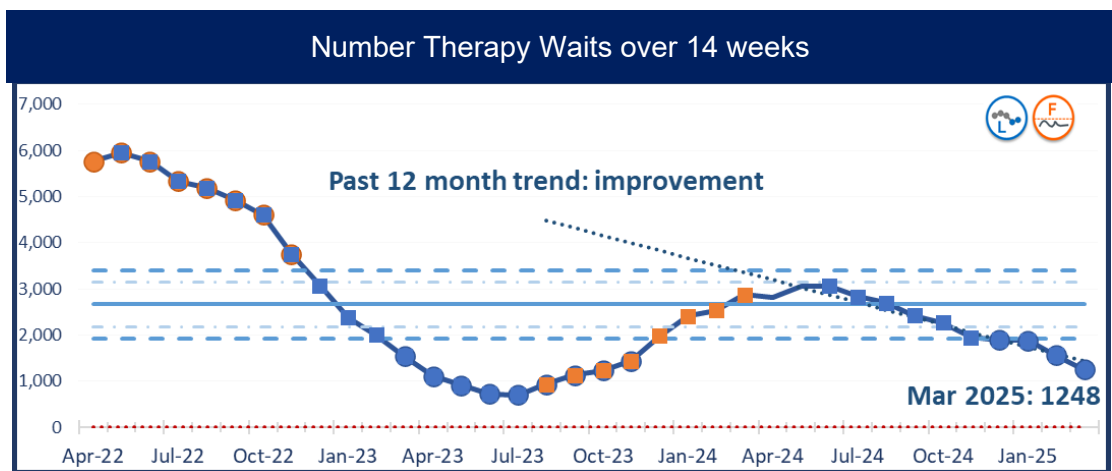
For 2025-26, insourcing contracts for endoscopy and radiology will be renewed, with both intended to deliver increased activity over 2024-25 through extended operating times for the full 12 months. External contracts will also be sought for the key breach areas in endoscopy, cardiology and neurophysiology. Close monitoring through the planned care board will provide

early warning of performance against the forecast trajectory, triggering escalation and recovery / remedial responses.

iii. Therapies

The number of patients experiencing waits over 14 weeks for therapy interventions continues on a downward trend at 1,248 patients compared to 3,065 patients at the end of June 2024. Main pressures remain in Physiotherapy and include high number of vacancies, accommodation capacity in Central and East and increased demand.

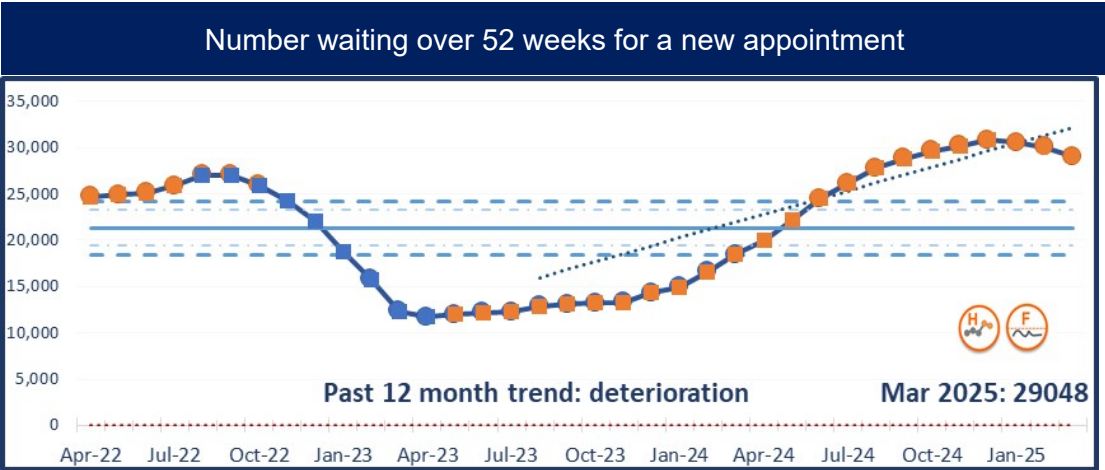
The service has reviewed models deployed through other Health Boards and has developed models that will positively impact this trend further in future months.



iv. Referral to Treatment (RTT)

Whilst the number of patients waiting over 52 weeks for a new outpatient appointment has been deteriorating since April of 2023 the SPC chart does indicate that there has been a small reduction in the total volumes during quarter 4 with a year-end position of 29,048 from a high of 30,799 at the end of December 2024.

Performance against this measure is an escalation for the Health board, with improvements centring upon clinics adopting Treat-in-Turn methodology and targeting patients seen in clinic at Get It Right First Time (GIRFT) numbers, with greater oversight and the setting of booking rules to deliver improved productivity.



Throughout 2023-24 and 2024-25 there has been a substantial amount of work undertaken to place focus upon longer waits. 208 weeks waits have been eradicated apart from tip-ins, which are being managed and were zero for the Health board as a provider at the end of March 2025.

Patients waiting over 156 weeks and 104 weeks have been the main focus through the second part of 2024/2025 and there has been a significant reduction in both cohorts.

The 156-week position has reduced from 2,026 at the end of July 2024 to 599 patients at the end of March 2025 (70% reduction). Similarly, the 104+ week breach year end performance of 5,819 total patients (5,747 Welsh resident and 72 English resident) was a 45% improvement since end of July 2024 a reduction of 4,763 patients.

The Chief Executive Officer with support from the Chief Operating Officer, Director of Finance and Director of Performance and Commissioning have taken charge of oversight of this area through weekly meetings and daily updates during this period and continued reduction is expected for patients waiting both within the 156 weeks and 104 weeks cohort as we move into 2025/26 with key areas of focus linked to

- Getting contracts in place for key specialties
- Review key specialties to understand casemix risk (inc Ophthalmology and Orthopaedics)
- Continued focus on treat in turn
- Review of INNU

v. Follow Up

After almost 12 months of a steady state, the number of patients waiting beyond 100% of their due clinical follow up has increased month on month since quarter 3 of 2024-25 and now stands at 93,521. The three specialties with the highest volume of patients waiting beyond 100% are Ophthalmology, Gastroenterology and Urology which combined account for c37% of the total. There is clearly a significant clinical risk within this cohort and Follow Up

pathway will be one of the key workstreams within Planned Care during 2025/26.

3.2.5 Summary

Timely access to planned care and cancer pathways is a fundamental aspect of the Health Board commitment to improving services for the people of North Wales.

A significant focus has taken place in 2024/25 and those efforts have seen a marked improvement in the numbers of patients waiting over 2 years.

In 2025-26, focus will continue on meeting challenges through (a) enhanced utilisation of in-house capacity (b) validation of patients waiting for procedures (c) implementation of Treat-in-Turn methodology and (d) engagement with the commercial sector to offer short term solutions to capacity shortfalls.

The level of delayed pathways of care continued high emergency demand increased to compound system flow pressures, medical outliers driving continued use of agency and adversely impacting upon capacity to service elective care, with potential impacts upon quality of care.

The Health Board key areas of challenge, centre upon: -

- Patient flow (emergency departments, and delays to discharge)
- Ambulance handover times and performance
- Delivery of planned care recovery including diagnostics
- Achievement of cancer standards

3.3 Financial Performance

[\(Corporate Risk 24-05 Financial Sustainability\)](#)

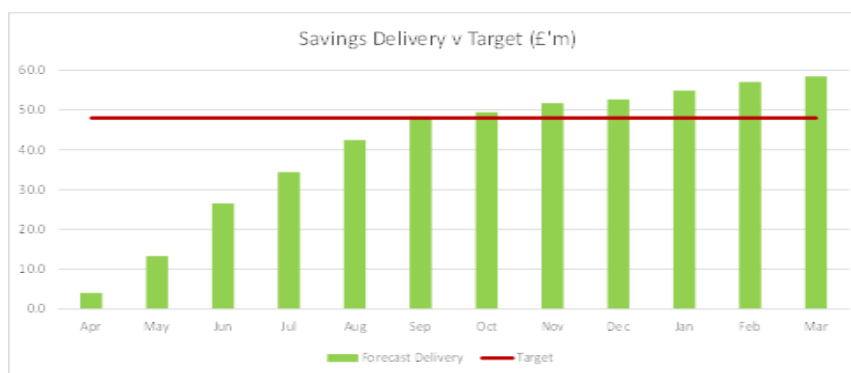
The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a conditional recurrent basis for 2024/25.

The draft year end position is £7.6m overspent, which is £1.0m less than the revised control total of £8.6m. This meets the requirements relating to the financial aspect of the £74.6m conditional recurrent funding, with the other conditions needing to be confirmed. In March a surplus of £3.3m over plan was achieved which was a small improvement on the previous months run rate.

Financial Position for 2024/25

	Actual Position												Total £m
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7	2.6	(7.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(0.7)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	3.4	3.3	1.0

Savings



The Health Board's financial plan set a recurring savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis.

The savings delivered in March totalled £4.9m, £0.2m income generation and £0.1m accountancy gains totalling £5.3m against the in-month target of £4.0m.

The full year value of reported saving schemes is £58.4m comprising of £43.5m Savings, £1.5m Income Generation, £12.7m Accountancy Gains and £0.7m Cost Avoidance. Of these, £30.1m have been identified as recurring, with a full year effect of £44.0m. This is £4m below the £48m required recurring target.

4. Overall Summary

The Health Board continues to face significant challenges in attainment of the performance targeted within the national and local plans and escalation continues in these areas as a consequence. However, it is of note that in a number of areas performance continues to improve (based on historic delivery and in year comparison) and in some instances attains national targeted levels.

Moving into 2025-26, plans are developed to support delivery priorities to substantially improve elective wait times, outpatients (new & follow up) cancer and 8-week diagnostic performance.

Members are invited to review the detail contained within the performance report to assess areas of key challenge and improvement opportunity, debating delivery on a balanced scorecard.

5. Appendix

Appendix 1 – Integrated Quality & Performance Report – to 31.03.2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Performance Report

Reporting Period: to 31.03.2025

Presented to

Performance, Finance & Information

Governance Committee

Tuesday, 6th May 2025

Title	Page	Title	Page
Cover	1	Summary of Integrated Quality & Performance Report	15
Table of Contents	2	Section 1: Access & Activity Performance	16
Performance Escalations Report	3	Section 2: People & Organisational Development Performance	31
Four Quadrant Escalation Summary	4	Section 3: Financial Performance	35
Urgent & Emergency Care	5	About this Report	41
Cancer	6	Additional Information	49
Planned Care	7	Appendix	51
Mental Health & Learning Disabilities (Adult)	9		
CAMHS	11		
Workforce and Organisational Development	12		
Finance	13		



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Performance Escalations Report

A Summary of Escalated Performance Measures

Quality, Safety & Experience Performance

For Information Only - Reported via Quality, Safety and Effectiveness Committee

- **Learning from Events Reports:** Progress made during Q4 in reducing number of overdue LFERs reducing from 64 at end of Q4 to 43 at end of Q4. Continued focus is required to address the timely completion and recovery of the overdue position.
- No **New Never Events** reported since 31.07.2024.
- **Complaints:** Performance remained above 70% but adrift of 75% target during last two months. **(Corporate Risk 24-04 Failure to Embed Learning)**
- **Clinical Coding Compliance** will remain a significant risk moving into new financial year but trajectory indicates improvement towards the end of 2025-26. Position stabilised and showing signs of improvement. Measure will be kept in escalation for assurance.
- Percentage of **patients offered an index colonoscopy within 4 weeks of booking their Specialist Screening Practitioner assessment** appointment has fallen to 3.2% against a 90% target. All Wales performance at latest benchmark point is 15.2%

People & Organisational Development Performance

(Corporate Risk 24-01 People, Culture and Wellbeing)

(Corporate Risk 24-1 Leadership/Special Measures)

- At **79.6%**, **PADR** rate continues within normal variation but remains below the 85% target.
- At **6.8%**, **Sickness absence rate** has seen an overall increasing trend over recent months, in line with seasonal change.
- At **0.9%**, **Turnover rate** for nursing staff leaving BCUHB increased in month. Focus continues on national and local retention work.
- At **2.2%**, **agency spend** has shown a decreasing trend during the last 12 months. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

Access and Activity Planned Care: (Corporate Risk 24-11 Planned Care)

- **Referral to Treatment (RTT):** Continued focus on delivery has supported positive improvement in performance during Q4 with 156+ week breaches reducing by 70% from July 2024 and 2 year waits reducing to less than 6,000 by year end.
- **Cancer** - Performance against single cancer pathway target remains fragile with a rate of 53.9% at end of February 2025. Deterioration in performance expected in Q1 2025/26 due to focused work on backlog areas.
- **Diagnostics waits over 8 weeks:** The number of patients continues to increase at **10,950** and has increased by over 4,000 during 2024/25, **(Corporate Risk 24-13 Timely Diagnostics)**
- **Percentage of Ophthalmology R1 patients seen within 25% of their clinical due date** is significantly adverse to target and due to the potential irreversible nature of conditions that some patients in this cohort have, is of concern. Urgent harm reviews for assurance is recommended.
- **The number of patients that are 100% overdue their clinical review date** is of concern and continues to increase with latest position over 93,000. This will be a key area of focus during 2025/26.

Urgent & Emergency Care (Corporate Risk 24-10 Urgent and Emergency Care)

- **Ambulance handover waits over 4 Hours:** The number of handover breaches remains a concern with **776** reported in March 2025.
- **The number of patients spending 12+ or 24+ hours in our Emergency Departments** continues to increase and at **3,652** and **1,851** respectively with a 12 month deterioration in both metrics

Our Finance (Corporate Risk 24-05 Financial Sustainability)

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a conditional recurrent basis for 2024/25.

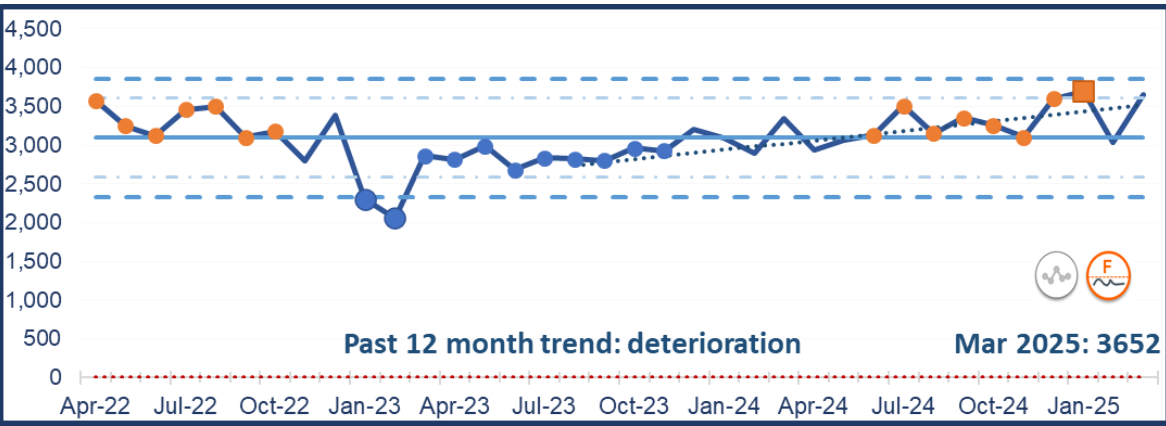
The draft year end position is £7.6m overspent, which is £1.0m less than the revised control total of £8.6m. This meets the requirements relating to the financial aspect of the £74.6m conditional recurrent funding, with the other conditions needing to be confirmed. In March a surplus of £3.3m above plan was achieved which is similar to the previous months run rate.

Access & Activity: Escalated Performance Measures

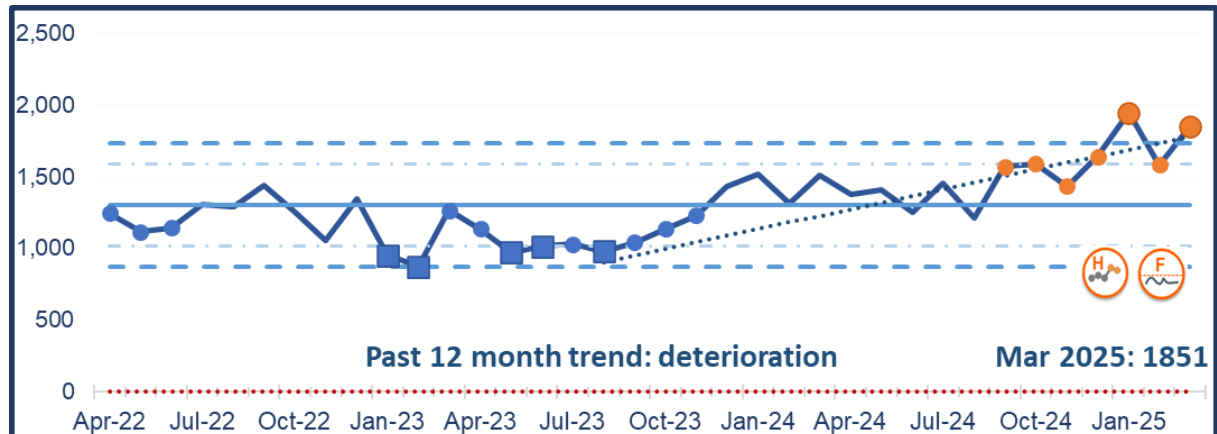
Urgent & Emergency Care

Performance against both Ministerial Priority metrics remains below expected standards, with a continued decline observed across the majority of Urgent and Emergency Care indicators from February to March 2025. Until the issues with flow and in particular delayed pathways of care have been resolved it is unlikely that we will see any significant improvement in this area. Where improvements are within the gift of the Emergency Departments themselves, there has been improvements, such as Median time to triage, median time to clinical decision maker.

Number of 12 Hour Emergency Department Waits



Number of 24+ Hour Emergency Department Waits



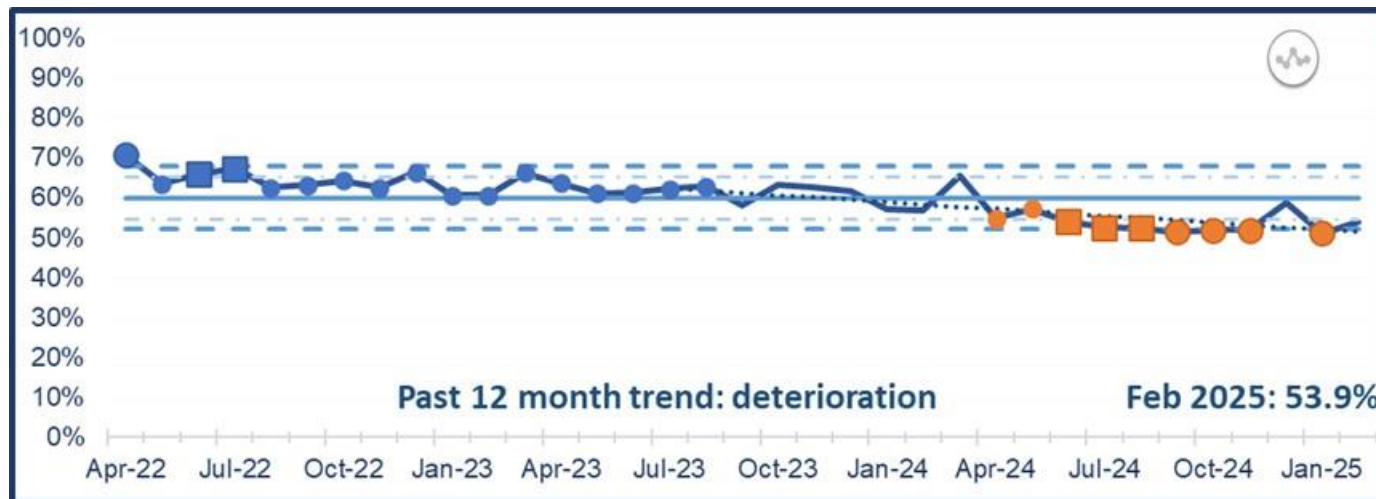
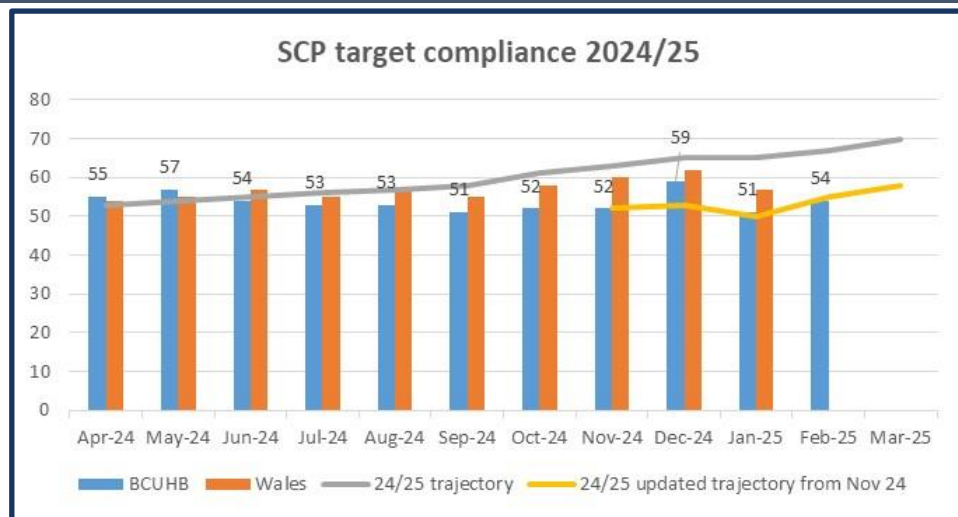
Number of 4+ Hour Ambulance Handover Breaches



Number of Delayed Pathways of Care



Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)



Performance in February improved slightly to **53.9%** in line with expectations. Strong performance in haematology and lung with breast and upper GI recovering well.

Key Issues and Priorities by Tumour site

- **Breast** - Bid for development of breast pain service submitted to National Cancer Recovery Programme – outcome still awaited
- **Colorectal and upper GI** - Colorectal nurse led triage team funding secured – job descriptions and protocols agreed; recruitment process continue. Cancer endoscopy waiting list continues to fall since insourcing recommenced.
- **Gynaecology** - BCUHB wide 2 stop PMB model agreed; work continues on implementation for 2025/26 – implementation meeting May 8th 2025
- **Head and Neck/Thyroid** - Capacity issues within cancer ENT surgery service due to resignation, reduction in hours and sickness within consultant body; interviews first week in May with 2 potential candidates
- **Skin** - 6 'super weekends' planned via insourcing company for April – 3 per site. Will see over 1,200 dermatology USCs on see and treat basis. Backlog will reduce but performance likely to dip as cancers are treated. Plans to clear remainder of backlog being developed
- **Urology** - Proposal to work with single provider in North West England for immediate provision of cystectomies and gradual repatriation of other major cancer surgery approved by Executives March 2025 – work on joint strategy underway

Access & Activity: Escalated Performance Measures

Number 104+ Weeks RTT



- Performance in Q4 saw a significant reduction in patients waiting over 104 weeks with a year end performance across all Commissioners of 5,821.
- No patients were waiting in excess of 4 years at the end of March 2025, with significant improvement seen in the number of patients waiting in excess of 3 years for RTT reducing from 2,026 in July 2024 to 599 at the end of the financial year.
- Performance against the 52 week wait for a new appointment remains challenging and further focus will be required on this area in terms of component wait reductions as we move into 2025/26 to support the total pathway of care trajectory.
- The Health Board have a target to reduce the 104+ week wait position to less than 5,000 by the end of Q1 2025/26 with key focus on utilisation of core capacity as well as deployment of additional contracts being key in delivery plans to meet this trajectory.

Number 156+ Weeks RTT



Number waiting over 52 weeks for a new appointment



Access & Activity: Escalated Performance Measures

Diagnostics and Therapy Waits

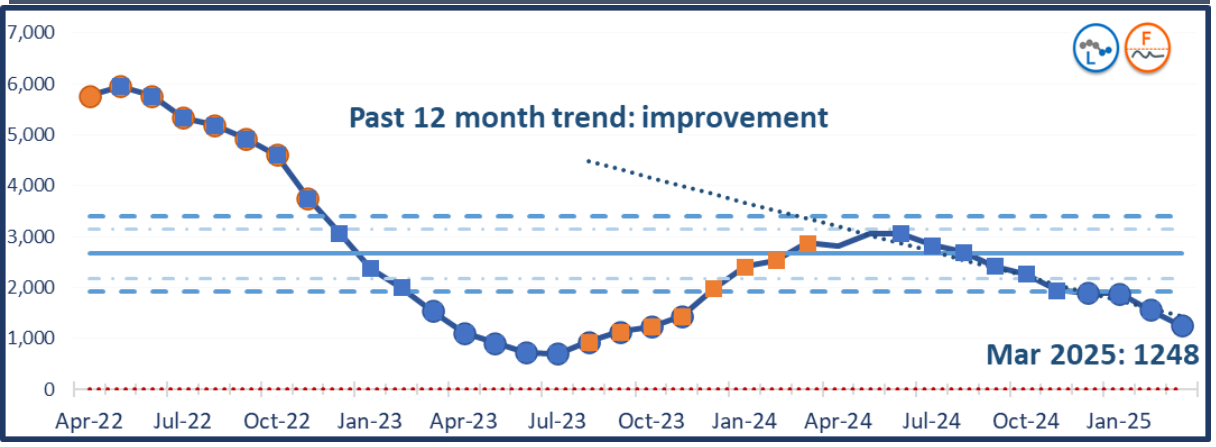
Number Diagnostic Waits over 8 Weeks



Continued increase in the number of patients waiting over 8 weeks for a diagnostic test due in part to record levels of activity in radiology, demand outstripping capacity. Main modalities are Endoscopy, Radiology and Cardiology.

For 2025-26, insourcing contracts for endoscopy and radiology will be renewed, with both intended to deliver increased activity over 2024-25 through extended operating times for the full 12 months. External contracts will also be sought for the key breach areas in endoscopy, cardiology and neurophysiology. Close monitoring through the planned care board will provide early warning of performance against the forecast trajectory, triggering escalation and recovery / remedial responses.

Number Therapy Waits over 14 Weeks



Continued decrease in the number of patients waiting over 14 weeks for therapy. Nearly all delays are within Physiotherapy, due to staffing and estates. There is also a growing number of breaches within the Dietetics specialty in East.

Access & Activity: Escalated Performance Measures

Ophthalmology R1 and Follow-up Backlog

Ophthalmology R1 – % seen within 25% of clinical target date



Performance against the Eye Care Measure shows a deteriorating trend over the previous 12 months. Due to the risk of harm to patients waiting in excess of their clinical due date, performance against this measure, together with follow up backlog in Ophthalmology has now been escalated internally.

Follow-Up Backlog – Number over 100% of clinical due date



The Follow-up Backlog position shows a deteriorating trend over the previous 12 months.

There is a specific workstream relating to Follow up within the Planned Care section of the IMTP. Delivery priorities in this area include

- Systemic approach to validating, data cleansing of follow up lists
- Implement see on symptoms and patient initiated follow up on all priority specialties

Access & Activity: Escalated Performance Measures

Adult Mental Health

Percentage of patients waiting less than 26 weeks for adult psychological therapy



Psychological Therapies – Two of the IHC areas have benefited from recent successful recruitment and this is reflected in improvement in month in local figures. The overall Health Board figure is impacted by long term sickness and a full time vacancy which is currently out to recruitment. Some resource has been moved from the stepped care initiative in the short term to support with gaps. In all areas, there is a high level of inappropriate referrals and this is compounded in areas where there is higher use of agency and locum posts.

Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)



Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)



Access & Activity: Escalated Performance Measures

CAMHS and Neurodevelopment

Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)



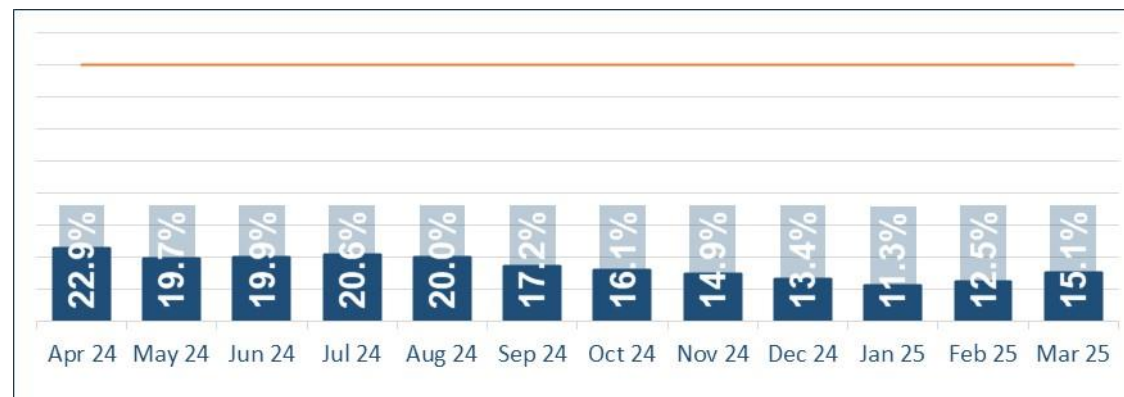
Performance against the measures remains variable. The forecast trajectory for the interventions metric was to increase performance to 60% by end of March 2025 – this wasn't met in year. Improvement actions have been developed moving into 2025-26 following a 2 day regional partnership Board event in March 2025. This includes continuation of validation of lists, review of longest waiters and undertaking workforce profile to review capacity and skill mix across IHC teams.

Neurodevelopment waiting times remain a concern, with the Health board currently ranked as 6th of 7 in Wales. The All Wales latest performance is 21% as at February 2025. None of the Health boards are achieving the target although one Health Board has seen improvement in year and is now achieving 74.8%.

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)



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



People & OD: Escalated Performance Measures

% of headcount who have had PADR in previous 12 months



Although remaining within normal variation, performance remains below the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

% of sickness absence rate of staff



Sickness absence decreased to 5.6% in March following a period of higher percentage absence over winter months. Stress and other mental health issues continue to be the main reason for sickness absence.

Turnover rate for nurse and midwifery register staff leaving BCU HB



2nd best performing in Wales at latest benchmarking aligned with the national and local retention work put in place with a dedicated retention lead working for the organisation and funded by Health Education & Improvement Wales (HEIW).

Agency Spend as % of pay bill



Trendline decrease during 2024/25 in line with external target. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

Finance: Escalated Performance Measures

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a conditional recurrent basis for 2024/25.

The draft year end position is £7.4m overspent, which is £1.2m less than the revised control total of £8.6m. This meets the requirements relating to the financial aspect of the £74.6m conditional recurrent funding, with the other conditions needing to be confirmed. In March a surplus of £3.3m was achieved, compared to a £3.4m surplus reported in February.

Financial Position for 2024/25

	Actual Position												Total £m
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7	2.6	(7.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(0.7)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	3.4	3.3	1.0

The Health Board's financial plan set a recurring savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis.

The savings delivered in March totalled £4.9m, £0.2m income generation and £0.1m accountancy gains totalling £5.3m against the in month target of £4.0m.

The full year value of reported saving schemes is £58.4m comprising of £43.5m Savings, £1.5m Income Generation, £12.7m Accountancy Gains and £0.7m Cost Avoidance. Of these, £30.1m have been identified as recurring, with a full year effect of £44.0m. This is £4m below the £48m required recurring target.

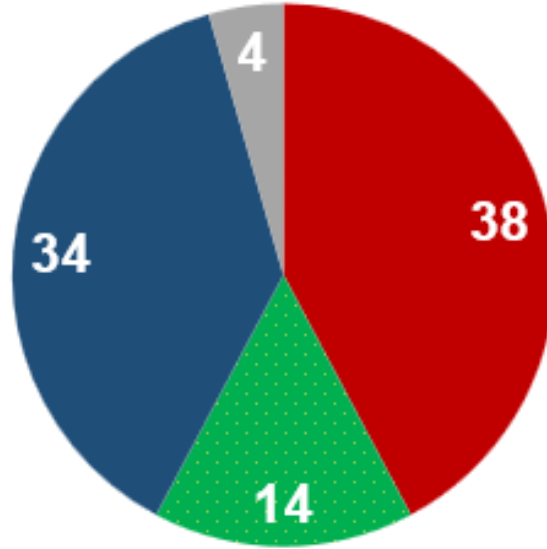




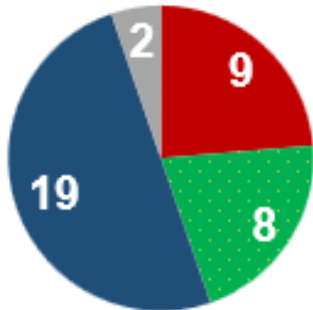
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

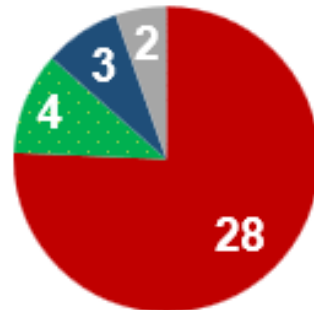
Integrated Quality & Performance Report



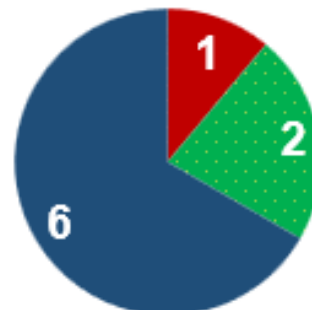
All Sections



Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



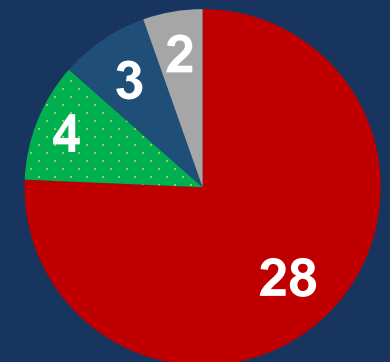
People & Organisational Development Performance



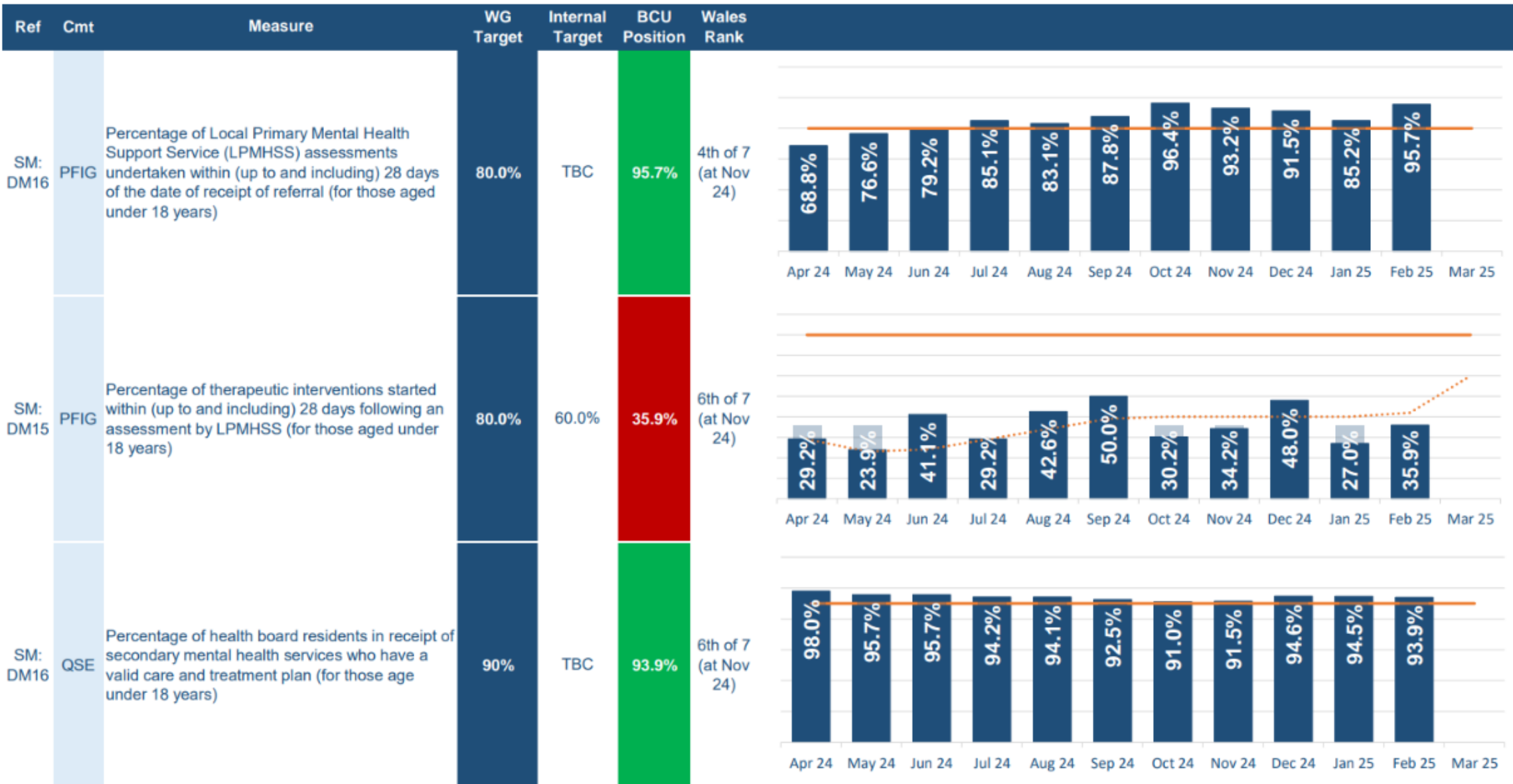
Financial Performance

Section 1

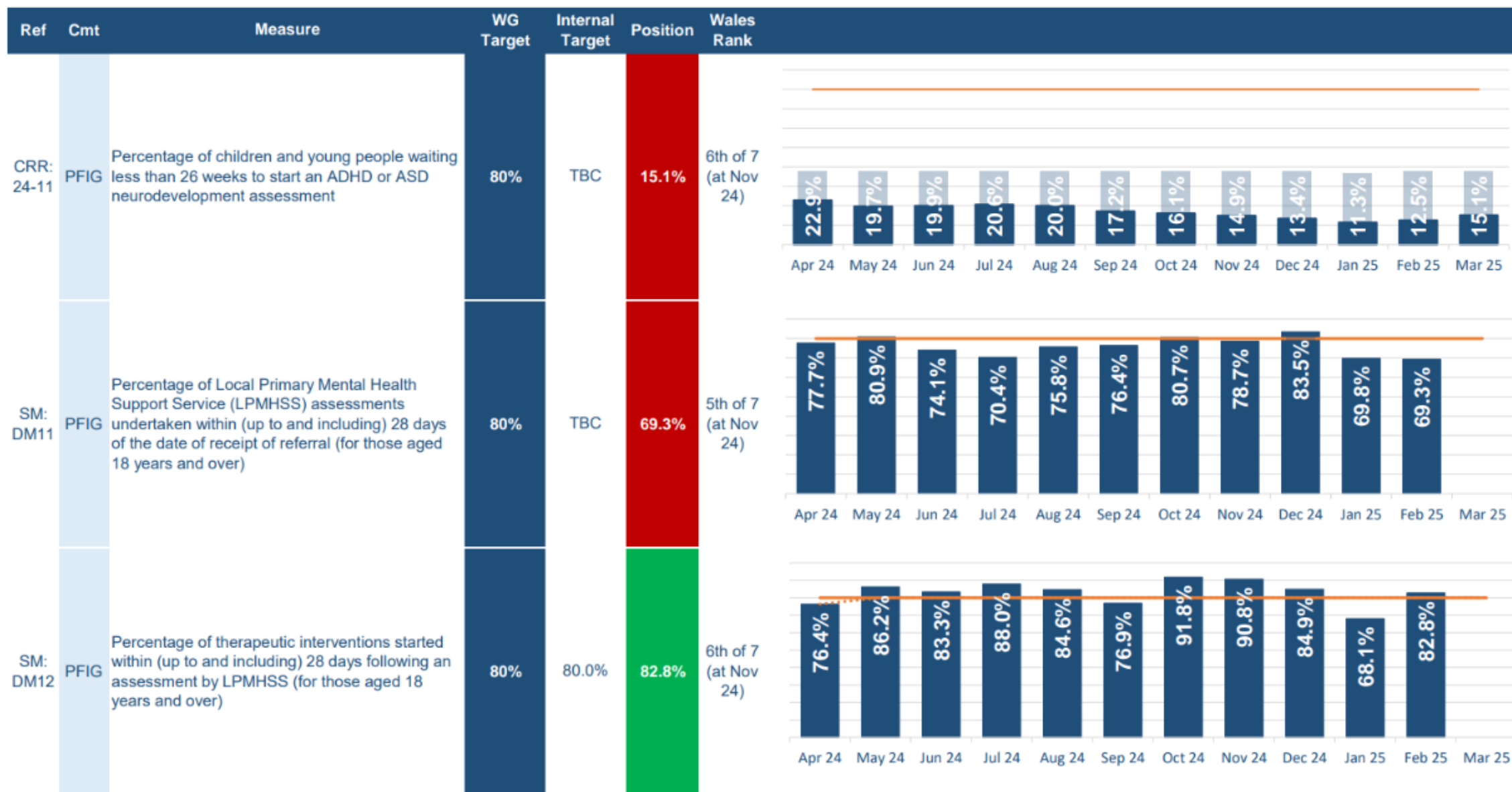
Access & Activity Performance



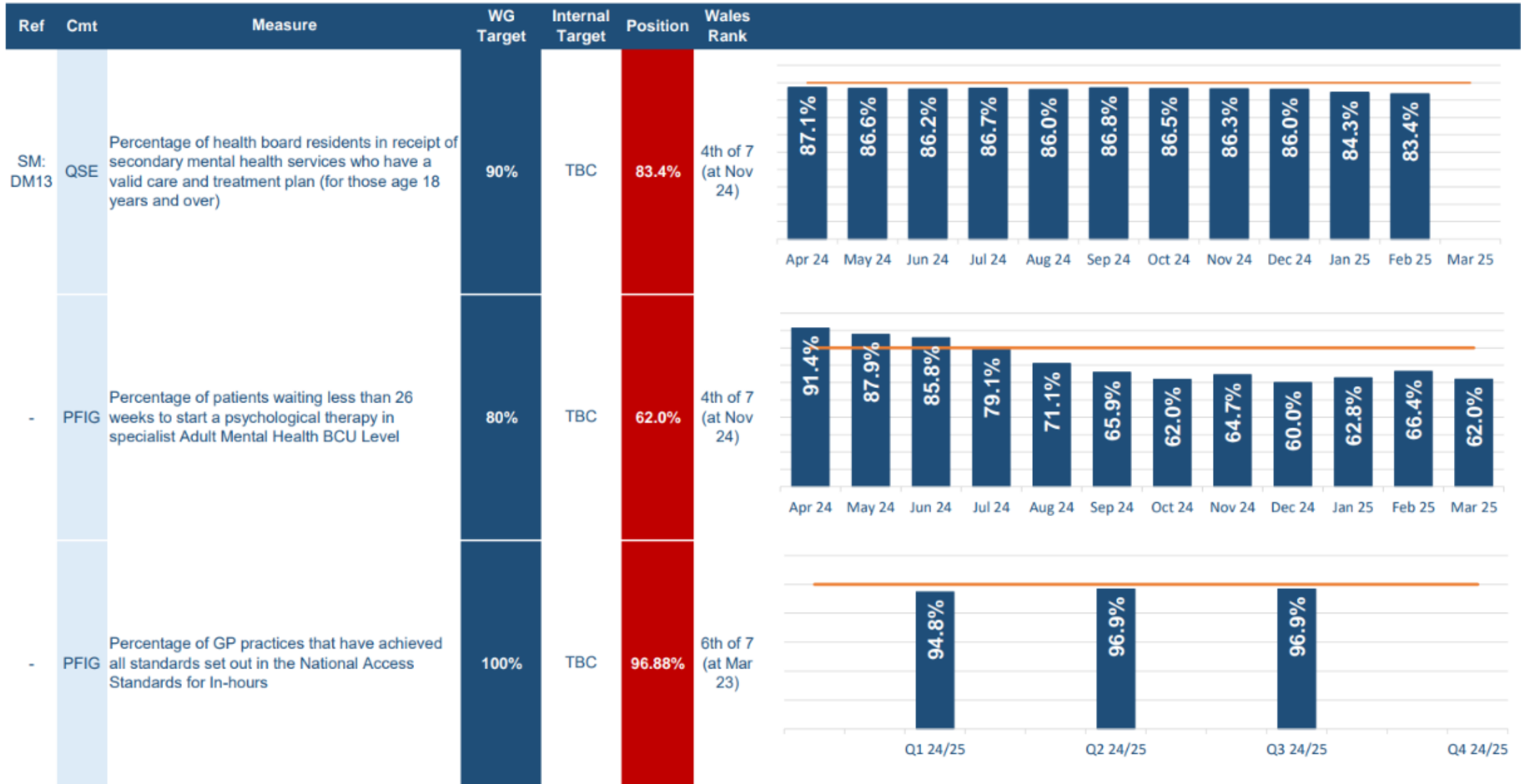
Access & Activity: Performance



Access & Activity: Performance

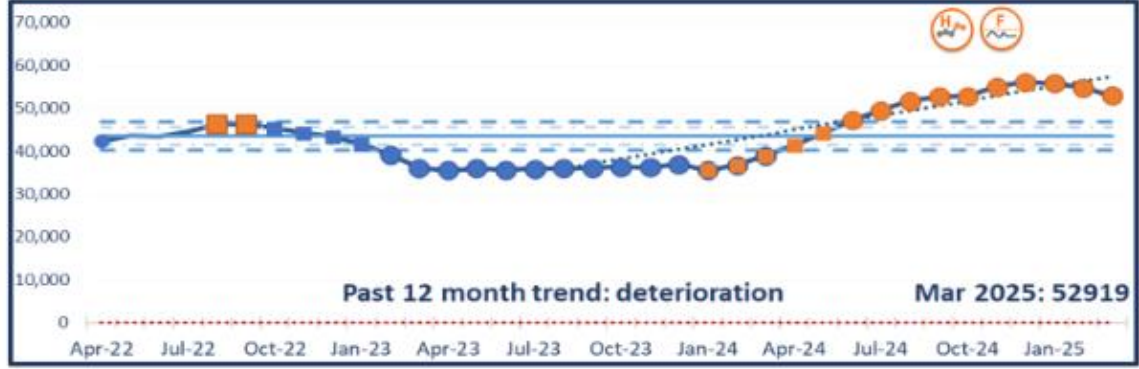
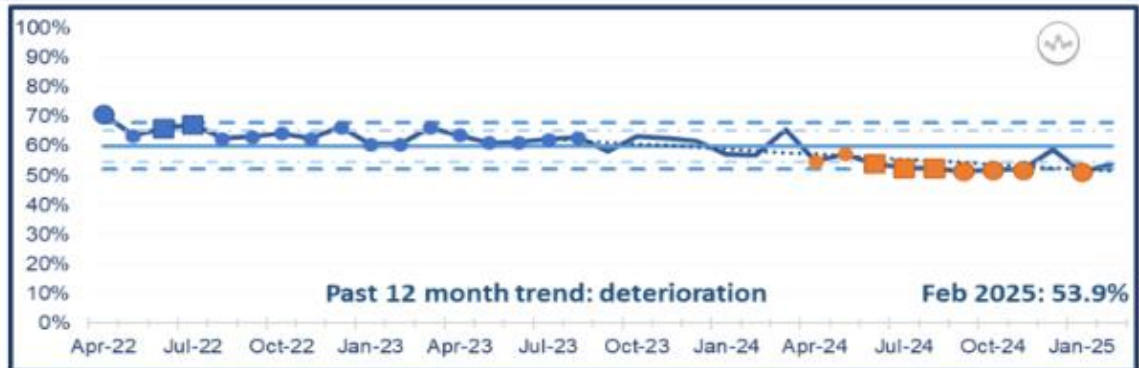


Access & Activity: Performance



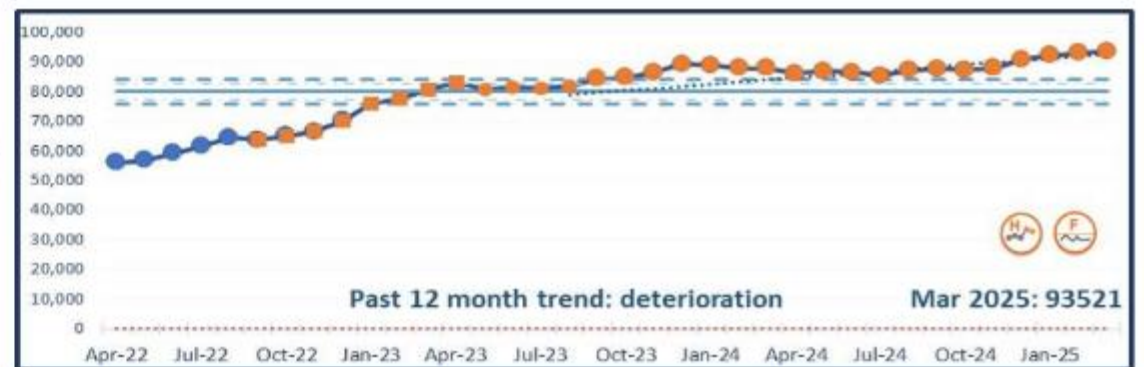
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM01	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increasing trend (to 80%)	70.0%	53.9%	6th of 6 (at Nov 24)
CRR: 24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	15322	29048	7th of 7 (at Nov 24)
CRR: 24-11 SM: DM02	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0 by Jun 25)	15322	52919	7th of 7 (at Nov 24)

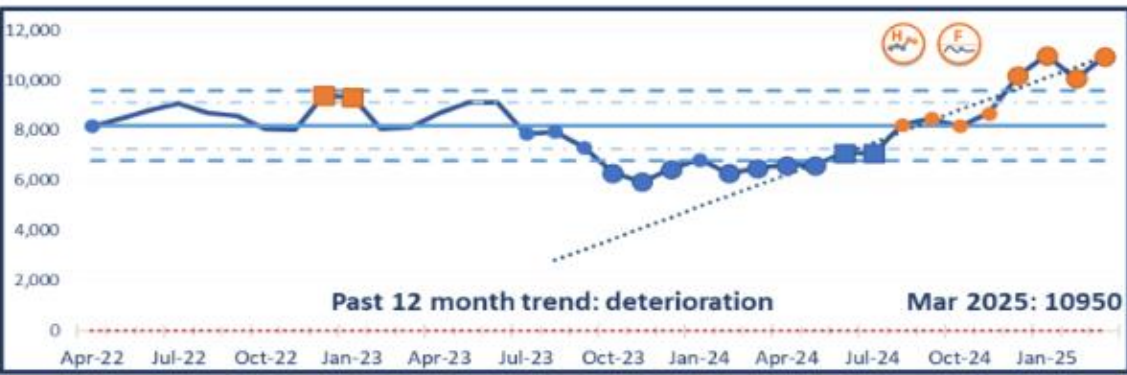




Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM03	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	5016	5819	7th of 7 (at Feb 25)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	599	
CRR: 24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreasing trend (to 0)	TBC	93521	7th of 7 (at Mar 25)

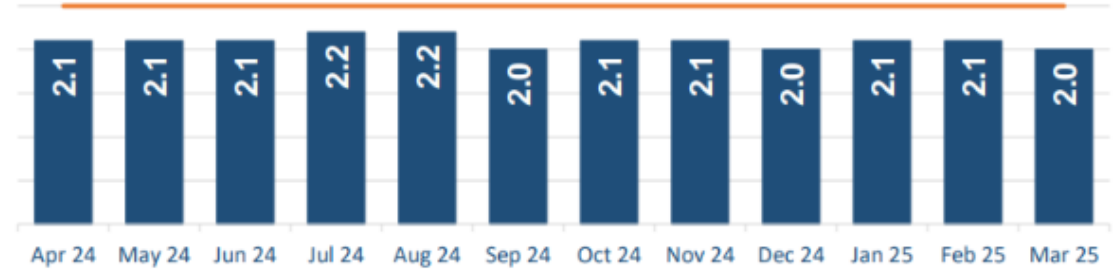


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank	
CRR: 24-13 SM: DM04	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	3046	10950	6th of 7 (at Nov 24)	
CRR: 24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increasing trend (to 95%)	TBC	56.3%	7th of 7 (at Dec 24)	
CRR: 24-11	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	100.0%	TBC	98.2%	3rd of 7 (at Nov 24)	

Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM05	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0	TBC	1248	6th of 7 (at Nov 24)
-	PFIG	Number of patients (all ages) waiting more than 14 weeks for audiology	0	TBC	23	
-	PFIG	Number of cases per theatre session	2.5	TBC	2.0	



Access & Activity: Performance



Access & Activity: Performance



Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	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 discharge	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	59.6%	7th of 7 (at Dec 24)
CRR: 24-10 SM: DM08	PFIG	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	Equivalent month reduction (2024/25 to 2023/24) to 0	2141	3652	7th of 7 (at Dec 24)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1851	



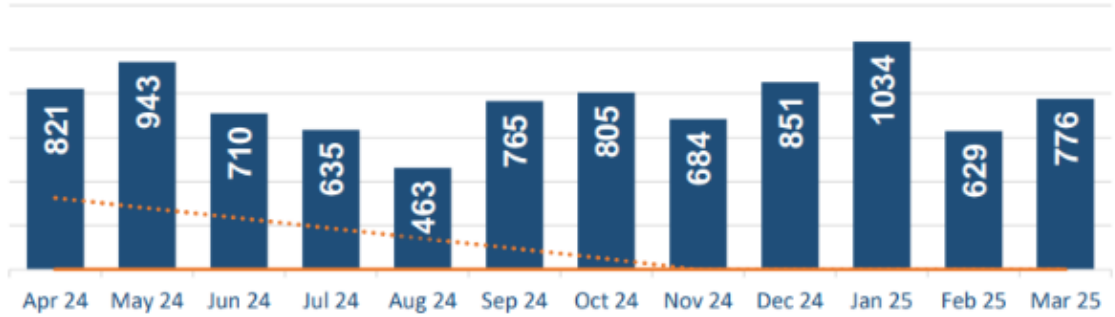
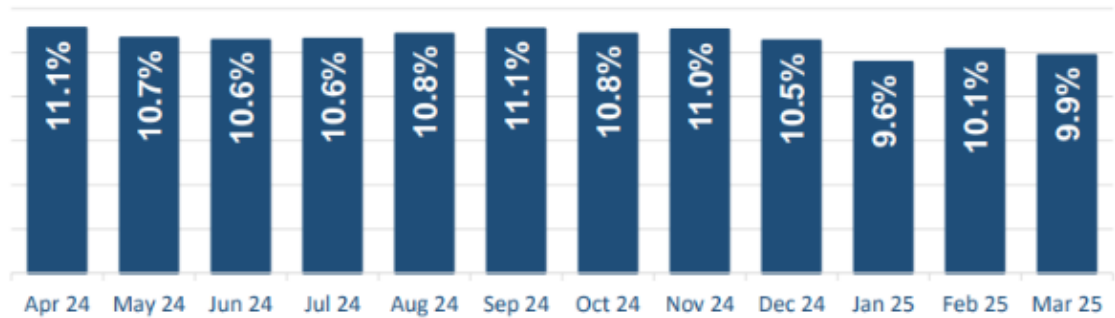
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	TBC	22.0	3rd of 6 (at Dec 24)
CRR: 24-10 SM: DM07	PFIG	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	136.0	5th of 6 (at Dec 24)
CRR: 24-10	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	92.5	2nd of 7 (at Dec 24)

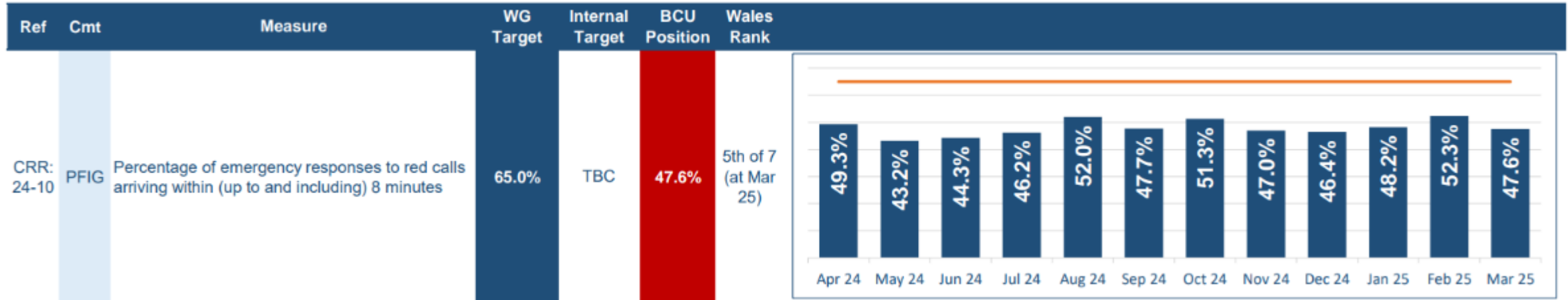


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	9.9%	N/A
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	973	2118	6th of 6 (at Dec 24)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	0	776	



Access & Activity: Performance



Access & Activity: Activity versus Plan

Patient Type	Area	Values												Total Plan	Total Actual	Total Diff	Total % Diff
	West Plan	Actual	Diff	% Diff	Central Plan	Actual	Diff	% Diff	East Plan	Actual	Diff	% Diff					
Emergency Inpatients	31,324	30,193	-1,131	-4%	32,438	31,637	-801	-2%	35,953	36,080	127	0%	99,715	97,910	-1,805	-2%	
Elective Daycases	17,869	16,844	-1,025	-6%	9,080	8,218	-862	-9%	14,771	16,192	1,421	10%	41,720	41,254	-466	-1%	
Elective Inpatients	3,933	3,697	-236	-6%	4,463	4,733	270	6%	3,587	3,734	147	4%	11,983	12,164	181	2%	
Endoscopies	12,164	10,862	-1,302	-11%	7,173	5,638	-1,535	-21%	4,009	3,512	-497	-12%	23,346	20,012	-3,334	-14%	
MOPS (Cleansed DC)	1,527	480	-1,047	-69%	108	131	23	21%	416	281	-135	-32%	2,051	892	-1,159	-57%	
Regular Day Attenders	4,788	2,271	-2,517	-53%	3,514	3,932	418	12%	18,876	19,048	172	1%	27,178	25,251	-1,927	-7%	
Well Baby	1,314	1,315	1	0%	1,550	1,396	-154	-10%	1,687	1,626	-61	-4%	4,551	4,337	-214	-5%	
New Outpatients	81,958	89,039	7,081	9%	120,587	124,342	3,755	3%	97,024	103,686	6,662	7%	299,569	317,067	17,498	6%	
Review Outpatients	123,317	134,548	11,231	9%	194,997	198,872	3,875	2%	204,862	210,603	5,741	3%	523,176	544,023	20,847	4%	
Pre-Op Assessment	8,963	9,860	897	10%	10,564	9,910	-654	-6%	9,762	10,024	262	3%	29,289	29,794	505	2%	
New ED Attendances	72,266	71,802	-464	-1%	87,787	88,569	782	1%	65,574	71,058	5,484	8%	225,627	231,429	5,802	3%	
Review ED Attendances	1,893	2,196	303	16%	6,341	5,840	-501	-8%	3,103	3,240	137	4%	11,337	11,276	-61	-1%	
Grand Total	361,316	373,107	11,791	3%	478,602	483,218	4,616	1%	459,624	479,084	19,460	4%	1,299,542	1,335,409	35,867	3%	

Please note : East's, Nephrology Regular Day Attenders figures are obtained from a manual source and are a month in arrears - March 2025 activity is missing from the above figures.
Year to date Position at 31.03.2025

Source: Contracted Activity by Area, produced by Data, Digital and Technology Department (DD&T)

In summary

Actual Activity is more or less in line with what was planned to be undertaken to date. However, there are areas of significant under or over delivery:

Under

Endoscopies undertaken is down by 14% against plan. This has improved in year as insourcing as capacity has now recommenced.

Regular Day Attendances shows a 7% variance to plan

Minor Operation Procedures (MOPs) undertaken is 57% below the number planned .

Over

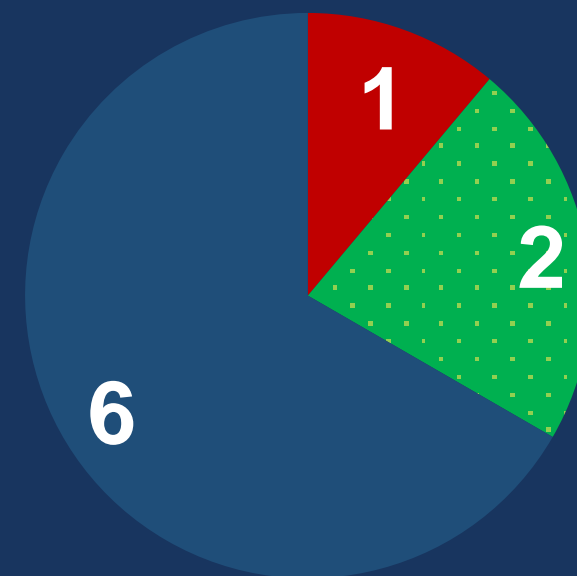
Emergency Department attendances up 5,221 (3%)

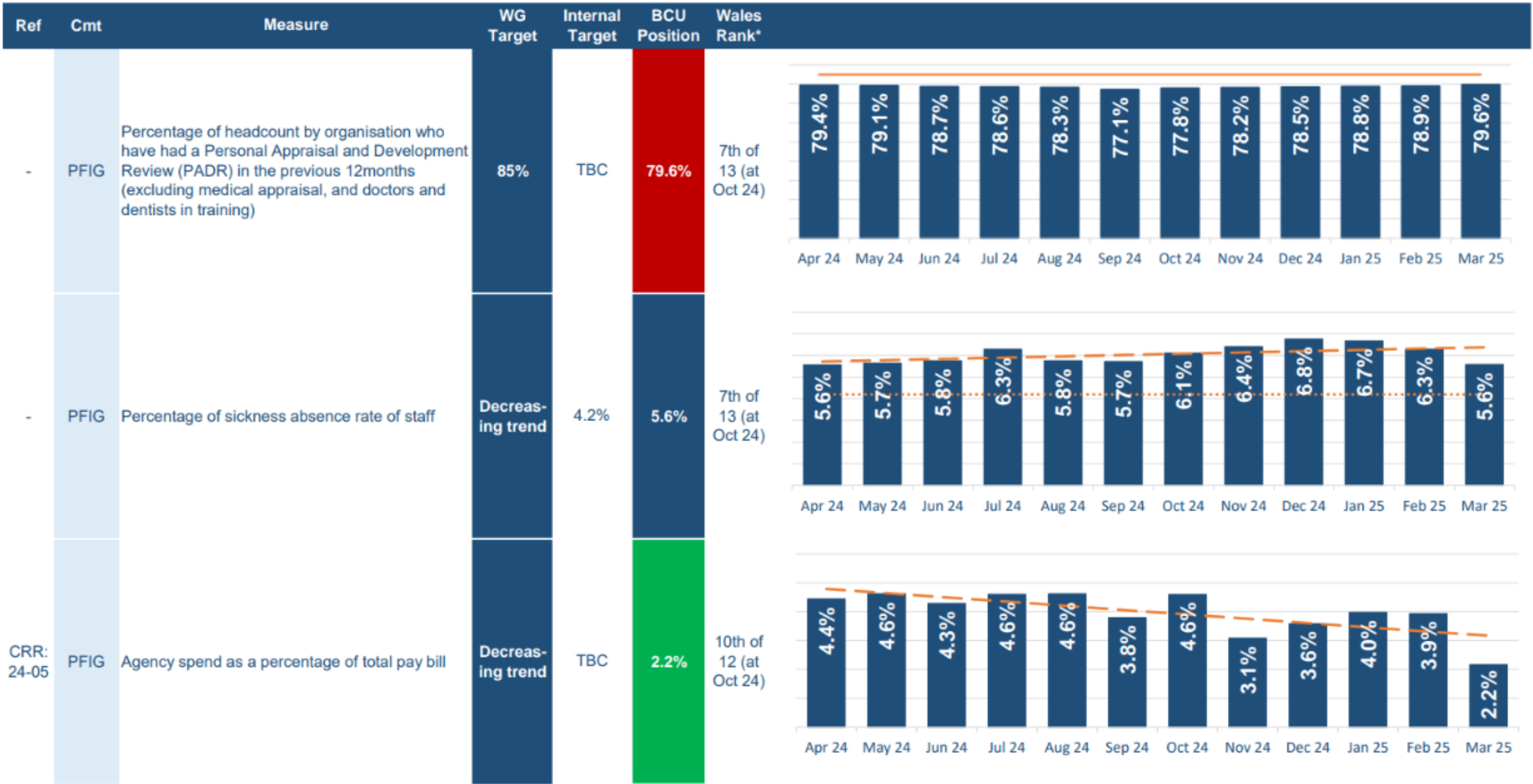
Outpatient Follow-up appointments up 14,978 (4%)

New Outpatient Attendances up 7,860 (4%)

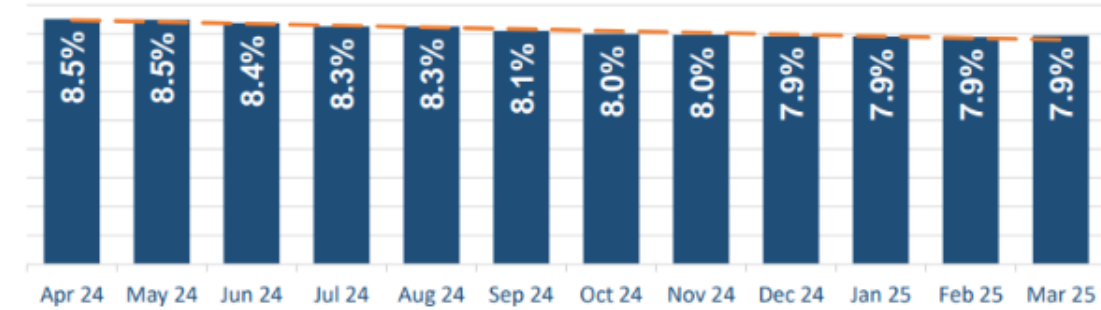
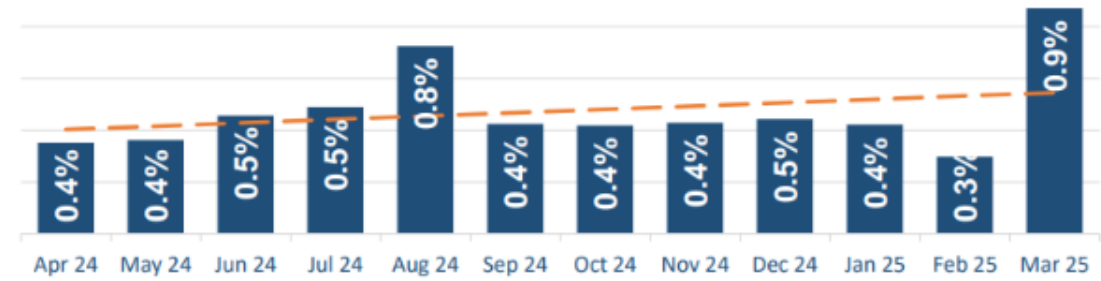
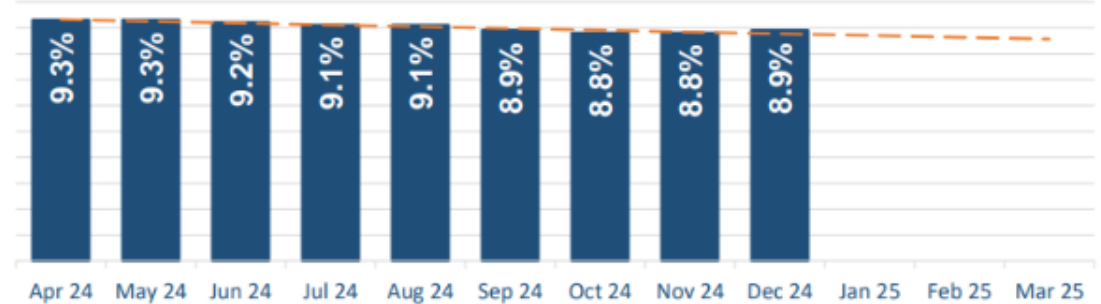
Section 2

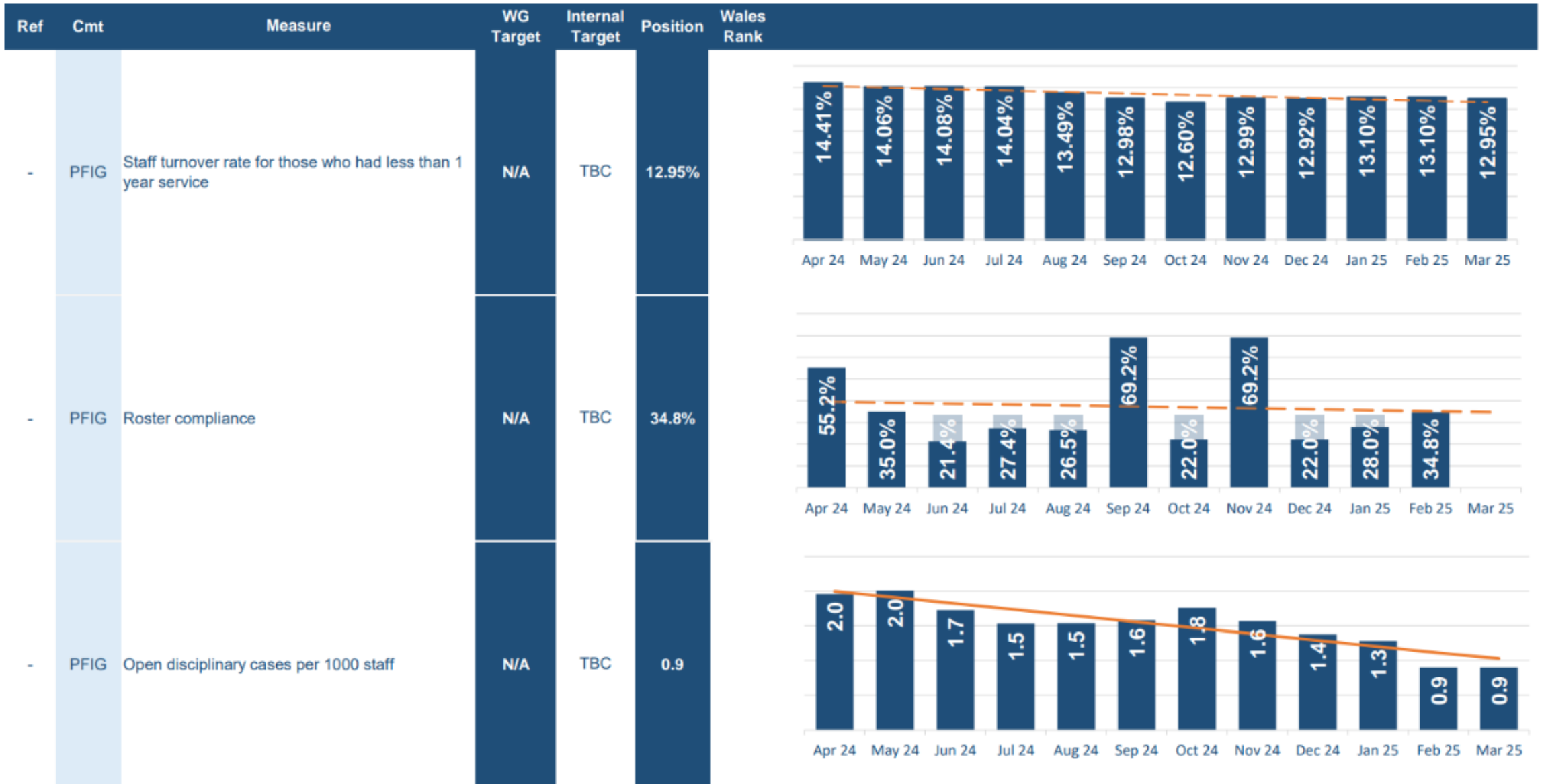
People & Organisational Development Performance





Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales (HEIW data)	Decreasing trend against 2019/20	TBC	8.9%	
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	N/A	TBC	0.9%	
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	7.94%	







GIG
CYMRU
NHS
WALES

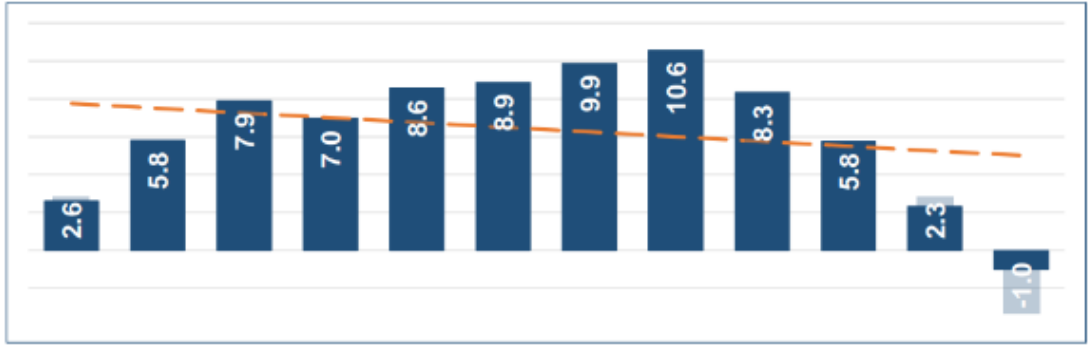
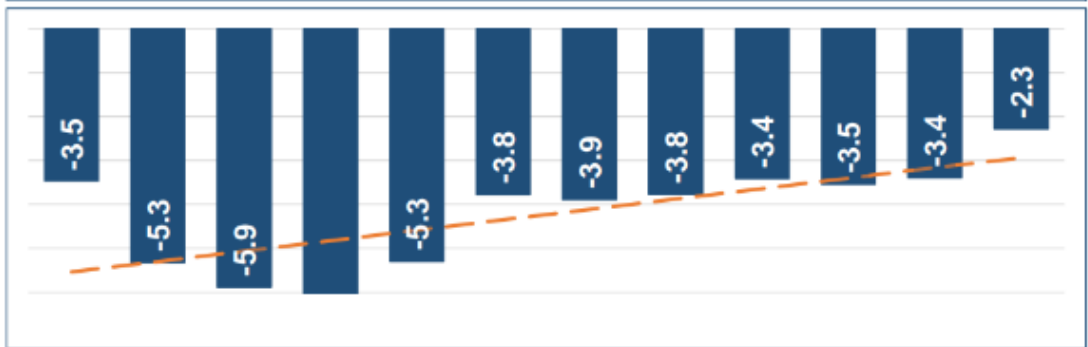
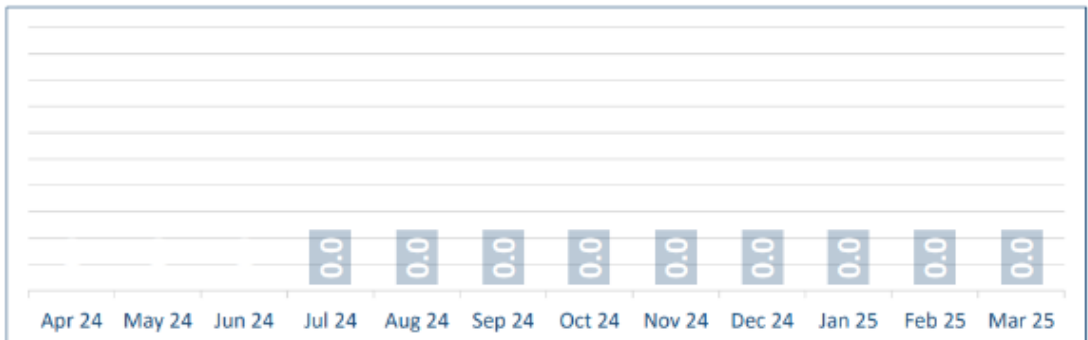
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Section 3

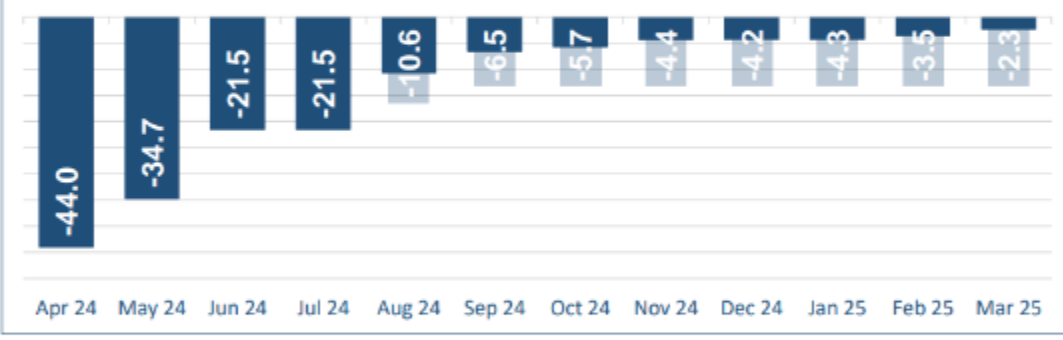
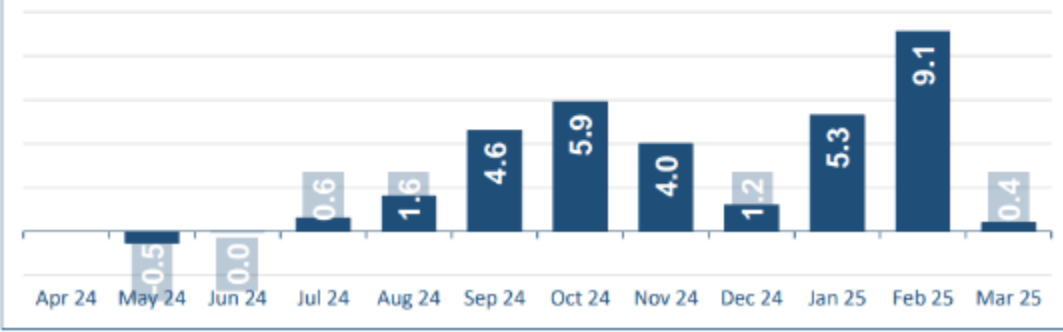
Financial Performance

6

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	
CRR: 24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-2.3	
CRR: 24-05	PFIG	Year to date deficit against plan (£million)	N/A	TBC	-1.0	



Please note : These figures are draft as the accounts are still in preparation and subject to Audit

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank																										
CRR: 24-05	PFIG	In month variance to plan (£million)	N/A	TBC	-3.3	 <table border="1"> <caption>Monthly Variance to Plan (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Apr 24</td><td>2.6</td></tr> <tr><td>May 24</td><td>3.2</td></tr> <tr><td>Jun 24</td><td>2.1</td></tr> <tr><td>Jul 24</td><td>-0.9</td></tr> <tr><td>Aug 24</td><td>1.6</td></tr> <tr><td>Sep 24</td><td>0.3</td></tr> <tr><td>Oct 24</td><td>1.0</td></tr> <tr><td>Nov 24</td><td>0.7</td></tr> <tr><td>Dec 24</td><td>-2.2</td></tr> <tr><td>Jan 25</td><td>-2.6</td></tr> <tr><td>Feb 25</td><td>-3.4</td></tr> <tr><td>Mar 25</td><td>-3.3</td></tr> </tbody> </table>	Month	Value	Apr 24	2.6	May 24	3.2	Jun 24	2.1	Jul 24	-0.9	Aug 24	1.6	Sep 24	0.3	Oct 24	1.0	Nov 24	0.7	Dec 24	-2.2	Jan 25	-2.6	Feb 25	-3.4	Mar 25	-3.3
Month	Value																															
Apr 24	2.6																															
May 24	3.2																															
Jun 24	2.1																															
Jul 24	-0.9																															
Aug 24	1.6																															
Sep 24	0.3																															
Oct 24	1.0																															
Nov 24	0.7																															
Dec 24	-2.2																															
Jan 25	-2.6																															
Feb 25	-3.4																															
Mar 25	-3.3																															
CRR: 24-05	PFIG	Forecast savings delivery against target (£million)	N/A	TBC	-2.3	 <table border="1"> <caption>Forecast Savings Delivery Against Target (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Apr 24</td><td>-44.0</td></tr> <tr><td>May 24</td><td>-34.7</td></tr> <tr><td>Jun 24</td><td>-21.5</td></tr> <tr><td>Jul 24</td><td>-21.5</td></tr> <tr><td>Aug 24</td><td>-10.6</td></tr> <tr><td>Sep 24</td><td>-6.5</td></tr> <tr><td>Oct 24</td><td>-5.7</td></tr> <tr><td>Nov 24</td><td>-4.4</td></tr> <tr><td>Dec 24</td><td>-4.2</td></tr> <tr><td>Jan 25</td><td>-4.3</td></tr> <tr><td>Feb 25</td><td>-3.5</td></tr> <tr><td>Mar 25</td><td>-2.3</td></tr> </tbody> </table>	Month	Value	Apr 24	-44.0	May 24	-34.7	Jun 24	-21.5	Jul 24	-21.5	Aug 24	-10.6	Sep 24	-6.5	Oct 24	-5.7	Nov 24	-4.4	Dec 24	-4.2	Jan 25	-4.3	Feb 25	-3.5	Mar 25	-2.3
Month	Value																															
Apr 24	-44.0																															
May 24	-34.7																															
Jun 24	-21.5																															
Jul 24	-21.5																															
Aug 24	-10.6																															
Sep 24	-6.5																															
Oct 24	-5.7																															
Nov 24	-4.4																															
Dec 24	-4.2																															
Jan 25	-4.3																															
Feb 25	-3.5																															
Mar 25	-2.3																															
CRR: 24-05	PFIG	In year capital expenditure against plan (£million)	N/A	TBC	0.4	 <table border="1"> <caption>In Year Capital Expenditure Against Plan (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Apr 24</td><td>-0.5</td></tr> <tr><td>May 24</td><td>0.0</td></tr> <tr><td>Jun 24</td><td>0.6</td></tr> <tr><td>Jul 24</td><td>1.6</td></tr> <tr><td>Aug 24</td><td>4.6</td></tr> <tr><td>Sep 24</td><td>5.9</td></tr> <tr><td>Oct 24</td><td>4.0</td></tr> <tr><td>Nov 24</td><td>1.2</td></tr> <tr><td>Dec 24</td><td>5.3</td></tr> <tr><td>Jan 25</td><td>9.1</td></tr> <tr><td>Feb 25</td><td>0.4</td></tr> </tbody> </table>	Month	Value	Apr 24	-0.5	May 24	0.0	Jun 24	0.6	Jul 24	1.6	Aug 24	4.6	Sep 24	5.9	Oct 24	4.0	Nov 24	1.2	Dec 24	5.3	Jan 25	9.1	Feb 25	0.4		
Month	Value																															
Apr 24	-0.5																															
May 24	0.0																															
Jun 24	0.6																															
Jul 24	1.6																															
Aug 24	4.6																															
Sep 24	5.9																															
Oct 24	4.0																															
Nov 24	1.2																															
Dec 24	5.3																															
Jan 25	9.1																															
Feb 25	0.4																															

Please note : These figures are draft as the accounts are still in preparation and subject to Audit

BCU Wide and Divisional Positions (Red = overspend against plan)													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
West IHC	(1.8)	(1.8)	(1.2)	(1.7)	(1.9)	(1.5)	(0.5)	0.1	(0.5)	(0.6)	0.3	1.2	(9.7)
Central IHC	(2.9)	(2.9)	(2.9)	(2.2)	(2.1)	(2.5)	0.3	(1.5)	(0.3)	(0.8)	(0.7)	2.3	(16.0)
East IHC	(3.3)	(2.7)	(2.6)	(2.6)	(3.4)	(2.5)	(1.2)	(0.7)	(1.1)	(0.5)	(2.1)	2.2	(20.5)
Womens	(0.1)	(0.1)	(0.1)	(0.0)	(0.2)	0.0	(0.2)	0.0	0.2	(0.1)	0.0	(0.1)	(0.7)
MH & LD	(1.6)	(1.7)	(1.6)	(1.8)	(1.6)	(1.5)	(1.8)	(1.4)	(1.7)	(1.4)	(0.6)	(1.1)	(17.8)
Commissioning Contracts	(1.7)	(1.9)	1.0	2.4	(0.7)	(0.2)	0.9	0.7	(0.8)	1.7	0.2	(1.3)	0.2
ICD Primary Care	0.2	0.6	0.3	0.4	0.7	0.3	0.6	0.5	0.3	0.1	0.8	0.5	5.1
ICD Regional Services	(1.3)	(0.2)	(1.0)	(1.7)	0.1	(0.3)	0.6	0.2	0.1	(0.7)	0.3	2.1	(1.8)
Support Functions & Other Budgets	9.8	7.6	6.2	8.0	7.5	8.0	0.3	1.5	6.0	4.8	5.1	(2.6)	62.3
BCU Wide	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	3.4	3.3	1.0

Service Performance against Target	Annual				Year to Date		
	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	8.7	7.0	1.6	8.2	8.7	7.0	1.6
Central Integrated Health Community	10.9	8.3	2.6	8.8	10.9	8.3	2.6
East Integrated Health Community	11.2	11.5	-0.3	10.3	11.2	11.5	-0.3
MHLD	4.2	7.8	-3.5	13.1	4.2	7.8	-3.5
Womens Services	1.4	1.4	0.0	0.7	1.4	1.4	0.0
Diagnostic and Specialist Clinical Support	2.1	1.2	0.9	0.2	2.1	1.2	0.9
Cancer Services	1.6	1.3	0.3	1.1	1.6	1.3	0.3
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.1	0.1	0.0	0.2	0.1	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.0	1.1	-1.1
Corporate & Support Services	3.7	4.6	-0.9	1.5	3.7	4.6	-0.9
Reserves	4.0	1.4	2.6	0.0	4.0	1.4	2.6
Saving Total	48.0	45.7	2.3	44.0	48.0	45.7	2.3
Accountancy Gains		12.7	-12.7			12.7	-12.7
Total		58.4	-10.4	44.0	48.0	58.4	-10.4

Finance: Agency / Locum Spend Performance

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	49	62	81	70	69	72	95	105	13	115	75	93	899	899
2	Medical & Dental	1,489	1,597	1,428	1,766	1,672	1,410	1,900	1,601	1,390	1,573	1,811	1,817	19,454	19,454
3	Nursing & Midwifery Registered	1,912	1,985	1,902	1,904	1,889	1,768	1,765	1,667	1,528	1,693	1,363	1,226	20,602	20,602
4	Prof Scientific & Technical	10	10	12	10	23	14	14	17	7	12	8	0	137	137
5	Additional Clinical Services	19	23	32	9	27	16	27	21	12	3	26	(3)	212	212
6	Allied Health Professionals	467	449	378	396	485	428	400	454	447	539	591	454	5,488	5,488
7	Healthcare Scientists	25	15	3	9	11	10	12	20	9	7	0	12	133	133
8	Estates & Ancillary	(1)	9	8	1	5	16	0	4	6	(2)	6	4	56	56
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,970	4,150	3,844	4,165	4,181	3,734	4,213	3,889	3,412	3,940	3,880	3,603	46,981	46,981
11	Agency/Locum (premium) % of pay	4.4%	4.6%	4.3%	4.6%	4.6%	3.8%	4.6%	3.1%	3.6%	4.0%	3.9%	2.2%	4.1%	4.1%

Finance: Current Financial Position and Forecast

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a conditional recurrent basis for 2024/25.

The draft year end position is £7.4m overspent, which is £1.2m less than the revised control total of £8.6m. This meets the requirements relating to the financial aspect of the £74.6m conditional recurrent funding, with the other conditions needing to be confirmed. In March a surplus of £3.3m was achieved against plan, compared to a £3.4m surplus reported in February.

Financial Position for 2024/25

	Actual Position												Total £m
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7	2.6	(7.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(0.7)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	3.4	3.3	1.0

The Health Board's financial plan set a recurring savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis.

The savings delivered in March totalled £4.9m, £0.2m income generation and £0.1m accountancy gains totalling £5.3m against the in month target of £4.0m.

The full year value of reported saving schemes is £58.4m comprising of £43.5m Savings, £1.5m Income Generation, £12.7m Accountancy Gains and £0.7m Cost Avoidance. Of these, £30.1m have been identified as recurring, with a full year effect of £44.0m. This is £4m below the £48m required recurring target.





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

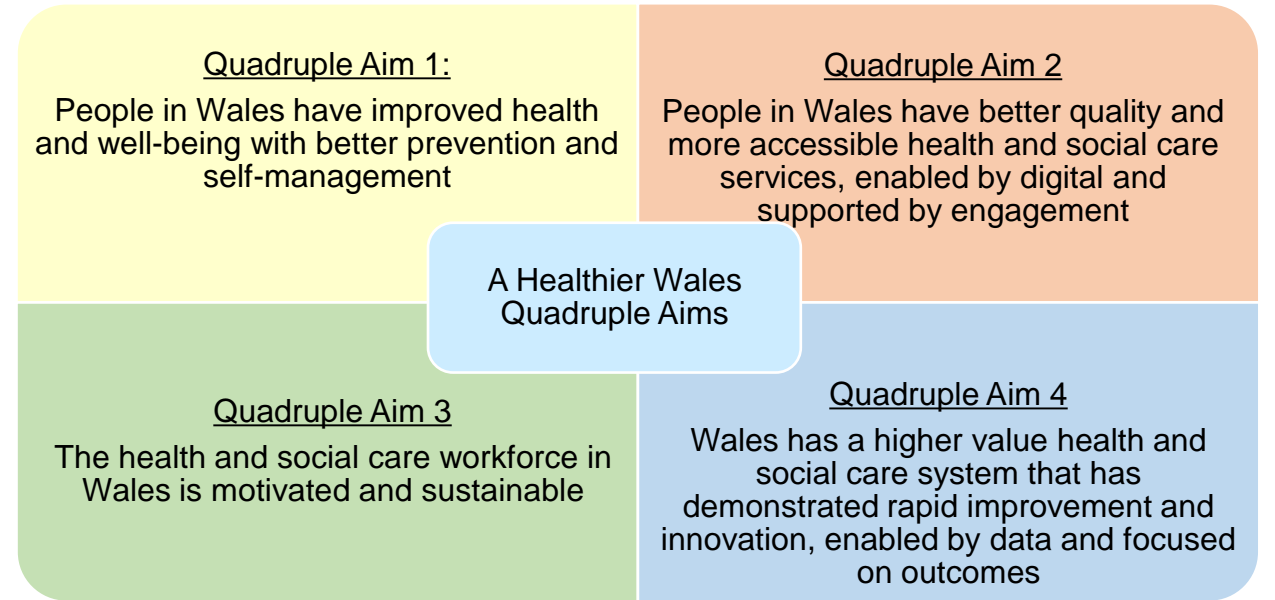
About the Integrated Performance Report

NHS Wales Performance Framework 2024-25

The performance measures in the NHS Wales Performance Framework for 2024-2025 reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2024-2027.

The 2024/25 revision now consists of 54 quantitative measures and twelve policy assurance statements where assurance is sought either quarterly or bi-annually.

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.



Integrated Quality & Performance Report

Quality, Safety, Effectiveness & Experience Performance

Access & Activity Performance

People & Organisational Development Performance

Financial Performance

The Integrated Performance Framework (IPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence of performance indicators gathered across key domains including quality, safety, access & activity, people, finance and outcomes.

Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Wales Performance measures, Special Measure metrics and Ministerial priority trajectories. In the Integrated Performance Review meetings we will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.

About this report: Rating System

Performance is monitored against our Annual Plan but is rated against the Welsh Government targets contained in the Performance Framework.



The *latest available data point* indicates that performance is at, or better than the target



It is inappropriate, or not possible, to rate available data against any available target



The *latest available data point* indicates that performance is worse than the target



There is no / insufficient data available to rate against the target

Exception

Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken

Criteria of an exception

Any metric failing against an NHS Performance Framework, operational, or local target / trajectory

Where statistical process chart (SPC) methodology flags consistent negative variance and no assurance.

Any reportable commissioned metric where the performance is not meeting the National target

Escalation

When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.

Criteria for escalation

Any measure that fails a health submitted trajectory as part of the Ministerial Priorities.








Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)

Any significant failure of a quality standard e.g. never event or failing accountability conditions.

This report contains some statistical process charts (SPCs); please see below for legends.





If you would like any support / advice regarding interpretation of these charts, please contact the team, who will be happy to discuss.

Variance

-  Common cause variation present: there is no significant change or pattern
-  Special cause variation present: changes or patterns appear to show improvement
-  Special cause variation present: changes or patterns appear to show improvement
-  Special cause variation present: concerning changes or patterns present that require investigation / action.
-  Special cause variation present: concerning changes or patterns present that require investigation / action.
-  Special cause variation present: a upwards or downwards change or pattern is evident, which is neither positive or negative in nature.
-  Special cause variation present: a upwards or downwards change or pattern is evident, which is neither positive or negative in nature.

Orange icons indicate negative occurrence
Blue icons indicate a positive occurrence
Grey icons indicate no significant data occurrence

Assurance (*based on data presented in the SPC only)

-  No assurance: we would expect to sometimes achieve, and sometimes miss the target
-  Positive assurance: we would consistently expect to achieve the target
-  No assurance: we would consistently expect to miss the target
-  There is no profile or target, or insufficient data, thus assurance can not be ascertained

Legend
 — Performance — Control Line (Mean) - - Upper Control Limit 3σ
 - - Lower Control Limit 3σ - - - - Upper Control Limit 2σ - - - - Lower Control Limit 2σ
 National Target Internal profile Trend

The column charts that feature within this report use the following legend:

 BCU Position
 Internal Profile
 - - Trend (Rolling 12 Month)
 — WG Target

What is an Integrated Performance Report (IPR)?

The Integrated Performance Report (IPR) combines the areas of Quality, Performance, People and Finance in one overarching report. It provides the reader with a balanced view of performance intelligence and assurances from across the organisation.

The Integrated Performance Framework (IPF)

The Integrated Performance Framework (IPF) for 2023-2027 was ratified by the Health Board on 28th September 2023. The Framework lays the foundations for an integrated approach to performance monitoring, intelligence, management, assurance and improvement. An integral element of the IPF is this new Integrated Performance Report and the governance structure wrapped around it.

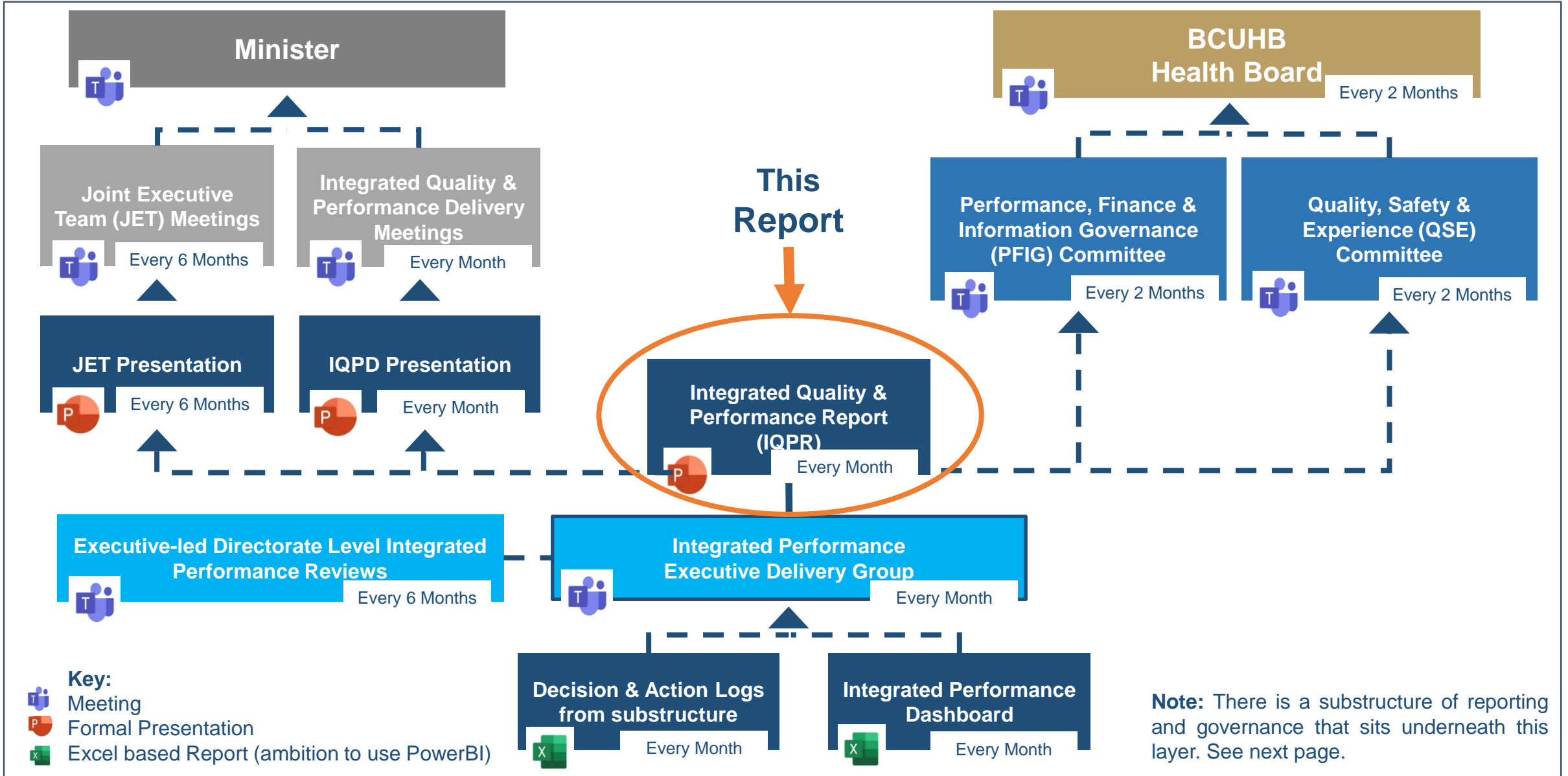
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the Health Board’s strategic objectives between now and April 2027. Work has also commenced with the corporate directorates working together on the development of an integrated approach to organisational quality surveillance mechanisms. Once this initial phase is complete, we will then begin our work with the services.

Where does the IPR feature within the Performance Governance Structure

The Health Board’s business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF contains information on all metrics, including those that are consistently achieving success however, the main focus is on metrics in exception or escalation.


The IPR will be embedded as the ‘single version of the truth’ and used to report on performance to the Health Board, it’s scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally to Welsh Government. Once published for each Committee/Health Board, the report will be shared across the organisation via BetsiNet (internally), published externally on Betsi Cadwaladr University Health Board’s (BCUHB) external facing website and shared in parts or as a whole on other channels such as social media via our partners in BCUHB’s Communications Team.

The Integrated Performance Reporting & Governance Superstructure

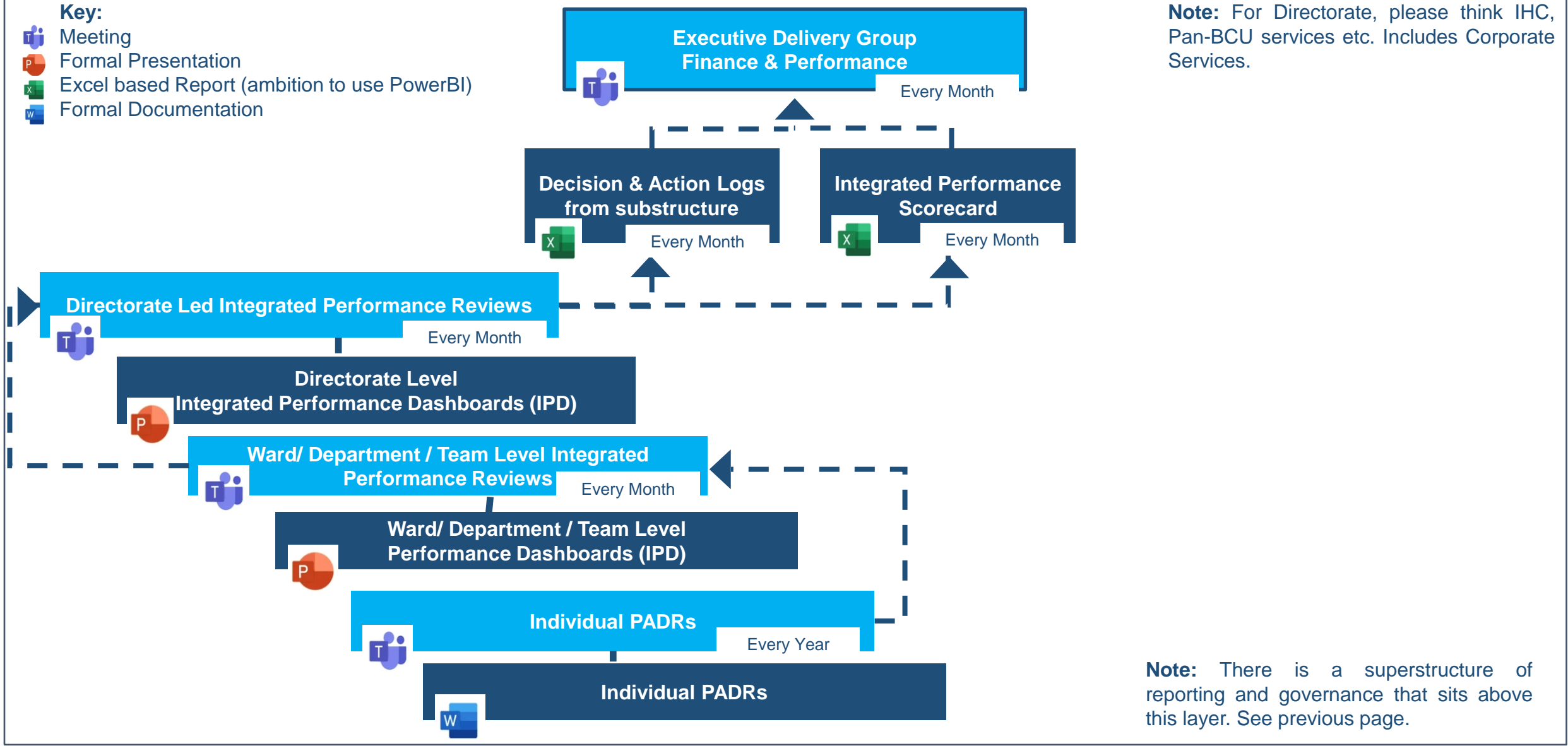


The Integrated Performance Reporting & Governance Substructure

Key:

-  Meeting
-  Formal Presentation
-  Excel based Report (ambition to use PowerBI)
-  Formal Documentation

Note: For Directorate, please think IHC, Pan-BCU services etc. Includes Corporate Services.



Note: There is a superstructure of reporting and governance that sits above this layer. See previous page.

Integrated Performance Reports



Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD)(Welsh Government) and Joint Executive Team (JET).

Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

Integrated Performance Dashboards



Operational level performance dashboards with drill through capabilities. For end of month's submitted position. Ambition for production in PowerBI. – Produced by Digital, Data & Technology (DDAT) in partnership with the Performance Directorate(PI&AD)

Deep Dive Reports



Detailed Deep Dive reports used in accompaniment to Formal Reports, Scorecards and Dashboards to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary, i.e. to support escalation, de-escalation.

Ad-hoc Reports



Ad-hoc reports used outside of the formal channels and for specific queries to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary to provide additional intelligence and assurances as required.

Additional Information

Our Integrated Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance for further details regarding this report. And further 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>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuhb



<http://www.facebook.com/bcuhealthboard>



Appendix

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

A&E	Accident and Emergency	LPMHSS	Local Primary Mental Health Support Services
AB	Aneurin Bevan Health Board	MH&LD	Mental Health and Learning Disabilities
ADHD	Attention Deficit Hyperactivity Disorder	MMR	Measles, Mumps and Rubella
ASD	Autistic Spectrum Disorder	NHS	National Health Service
BCU/BCUHB	Betsi Cadwaladr University Health Board	NR	non-recurrent
C&V	Cardiff and Vale University Health Board	PADR	Performance Appraisal and Development Review
Cmt	committee	PFIG	Performance, Finance, and Information Governance Committee
CRR Ref	Corporate Risk Register Reference	QSE	Quality, Safety, and Experience Committee
CTM	Cwm Taf Morgannwg University Health Board	R	recurrent
ENT	Ear, Nose, and Throat	SB	Swansea Bay University Health Board
GDS	General Dental Services	WAST	Welsh Ambulance Services NHS Trust
GP	General Practitioner	WG	Welsh Government
HDda	Hywel Dda University Health Board	YTD	year to date
HEIW	Health Education and Improvement Wales		
IHC	Integrated Health Community		

This report has been produced on behalf of Our Performance, Finance & Information Governance Committee by the **Performance Directorate** in partnership with:

- Integrated Health Communities (West, Centre & East)
- Digital, Data & Technology Directorate (DDAT)
- People & Organisational Development Directorate (POD)
- Adult Mental Health & Learning Disabilities Directorate (AMH&LD)
- Children & Young Adolescent Mental Health Services Directorate (CAMHS)
- Women's Services Directorate (WS)
- Public Health
- Finance Directorate
- Office of the Medical Director (OMD)
- Quality & Patient Experience Directorate (Q&PE)
- Equal Opportunities Team
- Risk Management Department
- Corporate Communications Team

...and the following as Senior Responsible Officers for the measures within their respective Executive Portfolios.

- Executive Director of Operations
- Executive Director of Finance
- Executive Director for Public Health
- Executive Director for People & Organisational Development
- Executive Director of Therapies and Health Sciences
- Executive Director of Strategic Planning & Transformation
- Executive Director of Nursing & Midwifery
- Executive Medical Director

Benchmarking information has been sourced (as identified) from NHS Benchmarking Network, Welsh Government and CHKS



Teitl adroddiad: <i>Report title:</i>	Board Assurance Framework			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee (PFIG)			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 06 May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to seek the Committee's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, ahead of submission to the Board.</p> <p>The proposed assurance ratings have been approved by individual committees responsible for the risk.</p> <p>The Board Assurance Framework will be submitted to the Board in May 2025.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> To receive and consider the contents and assurance rating of the Board Assurance Framework. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input checked="" type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <input type="checkbox"/> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <input checked="" type="checkbox"/> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <input type="checkbox"/> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <input type="checkbox"/> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</i></p>				

<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Detailed in the BAF report and how the CRR aligns to the revised BAF</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Not applicable for this report</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	<p>Not applicable for this report</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Board Assurance Framework paper</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Executive Committee feedback 26/03/2025 informed this version of the BAF and suggested ratings agreed.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Board Assurance Framework risks linked to corporate risks</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	

Camau Nesaf:

Next Steps:

1. Assurance ratings to be presented to the Board for agreement.
2. Business as usual reporting and monitoring: Bi-monthly Review at Risk Scrutiny Group and Executive Team meeting, monitoring of actions within risks. Reporting to Committee quarterly and Board bi-annually as per Risk Management Framework.

Rhestr o Atodiadau:

List of Appendices:

Appendix 1 – PFIG risks, Board Assurance Framework



Board Assurance Framework





Board Assurance Framework Report

Purpose

The Board Assurance Framework (BAF) serves as a strategic tool, designed to support the Health Board (BCUHB) in achieving its overarching goals and objectives. The BAF provides a structured approach for identifying, managing, and mitigating risks that may impact the successful delivery of our strategic priorities. Through clear alignment with our organisational strategy and key initiatives, the BAF enables us to maintain an accountable, transparent, and proactive approach to risk management.

The purpose of this BAF is threefold:

- To provide assurance that effective controls are in place to manage risks to our strategic objectives.
- To support informed decision-making by presenting clear, current risk insights to the Board and stakeholders.
- To align risk management efforts across the organisation, ensuring consistency with our vision of delivering high-quality, accessible healthcare services.

By integrating the BAF with our strategic priorities and operational plans, we can ensure that our risk management efforts directly support our mission to improve health outcomes, enhance patient safety, and foster a culture of accountability within BCUHB.

The purpose of this paper is to seek the Committee's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, ahead of submission to the Board.

Introduction

Board Assurance risks were developed by the Executive Team based on the Health Board's 5 strategic objectives. The report has been approved by the Board 30 Jan 2025 and will be subsequently updated by action handlers and Executives on an on-going basis.

What is Assurance in Relation to Board Assurance Risks?

In the context of the Board Assurance Framework, **assurance** refers to the level of confidence the Committee can place in the effectiveness of the current risk treatment strategies to mitigate identified threats to strategic objectives. It is based on the extent of evidence available—internal or external—that demonstrates that key controls are in place and working effectively, and that actions to address gaps are progressing as intended.

Assurance levels help the Board determine whether risks are being managed effectively and inform decisions about resource allocation, priority areas, and potential escalations.

The four levels of assurance used are as noted in the key on page 6 of this report.

Proposal from the Executive Committee

Following its review, the Executive Committee proposes that the majority of the risks on the Board Assurance Framework are currently suggested to be rated as having *Limited Assurance and Unsatisfactory* for BAF24-07 Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk.

Rationale for Proposed Rating

The recommendation of **Limited Assurance** reflects a realistic and cautious assessment of the current position. Specifically:

- While some progress has been made on risk treatment strategies, there remain to be identified **key gaps in controls** that remain unresolved.
- More **evidence is required** particularly external or independent validation that controls are fully effective.
- Several actions remain as progressing and not yet complete before the risk scores can be confidently reduced.
- As such, the **likelihood of these risks materialising remains**, and further assurance is required before a higher assurance rating can be justified.
- BAF24-07 specifically requires further external validation and resolution of a higher number of gaps in controls.

This rating encourages focused attention and targeted action in key areas while recognising that progress is underway.

Recommendation

The Committee is asked to **review and agree** the proposed assurance ratings on behalf of the Board for each risk on the Board Assurance Framework. If agreed, these ratings will be presented to the Board for agreement.

Next Steps

- Committees will be asked to score level of assurance in relation to risks.
- The Board Assurance Framework will be maintained and reported to the Risk Scrutiny Group; Executive Team (bi-monthly) and Committees (quarterly) and Board (quarterly) as per the Risk Management Framework on an on-going basis.

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the HBs risk framework (with corresponding corporate and operational risks)
- Risk ratings – current (residual), tolerable and target levels. Risks are scored in line with the HB approved scoring matrix.
- Clear identification of strategic threats and opportunities that are considered likely to increase or reduce the Strategic Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (Averse = aim to avoid the risk entirely; Minimal = insistence on low-risk options; Cautious = preference for low risk options; Open = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment identified for each threat and opportunity, each assigned to a Risk Lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate: (1) Management (those responsible for the area reported on); (2) Risk and compliance functions (internal but independent of the area reported on); and (3) Independent assurance (Internal audit and other external assurance providers).
- Unlike corporate risks where target dates are key for mitigation, risks will remain reported as the Board seeks assurance accordingly until the risk is sufficiently mitigated. Actions are based on quarters for the year.
- Board committees should review the BAF with particular reference to comparing the tolerable risk level to the current exposure risk rating.
- The RACI clarifies roles and responsibilities for tasks and deliverables and is utilised for sub-risks however the responsibility of the overall BAF risks of the lies with the **Executive Team** and accountability lies with the lead committee.

Likelihood score and descriptor					
	Very unlikely 1	Unlikely 2	Possible 3	Somewhat likely 4	Very likely 5
Frequency How often might/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally or there are a significant number of near misses / incidents at a lower consequence level	Will probably happen/recur, but it is not a persisting issue/ circumstances	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not?	Less than 1 chance in 1,000 (< 0.1%)	Between 1 chance in 1,000 and 1 in 100 (0.1 - 1%)	Between 1 chance in 100 and 1 in 10 (1- 10%)	Between 1 chance in 10 and 1 in 2 (10 - 50%)	Greater than 1 chance in 2 (>50%)

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

This BAF includes the following Risks to the HBs strategic priorities:

Reference	Principal risk: There is a risk of...	Lead Executive	Lead Committee	Initial date of assessment	Last reviewed by Executive Team	Previous risk score (at previous review/update) C x L	Current risk score C x L	Target risk score C x L
BAF24-01	Not Fully Building an Effective and Accountable Organisation	Director of Corporate Governance and Executive Team oversight	Performance, Finance and Information Governance	20/10/2024	19/03/2025	4x 3= 12	4x 3= 12	2x 2= 4
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	Planning, Population Health & Partnership	20/10/2024	19/03/2025	5x 4= 20	5x 4= 20	3x 3= 9
BAF24-03	Not Achieving Long Term Financial Sustainable	Executive Director of Finance	Performance, Finance and Information Governance	20/10/2024	19/03/2025	5x 4= 20	5x 4= 20	3x 3= 9
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Deputy Director of People Services	People & Culture	20/10/2024	19/03/2025	4x 4= 16	4x 4= 16	3x 3= 9
BAF24-05	Not Engaging with Citizens, Partners and Communities	Director of Partnerships/Communications and Engagement	Planning, Population Health & Partnership	20/10/2024	19/03/2025	2x 3= 6	2x 3= 6	2x 2= 4
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Quality, Safety and Experience / Planning, Population Health & Partnership	20/10/2024	19/03/2025	5x 4= 20	5x 4= 20	5x 2= 10
BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	Performance, Finance and Information Governance	20/10/2024	19/03/2025	4x 4= 16	4x 4= 16	4x 2= 8
BAF24-08	Not Implementing Evidenced Based Improvement and Innovation	Executive Director of Nursing & Chief Digital & Information Officer	Planning, Population Health & Partnership	20/10/2024	19/03/2025	4x 3= 12	4x 3= 12	3x 2= 6

1: Building an effective organisation

Objective area 1 recognises the importance of governance and effective procedures and decision making in high functioning Healthcare organisations. This will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.

Principal risk (what could prevent us achieving this strategic objective)	BAF24-01: Not Fully Building an Effective and Accountable Organisation			Strategic objective	1. To Build an Effective Organisation (1A & 1B: Governance (Board Effectiveness / Risk Management) 1C Operating Model; 1D Performance and Accountability Framework; 1F: Legislative Improvements)
Lead Committee	Performance, Finance and Information Governance Committee		Risk type	Compliance/Regulatory	
Risk Lead	Director of Corporate Governance/Executive Team Oversight		Risk appetite	Open 15-19	
Related Corporate Risks:	CRR24-15 Health and Safety				
Risk rating				Review Dates	
	Current exposure	Tolerable	Target	Initial date of assessment	20/10/2024
Consequence	4. Major	2. Minor	2. Minor	Last reviewed by Committee:	23/12/2024 (Private)
Likelihood	3. Possible	2. Unlikely	2. Unlikely	Last updated by Executive:	07/03/2024
Risk rating	12. Moderate	4. Low	4. Low	N.B. Tolerable and Target score lines stacked as both are 4.	



Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Head of Covid-19 Inquiry and Thirlwall Inquiry/Assistant Director of Occupational Health, Safety And Security/ EPRR Lead		Accountable:	Executive Team	

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
<p>Threat: the HB may not be compliant. This could lead to poor decision-making, unaddressed performance gaps, and a lack of ownership over key outcomes, ultimately reducing the Health Board's ability to deliver its strategic goals effectively.</p>	<ul style="list-style-type: none"> Health and Safety Policy HS03 General Risk Assessment Procedure HSG65 Plan, Do, Check, Act process for continuous improvement Service Sector Health and Safety Self-Assessment and Health and Safety Reviews Security Assessment of Premises Some Civil Contingencies and Emergency Preparedness plans Annual emergency preparedness evaluations improvement 	<ul style="list-style-type: none"> Remaining gaps in civil contingency planning post-pandemic Incomplete integration of HSE recommendations into operational plans Incomplete integration of HSE recommendations into operational plans 	<p>Management: Health and Safety compliance reporting to Strategic Occupational Safety and Health Group (SOSHG) and People and Culture Committee</p> <p>Monthly reviews of Health, Safety and Security KPIs</p> <p>Risk and compliance: Risk Register reporting but noted gap on the Gap analysis reporting for compliance and gaps of general legislative gap analysis</p> <p>Independent assurance: HSE audit and compliance checks</p> <ul style="list-style-type: none"> Civil Contingencies Act compliance review 	<ul style="list-style-type: none"> Gap analysis reporting general legislative gap analysis Limited Assurance Internal Audit report for Health and Safety & Corporate Legislative Compliance. Improvement action plan in place and monitored at SOSHG. 	Limited Assurance

↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
	Approval and progression of the gap analysis for health and safety measures as set out in the updated Health and Safety Strategy and Plan 2024-2026 dated September 2024.	Lynne Bushell	Complete	30/09/2024
	New approach for Health and Safety Management System being developed aligned to NHS Employers Health and Safety Standards, to include Violence Prevention and Reduction Standards	Lynne Bushell	Progressing	31/03/2025


Responsible:	Director of Performance and Commissioning	Accountable:	Director of Corporate Governance/CEO
--------------	---	--------------	--------------------------------------

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
<p>Threat: the Performance and Accountability Framework may not be effectively establish clear lines of accountability and provide consistent, real-time performance monitoring. This could lead to poor decision-making, unaddressed performance gaps, and a lack of ownership over key outcomes, ultimately reducing the Health Board's ability to deliver its strategic goals effectively.</p>	<ul style="list-style-type: none"> Integrated Performance Framework Integrated Performance reports aligned Clear accountability matrix and escalation for senior and mid-level management Performance scorecards for service delivery units 	<ul style="list-style-type: none"> Inconsistent application of performance tools across departments Review Integrated Performance Framework to re-align with new strategic objectives Triangulation with risk management 	<p>Management:</p> <ul style="list-style-type: none"> Reviews of performance metrics at Executive Team level Regular reporting to Committees <p>Risk and compliance:</p> <ul style="list-style-type: none"> Monthly accountability reviews if in escalation for services SLT Performance Reviews held by the CEO Monthly performance reviews by Welsh Government <p>Independent assurance:</p> <ul style="list-style-type: none"> External NHS Wales and Health Boards performance benchmarking and NHS benchmarking network 	<p>Reports on performance at IHC</p> <p>Commissioning reports on out of area</p>	Limited Assurance

↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
	Finalise the redesign of reporting structures/timings to enhance transparency	Stephen Powell	Progressing	30/06/2025
	Improved Risk triangulation with concerning trajectories	Nesta Collingridge	Progressing	31/09/2025


Responsible:	Director of Corporate Governance	Accountable:	CEO
--------------	----------------------------------	--------------	-----

<p>Threat: the Health Board's operating model may become inefficient or fragmented, leading to unclear roles, duplication of efforts, and siloed working. This could result in reduced operational effectiveness, slower decision-making, and diminished quality of care,</p>	<ul style="list-style-type: none"> • Current definitions of operating model roles and structures in place • Business Partnering approach for clinical and corporate leadership • Staff co-producing a new Operating Model 	<ul style="list-style-type: none"> • Delays in decision-making due to leadership duplication • Lack of integrated systems reducing efficiency • Service reconfiguration plans based on population health needs • Digital tools (Microsoft 365) to streamline operations 	<p>Management:</p> <ul style="list-style-type: none"> • Service-level performance audits <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Assessments of operating model efficiency and insight reports <p>Independent assurance:</p> <ul style="list-style-type: none"> • Operating model effectiveness review by internal and external stakeholders • Internal Audit report on duplication of roles and decision-making timelines 	<ul style="list-style-type: none"> • Limited Assurance Internal Audit report for Operating Model & Effective Governance (IHC) Central 	<p>Limited Assurance</p>
--	--	---	--	--	---------------------------------

 Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
Completion of the discovery phase reviewing of the operating model based on stakeholder feedback	Julie Parry	Complete	30/11/2024
Implement a streamlined decision-making protocol by Q3 and looking a re-design phase	Pam Wenger	Progressing	31/10/2025
Review of the Scheme of Delegation and establishment of a formal Executive Committee with reporting groups with clear delegations. Scheduled to for presentation at the next Audit Committee 04/03/2025 - Formal Executive Committee approved as part of the CEO report by Board 30/01/2025. For approval May Board.	Philippa Peak Jones	Progressing	31/05/2025

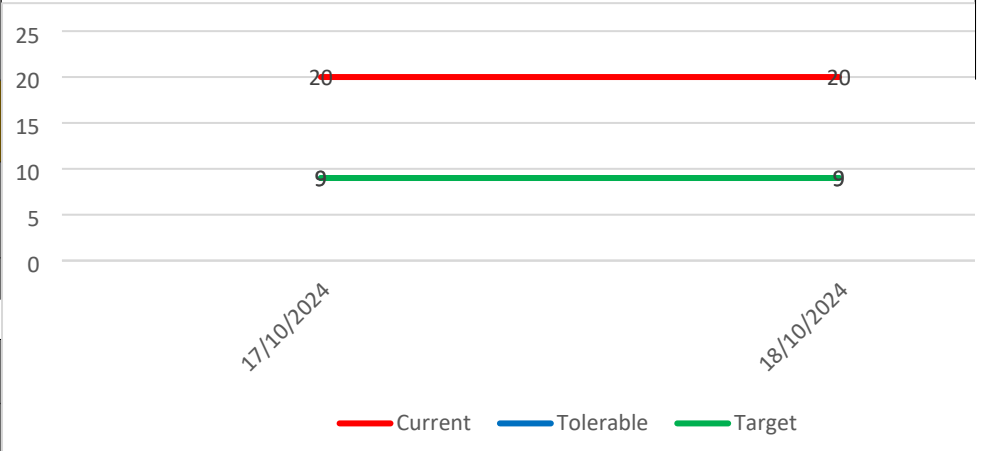
<p>Responsible: Head Of Corporate Affairs/Head of Risk Management</p>	<p>Accountable: Director of Corporate Governance</p>
--	---

<p>Threat: the Health Board's has weak Governance and Ineffective Risk Management Practices</p>	<ul style="list-style-type: none"> • Risk Management Framework updated for improved escalation pathway to Risk Scrutiny Group. • Risk Appetite set 24/25 • Board Development Programme • Internal Audit Tracking of Recommendations • Board committee structure now all in place 	<ul style="list-style-type: none"> • Gaps in risk governance maturity, with some areas requiring support and more training to integrate the Risk Framework and Procedures. • Policy Management system and overdue policies. • Self-assessment of board effectiveness • Robust Internal Audit Tracking software and systems. • Incomplete recruitment of executive roles. • Equality Impact Assessment Process integrated within Impact Assessment Impact Screening Tool to ensure compliance 	<p>Management:</p> <ul style="list-style-type: none"> • Risk reporting at local level and strategic level. <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Risk reporting to the Executive Team and Committees Key Performance Indicators (KPIs) on risk management performance to Audit Committee • Internal Audit Reporting to Audit Committee <p>Independent assurance:</p> <ul style="list-style-type: none"> • Audit Wales Structured Assessment Report and other Audit Wales Reports 	<ul style="list-style-type: none"> • Limited Assurance Internal Audit reports for: Review of Board Effectiveness & Standards of Business Conduct - Declarations of Interest, Gifts and Hospitality & Risk Management • Audit Wales governance recommendations 	<p>Limited Assurance</p>
--	---	--	--	---	---------------------------------

 Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
Improved Scrutiny of Corporate Risks. & Development of the BAF	Nesta Collingridge	Complete	30/01/2025
Improved Data Analytics of Governance around Risk (Dashboard) and driving improvement of metrics. N.B This work will be ongoing now to ensure the KPIs remain in tolerance (risks being updated) and reported to Audit Committee quarterly.	Nesta Collingridge	Complete	30/01/2025
Review of the current system once progress has been made on the overdue policies. System approved for procurement which will support automated tracking.	Glesni Driver	Progressing	30/09/2025
Reviewing current systems to have a more effective way of tracking and reporting audit recommendations. Corporate Governance (policies/tracking) /Risk Management and System approved for procurement 22/01/25, new software in place by 30/09/25 but piloted in 2026 which will support automated tracking. This will not be embedded until 2026-2027.	Glesni Driver	Progressing	30/09/2026
Executive Team recruitment ongoing with some progress made on appointments.	Georgina Roberts	Progressing	31/03/2026

2: Developing strategy and long-lasting change

Objective area 2 draws upon the need for the Health Board to be clear about population needs in North Wales and that services are configured in a way to get the highest value from the resources available to us. In this way the Health Board can provide services that are reliable, more cost-effective, and that make the best use of healthcare professionals.

Principal risk (what could prevent us achieving this strategic objective)	BAF24-03: Not Achieving Long Term Financial Sustainability				Strategic objective	2. Developing strategy and long-lasting change (2I Finance Governance Environment; 2D Capital Priorities: Supporting Change)
Lead Committee	Performance, Finance and Information Governance Committee		Risk type	Finance	 <p>25 20 15 10 5 0</p> <p>17/10/2024 18/10/2024</p> <p>— Current — Tolerable — Target</p>	
Risk Lead	Executive Director of Finance		Risk appetite	Open 15-19		
Related Corporate Risks:	CRR24-05 Financial Sustainability /CRR24-06 Suitability and Safety of Sites					
Risk rating				Review Dates		
	Current exposure	Tolerable	Target			
Consequence	5. Catastrophic	3. Moderate	3. Moderate	Initial date of assessment 20/10/2024		
Likelihood	4. Somewhat likely	3. Possible	3. Possible	Last reviewed by Committee: 23/12/2024 (Private)		
Risk rating	20. High	9. Medium	9. Medium	Last updated by Executive: 01/04/2025	N.B. Tolerable and Target score lines stacked as both are 9.	

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps	Assurance rating
Responsible:	Interim Director of Finance		Accountable:	Executive Director of Finance	

<p>Threat: Health Board key financial duty is to attain a break-even financial position. Failure to achieve the key duty results in cash depletion and a lack of ability to pay employees and suppliers of goods and services.</p> <p>A reduction in funding or change in financial trajectory or unexpected event resulting in an increased Financial Improvement Plan (FIP) requirement to reduce the scale of the financial deficit, without having an adverse impact on quality and safety</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Financial governance framework aligned with the organisation's strategic priorities. An endorsed Clinical Strategy that articulates demand and capacity modelling by speciality. Financial capital resource availability Integration of financial planning with performance and risk management processes The Health Board has a planned deficit in year, not achieving the key 1st duty to attain break-even. This presents a current unmitigated risk to balancing financial allocations with spending in year. Inconsistent alignment between financial planning and strategic service goals 	<p>Management:</p> <ul style="list-style-type: none"> Monthly financial reporting and budgetary controls <p>Risk and compliance:</p> <ul style="list-style-type: none"> Oversight by Audit Committee Annual audit of financial governance effectiveness Regular financial performance reviews <p>Independent assurance:</p> <ul style="list-style-type: none"> Internal and external audit reports on financial controls Annual review of compliance with Welsh Government financial guidelines Monthly oversight of financial performance by Welsh Government 	<ul style="list-style-type: none"> Limited Assurance Internal Audit report for Delivery of Health Board Transformational Savings & Budgetary Control Limited assurance report on budgetary control environment Head of Internal Control Opinion articulating limited assurance over systems of internal control Qualification of accounts 2022/23 and Qualification for regulatory breach 2024/25 All containing actions to address gaps 	<p>Limited Assurance</p>
---	--	---	--	--	---------------------------------

↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
	Implementation of Value Based Healthcare and a Value and Sustainability approach to savings development. Implemented and principle approach agreed, savings will be developed through Executive leads through transactional and transformational schemes.	Joanna Garrigan	Progressing	31/03/2026
	Strengthen financial forecasting and integrate financial risks into operational planning. Progressing through IMTP production.	Joanna Garrigan	Progressing	30/09/2025
	Develop further the control environment for addressing planned position and implementation of any corrective actions. Additional control actions have been implemented to support the HB to achieve the planned deficit as agreed with WG.	Joanna Garrigan	Complete	31/03/2025
	Enhanced Accountability & Performance framework to hold officers to account for delivery. Areas for escalation have been identified and separate meetings held with services chaired by CEO.	Joanna Garrigan	Complete	27/12/2025


Responsible:		Head Of Capital Development	Accountable:		Executive Director of Finance	
<p>Threat: Inadequate Capital Investment to Support Organisational Change</p>	<ul style="list-style-type: none"> Estates Strategy Capital prioritisation programme aligned with strategic objectives that involves operational and clinical teams in prioritisation of limited resources Project management for capital investments, the Health Board having substantial material schemes in train Prioritisation of investments in infrastructure to support clinical services and statutory requirements Capital Manual Capital prioritisation for urgent projects Six facet survey being completed for all provider infrastructure 	<ul style="list-style-type: none"> Delays in capital project approvals and implementation. End of year wrap up report on overheads and programme progress. Implement stronger project management controls to track capital investments. Discretionary capital use in prioritisation between medical equipment, IM&T and Estates works (relative prioritisation between asset classes not undertaken) Prioritisation of substantial business cases within the plans of the Health Board that aligns to Clinical Strategy 	<p>Management:</p> <ul style="list-style-type: none"> Monthly financial reporting of plan verse actual expenditure and budgetary controls <p>Risk and compliance:</p> <ul style="list-style-type: none"> Oversight by Audit Committee Some reviews to assess the alignment of capital investments with strategic goals Board <p>Independent assurance:</p> <ul style="list-style-type: none"> Internal Governance of capital project progress and expenditure and reporting up to Committee and Welsh Government. Welsh Government monthly reviews of plans for expenditure in year verse allocated resources. 	<ul style="list-style-type: none"> Reports on alignment of capital investments with strategic goals Board Prioritisation plans being endorsed through Executive for inclusion within the IMTP endorsed through Health Board and Committees. External support secured to service major capital developments. Capital Investment Group formed, reporting into Executive on Capital works. 	<p>Limited Assurance</p>	

↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
	Decarbonisation Board reporting of key objectives through to Committee (PPHP) completed , articulating goals and objectives through to Health Board. Revised NHS Wales decarb plan due for review in 2025, once finalised the HB will produce and action plan.	Stuart Keen	Progressing	31/03/2026

	Ongoing development of Estates strategy to be informed by completion of six facet survey (review of estates which will take 12* months)	Stuart Keen	Progressing	31/03/2026
	Monthly reporting of this year's expenditure verse plans in order to ensure delivery of this year's capital programme, fully embedded and forms new control.	Executive Director of Finance	Complete	31/03/2026
	Prioritisation of major capital works within the strategy for the Health Board in completion of the three-year IMTP. Schemes and priorities discussed at Execs.	Ian Howard	Progressing	31/03/2026

4: Improving quality, outcomes and experience

Objective area 4 covers a large thematic area where improvements are required to improve clinical performance across a number of key areas. The Health Board wishes to build further upon good work commenced that takes a pathway focused approach to this.

Principal risk <small>(what could prevent us achieving this strategic objective)</small>	BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk			Strategic objective	4. To Improve Quality, Outcomes and Experience 4E: Planned Care; 4F: Cancer Care; 4G: Urgent and Emergency Care; 4H: Diagnostics; 4ICAMHS and Neurodevelopment)	
	Risk of ineffectively delivering timely access to care resulting in potential clinical harm, poor delivery of performance targets and reputational risk					
Lead Committee	Performance, Finance and Information Governance Committee		Risk type	Quality		
Risk Lead	Chief Operating Officer		Risk appetite	Open 15-19		
Related Corporate Risks:	CRR24-10 Urgent Emergency Care/ CRR24-11 Planned Care/ CRR24-12 Areas of Clinical Concern /CRR24-13 Timely Diagnostics					
Risk rating				 <p>17/10/2024 18/10/2024</p> <p>— Current — Tolerable — Target</p>		
	Current exposure	Tolerable	Target			
Consequence	4. Major	4. Major	4. Major			Initial date of assessment 20/10/2024
Likelihood	4. Somewhat likely	2. Unlikely	2. Unlikely			Last reviewed by Committee: 23/12/2024 (Private)
Risk rating	16. High	8. Medium	8. Medium			Last updated by Executive: 15/03/2025
	N.B. Tolerable and Target score lines stacked as both are 8.					

Strategic threat <small>(what might cause this to happen)</small>	Primary risk controls <small>(what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</small>	Gaps in control <small>(Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)</small>	Sources of assurance (and date) <small>(Evidence that the controls/ systems which we are placing reliance on are effective)</small>	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Interim Associate Director for Emergency Care/ Associate Director of Planned Care/ Professional Service Manager Radiography/ Assistant Area Director – Children	Accountable:	Chief Operating Officer	Responsible Committee	Performance, Finance and Information Governance Committee
Threat: The Health Board faces significant risks related to the ability to meet national and local performance targets related to access to timely care. The increased patient acuity, backlog of long waiting times, lack of	<ul style="list-style-type: none"> Initiation of demand capacity plans at specialty/service level Improved planning including the Winter Resilience Plan with clear principles to protect urgent and planned care pathways Major change programmes for Urgent and Emergency Care (UEC) and Planned Care Strengthening preventative support through integrating services such as SICAT and GP out of hours with active community pathways 	<ul style="list-style-type: none"> Clinical variations and lack of standardised operational processes across the Health Board Limited integration of pathways and care processes between 	Management: Integrated Quality Performance Delivery Tracking referrals and waiting times Performance tracking on ambulance handovers Monthly Performance monitoring	<ul style="list-style-type: none"> Independent reviews (focused on areas of concern) Daily Health Board wide oversight grip in control for UEC performance and reporting 	Unsatisfactory

<p>standardised processes and robust demand and capacity planning at service level may negatively impact the delivery of consistent quality of care. Without strategic planning and robust controls, these risks could lead to reduced public confidence, increased colleague fatigue, ineffective use of resources and failure to achieve regulatory compliance or national standards.</p>	<ul style="list-style-type: none"> Strengthening capability and capacity to lead and deliver services with clear executive Senior Responsible Officers (SRO) in place supported by clinical and operational leads Cancer recovery plan Planned care delivery plan against the agreed trajectories supported with resource allocations Diagnostics delivery plan against the agreed trajectories supported with resource allocations Governance framework for accountability including weekly executive led progress reviews for UEC and Planned Care Chief Operating Officer and Director of Performance and commissioning collective leadership oversight for operational performance with support from the executive team Clear workstreams (4) for UEC incorporated into operational planning and delivery as a framework aligned to the national 6 goals for UEC Optimised hospital flow through SAFER programmes and discharge protocols ensuring resilience to protect planned care pathways Access to care based on clinical urgency and then chronological wait across all programmes of care Developing close partnership working with the 6 Local Authorities, Welsh Ambulance Service Trust (WAST), third sector and other providers to maximise care outcomes Effective utilisation through planning and robust governance for use of nationally allocated resources for planned care and UEC Regional approach in strategic planning through the Regional Partnership Board ensuring a North Wales approach for delivering services for our citizens 	<p>primary, community and secondary care</p> <ul style="list-style-type: none"> Insufficient capacity in challenged services and Neurodevelopment Strategic approach for equipment replacement scheme to ensure service efficiency and sustainability Estates strategy to address service needs Challenges in workforce retention and gaps in critical roles affecting service delivery <p>Need for enhanced digital infrastructure to support predictive analytics and proactive planning</p>	<p>Strategic Improvement Development Groups. Reviewing consistency in triage processes</p> <p>Risk and compliance: Performance reports to Integrated Performance Executive Delivery Group & Board Corporate Risk reporting to Performance and finance committee Patient-reported outcome measures (PROMs) and Patient-reported experience measures (PREMs) data</p> <p>Independent assurance: Internal Audit findings demonstrating substantial assurance Welsh Government Targets Joint Executive Team WG UEC Programme Board with WG attendance NHS Executive touch points Significant guidance and steer with National Imaging Programme CAMHS & Neurodevelopment National Programme links established. National Specification being worked towards. Regional ND, CAMHs meetings for improvement. CAMHS & Neurodevelopment Enhanced Monthly NHS Exec meeting with performance leads.</p>	<ul style="list-style-type: none"> Health Board resource plan for seven-day UEC care model Health Board workforce plan to align demand and capacity on a seven-day basis Clear structure and delivery for pathways of care delays for North Wales as a system Ensuring compliance with Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation. Lack of consistent and reliable performance data at daily and weekly level. Health Board workforce plan at modality level. Specific diagnostics assurance process to delivery national patient standard for wait levels. CAMHS & Neurodevelopment Improvement programme reporting to be defined and governance structure
---	---	--	---	---

↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
	Major change programmes for UEC and planned care aligned to the Six Goals for Urgent and Emergency Care (UEC) framework and national objectives (such as timely access to care and building community capacity). <i>Governance structure completed, all workstreams now all aligned.</i>	Alison Bishop	Complete	31/03/2025
	UEC improvement programme review to ensure the necessary improvements and outcomes are having the required impact on quality and safety of UEC services. <i>Sept midway review.</i>	Alison Bishop	Progressing	30/09/2025
	Use of data analytics to identify high-risk populations (completed) and optimise resource allocation, <i>as a part of workstream one, needs aligning to enhanced community care.</i>	Alison Bishop	Progressing	31/03/2026
	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. <i>Review of various dashboards to align input criteria and date.</i>	Alison Bishop/ David Hutton	Progressing	31/06/2025
	Strengthen digital capabilities to support service teams (such as e-triage, further roll out of home adaptations particularly rural areas, single patient tracking lists). <i>Align digital plan to UEC plans.</i>	Alison Bishop/Danielle Edwards	Progressing	31/03/2026
	Standardising care pathways across the Health Board. <i>Current mapping exercise.</i> Sits within clinical service strategy, community health pathways being rolled out for development in elective care.	Alison Bishop/Vicky Freeman	Progressing	31/03/2026
	Winter Resilience Plan milestones and adherence to ministerial requirements for capacity building, <i>plan complete evaluation and lessons learnt.</i>	David Hutton	Progressing	31/05/2025
	Revised Access policy to ensure standardised practice across the Health Board	Rhys Blake	Complete	30/01/2025
	Re-enforce specialty level planning cycle through service line demand and capacity plan across the Health Board. <i>Reinforced with services, complete. To be evidenced in April 2026 through Plans</i>	Stephen Powell/Kathryn Lang	Progressing	31/03/2026

Strengthened workforce planning for key areas linked to challenged services	Tracey Rosco/Paolo	Progressing	31/03/2026
Telehealth care to strengthen out of hospital care including home systems and video facilitated care forms workstream 1 or 4 for UEC	Alison Bishop	Progressing	TBC
Continued efforts to further strengthen collaboration with local authorities and voluntary sectors for integrated care delivery models. Milestones to be reported	Chief Operating Officer	Progressing	31/03/2026
Incorporate public health needs analysis to service planning (such as deprivation links to access for UEC, Planned Care, CAMHS and Womens services)	Chief Operating Officer /Executive Director of Public Health	Progressing	31/03/2026
Regional approach for services such as Child and Adolescent Mental Health (CAMHS)	Louise Bell	Progressing	31/09/2025

Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report (March 2025)			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee (PFIG)			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 29 April 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register (Mar '25) to which the Committee has oversight.</p> <ul style="list-style-type: none"> All 4 risks for which the Committee has overall accountability, currently have their risk score being above the tolerance set within the risk appetite. All risks have been reviewed and updated by the relevant service, with no proposed changes in risk scoring. 			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to receive assurance for the progression of the corporate risks to which the Committee has overall accountability.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Links to the BAF detailed in respective CRR reports			

<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>It is essential that the Health Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>Not applicable for this report</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</p>	<p>Not applicable for this report</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Individual Executive Sign off of CRR reports, Review at next Risk Scrutiny Group and subsequent Executive Team Meeting.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>See the individual risks for details of the related links to the Board Assurance Framework.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable for this report</p>
<p>Camau Nesaf:</p>	

Next Steps:

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board.

Rhestr o Atodiadau:**List of Appendices:**

Appendix 1 – Corporate Risk Dashboard (March 2025)– Performance, Finance and Information Governance Committee (PFIGC)

Appendix 2 – Corporate Risk Register Report (March 2025) – Performance, Finance and Information Governance Committee (PFIGC)



Corporate Risk Register





Corporate Risk Register Report

1.0 Purpose

1.1 The purpose of this report is to provide an update to the Committee on the most significant risks to which the committee has overall accountability and oversight of.

There are 4 Corporate Risks for Performance, Finance and Information Governance Committee oversight and assurance. The full details of those risks are highlighted in Appendix 2 and include evidence of controls in place, additional controls required and actions with due dates:

- CRR24-05 - Financial Sustainability
- CRR24-06 - Suitability and Safety of Sites
- CRR24-10 - Urgent and Emergency Care
- CRR24-11 - Planned Care

2.0 Key Highlights

All risks have been reviewed and updated by the relevant services, no risks are proposed for a change in score in this paper.

The group is asked to **note** the updates and developments:

- **CRR24-10** 'Urgent and Emergency Care' – Proposal to extend the target risk due date from the 31/03/2025 to 30/06/2026 to align with the updated programme of action due dates following the identification of new actions required to reduce the risk.

2.1 Changes in Score

None

2.2 New Risks

None

2.3 Overdue/Delayed Actions

The corporate risk register report was produced at the beginning of **March 2025** for review and approval by the Executive Team. At the time of producing one action was 'overdue' however some actions are noted for being completed end of March 2025.

As per the normal cycle of reporting, the May 2025 updates are being sought for current updates on all of these actions. The status of these actions will be included in the next update/iteration of the risk register.

2.4 Risks above Health Board 24/25 appetite

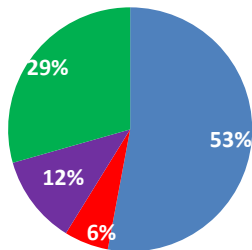
Four risks reported to committee score above the tolerance range set in the appetite.

Risk Ref	Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR24-05	Financial Sustainability	Executive Director of Finance	20	Financial <16
CRR24-06	Suitability and Safety of Sites	Executive Director of Finance	20	Quality <16
CRR24-10	Urgent and Emergency Care	Chief Operating Officer	20	Quality <16
CRR24-11	Planned Care	Chief Operating Officer	20	Quality <16

2.5 Action Plan status of Corporate Risks

ACTION STATUS OF CORPORATE RISKS

■ Progressing ■ Overdue
■ New Action ■ Completed



Out of the 4 corporate risks, 17 actions have been developed to mitigate the risks. 5 actions have been completed, 9 actions are progressing, with 1 action overdue, and 2 new actions identified.

Next steps

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board

Appendix 1 - Corporate Risk Register Dashboard March 25 – Performance, Finance and Information Governance Committee (PFIGC)

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoF	CRR24-05	Financial Sustainability	4 x 5 = 20 ↔	12	Financial Open <16	Performance, Finance and Information Governance Committee	Risk score has remained at 20 since opened in March 2023, updated to reflect 24/25 financial year. 1 progressing action ongoing. Risk Score above tolerance set in risk appetite.
DoE	CRR24-06	Suitability and Safety of Sites	4 x 5 = 20 ↔	12	Quality Open <16	Performance, Finance and Information Governance Committee	Opened March 24, 4 actions identified, 3 progressing with 1 overdue over-due. Risk Score above tolerance set in risk appetite.
COO	CRR24-10	Urgent and Emergency Care	5 x 4 = 20 ↔	12	Quality Open <16	Performance, Finance and Information Governance Committee	Opened Feb 24, 3 actions completed, 2 actions progressing, with 2 new actions identified. Risk Score above tolerance set in risk appetite. Extended the Target risk due date to allow sufficient time to complete and implement identified actions, from the 31/03/2025 to the 30/06/2026.
COO	CRR24-11	Planned Care	5 x 4 = 20 ↔	8	Quality Open <16	Performance, Finance and Information Governance Committee	Opened Feb 24, 5 actions identified, 3 progressing, with 2 actions completed Risk Score above tolerance set in risk appetite.

Key:

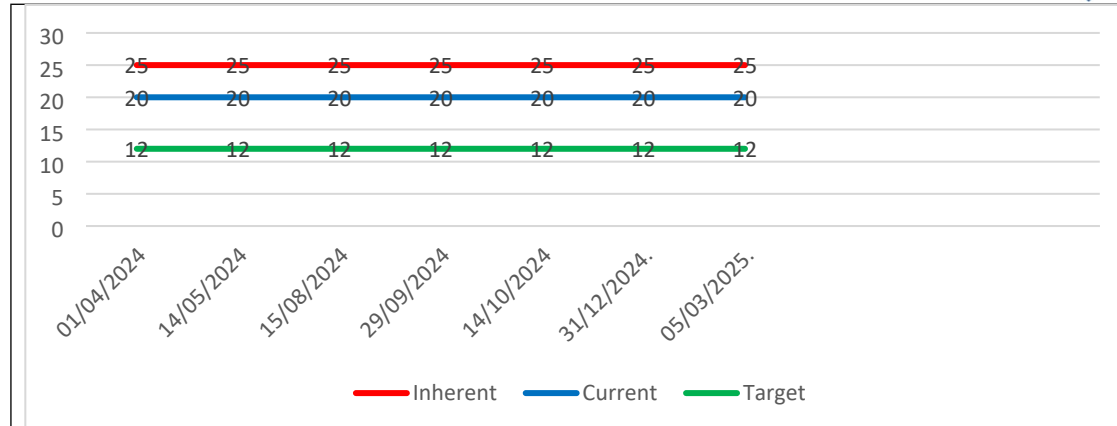
Executive	
Executive Director of Finance	EDoF
Director of Estates	DoE
Chief Operating Officer	COO

Appendix 2 – Corporate Risk Register Report March ‘25 – Performance, Finance and Information Governance Committee (PFIGC)

CRR 24-05	Risk Title: Delivery of the Annual Financial Plan		Date Opened: 01/04/2024
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 25/02/2025
Date Last Reviewed: 05/03/2025	Director Lead: Executive Director of Finance	Link to BAF: BAF24-03	Target Risk Date: 31/03/2025
<p>There is a risk that the Health Board does not achieve the in year Financial Plan and Welsh Government control total (noting the key duty being to deliver break-even). Failure to achieve the financial plan could result in conditionally recurrent investment being withdrawn from the Health Board and central intervention to support attainment of the key financial duty in this or future financial years.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions have been issued and performance to be challenged at Integrated Performance Executive Delivery Group – chaired by the Chief Executive. 2. Accountability Agreements issued to the budget managers for sign off in support of funding and deliverables required for each financial year. The signing off for these agreements monitored for review by Internal Audit and performance reported through Committees of the Health Board 3. Value and Sustainability programme approach to 2024/25 savings has been endorsed by the Executive and Board. Executive Leads have been assigned and a flow chart issued setting out the governance process for sharing of costed savings opportunities and Divisional delivery. 4. Continuation of the Enhanced Establishment Control Group (executive approval before advertising) to review all requests for A&C posts and all Band 7+ posts , moratorium on requests for Permanent recruitment to Band 8D and above (non clinical posts) and minimising interim staff appointments. 5. Cease use of non-patient facing agency with exceptionality process put in place through the enhanced establishment control process 6. Non-Pay – all discretionary non-clinical expenditure to be directed to Executive Director of Finance for scrutiny and approval 		<ol style="list-style-type: none"> a. Welsh Government (WG) expectation to achieve financial balance, due to the financial settlement/allocations to Health Boards and to enter into financial stability. b. The 24/25 Annual Plan and forecast financial outturn based on a level of expenditure controls and savings delivery that the Health Board considers to be sufficiently challenging and deliverable, whilst maintaining quality and patient care. c. The Month 6 position showed a material deficit to date and therefore additional actions are required to control the run rate and recover the deficit above plan. These were endorsed for implementation through the Integrated Performance – Executive Delivery Group d. Performance is reported and scrutinised through the IP – EDG monthly meetings where officers are held to account for delivery and bi-monthly within the Performance, Finance and Information Governance Committee and Health Board. e. Escalation meetings where improvements are not realised are held with leadership teams by the Chief Executive. In these forums support is offered to improve performance and trajectories supported for improvement. 	



<ol style="list-style-type: none"> 7. Internal scrutiny by Central Finance Team, of the Divisional financial assumptions, overspends and forecasts. 8. Financial reporting to Welsh Government on a monthly basis, with the Monthly Monitoring Return (MMR). 9. Regular communication with Welsh Government regarding £82m strategic funding with regards to making this recurrent. 10. Early identification of emerging issues through horizon scanning and trends in run rate and alerting Operational Management to changes to regularity requirements. 11. Monitoring the adequacy and effectiveness of internal control, accuracy and completeness of financial reporting and forecast, compliance with laws and regulations, and timely remediation of deficiencies. 			
Actions		Due Date	Progression Analysis
<p>The Integrated Performance – Executive Delivery Group (IP-EDG) endorsed implementation of expenditure controls within the areas and directorates (from November 2024) as a measure to cease the run rate deterioration above plan and recover the year to deficit, to attain the forecast control total deficit for the financial year as agreed with Welsh Government. These measures were expanded to cover controls over expenditure discretionary expenditure (non-patient related) in January 2025 within IP-EDG.</p> <p>Enhanced ‘Check and Challenge’ discussions with Chief Finance Officers, on a monthly basis, to ensure the forecast expenditure is robust. Escalation of Out of Area Mental Health Placements, through the Chief Executive Officer. Maintain increased controls. Continued oversight and holding to account via the Integrated Performance Executive Delivery Group, and holding to account against expenditure control reductions identified for the remainder of the financial year.</p>		31/03/2025	Progressing
	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score	4	3	12
Risk Appetite	Financial		<16



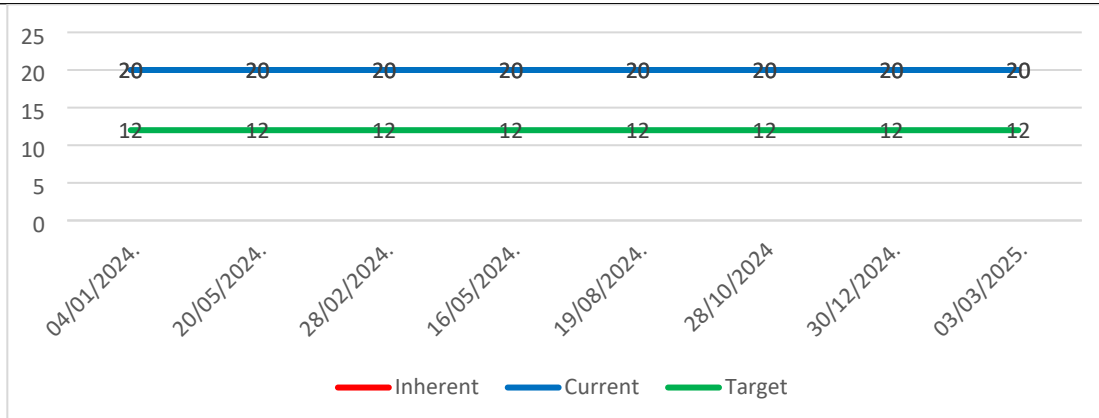
Position & Intended Outcome for Risk

M10 - Year to date position is reporting a deficit of £12.9m. This represents an £5.7m adverse variance compared to 10/12ths of the full year £8.6m planned deficit. The year to date deficit above plan is driven by additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs .

CRR 24-06	Risk Title: Suitability and Safety of Sites		Date Opened: 04/01/2024
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 25/02/2025
Date Last Reviewed: 03/03/2024	Director Lead: Director of Environment	Link to BAF: BAF24-03	Target Risk Date: 31/03/2026 (10 year capital investment requests aligns with the capital prioritisation form that will be submitted to Welsh Government – completion target date 2035).
<p>There is a risk that the suitability and safety of the estates and infrastructure across BCU could severely impact on service delivery, staff and patient safety. This could be caused by aging and unsuitable buildings, backlog maintenance issues, non-compliance with regulations, inadequate space capacity, and lack of capital funding. The impacts may include inability to meet service needs, reduced access to diagnostics and treatment, risks of infection, fire, asbestos, legionella and other hazards, increased costs, regulatory enforcement action, and significant reputational damage. This presents risks to the continuity of care, patient outcomes, staff wellbeing, and the Health Board's ability to provide safe, therapeutic environments across the region.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Estates Strategy developed and approved by the Health Board in January 2023. 2. Internal Governance for capital allocation in place within the Health Board. 3. Business Cases to Welsh Government to resolve major infrastructure issues in line with the Estates Strategy 4. Priority bids against Welsh Government Estates Funding Advisory Board (EFAB) for the allocation and prioritisation of funding in relation to infrastructure funding, decarbonisation, fire and Mental Health and Learning Disability. 5. Discretionary Capital Allocation of £12.448m for 24/25 approved by Welsh Government with an allocation of approximately £3.208m aligned to improvements within the Estates. Prioritisation is based on Operational Estates Risk Register 6. Regular Welsh Government /Health Board Capital Meetings – which provides a direct link with Welsh Government to raise concerns regarding the funding available to effectively manage the condition of the estate and ensure safety of patients and staff. 		<ol style="list-style-type: none"> a. 6 facet survey to be undertaken to obtain an updated report of the condition of the Estate' this will inform the risk status by site, which will be assessed against the controls currently in place. Additional mitigation or strengthening of controls will also be considered. b. Assurance around the development control plan that it is aligned with both the Estates strategy and the Clinical strategy. c. Business Case Review Group to be set up to review all business cases to provide scrutiny prior to submission to Executive team. d. Standardised approach by the Health Board in relation to management of Estates and Capital between the Integrated Health Community (IHC's) and other services and the Estates/Capital teams – linked to the changes to the Operating Model. e. Ensure that the Health Board has an Estates rationalisation programme in place that will support the capital prioritisation programme and reduce backlog maintenance. 	

<p>7. Operational Estates Safety Groups in place to provide assurance, the safety groups are as detailed below and oversee risks relevant to the groups:</p> <ul style="list-style-type: none"> a. Fire Management b. Asbestos Management c. Water Safety, d. Ventilation Safety e. Electrical Safety <p>8. Welsh Government Capital Resource Meetings in place to provide route for escalation.</p> <p>9. Estates and Facilities Performance Management System (EFPMS) reporting template and recording of backlog maintenance</p> <p>10. Capital Allocation from Welsh Government – additional capital funding of £4.16M allocated to the Health Board to focus on Backlog Maintenance</p> <p>11. The Health Board submitted the Major Capital prioritisation plan to Welsh Government (WG) to identify required investment. The end date is dependant of how much capital investment is provided to the Health Board from WG. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government.</p> <p>12. Updated agreed protocol for use of Annual Discretionary Slippage in place for developing Business Justification Cases (BJC) for essential estates works and discretionary capital schemes that could be aligned with in-year additional Capital Funding provided by WG.</p> <p>13. Capital Funding from Welsh Government – additional capital funding of £2M allocated to the Health Board in year for slippage bids.</p>	<ul style="list-style-type: none"> f. Internal Audit review of Fire Safety – Agreed Management Action Plan being implemented and being managed through the Fire Safety Management Group g. Timely progression of major Capital Schemes which address Estates Safety such as Wrexham Maelor Continuity Plan – Phase h. Completion of applications for the Welsh Government (Capital, Estates & Facilities) Targeted Estates Fund for NHS Wales 2025-2027 i. Review of Reinforced Autoclaved Aerated Concrete (RAAC) to be completed by the Health Board’s approved structural engineers – Curtin’s 	
Actions	Due Date	Progression Analysis
<p>Undertake action to deliver a Health Board Estates Rationalisation Programme. Estates Rationalisation Programme being developed and in draft format. This will be finalised in conjunction with the new Director of Environment, once in post. The Draft will be submitted to a multi-disciplinary group for initial comment, with a final version to be ratified by Capital Investment Group. Health Board Rationalisation Programme to be presented to CIG on 12th September 2024. Estate’s rationalisation plan is being reviewed and updated taking into account disposals that have been approved in 2024-2025 and opportunity for disposals in 2025-2026 as part of rationalisation of our estates that supports the Caledfryn Project.</p>	31/01/2025	Overdue

Undertake actions to deliver a 6 facet survey across the Health Board over the next 5 years. The 6 Facet survey contract is currently being procured through the SBS framework via mini-competition, the contract is due to be awarded by January 2025. A Phase 1 approach for the Acute Hospitals, is expected to be completed by 31/3/25. The completion of the full survey has been brought forward from the original 5 year time frame to a 2 year programme. A review of the 6 facet survey programme is to be undertaken with support from Director of Environment and Estates with a plan to adopt an All Wales approach to surveys which is being led by NWSSP Specialist Estates Services.	31/03/2026	Progressing
Review and update Development Control Plans	30/04/2025	Progressing
Develop a standardised Terms of Reference to be considered and endorsed by Capital Investment Group	31/03/2025	Progressing



N.B. Inherent and Current score lines stacked as both are 20.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	2	4	12
Risk Appetite	Quality		<16

Position & Intended Outcome for Risk

Current Risk score of 20 aims to be reduced to a 12 by April 2025. Backlog maintenance is the cost to bring estate assets that are below acceptable standards (either physical condition or compliance with mandatory fire safety requirements and statutory safety legislation) up to an acceptable condition. Total 2021/22 backlog costs for all BCUHB properties was £348.4m. Cost to achieve physical condition B is c. £213m. Cost to achieve condition B for fire and safety statutory compliance is c. £136m. Total risk adjusted backlog is c. £240m. The majority (73%) of backlog relates to the 3 acute hospitals. Backlog for MH&LD, Community and Local Hospitals, and Community Facilities each comprise c.10% of total backlog.

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

To aid with supporting a Capital Programme the Health Board will commence with a programme to deliver a 6 facet survey for the Estates, these surveys will commence in 2024 focussing on Acute sites and then community hospitals with



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

	<p>a target to complete within 2 years. This will be a significant part of the estates portfolio and backlog maintenance cost. As sites are completed the cost associated with backlog maintenance will be identified and capital funding requested. The end date is dependant of how much capital investment is provided to the Health Board from Welsh Government. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government.</p> <p>In addition, significant works have been undertaken on the fire project at Ysbyty Gwynedd which will result in approx. £2M being invested and works completed by March 2025. Wrexham Resilience Programme has undertaken a risk-based approach to address key findings of the original Business Case. The Health Board has disposed of 2 sites (Ala Road and Cilan) this financial year which were vacated as 'not being fit for purpose', approval has also been received to dispose of Rosset HC and Ruthin HC which have been vacated due to condition of the Estate and these are expected to progress to auction in early 2025.</p>
--	---

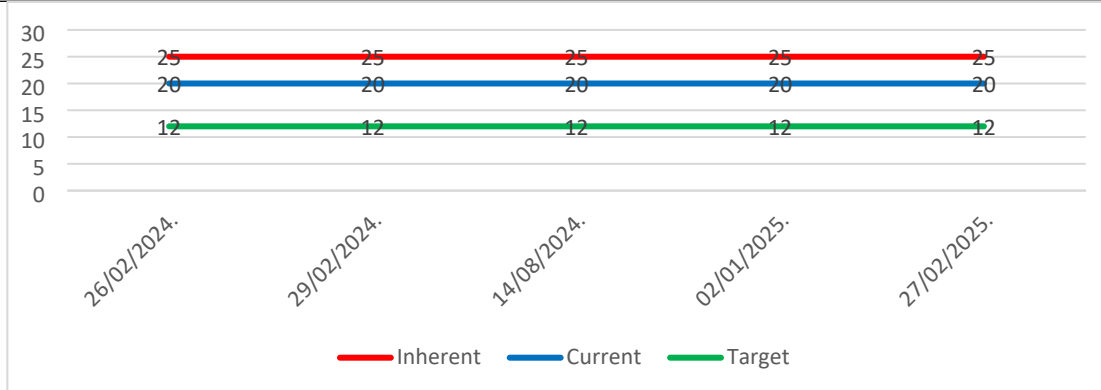
CRR 24-10	Risk Title: Urgent and Emergency Care (UEC)		Date Opened: 26/02/2024
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 25/02/2025
Date Last Reviewed: 27/02/2025	Director Lead: Chief Operating Officer	Link to BAF: BAF24-07	Target Risk Date: 30/06/2026
<p>There is a risk of mortality in relation to critically ill patients being seen in a timely manner through unscheduled care routes. This may be caused by delayed dispatching of ambulances, ambulance queues at emergency departments, Out of Hours access and Emergency Departments (ED) and Urgent Treatment Centres (UTCs) being at capacity. This could impact on pressures for other services, reputation and litigation implications.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. System resilience hub introduced in December to ensure consistent approach to daily resilience calls BCUHB wide focused on prevention of and mitigating actions in response to reducing delays already in the system. Hospital full protocols reviewed and updated to support rapid de-escalation during peak periods of demand. Winter resilience plan, and festive period plans, developed to manage whole system pressures. 2. Ambulance handover guidance shared and utilised as part of the system resilience calls. Ambulance escalation process to support peak periods of demand. 3. UEC programme governance and reporting structure realigned into 4 workstreams (brings together all relevant improvement projects into a single improvement programme). 4. Workstream 1 focused on the community wrap around care ensuring that care, wherever safe to do so, is delivered closer or at home to avoid unnecessary conveyance and admission. 5. Single Integrated Clinical Advice Triage (SICAT) and GPOOHs services working together to provide 24/7 model across North Wales. Health Care Professional line available alongside review of the ambulance stack to avoid long waits. 6. 0800-2000hrs funded GP service working alongside Welsh Ambulance Services Trust (WAST)/111 to reduce ambulance responses and manage patients through alternative pathways reducing the need for ambulance attendances 7. Workstream 2 focused on providing direct access to services as a safe alternatives to Emergency Departments (EDs) 8. EDs working to the All-Wales ED quality statement; Same Day Emergency Care (SDEC) services at all acute sites for those emergency admissions that would have had an overnight stay to be managed and discharged home the same day. Direct access to SDEC is available to health care professionals including Primary Care, 111 and WAST. 		<ol style="list-style-type: none"> a. A number of key roles within the UEC Improvement Programme remain as temporary / secondments and this will impact on the inability to drive the required system change. b. Fragility and gaps in social care assessment, delivery and social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds. c. Funding spot purchasing of beds to assist with stepping up of patient care rather than hospital admissions and step down for assessment of individuals needs in a community setting. Implementation plans being agreed through additional 50 day challenge funding provided December 2024. d. Trusted assessors development, ongoing work for the last 18 months, support required to progress at pace. e. Get it Right First Time (GIRFT)/SEDIT reports to support demand management 	



<p>9. Red Cross ED Wellbeing and Home Safe service provided across all EDs to support patients during their time within EDs and provide a safe discharge solution and settlement safe avoiding reattendance /readmission.</p> <p>10. Workstream 3 in place improving patient flow and therefore reducing overcrowding in EDs and subsequent ambulance handover delays at the front door</p> <p>11. Optimal Hospital Flow framework supported by daily board rounds to ensure every day is a green or value added day for the individual thereby avoiding delays in the patient pathway and reducing the time spent in hospital and deconditioning.</p> <p>12. Regular reviews of long stay patients in acute & community hospitals to reduce average length of stay.</p> <p>13. Workstream 4 in place (continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos).</p> <p>14. Review of Complex Care arrangements in place to improve system improvements and to reduce delays, managed each IHC's Clinically optimised weekly meetings.</p> <p>15. Adverse discharge meetings in place as real time feedback, ensure lessons learnt and build trust across organisations.</p> <p>16. Trusted Assessors (in 4 areas) reducing time for assessment.</p> <p>17. Workstreams are all in place focused on key areas within the patient pathway, with reporting of progress through the UEC programme structure and operational delivery groups at IHC level.</p>	<p>across North Wales need to be implemented through workstream 1 delivered by IHC operational teams</p> <p>f. All audit reports need to be reviewed to ensure all recommendations have been implemented and learning shared.</p>
--	---

Actions	Due Date	Progression Analysis
<p>Health board to support development of a pan North Wales UEC (SICAT remodelling) hub prior to Winter 2024 to ensure 24/7 service support, in conjunction with national support and forthcoming escalation triggers. The process of review is in place and will be led by workstream 1 of UEC programme. New model for Single Point of Access to be developed Q1 2025/26 and work commenced</p>	31/01/2025	Complete
<p>BCUHB agreement on IHC to trial the Continuous flow model and implement prior to August 2024- East IHC have been the site supported by Executives as initial trial site. Ongoing assurance discussions with East IHC and Swansea Bay continue in light of concerns raised. Final meeting planned for end of June 2024. This action is not being implemented. Focus will be on embedding the Optimal Hospital Flow Framework, supported by monitoring through the system resilience hub, to ensure efficient patient flow, minimise numbers of clinically optimised patients remaining in acute hospitals beds thereby reducing LoS.</p>	31/03/2025	Complete
<p>Workstream plans being developed (some controls in place) and agreed with each lead, plans are pan North Wales with operational delivery through each of the IHCs. Workstream plans are aligned to the annual plan and</p>	31/01/2025	Complete

<p>the 3 ministerial priorities for 2024/25. Workstreams focused on key areas within the patient pathway will work with partners across the UEC whole system to deliver the necessary improvement;</p> <ol style="list-style-type: none"> 1. Support at the individual's front door 2. Hospital front door 3. Hospital flow 4. Discharge from hospital <p>Workstreams are all in place with workstream leads, workstream plans have been developed and new plans for 25/26 being developed and agreed. Reporting of progress is through the UEC programme structure and also through operational delivery groups at IHC level.</p>				
<p>Review of all outstanding audit, Get It Right First Time (GIRFT) and Health Inspectorate Wales (HIW) reports to ensure that actions plans are captured and any outstanding actions delivered within the relevant workstreams and lessons learnt used to inform sustained improvement.</p> <p>Reports are being reviewed along with NHS Executive reports. A process is being established to ensure that all audit reports relating to UEC are managed through one central point to ensure recommendations are implemented and learning is shared. Improvement actions will sit within the relevant workstream.</p>	31/03/2025	Progressing		
<p>Annual plan narrative for 25/26 delivery drafted, awaiting planning guidance for 25/26, dues 23rd December 2024, to ensure that annual plan for UEC and subsequent workstream plans are aligned to the ministerial priorities for 25/26 and the de-escalation framework.</p> <p>Ministerial templates utilising planning guidance, which incorporates the national 6 goals planning framework, completed and out for review. Annual plan narrative to be reviewed to ensure alignment with changes in the planning framework. Draft 6 goals plan developed based on the above and submitted for feedback. UEC trajectories developed aligned to Ministerial Priorities, 6 goals expectations and de-escalation measures.</p>	31/03/2025	Progressing		
<p>As part of workstream 4 a rapid improvement cycle 'Recovering What matters' was completed in February 2025. This focused on ensuring all patients D2RA pathway, PDD were in place within 24 hours and themes of constraints for complex patients were identified and escalated within the same day with LA colleagues. The final evaluation report is being completed and recommendations will be taken forward as part of workstream 4 to ensure that discharge pathways are efficient and the correct process/protocols in place for escalation when required.</p>	31/03/2025	New Action		
<p>New model for Single Point of Access to be developed</p>	30/06/2025	New Action		
		Impact	Likelihood	Score



Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score	4	3	12
Risk Appetite	Quality		<16

Position & Intended Outcome for Risk

The number of Prevention of Future Death (PFD) / Regulation 28 Notices issued to BCUHB since February 2023 currently stands at 32. The Health Board saw a large number issued in 2023/24 (23) which was a significant outlier compared to previous years and other NHS Wales bodies. However 5 were received in 2024/25 (to date), a significant reduction compared to the number issued in same period of the prior year and more in-line with the average of previous years and other NHS Wales bodies. 9 cases directly related to the impact of delays in the health and social care system on the timeliness of responses by the Welsh Ambulance Service. Goal to be in line with WG targets.

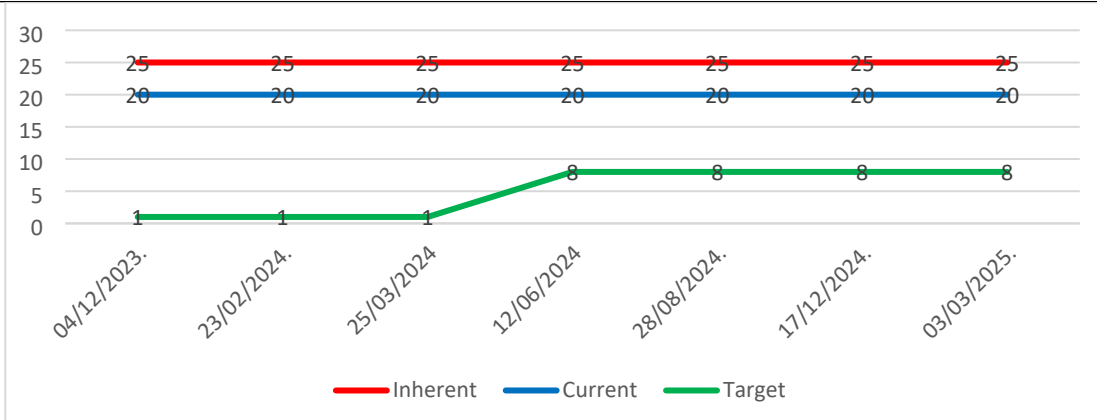
CRR 24-11	Risk Title: Planned Care		Date Opened: 04/12/2023
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 25/02/2025
Date Last Reviewed: 03/03/2025	Director Lead: Chief Operating Officer	Link to BAF: BAF24-07	Target Risk Date: 31/12/2025 (interim review)

There is a risk of further deterioration in patients' health, **harm**, mortality or need for more complex treatment in relation to planned care services with a, resulting in failure to meet national access targets. This could be caused by **long waits and delays** for planned care, insufficient **capacity**, staffing shortages, increasing demand, and backlogs exacerbated by COVID. The impact would be worsening patient outcomes and experiences including avoidable harm, increased complaints, financial penalties for target breaches, and reputational damage.

Mitigations/Controls in place	Additional Controls required
<ol style="list-style-type: none"> 1. Routine prioritisation of patients by clinical risk according to national Referral to Treatment Time (RTT) guidance (Cancer > Urgent > Routine) 2. Performance monitored via weekly corporate access meeting and locally via IHC weekly access meetings including long waits and clinical prioritisation. 3. Clinical prioritisation and review of waiting lists ongoing. 4. Validating waiting list cohorts. 5. Joint Patient Admin and Booking Centre. 6. Leadership, Chief Operating Officer now recruited for both interim and substantive. 	<ol style="list-style-type: none"> a. Need a substantial in sourcing/outsourcing commissioning piece of work over a longer timeframe 2-3 years b. Capacity and demand modelling and trajectory tracking c. Clinically led development of sustainable service models to secure long term safe quality provision d. Implementation of GiRFT (Get it Right First Time) and wider recommendations from service review processes (including from Clinical Implementation networks nationally) e. Application of GiRFT and other performance improvement approaches (monitor progress of implementation via planned care board and performance outputs via access). f. The planned care funds require quicker mobilisation in future years g. Refresh and renew INNU policy to ensure referrals are appropriate. h.

Actions	Due Date	Progression Analysis
Recruiting clinical leads and project management capacity to support clinically led specialty programmes of work in order to secure successful design and delivery of sustainable models of care	30/06/2025	Progressing
Procurement for insourcing for endoscopy and diagnostics Insourcing endoscopy business case approval at Executive Team	01/11/2024	Completed
Ensure completion of demand and capacity analysis to inform forward looking activity and produce mitigations for shortfalls Demand and capacity plan (in progress) completed to inform specialty level position for 2025/26 and targeted support where shortfalls identified	31/03/2025	Progressing

Process to minimise escalation into elective capacity through UEC improvement programme. Monitoring and escalated impact on elective care will be BAU.	31/01/2025	Completed
Ensure specialty plans reflect sustained additional capacity to the existing baseline aligned to the demand and capacity outputs for 2025/26.	30/06/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score	4	2	8
Risk Appetite	Quality		<16

Position & Intended Outcome for Risk

RTT 52 week waits stage one - NHS Wales Performance Framework 2024-25
Target = 0. Current positions RTT >52 Stage 1 – 27,880 (unbooked)

RTT 104 week waits all stages - NHS Wales Performance Framework 2024-25
Target 0. Current positions RTT 104 all Stages -11,993 (9,706 over 104w +1,198 over 156w + 10 over 208w – unbooked position) To achieve this within 12 months would mean in the order of an additional 2,417 cases per month, at least 1,459 of which would be stage ones.

RTT 52 week waits all stages - NHS Wales Performance Framework 2024-25
Target 0 by 30.06.2025 Follow up backlog 100% overdue - Target reduction compared to same month last year. East has a bigger share of stage ones over 52w by 2k so there is room to make the pan-BCU list more equitable. Continue to prioritise eliminating 156 or 208 weeks as early in the new financial year as possible.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE

**Terms of Reference & Operating Arrangements
(Schedule 3.5 of the Standing Orders)**

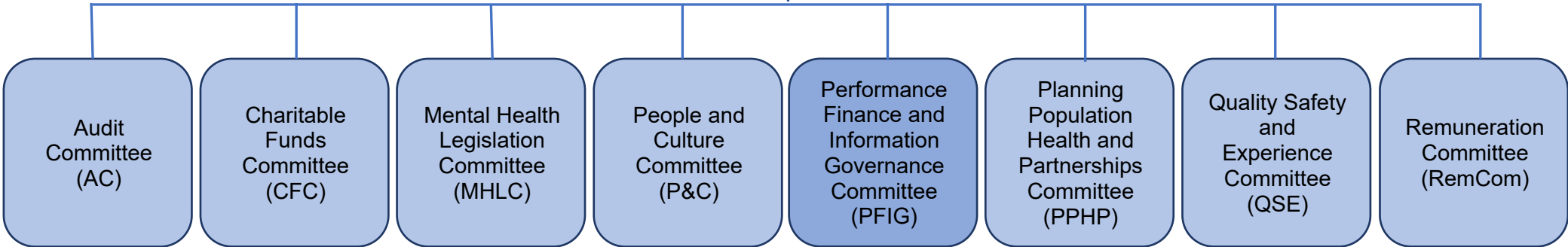
Date approved by Health Board :

PFIG ToR V0.01

Page 1

Betsi Cadwaladr University Health Board

Advisory Groups
 Clinical Advisory Group (CAG)
 Local Partnership Forum (LPF)
 Stakeholder Reference Group (SRG)



Version Control

Version	Issued to	Date	Comments
V0.01	Executive Committee		

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.
- 1.3 Due to the nature of the business being considered at the RC these meetings will be held in private and papers/minutes will not be made publically available. A summary highlight report will be received at the Public Board meeting that follows.

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 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.

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 Panel (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)

Executive Director of Operations

Chief Digital and Information Officer

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.



Teitl adroddiad: <i>Report title:</i>	Summary of business considered in private session to be reported in public			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 06 May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The Finance, Performance and Information Governance Committee considered the following matters in private session at the meeting held on 23rd December 2024:</p> <ul style="list-style-type: none"> • Capital Programme 25-26 • Caledfryn • North Wales Medical School Programme Business Case • Oncology RIGA overspend 25-26 			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Russell Caldicott, Executive Director Finance			
Awdur yr Adroddiad: <i>Report Author:</i>	Philippa Peake-Jones, Head of Corporate Affairs			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

	<i>mechanisms / objectives</i>		
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>			
Cyswllt ag Amcan/Amcanion Strategol:			
<i>Link to Strategic Objective(s):</i>			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>		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	
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.	
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.	
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.	
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>		Not applicable	
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.	
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)			

Reason for submission of report to confidential Committee (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations Advised in private session reports where appropriate	
Rhestr o Atodiadau: Dim List of Appendices: None	

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

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

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
20.03.25	Via email from Joanne Janes, Commissioning Manager, MHLD 06.03.25	Joanne Janes	Recommissioning of the Substance Misuse Detoxification Service	The MHLD Directorate are looking to gain Corporate approval to recommission the substance misuse detoxification service as the current contract expires in 2025.	Joanne Janes	Teresa Owen	29.04.25	
25.02.25	PFIG 25.02.25	Chair	Shared Services and how we manage our own internal processes			Executive Director of Finance	TBC	
5.11.24	Audit Committee 5.11.24	Audit Committee 5.11.24	Internal Audit Progress Report	Due to lack of regular oversight of the Llandudno Hospital Orthopaedic Surgical Hub, note this via PFIG Committee and provide an update back to Audit Committee. Potentially invite Chris Stockport to join the January 2025 Audit Committee meeting.		Executive Director of Finance	TBC	
20.10.24	PFIG 30.4.24	Chair	Planning Independent Review	To schedule Planning within the Board Development programme and schedule the Review's action plan update to the August PFIGC meeting.	Director of Corporate Governance	Director of Corporate Governance		Initial session scheduled for July 24 and further sessions to be included in the Board Development Plan. To be included on the forward work plans 25.6.24 Committee requested to leave open until completed 20.10.24 Suggest add to the Forward Plan and consider for the December meeting.
25.7.24	Action from 25.7.24 Public Board meeting	Health Board action	24/154.9 Performance report	Follow up on the lack of contemporaneous performance data within the Performance report given that Financial reporting was made available to the Board in a timely manner. Explore strong variation between East, West and Centre and whether successful progress within one area was sufficiently shared to learn lessons elsewhere.	Director of Performance and Commissioning	Executive Director Finance	December 2024	Director of Performance and Commissioning takes up post in October, and this will be part of his remit to build upon improving performance reports. Suggest the Performance, Finance and Information Governance Committee take oversight of this on behalf of the Board.
11.07.24	Action from Private Board Meeting Action 24/122.4	Pam Wenger via email	Bangor Health & Wellbeing Centre	Pam requested this is on the PFIG forward workplan – Action from Board “Outline the future governance route of Bangor H&WB Centre development, and ensure that the Board is provided with regular progress updates”	Director of Corporate Governance	Director of Corporate Governance	TBC	

27.8.24	Action from PFIG 27.08.24	PFIG	Integrated Performance Report	Integrated Performance Report Invite Russ Steve to give an overview on how the Integrated Planning Framework is operating.	Stephen Powell		TBC	
---------	------------------------------	------	--------------------------------------	--	----------------	--	-----	--