

Bundle BCU Performance, Finance & Information Governance Committee 18 **December 2025**

- 1 PRELIMINARY MATTERS
 - 1.1 09:30 - PF25.110 Welcome & Apologies
Gareth Williams, Chair
 - 1.2 09:31 - PF25.111 Declaration of Interest
Gareth Williams, Chair
 - 1.3 09:32 - PF25.112 Unconfirmed minutes of meeting held on 22 October 2025
Gareth Williams, Chair
PF25.112 Unconfirmed Minutes PUBLIC 22.10.2025 V1.4
 - 1.4 09:37 - PF25.113 Matters Arising & Action Log
Gareth Williams, Chair
PF25.113 Public Action Log PFIG Committee
- 2 ITEMS FOR ASSURANCE
 - 2.1 09:42 - PF25.114 Finance Report
Russell Caldicott, Executive Director of Finance
PF25.114.1 Finance Report Coversheet
PF25.114.2 BCU 2025-26 M08 Finance Report
 - 2.2 09:57 - PF25.115 Integrated Performance Report
Ed Williams, Director Performance & Commissioning
PF25.115.1 Coversheet - IQPR PFIG 18.12.2025
PF25.115.2 IQPR PFIG 18.12.2025
 - 2.3 10:12 - PF25.116 Information Governance KPI Report
Chief Digital & Information Officer
PF25.116.1 Information Governance Coversheet
PF25.116.2 Appendix 1 - Information Governance
PF25.116.3 Appendix 2 - Information Governance
 - 2.4 10:27 - PF25.117 Update on Integrated Medium Term Plan Process and Emerging Priorities
Paolo Tardivel, Executive Director of Transformation & Strategic Planning
PF25.117 IMTP Update
 - 2.5 10:42 - PF25.118 Progress against Planned Care - Verbal Update
Russell Caldicott, Executive Director of Finance
 - 2.6 10:57 - PF25.119 Urgent and Emergency Care Programme Board
Tehmeena Ajmal, Chief Operating Officer
PF25.119.1 UEC Programme Update Cover Sheet
PF25.119.2 UEC Appendix 1
PF25.119.3 UEC Appendix 2
 - 2.7 11:12 - PF25.120 Q2 Annual Delivery Plan Report
Paolo Tardivel, Executive Director of Transformation & Strategic Planning
PF25.120.1 Coversheet - ADP Q2 Report
PF25.120.2 ADP Q2 Report
PF25.120.3 ADP Q2 Appendix 1
 - 2.8 11:27 - PF25.121 Legal Services
Pam Wenger, Director of Corporate Governance
PF25.121 Legal Services Report
- 3 ROUTINE REPORTING
 - 3.1 11:42 - PF25.122 Board Assurance Framework
Nesta Collingridge, Head of Risk Management

PF25.122 Board Assurance Framework Report V2

4 FOR INFORMATION

4.1 11:52 - PF25.123 Corporate Governance Report
Pam Wenger, Director of Corporate Governance

Includes:

- *SSPC Assurance Report*

- *JCC Highlight Report*

PF25.123 Corporate Governance Report (Cover paper)

PF25.123.1 Workplan for PFIG Committee

PF25.123.2 SSPC Assurance Report

PF25.123.3a JCC Highlight Report

PF25.123.3b PPF Highlight Report

5 CLOSING BUSINESS

5.1 12:02 - PF25.124 Summary of Business to be reported from Private
Gareth Williams, Chair

5.2 12:04 - PF25.125 Agree Items for Referral to Board / Other Committees
Gareth Williams, Chair

5.3 12:06 - PF25.126 Agree Items for Chairs Assurance Report
Gareth Williams, Chair

5.4 12:08 - PF25.127 Review of Meeting Effectiveness
Gareth Williams, Chair

5.5 12:10 - PF25.128 Date of Next Meeting - 24 February 2026
Gareth Williams, Chair

5.6 12:11 - PF25.129 Resolution to Exclude the Press and Public
Gareth Williams, Chair

Betsi Cadwaladr University Health Board (BCUHB)

**Unconfirmed Minutes of the Performance, Finance & Information Governance
Committee**

held in Public on 22nd October 2025

held in the Meeting Room 1, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Gareth Williams	Chair
Mike Larvin	Independent Member
Rhian Watcyn-Jones	Independent Member
In Attendance	
Tehmeena Ajmal	Chief Operating Officer
Russell Caldicott	Executive Director of Finance
Nesta Collingridge	Head of Corporate Risk
Clara Day	Executive Medical Director
Danielle Edwards	Programme Director - Planned Care
Dave Harries	Head of Internal Audit
Rebecca Nelson	Director Of Planning, Performance & Informatics - NWSSP
Justine Parry	Assistant Director of Compliance and Business Management
Michelle Phoenix	Audit Wales
Pam Wenger	Director of Corporate Governance
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Minute Taker

PRELIMINARY MATTERS

PF25.88 Welcome and Apologies

Apologies were received from Jason Brannan, Dyfed Edwards, Nick Graham, Christopher Lothian-Field, Stuart Keen and Ed Williams

The Chair apologised for the bringing forward of the meeting to an earlier date than originally planned.

PF25.89 Declarations of Interest

No declarations were received.

PF25.90 Unconfirmed Minutes of the Meeting held on 26 August 2025

The following amendments to the minutes were noted:

- Page 7 of minutes: "Class 1 and 2 fallers" amended to "Class 1 and 2 falls"
- Members advised it was useful to have a summary of items not included on the standard agenda. It was agreed for this list from the previous minutes to be reviewed to establish if any of these items are to be added to the committee cycle of business.

It was agreed that the minutes of the meeting held on 26 August 2025 were a true and accurate record.

Action PF25.90.1: Summary of items not included on standard agenda to be reviewed and added to cycle of business if required.

PF25.91 Matters Arising & Action Log

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

[Tehmeena Ajmal joined the meeting].

Members raised the issue of the lack of clear alignment between the priorities set out in the Integrated Medium Term Plan (IMTP) and the budget and questioned when a baseline budget setting had last occurred.

The Executive Director of Finance explained such an exercise would be necessary in the context of the implementation of the Foundations for the Future programme.

It was resolved that the Committee:

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

ITEMS FOR ASSURANCE

PF25.92 Finance Report

The Committee received the report and the Executive Director of Finance highlighted:

- The Health Board was on currently off track to achieve the Plan of a balanced outcome for financial year 2025/2026. The current year-to-date position is a deficit of £15.1 million
- £40.8 million savings have been identified as per target, with potential for enhanced savings to be delivered.
- There is ongoing work regarding recruitment and related finance management processes.
- Work is underway to mitigate the level of capital expenditure risk.

In discussing the item, the Committee:

- Discussed the shortfall highlighted in relation to employee National Insurance costs referred to in the report. It was clarified that a proportion of these costs are not fully covered by an allocation from Welsh Government and that this is a pan Wales issue.
- Were advised that a planning exercise is being undertaken with regard to non-recurrent budgets.
- Noted the negative variances in drug costs, as outlined in the Finance Report and the potential for using biosimilar drugs which could achieve further savings while providing equivalent clinical outcomes. The Executive Director of Finance confirmed that significant cost savings have already been achieved through this approach. A

growth in drug volume has been identified, and work is ongoing to understand this trend.

- Noted that savings from biosimilar drugs would be treated as recurrent.
- Agreed that a discussion with the Chief Pharmacist would be useful when Value and Sustainability is next on the agenda to ensure Medicines Management are covered in the discussion.
- Discussed the 1% savings target across the Health Board for the 2025/26 financial year and emphasised the importance of requiring teams to themselves identify such savings, rather than resorting to measures of micro-management. It was acknowledged that some areas have greater scope to achieve savings than others, which could help reduce savings requirements elsewhere in order to prioritise patient safety.
- Discussed recruitment and ongoing work to streamline the process to minimise difficulties for managers seeking to recruit to posts within their budget and establishment
- Highlighted that the Health Board is particularly exposed to cross border tariffs and charges in relation to Joint Commissioning Committee. It is being explored as to whether there are any mitigations for these charges.

The following actions were agreed:

- **PF25.92.1:** reprofile of capital expenditure plan to take place and update to be given at future PFIG meeting.
- **PF25.92.2:** Invite the Chief Pharmacist to attendance when Value & Sustainability is next on the agenda to ensure Medicines Management representation.

[Danielle Edwards joined the meeting].

It was resolved that the Committee:

- **RECEIVED** the report.

PF25.93 Integrated Performance Report

Due to late rescheduling of the meeting, an update on this item was not available. Update to be circulated outside of the Committee.

PF25.94 Planned Care Major Workstream Update

The Committee received the report, which focused on theatre optimisation and the following points were highlighted:

- It was clarified that the 6-4-2 model refers to a process utilised in theatre management, referring to “what is done at 6 weeks, 4 weeks and 2 weeks” ahead of a theatre date.
- A theatre optimisation workshop is taking place in November 2025, focusing on sharing good practice.
- Aligning to referral to Treatment Time (RTT) targets should underpin all work.
- Good practice is being implemented already in a number of areas, such as clinical validation of waiting lists.

- Ongoing work on a pan BCU pre-operative assessment process is nearing completion.

In discussing the item, the Committee:

- Highlighted the importance of timetabling and sequencing effectively to manage waiting lists.
- Queried the number of outliers specifically within Ysbyty Glan Clwyd in relation to late starts referenced within the report.
- Clarified that multiple factors can contribute towards late starts, including pressure in Emergency Departments, and were advised that work is being completed to understand the reason for this trend.
- Recognised that the rate for short notice and on the day cancellations is higher than would be expected and required improvement.

It was resolved that the Committee:

- **NOTED** the report.

[Danielle Edwards left the meeting].

PF25.95 Urgent and Emergency Care Programme

The Committee received the report from the Chief Operating Officer, and the following additional points were highlighted:

- The major change programme is currently ongoing, focusing on four workstreams which can be summarised as: 1. Out of Hospital, 2. At the Front Door, 3. Through the Hospital, 4. Discharge.
- A clinically lead task force has been appointment to progress the major change programme.
- The Ministerial Advisory Group (MAG) target in relation to ambulance handovers went live on 1 October 2025, but the Health Board is not yet delivering against the target the Chief Operating Officer advised the Health Board is working closely with Welsh Ambulance Services Trust (WAST) to improve this position.
- Work is underway to develop a Single Point of Access (SPOA) model.
- Work is ongoing to develop a single model view pan BCUHB in relation to managing acute fragility to ensure consistency.

[Rebecca Nelson joined the meeting].

In discussing the item, the Committee:

- Noted that the implementation of Optimal Hospital Flow Facilitators was perceived as having been beneficial in aiding discharge planning but this had not yet resulted in a significant reduction in delayed transfers of care.
- Highlighted the importance of outcome measures to monitor improvement, as well as quality and safety both operationally and clinically.
- Discussed use of short-term funding, including with care homes, whilst noting the limitations that can be experienced with the nature of this type of funding.

It was resolved that the Committee:

- **NOTED** the report.

PF25.96 Shared Services

The Committee received the report, which provided the most recent of the quarterly reports produced by Shared Services and the following points were highlighted:

- The quarter two report is currently being produced
- The majority of indicators reported are green, with one area being red and another, amber.
- Whilst the red indicator relates to accounts payable with other NHS providers invoicing, the non-NHS invoicing target was met in Quarter One.
- A welcome increase in grip, control and governance within the Health Board has been seen, as a result of the enforcement of the “no invoice, no pay” process.
- The amber indicator relates to shortlisting by recruiting managers in regards to applications,
- Around recruitment, and time taken to hire, the Health Board is achieving a 61-day average, in comparison to the 71-day target.

[Nesta Collingridge joined the meeting].

In discussing the item, the Committee:

- Highlighted that no data was displayed regarding car salary sacrifice for BCUHB. It was confirmed that this information would be requested.
- Suggested that it would be useful to understand more about the scale of the savings identified in regard to procurement and legal advice compared to the scale of Health Board spending on these issues through the Shared Services Partnership.
- Noted that The Health Board is investing in in-house legal services going forward, in addition to the support available from Shared Services. The Director of Corporate Governance highlighted that the Health Board have found that on a small number of occasions Shared Services were unable to provide legal advice due to tight timescales.
- Noted significant pressures around the Welsh Risk Pool, and the option of redistribution of charge amongst Welsh Health Boards was raised. It was advised that this topic has been discussed at Welsh Government level.
- Noted significant improvement in the report in terms of the timescales for recruitment in comparison to when last completed 18 months ago.
- Discussed the data relating to draft audit responses highlighted in the report. It was clarified that whilst some progress has been made, challenges remain and further improvement is still required. The Director of Corporate Governance advised that there is a 20 working days target for draft audit responses, compared to 15 working days for other Welsh Health Boards, due to Special Measures status. The Head of Internal Audit advised that the target for turnaround is 85%, and recent data presented in Audit Committee on 21 October 2025 showed a current level of 60%. This requires improvement and has been escalated through the Director of Corporate Governance.

The following actions were agreed:

- **Action PF25.96.1:** Future reports to include percentage savings of total spend on services by BCUHB through NWSSP.
- **Action PF25.96.2:** Next NWSSP report to be added to March 2026 PFIG committee agenda.

It was resolved that the Committee:

- **NOTED** the report.

[Rebecca Nelson left the meeting].

ROUTINE REPORTING

PF25.97 Corporate Risk Register

The Committee received the report and the following points were highlighted:

- Two development sessions had been held regarding the Corporate Risk Register (CRR), with a focus on consolidation
- For the risks relating to PFIG, the scores and targets remain the same as previous, with finance having the added aspect of value of delivery as highlighted in the paper.
- The Board Assurance Framework (BAF) and CRR for Finance have undergone a deep dive at the Risk Scrutiny Group.
- The CRR was discussed at the recent Audit Committee where feedback was received, as well as from Internal Audit. An update will go to Executive Committee ahead of November's Board meeting.
- There was one overdue action for PFIG, relating to health and safety action for the All Wales Manual Handling Passport, due to delays in service engagement: this has taken longer than expected, but is progressing. The Director of Environment and Estates is aware of this action.

In discussing the item, the Committee:

- Clarified that horizon scanning should be systematic rather than for individual risks and expressed concern about the lack of such systematic horizon scanning within the Health Board.
- Discussed the target date for Finance risk 25-06, Safe Environment. It was clarified that the date 2035 relates the 10-year strategy and the time required to complete all work within this area, and the timescale is to eliminate all risk. Discussions are taking place to identify an interim shorter-term target.
- Highlighted that some mitigations in the paper required an update. This will be actioned ahead of submission to November's Board meeting.
- Advised that non-clinical agency spent has ceased in regard to Administration and Clerical roles. Nursing agency has been removed from expenditure following previous investment, with £12m having been recruited to. Mental Health remains an exception due to a large number of vacancies.

The following actions were agreed:

- **Action PF25.97.1:** Finance risk 25-06 to be reviewed to clarify actions to be taken to bring into tolerance range, and to link in with Director of Environment and Estates ahead of the next Board meeting.

- **Action PF25.97.2:** Mitigations in report to be reviewed and update ahead of submission to November's board meeting.

It was resolved that the Committee:

- **NOTED** the report.

Nesta Collingridge left the meeting.

FOR INFORMATION

PF25.98 Corporate Governance Report

The Committee received the report, and the following points were highlighted:

- The committee Terms of Reference requires updating as advised at September's Board meeting.
- The forward workplan and business cycle for the committee also require updating.

In discussing the item, the committee:

- Expressed concern about the lack of progress in terms of the review of commissioning, specifically in relation to the third sector.

The following actions were agreed:

- **Action PF25.98.1:** Meeting to review the forward workplan and business cycle to be scheduled.

It was resolved that the Committee:

- **NOTED** the Summary of Business considered with the private session to be reported in public.
- **NOTED** the Forward Workplan.

CLOSING BUSINESS

PF25.99 Agree Items for Referral to Board / Other Committees

It was agreed that the following should be referred to the People and Culture Committee:

- The Shared Services Partnership report in order to consider what more could be done to speed up the shortlisting process.
- Urgent consideration as to how the establishment control process can be simplified.

PF25.100 Agree items for Chairs Assurance Report

The following points were agreed:

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

- There is a deficit of £15.1 million on the year to date and a financial risk of £40.8 million to achieving the plan to break-even: an advisory group has been convened to discuss additional measures to retrieve the situation, noting that some of the issues are ones outside the Health Board's control.

- The Committee is concerned about the way in which Enhanced Establishment Controls are working: the system needs to be made significantly simpler where recruitment is to posts within the establishment and the budget.
- There are significant pressures on the drugs budget but good work is being done on this under the value and sustainability work programme.
- There are significant concerns about our ability to get close to the Ministerial target on ambulance handovers, given current systemic problems, particularly in terms of flow.

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

- It received a Q1 report on the activity of the Shared Services Partnership and noted significant improvements in the performance of the Health Board in terms of meeting timescales on recruitment.
- It had a detailed discussion of the work being undertaken to increase the efficiency of theatre utilisation and was assured that there is a clear understanding of the issues which needed addressing and that appropriate targets are in place– the challenge however is to achieve significant improvement.
- The Committee was informed that a baseline budget review had not taken place in recent years, but it was a firm intention to progress this once Foundations for the Future had been concluded.

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

- The Performance Report was not available due to the timing of the meeting but it was agreed that the report would be shared by email within one week of the meeting taking place
- The Committee has asked for an update (outside the meeting) on progress on developing a mental health crisis service and on the development of clearer referral pathways for primary care.

PFIG received assurance and endorsed the updated Corporate Risk Register noting that:

- the Finance Risk CRR25-06 had been reviewed in detail.
- the Safe Environment Risk needed to be reviewed to identify meaningful medium-term targets, given that 2035 seems an understandable timescale for significant mitigation of the risk. a list of risks which had been downgraded would be circulated outside of the meeting.
- there was a lack of systematic horizon scanning in the Health Board, which should be considered from a risk perspective.

PF25.101 Review of Meeting Effectiveness

It was agreed the meeting ran well.

PF25.102 Date of next meeting

18 December 2025, 9:30 am – 13:00 pm, Board Room, Carlton Court, St Asaph.

Resolution to Exclude the Press and Public



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

‘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’

Unconfirmed

Performance Finance & Information Governance Committee Action Log (Public)

Updated 11/12/2025

Open Actions						
Actions to remain open						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
	PF25.67.1	26.08.25	Integrated Performance Report Comments to be fed back to Ed Williams	Gareth Williams/Rhian Watcyn Jones/Russell Caldicott	February 2026	Remain open Gareth Williams and Rhian Watcyn Jones have met Ed Williams and work on a simpler summary report is ongoing.
	PF25.92.1	22.10.25	Finance Report Reprofile of capital expenditure plan to take place and update to be given at future PFIG meeting.	Russell Caldicott	TBC	Remain Open Ongoing.
	PF25.92.2	22.10.25	Finance Report The Chief Pharmacist to be invited to attend when Value & Sustainability is next on the agenda to ensure Medicines Management representation.	Chair	TBC	Remain Open Ongoing
	PF25.96.1	22.10.25	Shared Services Update Future reports to include percentage savings of total spend on services by BCUHB through NWSSP.	TBC	TBC	Remain Open TBC

	PF25.97.1	22.10.25	Corporate Risk Register (CRR) Finance risk 25-06 to be reviewed to clarify actions to be taken to bring into tolerance range, and to link in with Director of Environment and Estates ahead of the next Board meeting.	Nesta Collingridge	November 2025	Remain Open 09.12.25 - Actions for Finance risk has been updated by Executive Director of Finance, can be closed once CRR is reviewed by the committee, to Committee satisfaction. Director of Environment and Estates deep dive on risks completed, follow up meeting on Estates risk to be scheduled end of Dec.
Actions Proposed for Closure						
	PF25.57	25.06.25	Integrated Performance Report Schedule a Board Development session to align ambition and strategy	Pam Wenger	August 2025	Suggest Closure Board Session in August is focused on strategy, work in progress on the re-development of the Performance Report. 22.10.25 – Russell Caldicott involved in work going forward. Independent Members have met with performance team. Remain open. 12.11.25 - Overtaken by PF25.67.1 – action to be closed

PF25.64.2	26.08.25	Matters Arising and Action Log RC and PW to meet and agree how to factor issues about the corporate centre into the workplan	Russell Caldicott/Pam Wenger	October 2025	Suggest Closure PW and RC meeting on 17.10.25 update to be shared. 12.11.25 Agreed to report biannually – action to be closed.
PF25.65.1	26.08.25	Finance Report Clarity of MMR definition to be added to Finance Report.	Russell Caldicott	October 2025 March 2026	Suggest Closure Scheduled on agenda for October meeting 22.10.25 – scoping exercise exploring budget baseline to be conducted ahead of next financial year. 12.11.25 – definition of MMR 'Monthly Monitoring Report'. Updated in finance report. Agreed close
PF25.68.2	26.08.25	Progress Against Planned Care Performance Targets Update to be requested on Endoscopy Business Case	Tehmeena Ajmal	October 2025	Propose Closure 09.12.25 – item went to Board in May 2025.
PF25.69.2	26.08.25	Urgent and Emergency Care Programme Board	Victoria Peach	October 2025	Suggest Closure

			Further information on role of the facilitators to be updated at next committee meeting.	Tehmeena Ajmal		Paper received at board in September 2025 and update included within UEC update on October 2025 PFIG agenda. Discussed in October's meeting.
PF25.70.1	26.08.25	Legal Services Future Legal Services Report to contain detailed breakdown on personal injury and clinical negligence claims.	Matthew Joyes	October 2025 December 2025	Suggest Closure 13.10.25 Update – information to be included in future reports, with compliance to data protection and legal privilege requirements. 22.10.2025 – rescheduled meeting has meant insufficient time to complete action. Deferred to December's meeting On December agenda.	
PF25.70.2	26.08.25	Legal Services Legal Services Update to be included as standard agenda item going forward.	Gareth Williams	October 2025 December 2025	Suggest Closure 25.09.25 – item added to agenda as standard during agenda setting 22.10.2025 – rescheduled meeting has meant insufficient time to complete action. Deferred to December's meeting	

						On December agenda.
	PF25.90.1	22.10.25	Unconfirmed Minutes held on 26.08.25 Summary of items not included on standard agenda to be reviewed and added to the cycle of business if required. List of items referenced in public minutes of 26.08.25.	Gareth Williams	December 2025	Suggest Closure 14.11.25 – summary list shared with attendees along with minutes for the last meeting.
	PF25.96.2	22.10.25	Shared Services Update Next NWSSP to be added to March 2026 PFIG committee agenda.	Gareth Williams	March 2026	Suggest Closure Added to forward workplan
	PF25.97.2	22.10.25	Corporate Risk Register Actions in report for November to be reviewed and update ahead of submission to November’s board meeting.	Nesta Collingridge	November 2025	Suggest Closure 09.12.25 – action complete
	PF25.98.1	22.10.25	Corporate Governance Report Meeting to be scheduled to review the committee forward workplan and business cycle.	Harriet Abbott	December 2025	Suggest Closure Meeting to be arranged and cycle of business included in corporate governance report. Once arranged, can close. 09.12.25 – action complete

Closed Actions (as agreed at meeting on 22.10.25)

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
2	PF25.63	25.06.25	<p>Corporate Risk Register</p> <p>Executive session to review risk tolerances and action effectiveness.</p>	Pam Wenger	October	<p>Closed</p> <p>Risk appetite session scheduled to take place with executives in Aug 25. Expect to close next PFIG meeting.</p> <p>22.10.25 - Risk framework went to audit committee 21.10.25. Agreed to close.</p>
3	PF25.63	25.06.25	Reprofile UEC and Planned Care risks to reflect current performance realities	Tehmeena Ajmal	October	<p>Closed</p> <p>22.10.25 – agreed to close. Work is underway to re-profile the corporate risks and will be reflected in the next update of the Corporate Risk Register in October.</p>
4	PF25.63	25.06.25	Clarification of risk verses issue definitions and appropriate categorisation to be included on the next Corporate Risk Register	Pam Wenger	October	<p>Closed</p> <p>This is covered in the Risk Management Framework – however, as the next report is not till October suggest this item remains open until then</p> <p>22.10.25 – discussed at October 2025 meeting.</p>

12	PF24/107.1	29.10.24	<p>Shared Service Partnership performance assurance report</p> <p>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</p>	Pam Wenger	<p>December 2024</p> <p>Revised timescale End of June 2025</p>	<p>Closed</p> <p>This will be taken forward when the cycle of business is reviewed.</p> <p>PW and RC met with Alison Ramsey, Director of Finance in June 2025</p> <p>Committee COB to be drafted following Board cycle of business approval.</p> <p>All Committee COB's are now drafted.</p> <p>It was agreed to keep this open in the action log and look at an Annual Shared Services Report</p> <p>22.10.25 Close – Rebecca Nelson attending meeting today. Agreed to close</p>
13	PF25.64.1	26.08.25	<p>Matters Arising and Action Log</p> <p>PW to request with Dyfed Edwards that focus of committees is reviewed at next board session</p>	Pam Wenger	October 2025	<p>Closed</p> <p>This was discussed at informal Board meeting in August.</p>
15	PF25.64.3	26.08.25	<p>Matters Arising and Action Log</p>	Gareth Williams	October 2025	<p>Closed</p>

			Rebecca Nelson to be invited to the next meeting to update on Shared Service Partnership.			29.09.25 – added to agenda and Rebecca Nelson due to attend next committee meeting
19	PF25.68.1	26.08.25	Progress Against Planned Care Performance Targets Paper on theatre optimisation to be added to the next committee meeting and Danielle Edwards be invited to attend.	Gareth Williams	October 2025	Closed 29.09.25 – paper added to next agenda and Danielle Edwards invited to attend
21	PF25.69.1	26.08.25	Urgent and Emergency Care Programme Board Context regarding level 1 and level 2 falls to be added to report	Victoria Peach	October 2025	Closed
25	PF25.71.1	26.08.25	Audit Wales – BCUHB Tackling the Planned Care Challenges Clinical Executive to be updated on Audit Wales report	Russell Caldicott	October 2025	Closed Report has been shared through the executive committee.
26	PF25.73.1	26.08.25	Corporate Governance Report Final version of Committee’s annual report to be circulated to the committee	Pam Wenger	October 2025	Closed Final version tabled for Board approval in September 2025
27	PF25.74.1	26.08.25	Information Governance Report Report title to be amended to “Information Governance Plan”	Justine Parry	October 2025	Closed 29.09.2025 – advised action completed by JP.

Teitl adroddiad:	2025-26 Month 8 (November) Finance Report																																																																									
Report title:																																																																										
Adrodd i:	Performance, Finance & Information Governance Committee (PFIG)																																																																									
Report to:																																																																										
Dyddiad y Cyfarfod:	Thursday, 18 December 2025																																																																									
Date of Meeting:																																																																										
Crynodeb Gweithredol:	This report provides a briefing on the financial position of the Health Board as at the end of Month 8 (November 2025). In addition, the report includes an update on delivery of the approved Capital Programme and Savings delivery against target.																																																																									
Executive Summary:	<p><u>Finance Report</u></p> <p>The Health Board is reporting a year to date deficit of £17.3m as at 30th November 2025, driven by £3.9m JCC pressures, £7.2m Capacity pressures including premium working and escalated beds, £4.9m Out of Area MHLD placements, £3.4m English tariff inflationary pressure above funded uplift, £2.8m Employers National insurance contributions, £1.4m cost overruns (including contracting pressures & CHC) offset by £4.6m additional savings and £1.6m of mitigating actions.</p> <p>The in-month (November 2025) position is reporting a deficit of £1.0m, an improvement of £0.2m compared to October's in-month position.</p> <p>The below table summarises actual monthly position to month 8 and an indication of the forecast monthly improvements required to deliver the planned break-even outturn position for 2025/26:</p> <table border="1" data-bbox="391 1451 1519 1657"> <thead> <tr> <th rowspan="3"></th> <th colspan="14">2025/26</th> </tr> <tr> <th colspan="8">Actual</th> <th colspan="4">Forecast</th> <th rowspan="2">Total Year to Date</th> <th rowspan="2">Forecast Outturn Position</th> </tr> <tr> <th>April</th> <th>May</th> <th>June</th> <th>July</th> <th>August</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>£m</th> <th>£m</th> </tr> <tr> <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>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> </tr> </thead> <tbody> <tr> <td>Total Monthly Surplus/ (Deficit)</td> <td>(3.7)</td> <td>(2.4)</td> <td>(1.6)</td> <td>(3.6)</td> <td>(2.3)</td> <td>(1.4)</td> <td>(1.2)</td> <td>(1.0)</td> <td>1.5</td> <td>4.0</td> <td>5.0</td> <td>6.8</td> <td>(17.3)</td> <td>0.0</td> </tr> </tbody> </table> <p>The Health Board received £82m as a non-recurrent (one off) allocation for the 2025/26 financial year. There are conditions imposed upon the Health Board in order for this allocation to be made recurrent and received in 2026/27 and beyond. The conditions centre upon attainment of the 2025/26 break-even plan and key first duty of the Health Board.</p> <p>A series of financial recovery measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This has generated a range of risk-assessed initiatives, where those identified as low</p>		2025/26														Actual								Forecast				Total Year to Date	Forecast Outturn Position	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	1.5	4.0	5.0	6.8	(17.3)	0.0
	2025/26																																																																									
	Actual								Forecast				Total Year to Date	Forecast Outturn Position																																																												
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar			£m	£m																																																										
£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m																																																												
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	1.5	4.0	5.0	6.8	(17.3)	0.0																																																												

risk have been implemented with immediate effect and where the criteria meet a savings definition these are reported as green savings schemes.

The Chair of the Health Board with Executive and Independent Members have formed a Financial Oversight Group to challenge the financial position and put forward mitigations in support of the delivery of a balanced financial plan. Specifically, the group will ensure that the delivery of a recovery plan is sustainable and in line with the commitments made by the Board in balancing quality, safety, performance and financial considerations.

The above actions are in addition to the continued grip and control actions implemented in 2024/25 that will continue throughout 2025/26.

Risks

Containment and reversal of cost overruns is now key, with the total risk to attainment of the 2025/26 financial plan assessed as circa £26.0m including national pressures such as the English Tariff Inflation and Employers National Insurance funding shortfall.

Savings

The Health Board’s financial plan requires a savings target delivery of £40.0m in 2025/26 and is profiled on an equal twelfth's basis. As at the end of November (Month 8), the Health Board has identified £36.1m Green saving schemes and fortuitous Accountancy Gains of £7.4m, giving a combined total of £43.4m, an increase of £1.3m from previous month.

Of these, the Health Board has identified £24.5m as recurring schemes, with a full year effect of £32.8m. It is essential that recurrent savings total £40m as we enter 2026/27 to avoid increasing the planned savings requirement for 2026/27.

Full year plan value of Red Schemes totals £2.0m and full year plan value of further pipeline opportunities totals £3.9m. Further work continues to convert red and pipeline opportunities into green schemes and identify further opportunities to mitigate cost overruns and secure recurrent savings as we approach 2026/27 to provide assurance over delivery of the financial plans contained within the Integrated Medium Term Plan (IMTP).

Capital Programme

The approved Capital Resource Limit (CRL) for 2025/26 is £58.2m (including £0.2m IFRS16 and £58.0m Capital). Year to Date expenditure is £21.2m.

Argymhellion:	The Board is asked to:
Recommendations:	<ul style="list-style-type: none"> • Receive, and scrutinise this report
Arweinydd Gweithredol:	Russell Caldicott, Interim Executive Director of Finance.

Executive Lead:				
Awdur yr Adroddiad: Report Author:	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development			
Pwrpas yr adroddiad: Purpose of report:	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: Assurance level:	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <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 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>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>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.			
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?	<p>Naddo N</p> <p>Equality Impact (EqlA) and a socio-economic (SED) impact assessments not applicable.</p> <p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.</p>			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	<p>BAF – Financial Stability</p> <p>From a capital perspective, the Health Board continues to experience occasions where tenders</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>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>The Health Board is in receipt of £82m of non-recurrent funding from Welsh Government that requires attainment of the 2025/26 plan (a) delivery of financial balance £40m and (b) de-escalation from Special Measures £42m for these funds to be received recurrently (available for future financial years).</p> <p>If the plan is not attained then the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models.</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: (or links to the Corporate Risk Register)</p>	<p>Appendix A BAF risks BAF SP14 – Estates & Capital <i>(There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</i></p> <p>Link to Corporate Risk Register: CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 25/26 Financial Plan</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>Amherthnasol</p> <p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>	
<p>Rhestr o Atodiadau:</p>	

List of Appendices:

A - 2025/26 Finance Report – November (Month 8)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Finance Report – Health Board November - Month 8 2025/26

Russell Caldicott
Executive Director of Finance



Executive Summary

Objective	<ul style="list-style-type: none"> To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern. 	
Statutory Financial Duties	Revenue	<ul style="list-style-type: none"> Year to Date deficit of £17.3m (£1.0m deterioration from month 7) Driven by £3.9m JCC pressures, £7.2m Capacity pressures including premium working and escalated beds, £4.9m Out of Area MHLTD placements, £3.4m English tariff inflationary pressure above funded uplift, £2.8m Employers National insurance contributions, £1.4m cost overruns (including contracting pressures & CHC) offset by £4.6m additional savings and £1.6m of mitigating actions. Forecast position is to deliver a balanced position, which is in line with the financial plan for the year, noting the significant risks to delivery.
	Cash	<ul style="list-style-type: none"> Closing Cash Balance as at 30th November 2025 was £10.4m, including £2.4m for Revenue expenditure and £8.0m for Capital projects. The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.
	Savings	<ul style="list-style-type: none"> The Health Board's financial plan has set a savings target of £40.0m to be delivered in 2025/26 profiled equally across the financial year Savings attained year to date total £43.4m (above plan) with £36.1m green savings schemes and Accountancy Gains of £7.4m. Year to Date Savings are £31.3m, of which £15.1m is recurring Contained within the £36.1m are £24.5m recurring savings with a full year effect of £32.8m which is below the £40m targeted in 2025/26 The additional red schemes and opportunities total £5.9m, work is progressing to turn these into green schemes and increase the level of opportunities. This would both support mitigations to in year financial pressures and offer schemes that will be required as we move into 2026/27
	Capital	<ul style="list-style-type: none"> Approved Capital Resource Limit (CRL) for 2025/26 is £58.2m. Year to date expenditure totals £21.5m.
	PSPP	<ul style="list-style-type: none"> Quarter 2 PSPP for paying non-NHS invoices by number was 96.9% (Welsh Government target 95.0%).
Key Messages	<ul style="list-style-type: none"> ➤ Quantifiable net risks to the attainment of a break-even outturn position is currently reported at £26.0m. (See further detail in Slide 13) ➤ A series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This has generated a range of risk-assessed initiatives, where those identified as low risk have been implemented with immediate effect and where the criteria meets a savings definition these are reported as green savings schemes. These actions are in addition to the delivery of schemes required to meet savings targets. ➤ A Financial Oversight advisory group has been established following presentation of the challenges to attainment of the financial plan to the Health Board to support the delivery of a balanced financial plan. Specifically, the group will ensure that the delivery of a recovery plan is sustainable and in line with the commitments made by the Board balancing quality, safety, performance and financial consideration. ➤ The above actions are in addition to the continued grip and control actions implemented in 2024/25 and the additional mitigations put in place from August 2025. ➤ The Health board received £82m non-recurrently in 2025/26, with the risk to not attaining plan being the loss of all or part of this funding allocation as we move into 2026/27 and beyond. Conditions on retention of these funds centre upon attainment of a 2025/26 break-even plan, in delivering the key first duty of the Health Board. 	

Key Performance Indicators



Month 8 Position

In Month: £195.6m against plan of £194.6m
£1.0m adverse

Full Year: £1578.8m against plan of £1561.5m
£17.3m adverse



2025/26 Full Year Position

Forecast Balanced

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

YTD Divisional Variance

West IIC	£10.6m adverse
Central IIC	£9.5m adverse
East IIC	£16.4m adverse
Womens	£1.0m adverse
VH & ID	£13.6m adverse
Comm. excluding C&S work	£8.5m adverse
CO Primary Care	£3.2m favourable
CO Regional Services	£4.0m adverse
Support Functions	£1.0m adverse
Other Budgets	£48.7m favourable



Savings

In-month: £4.1m against target of £3.3m
£0.8m favourable



Full Year Savings Delivery

£43.4m against target of £40.0m

Target Surpassed by £3.4m (Additional red schemes and opportunities of £5.9m are under review)



COVID-19 Impact

£7.3m YTD Cost

£13.0m COVID funding allocation from WG



Year to Date Income

£113.9m against budget of £111.5m
£2.4m favourable



Year to Date Pay

£793.1m against budget of £757.7m
£35.4m adverse

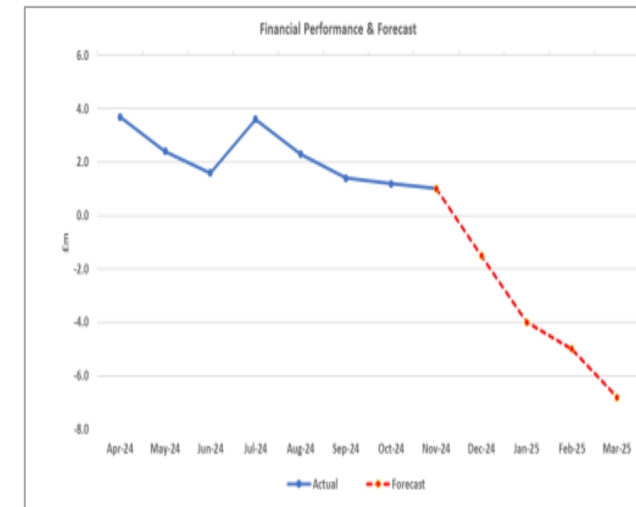


Year to Date Non-Pay

£899.6m against budget of £915.2m
£15.6m favourable

Revenue Position

	Actual						Forecast						2025/26 Cumulative against Plan				Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(186.5)	(189.5)	(189.9)	(194.9)	(207.5)	(198.1)	(200.4)	(194.6)	(197.1)	(196.0)	(194.8)	(204.7)	(1,561.5)	(1,561.5)	0.0	0.0%	(2,354.0)
Miscellaneous Income	(13.4)	(13.6)	(13.9)	(13.9)	(14.7)	(14.6)	(13.4)	(16.4)	(14.8)	(15.0)	(14.8)	(15.3)	(111.5)	(113.9)	(2.4)	2.2%	(173.9)
Health Board Pay Expenditure	94.9	96.4	96.0	96.1	110.6	99.9	100.4	98.8	97.6	97.7	97.7	97.5	757.7	793.1	35.3	4.7%	1,183.6
Non-Pay Expenditure	108.8	109.2	109.4	116.2	113.8	114.3	114.6	113.3	112.8	109.3	107.0	115.7	915.2	899.6	(15.6)	-1.7%	1,344.4
Total Deficit / (Surplus)	3.7	2.4	1.6	3.6	2.3	1.4	1.2	1.0	(1.5)	(4.0)	(5.0)	(6.8)	(0.0)	17.3	17.3		0.0



- Year to Date position is reporting a deficit of £17.3m, in-month position is reporting a deficit of £1.0m,
- Drivers of the deficit are £3.9m JCC pressures, £7.2m Capacity pressures including premium working and escalated beds, £4.9m Out of Area MHLD placements, £3.4m English tariff inflationary pressure above funded uplift, £2.8m Employers National insurance contributions, £1.4m cost overruns (including contracting pressures & CHC) offset by £4.6m additional savings and £1.6m of mitigating actions.
- A series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This directive has generated a range of risk-assessed initiatives, where those identified as low risk have been implemented with immediate effect and where the criteria meet a savings definition these are reported as green savings schemes. These actions are in addition to the delivery of schemes required to meet savings targets.
- The above actions are in addition to the continued grip and control actions continued from 2024/25 and the additional mitigations implemented from August 2025, as per below:
 - Temporary workforce – Cease use of non-clinical agency
 - Forums in place to review / approve use of agency for the Nursing and Medical workforce
 - All non-clinical requests for the use of Bank to follow the Enhanced Establishment Control process.
 - All acting up and additional hours requests to follow Enhanced Establishment Control process for non-clinical roles.
 - Non-Pay – all discretionary non-clinical expenditure to be directed to the office of the Executive Director of Finance for scrutiny and approval.
 - From August 2025 additional mitigations have been put in place with immediate effect to support both the financial position and Foundations of the Future Programme. Senior Band 8b and above roles paused for recruitment pending implementation of the new structures. This arrangement will be in place with immediate effect and will remain in place until the implementation of the new structure and will be managed through the existing Establishment Control process.

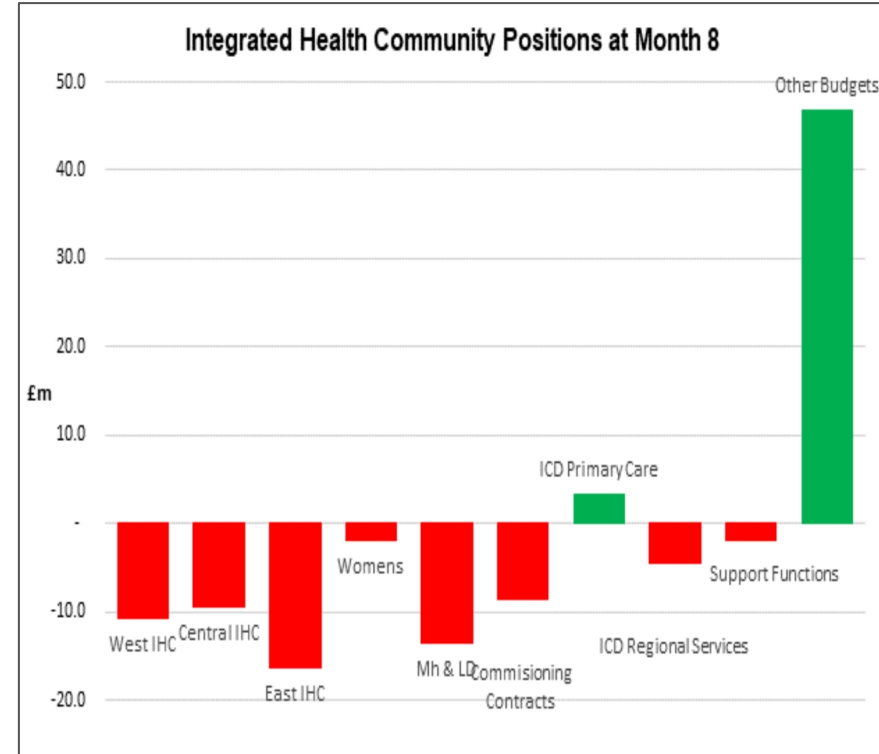


Divisional Positions

	In Month			
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %
WG RESOURCE ALLOCATION	(194.6)	(194.6)	0.0	0%
WEST INTEGRATED HEALTH COMMUNITY				
Management	0.1	0.1	0.0	
West Area	19.7	18.1	1.6	
Ysbyty Gwynedd	13.8	12.8	1.0	
Facilities	1.5	1.2	0.3	
Total West	35.1	32.2	2.9	8%
CENTRAL INTEGRATED HEALTH COMMUNITY				
Management	0.1	0.1	(0.0)	
Central Area	26.9	21.8	5.1	
Ysbyty Glan Clwyd	17.4	15.5	1.9	
Facilities	2.3	1.4	0.9	
Total Central	46.8	38.9	7.9	17%
EAST INTEGRATED HEALTH COMMUNITY				
Management	0.1	0.1	0.0	
East Area	31.2	27.8	3.3	
Ysbyty Wrexham Maelor	15.5	13.8	1.7	
Facilities	2.5	1.3	1.2	
Total East	49.3	43.0	6.3	13%
Total Midwifery and Women's Services	4.7	4.5	0.2	4%
Total Mental Health and LDS	15.9	16.7	(0.8)	-5%
Total Commissioning Contracts	29.0	28.9	0.0	0%
INTEGRATED CLINICAL DELIVERY PRIMARY CARE				
Dental North Wales	3.0	1.9	1.1	
Community Dental Services	0.6	0.6	0.0	
Other Primary Care	0.2	0.2	0.1	
Total Integrated Clinical Delivery Primary care	3.8	2.6	1.2	32%
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES				
Provider Income	(1.9)	(2.1)	0.2	
Diagnostic and Specialist Clinical Support	7.5	7.7	(0.3)	
Cancer Services	7.7	6.5	1.2	
Total Integrated Clinical Delivery	13.3	12.1	1.1	9%
Total Service Support Functions	15.6	15.4	0.3	2%
Total Other Budgets	(18.9)	1.2	(20.1)	106%
Total Health Board Position	0.0	(1.0)	(1.0)	

Cumulative			
Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %
(1,561.5)	(1,561.5)	0.0	0%
0.9	0.9	0.0	
140.0	143.1	(3.1)	
94.0	101.4	(7.4)	
9.6	10.0	(0.4)	
244.5	255.4	-10.8	-4%
1.0	1.1	(0.1)	
186.8	185.3	1.5	
117.9	128.6	(10.7)	
11.7	11.8	(0.1)	
317.3	326.8	(9.5)	-3%
0.8	0.7	0.1	
206.8	215.9	(9.1)	
101.8	109.3	(7.5)	
11.0	10.9	0.1	
320.5	336.9	(16.4)	-5%
34.5	36.4	(1.9)	-6%
122.6	136.2	(13.6)	-11%
211.5	220.1	(8.5)	-4%
23.8	20.9	2.9	
5.0	4.6	0.4	
1.1	1.2	(0.1)	
29.9	26.7	3.2	11%
(15.3)	(16.7)	1.3	
58.0	62.4	(4.5)	
50.1	51.5	(1.4)	
92.8	97.3	(4.5)	-5%
116.4	118.3	(1.9)	-2%
71.4	24.8	46.7	65%
0.0	(17.3)	(17.3)	

Forecast Year End Variance against the Plan £m
0.0
0.0
(4.9)
(11.3)
(0.6)
(16.7)
(0.1)
(0.7)
(16.8)
(0.2)
(17.8)
0.1
(12.2)
(10.7)
0.1
(22.8)
(3.1)
(18.2)
(11.9)
3.5
0.5
(0.3)
3.8
2.0
(7.2)
(2.1)
(7.3)
(3.6)
97.6
(0.0)



- In-month position is reporting a deficit of £1.0m, an improvement of £0.2m from October in month position. The forecast is to deliver a balanced outcome, which is in line with the financial plan for the year.
- Variable pay costs have reduced in November by £1.5m from October driven by increases across various categories. A breakdown of these costs are reported in slide 7.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.



Expenditure – Pay & Non-Pay

Pay Costs	2025-26												Cumulative			Full Year Forecast £m
	Actual								Forecast				YTD Budget £m	YTD Actual £m	YTD Variance £m	
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m				
Administrative & Clerical	13.2	13.3	13.3	13.3	15.2	13.8	13.8	13.7	14.1	14.1	14.1	14.1	113.7	109.5	4.2	171.0
Medical & Dental	22.3	22.7	22.2	23.0	26.7	23.7	24.1	23.3	21.8	21.8	21.8	21.7	171.0	188.1	(17.1)	263.9
Nursing & Midwifery Registered	28.8	29.1	29.2	28.9	33.6	30.1	30.4	29.7	30.2	30.2	30.2	30.1	226.8	239.9	(13.1)	365.7
Additional Clinical Services	14.2	14.7	14.6	14.4	16.2	14.8	14.8	14.6	14.9	14.9	14.9	14.9	109.8	118.5	(8.7)	181.0
Add Prof Scientific & Technical	3.9	3.9	3.9	4.0	4.8	4.1	4.2	4.3	3.8	3.8	3.8	3.8	35.6	33.1	2.4	46.2
Allied Health Professionals	6.4	6.3	6.4	6.4	7.5	6.8	6.7	6.7	6.5	6.5	6.5	6.5	50.9	53.2	(2.4)	78.5
Healthcare Scientists	1.7	1.7	1.7	1.7	2.0	1.8	1.8	1.8	1.6	1.6	1.6	1.6	14.5	14.4	0.1	19.6
Estates & Ancillary	4.3	4.4	4.5	4.3	4.7	4.5	4.4	4.4	4.7	4.7	4.7	4.7	34.9	35.5	(0.6)	56.5
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.7	0.8	(0.1)	1.1
Health Board Total	94.9	96.3	96.0	96.1	110.7	99.9	100.4	98.8	97.6	97.7	97.7	97.5	757.7	793.1	(35.3)	1,183.6
Other Services (Incl. Primary Care)	3.1	3.1	3.1	3.0	3.3	3.4	3.0	3.0	3.2	3.2	3.2	3.2	22.9	25.2	2.3	37.8
Total Pay	98.0	99.4	99.1	99.2	114.0	103.3	103.4	101.8	100.8	100.9	100.8	100.6	780.7	818.3	(37.6)	1,221.4

Non-Pay Costs as per Monitoring Return Table	2025-26												Cumulative			Full Year Forecast £m
	Actual								Forecast				YTD Budget £m	YTD Actual £m	YTD Variance £m	
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m				
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	20.8	20.5	21.1	20.6	20.5	20.4	19.6	20.9	20.9	21.0	21.1	21.4	168.7	164.4	4.3	248.8
Primary Care - Drugs & Appliances	10.9	10.9	10.8	11.5	11.6	11.8	11.3	11.0	11.2	10.7	9.7	10.7	87.7	89.8	(2.1)	132.2
Provider Services - Non Pay (excluding drugs & depre	18.6	18.3	18.2	21.1	18.6	20.0	19.8	17.9	15.3	16.4	16.0	17.3	189.8	152.7	37.2	217.7
Secondary Care - Drugs	8.4	9.4	8.8	9.3	8.4	9.7	9.3	8.6	8.7	8.8	8.7	8.9	68.7	71.9	(3.2)	107.0
Healthcare Services Provided by Other NHS Bodies	32.2	31.9	31.1	33.5	34.4	32.9	33.1	34.1	31.3	31.2	31.2	31.2	253.8	263.2	(9.4)	388.0
Continuing Care and Funded Nursing Care	11.5	11.6	11.7	11.7	12.0	10.7	11.9	11.0	11.2	11.2	10.4	11.2	88.4	92.0	(3.6)	136.0
Other Private & Voluntary Sector	2.7	2.8	2.5	3.5	3.5	3.9	4.5	4.3	9.1	4.8	4.8	4.7	22.1	27.7	(5.6)	51.1
Joint Financing and Other	0.3	0.3	0.3	0.3	0.4	0.4	0.3	0.8	0.4	0.4	0.4	0.4	2.2	3.2	(1.0)	4.7
Losses, Special Payments and Irrecoverable Debts	0.2	0.4	0.2	0.6	0.3	0.4	0.5	0.4	0.4	0.4	0.4	0.4	2.0	3.0	(1.0)	4.6
Non-pay costs	105.7	106.1	104.7	112.1	109.8	110.3	110.2	109.0	108.4	104.9	102.7	106.2	883.4	867.8	15.6	1,290.1
AME/DEL Depreciation	3.2	3.2	4.7	4.0	4.0	4.0	4.3	4.3	4.3	4.3	4.3	9.5	31.8	27.5	4.3	54.3
Total non-pay	108.8	109.2	109.4	116.2	113.8	114.3	114.6	113.3	112.8	109.3	107.0	115.7	915.2	895.3	19.9	1,344.4

Health Board Pay:

- Month 8 (November) Provider Services Pay reduced by £1.6m from previous month.
- Overall variable pay costs have reduced in November.
- Further detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.

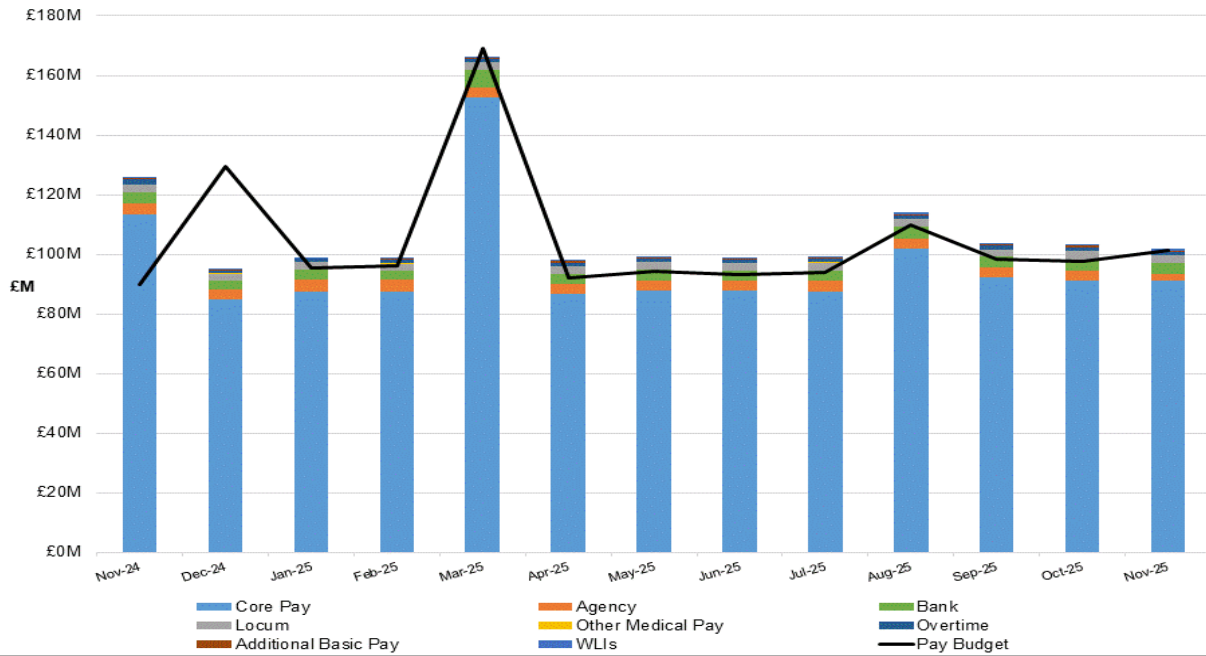
Non-Pay Expenditure (excluding Depreciation):

- Total Non-Pay expenditure (excluding AME/DEL Depreciation) decreased by £1.2m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

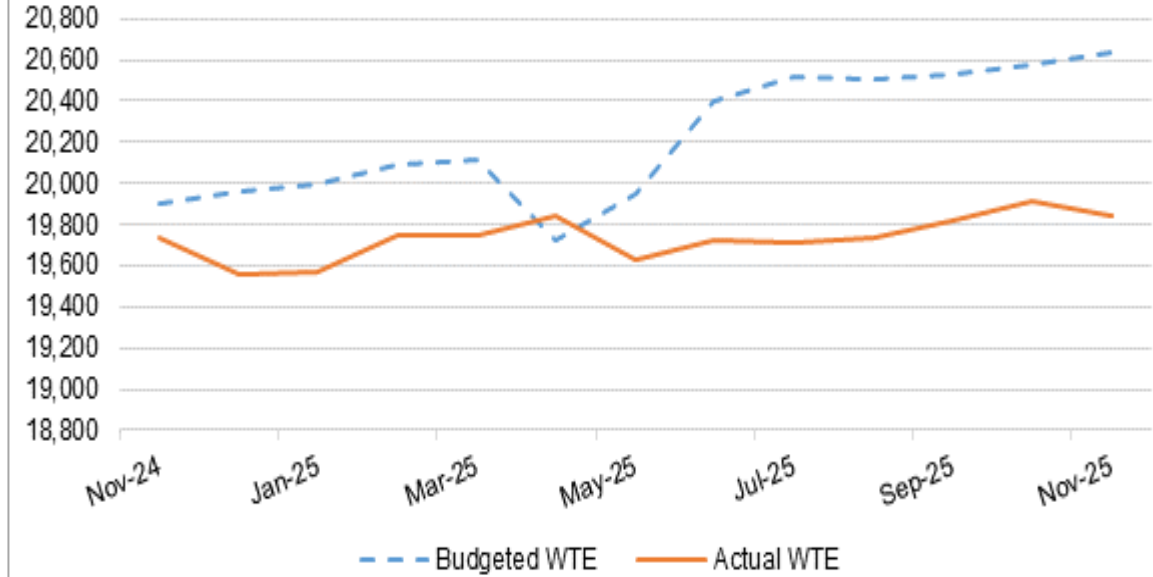


Expenditure – Pay

Pay Costs



Pay-WTE



Variable Pay	Actual 2025-26								
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	YTD £m
Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	2.3	25.8
Overtime	1.1	1.1	1.2	1.2	1.2	1.2	1.3	1.2	9.6
Locum	2.6	2.7	2.4	2.8	2.6	2.4	3.0	2.3	20.9
WLIs	0.4	0.4	0.5	0.4	0.5	0.1	0.6	0.6	3.5
Bank	3.2	3.5	3.6	3.4	3.9	3.6	3.7	3.8	28.6
Other Non Core	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.5
Additional Hours	0.4	0.3	0.4	0.4	0.4	0.4	0.4	0.5	3.2
Total	11.2	11.7	11.3	11.8	12.1	11.1	12.2	10.7	92.0

- November budgeted WTE increased by 62 WTE from October. See Slide 8 for further detail.
- Variable Pay totals £10.7m for November, a reduction of £1.5m from previous month driven by reductions of £0.8m in Agency, £0.7m Locums and £0.1m in Overtime.



Pay - WTE

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Movement M8 V M7
Budgeted WTE	19,719	19,941	20,400	20,522	20,502	20,527	20,575	20,637	62
Actual WTE	19,839	19,635	19,720	19,708	19,741	19,822	19,907	19,844	-63

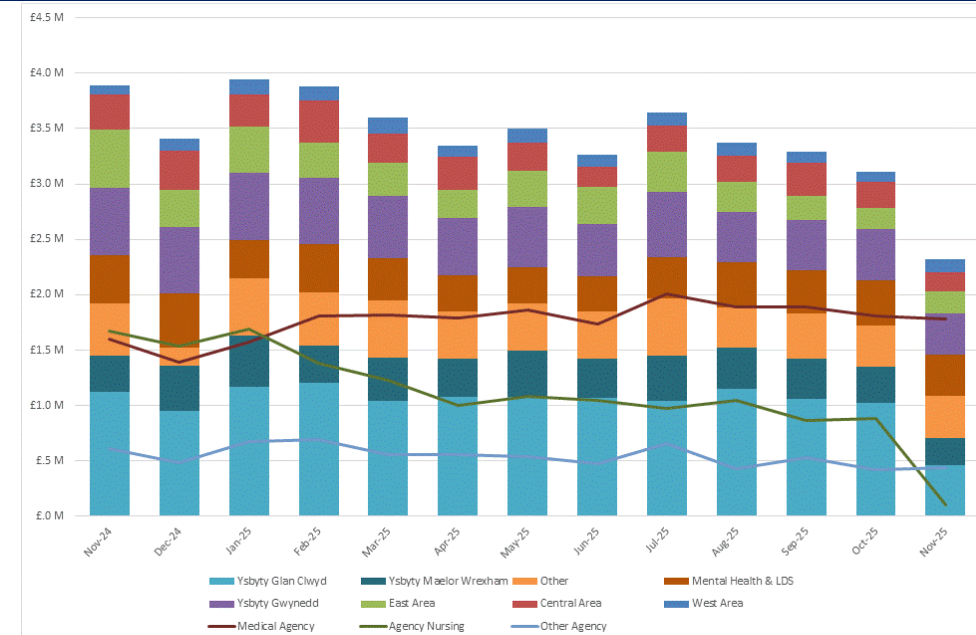
- Budgeted WTE increased by 62 WTE in November from previous month, with the below table providing further detail on Budgeted WTE movements :-
- Actual worked in October is 19,844, a reduction of 63 WTE from October.

	25/26									Explanation of movements (>5wte) from previous month
	WTE Budget									
	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	M07 Oct	M08 Nov	In Month Movement	
West IHC - Management	8	8	8	8	8	8	8	8	0	
West IHC - West Area	1,473	1,512	1,583	1,573	1,572	1,568	1,575	1,572	-3	
West IHC - Ysbyty Gwynedd	1,721	1,722	1,812	1,815	1,814	1,829	1,839	1,838	-1	
West IHC - Facilities	368	368	368	380	380	380	382	382	0	
Centre IHC - Management	7	7	7	7	7	7	8	8	0	
Centre IHC - Central Area	2,098	2,159	2,309	2,320	2,311	2,304	2,312	2,310	-2	
Centre IHC - Ysbyty Glan Clwyd	2,174	2,176	2,237	2,235	2,231	2,239	2,241	2,243	2	
Centre IHC - Facilities	408	408	408	422	422	422	422	422	0	
East IHC - Management	10	10	10	10	10	10	10	10	0	
East IHC - East Area	2,439	2,466	2,464	2,467	2,468	2,466	2,476	2,483	7	2 WTE Physician Associates-Sustainability funding, 3.6 WTE Long Covid, 1.6 WTE realignment of recharge budget
East IHC - Ysbyty Wrexham Maelor	1,868	1,874	1,835	1,892	1,893	1,896	1,906	1,954	48	46.5 WTE Funding to meet NSA pressures
East IHC - Facilities	356	356	365	365	365	365	365	365	0	
Midwifery & Womens Services	687	693	694	694	694	694	694	695	1	
Mental Health & LDS	2,286	2,287	2,325	2,318	2,319	2,320	2,319	2,327	8	6.0 WTE Extension of training contracts in Clinical Psychology
COVID Programmes	149	150	151	0	0	0	0	0	0	
Dental GDS	14	14	14	14	14	14	14	14	0	
Dental CDS	167	167	167	168	169	169	168	168	0	
Other Primary Care	15	15	15	15	15	15	15	15	-1	
Diagnostics & SCS	982	1,008	1,010	1,014	1,016	1,020	1,024	1,028	4	
Cancer Services	416	416	423	423	425	424	423	423	0	
Corporate	1,958	2,009	2,079	2,265	2,250	2,255	2,251	2,249	-2	
Med ED/R&D	115	116	116	117	119	122	123	124	1	
Health Board Total	19,719	19,941	20,400	20,522	20,502	20,527	20,575	20,637	62	



Pay Costs – Agency

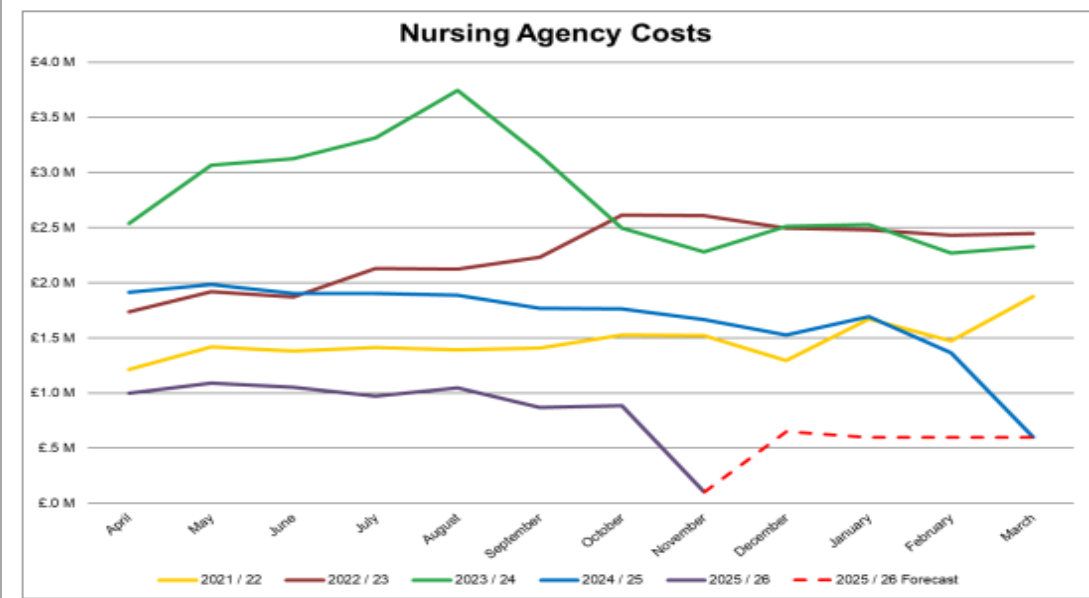
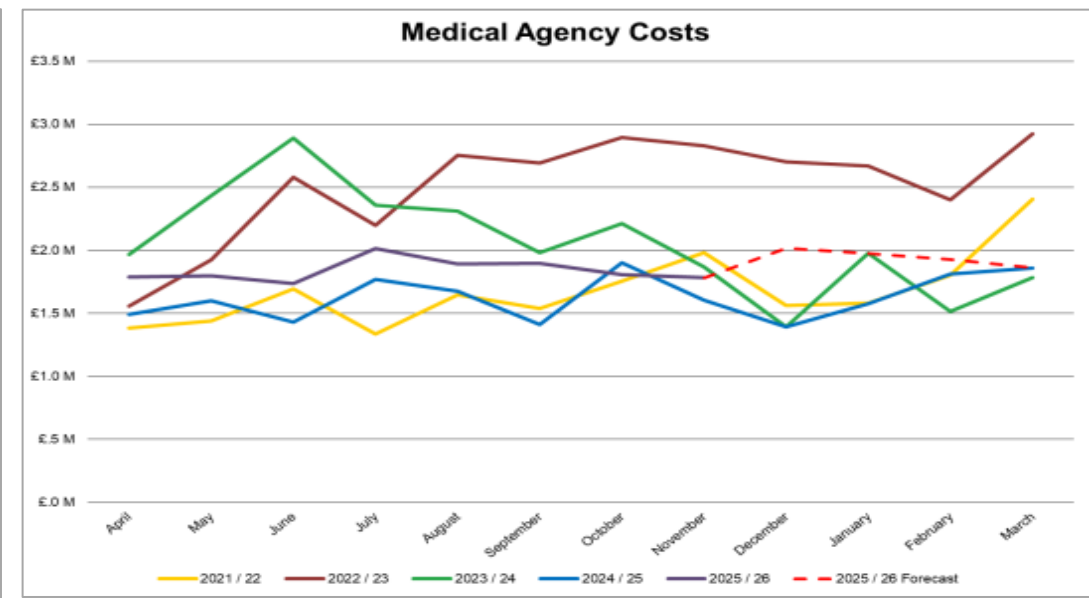
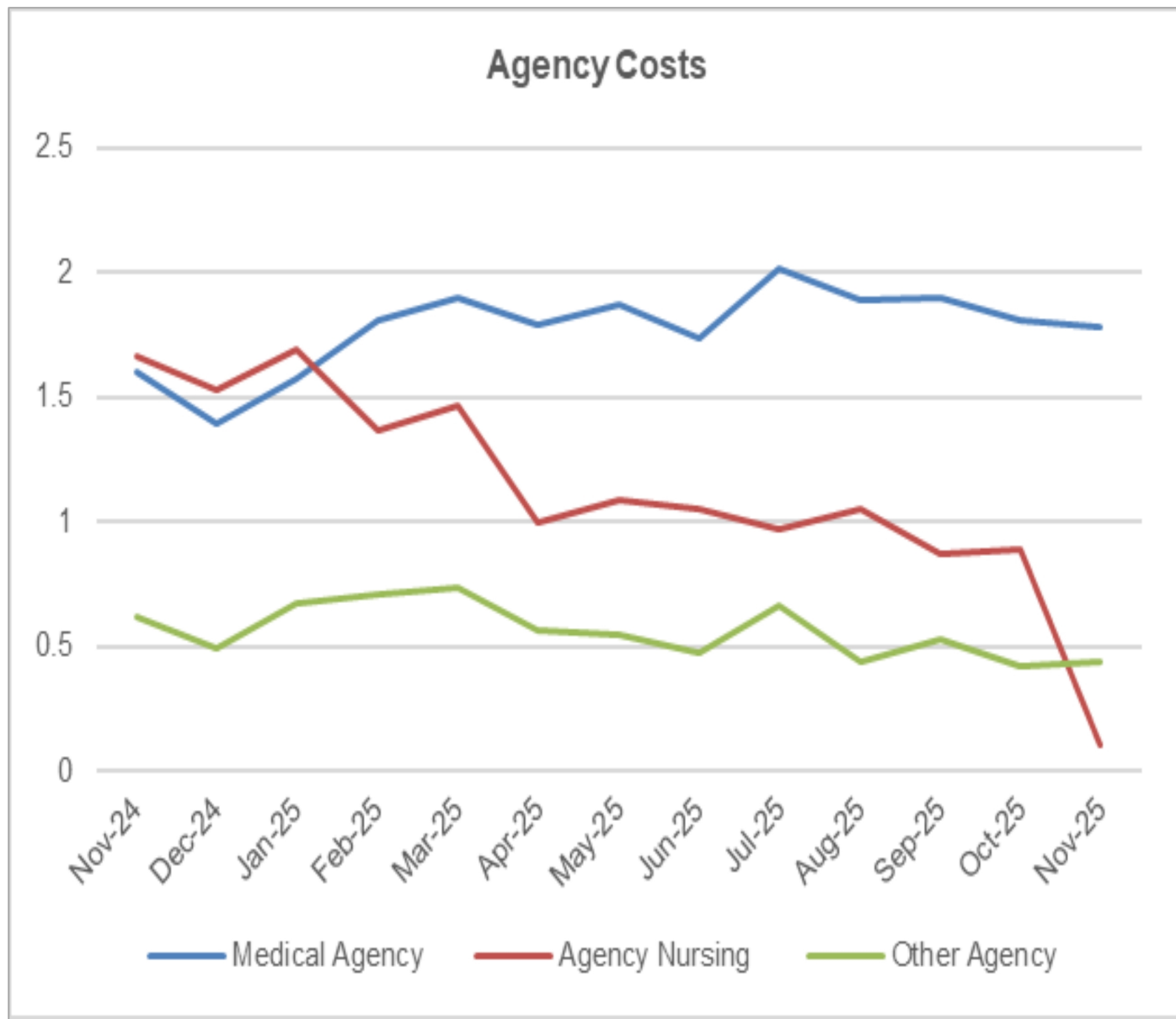
	2025-26 Agency Spend £m												Full Year Expenditure £m	
	Actual Apr-25	Actual May-25	Actual Jun-25	Actual Jul-25	Actual Aug-25	Actual Sep-25	Actual Oct-25	Actual Nov-25	Forecast Dec-25	Forecast Jan-26	Forecast Feb-26	Forecast Mar-26		
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.3
Central Area	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	2.8
East Area	0.3	0.3	0.3	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	2.9
Ysbyty Gwynedd	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.4	0.5	0.5	0.5	0.5	0.5	6.0
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.0	1.2	1.1	1.0	0.5	1.1	1.0	1.0	1.0	1.0	12.1
Ysbyty Maelor Wrexham	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.2	3.5
Mental Health & LDS	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.3	0.3	0.3	0.3	4.3
Womens	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	1.8
Other incl pan BCU														
Cancer Services and	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.2	3.0
Total Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	2.3	3.1	3.0	3.0	2.9	2.9	37.8



- Agency expenditure for November is £2.3m representing 2.3% of total pay, a reduction of £0.8m compared to previous months spend. (2024/25 Monthly average £3.9m). 2025/26 Agency annual forecast outturn is £37.8m, a £0.5m increase compared to the £37.3m annual forecast outturn reported at Month 7 and a £9.2m (19.6%) reduction from 2024/25 total Agency spend of £47.0m.
- November Medical Agency expenditure is £1.8m, the same as previous month spend. (2024/25 Monthly average £1.6m). In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.6m), Ysbyty Gwynedd (£0.3m), Women's (£0.1m), Mental Health (£0.3m) and Ysbyty Maelor Wrexham (£0.1m), covering Medical vacancies and sickness.
- Nurse agency costs totalled £0.1m for the month, a reduction of £0.8m from previous month of which £0.4m is an in-month accountancy gain reported against Agency Nursing. (2024/25 Monthly average £1.7m). The use of agency nurses is within Ysbyty Maelor Wrexham (£0.1m), Ysbyty Gwynedd (£0.1m), Mental Health (£0.1m), and West Area (£0.1m) this is offset with reductions in other areas including £-0.2m in Ysbyty Glan Clwyd. Agency nurses are used to staff escalated beds and cover ward vacancies. Other agency costs totalled £0.4m in month 8, the same as in month 7. Other Agency costs mainly consist of Allied Health Professionals (£0.4m).
- Work continues to ensure the Cabinet Secretary workforce enabling action is met within the required areas. Nil agency spend is forecast for the remaining months of the year against Estates & Ancillary and Admin & Clerical Agency staffing group. There has been minimal spend reported to date against Healthcare Support Worker staffing group with spend forecast to reduce over the remaining months of the year.

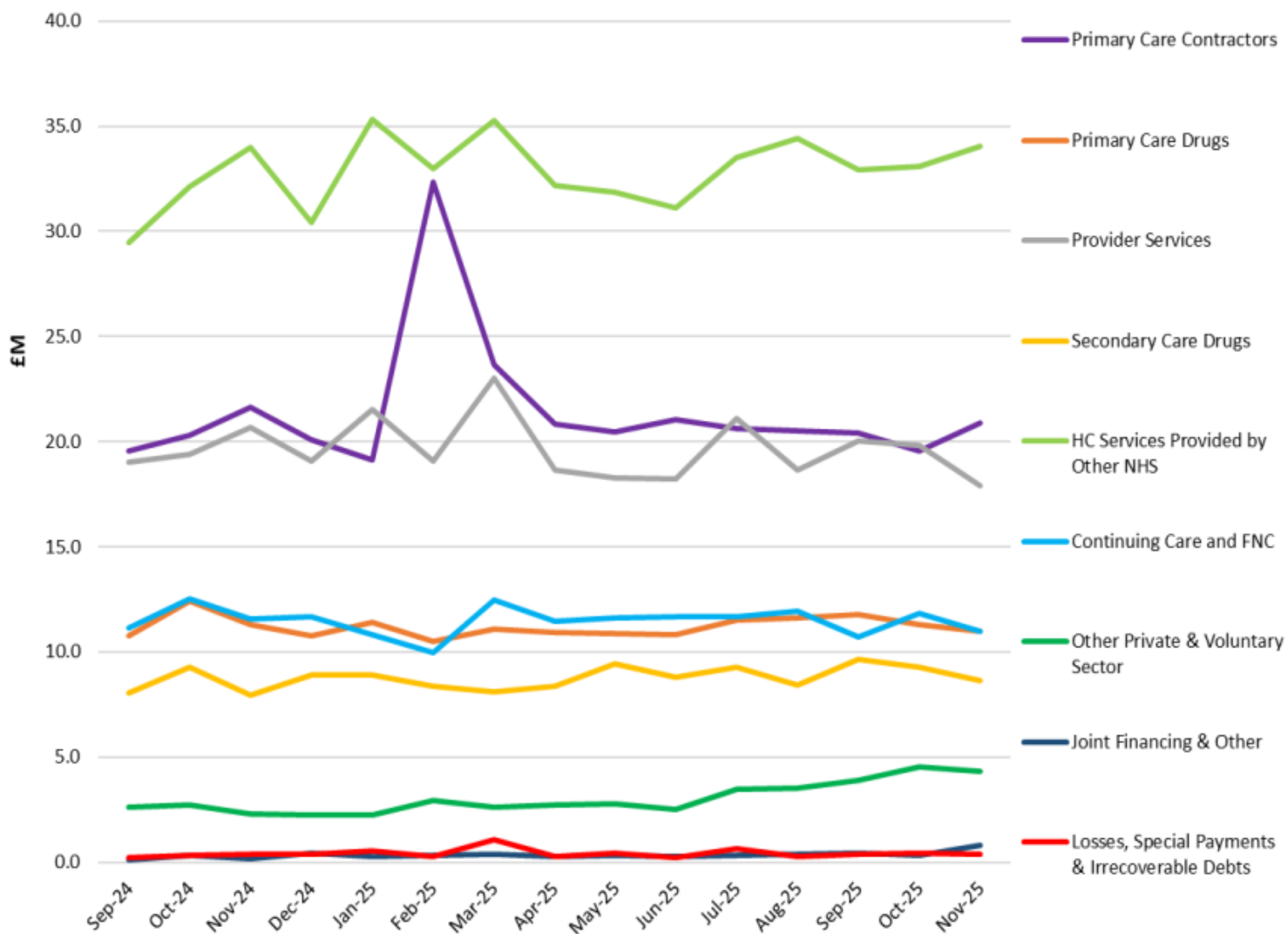


Pay Costs – Agency



Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** November expenditure is £1.3m (6.7%) higher than previous month due to the year-to-date impact of the £1.5m Community Pharmacy Contract pay award uplift funded by WG and £0.2m increase in GMS spend.
- Primary Care Drugs:** Expenditure is £0.3m (2.9%) less than previous month due to less prescribing days in month (November included 21 days compared to 23 days in October).
- Secondary Care Drugs:** Expenditure decreased by £0.6m (6.8%) from previous month, of which £0.2m reduction is within Cancer Services, £0.3m reduction in AMD drugs and £0.1m reduction within MHL D secondary care drugs spend.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £1.0m (3.0%) higher than previous month of which £2.7m is additional spend associated with the vertex funding allocation from WG offset by £1.7m reduction for the underperformance against the Robert Jones & Agnus Hunt (RJA H) contract.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure decreased by £0.9m (7.3%) from previous month, of which £0.2m is an accountancy gain plus a reduction in Childrens care packages and transfers from CHC to FNC.
- Other Private & Voluntary Sector:** In month spend decreased by £0.2m (4.2%). When compared to previous monthly average spend is £1.0m higher than the 25/26 monthly average due to the increase in planned care outsourcing spend.



Allocations

Description	£m
Allocations Received	2,313.2
Total Allocations Received	2,313.2

Description	£m
Allocations anticipated	
DEL Non Cash Depreciation	7.0
AME Non Cash Depreciation	6.8
Removal of Donated Assets / Government Grant Receipts	-0.8
Removal of IFRS-16 Leases (Revenue)	-4.5
IM&T Refresh Programme	2.5
Six Goals	2.7
RTT Waiting Times	4.9
Planned Care additional funding 2025-26 Phase 3 Outpatient support costs	0.6
All Ages Mental Health Digital Solution 25/26	2.2
WRP top slice for 25/26 as per IMTP	-7.0
Cataract funding 2025/26	6.3
Planned Care additional funding 2025-26 Phase 4 Diagnostics	3.6
RIF Neurodevelopment Waiting Times 2025-26	2.8
Vertex Allocation Quarter 2	2.7
TGS Cohort income	2.0
Waiting Times – Minor Oral Surgery & additional OPD Capacity	2.2
Waiting Times – Outpatient Appointments	4.6
Dermatology MOPs funding	1.3
Other	0.9
Total Allocations Anticipated	40.8

	£m
Total Allocations Received	2,313.2
Total Allocations Anticipated	40.8
Total Welsh Government Income	2,354.0

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). Total Revenue Resource Limit (RRL) for the year is 2,354.0m.
- Confirmed allocations to date are £2,313.2m. This includes £13.0m allocation for COVID-19, with £1.1m of COVID income profiled into November.
- Further anticipated allocations in year total £40.8m as detailed in the table.



Risks and Opportunities

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

Risks	£m	Level
<i>Inability to mitigate local pressures included in forecast</i>		
MHLD Out of Area Placements	£7.2m	Medium
Capacity pressures, including premium working	£10.8m	Medium
JCC pressure (mainly relating to non delivery of savings)	£5.9m	Medium
Cost overruns including local contracting pressures and CHC	£2.3m	Medium
<i>Inability to recover national pressures included in forecast</i>		
Inability to mitigate Employers National Insurance Contribution (ENIC) funding shortfall	£4.2m	Medium
Inability to mitigate the English tariff increase	£5.1m	Medium
Mitigating Actions – forecast savings overachievement	(£3.4m)	Medium
Mitigating Actions – Impacting on forecast	(£6.9m)	Medium
Mitigating Actions & Savings still to be identified	TBC	Low
Risks currently in forecast	£25.2m	
<i>Costs not in forecast, potential inability to mitigate if crystallise</i>		
JCC Risk not yet crystallised	£0.8m	High
Total Risks	£26.0m	



Balance Sheet

- The closing cash balance as at 30th November 2025 was £10.4m, which included £2.4m cash held for revenue expenditure and £8.1m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.

	Opening Balance Beginning of Apr 25 £'m	Closing Balance End of Nov-25 £'m	Forecast Closing Balance End of Mar 26 £'m
Non-Current Assets			
Property, plant and equipment	740.2	730.6	745.5
Intangible assets	0.8	0.5	0.8
Trade and other receivables	119.7	125.2	125.7
Non-Current Assets sub total	860.7	856.4	871.9
Current Assets			
Inventories	20.5	20.8	20.5
Trade and other receivables	128.7	166.2	170.7
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	5.9	10.4	5.9
Non-current assets classified as held for sale	0.6	0.0	0.0
Current Assets sub total	155.6	197.4	197.1
TOTAL ASSETS	1016.3	1053.8	1069.0
Current Liabilities			
Trade and other payables	232.3	234.7	205.9
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	53.9	99.1	95.7
Current Liabilities sub total	286.2	333.8	301.5
NET ASSETS LESS CURRENT LIABILITIES	730.1	720.0	767.5
Non-Current Liabilities			
Trade and other payables	23.9	23.9	24.0
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	120.9	126.6	126.9
Non-Current Liabilities sub total	144.7	150.4	150.9
TOTAL ASSETS EMPLOYED	585.3	569.5	616.6
FINANCED BY:			
Taxpayers' Equity			
General Fund	367.2	351.4	398.4
Revaluation Reserve	218.2	218.2	218.2
PDC (Trust only)	0.0	0.0	0.0
Retained earnings (Trust Only)	0.0	0.0	0.0
Other reserve	0.0	0.0	0.0
Total Taxpayers' Equity	585.4	569.5	616.6



Capital

- The approved Capital Resource Limit (CRL) for 2025/26 is £58.2m (which includes £0.2m IFRS16 and £58.0m Capital). Year to Date expenditure is £21.2m.

BUDGET 2025/26					
1) Capital Resource Limit 2025/26	£m	Brief Overview / Update			
WG Discretionary Capital	14.2	The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).			
All Wales Scheme	43.8				
Total CRL	58.0				
CAPITAL PROGRAMME 2025/26	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	3.4	1.4	2.9	0.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	0.4	1.7	-	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	0.6	3.5	-	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.0	0.1	3.0	-	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	1.0	0.0	1.0	-	Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	1.5	0.0	1.5	-	Brokerage managed within the programme.
WG Discretionary Capital	14.2	2.6	13.8	0.4	Under Commitment



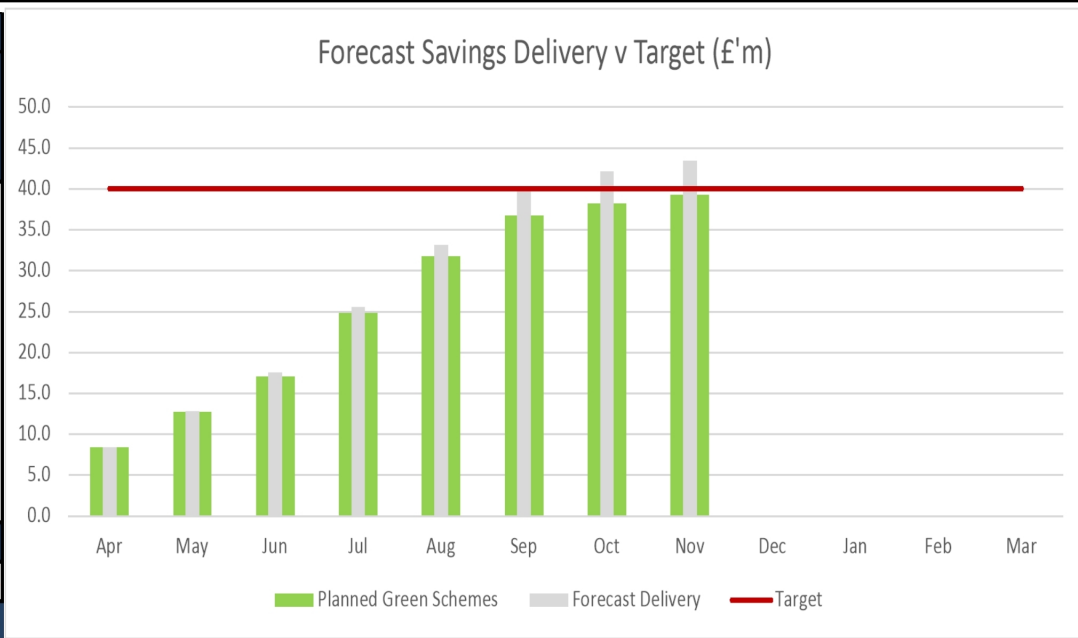
Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Regional Orthopaedic Hub, Llandudno Hospital	15.7	11.8	15.9	- 0.2	The project is progressing with completion forecasted early 2026. Welsh Government have confirmed any overspend will need to managed within the Health Board discretionary capital.
Year End Funding - October 2024	0.1	0.1	0.1	-	The programme has been revised as items have moved into the diagnostic programme, this is reflected in the revised CRL.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	2.9	0.2	2.9	-	The project is programmed over the next 2 years. The contractor has commenced works in line with programme and CRL cashflow.
TEF - Fire	2.4	0.4	2.4	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Infrastructure	2.4	0.4	2.4	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Decarbonisation	0.2	0.0	0.2	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Mental Health	2.0	0.7	2.0	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Infection Prevention Control	0.8	0.0	0.8	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Decontamination	0.8	0.1	0.8	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
IRCF - Conwy & Llandudno Junction Health & Social Care	-0.2	0.0	0.0	- 0.2	It has been confirmed that the project will be deferred to 27/28 as part of the IRCF prioritisation. As a result the Health Board has returned all this year and prior year funding as agreed with Welsh Government.
IRCF - Caledfryn, Denbigh Health and Wellbeing Hub - acquisition costs and related fees	0.3	0.2	0.3	0.0	The current CRL reflects the design costs which is profiled to spent in year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	-	The hardware will be procured in 2025/26.
Nuclear Medicine Consolidation at YGC	0.7	0.3	0.7	-	The current CRL reflects the fees to progress to FBC which is profiled to be spent in year. Preconstruction work appointment is being reviewed and may impact full spend of CRL.
Replacement Diagnostic and Treatment Equipment	7.7	4.5	7.7	-	The project is for two Linear Accelerators and a Spect CT, all of which are profiled to be delivered in this financial year. £2m underspend has been returned to Welsh Government as a result of a competitive tender for the Linac's.
Non-Radiology Ultrasound Replacement	0.3	0.0	0.3	-	These medical devices will be procured in year.
Replacement Diagnostic and Treatment Equipment - Phase 2	3.9	0.1	3.9	-	The purchase of the equipment has already been instigated. The programme for enabling works to support the equipment will be realised in full within this financial year. £0.5m underspend has been returned to Welsh Government as a result of a competitive tender for the Mammography equipment.
DPIF - RISP	0.2	0.0	0.2	-	The Health Board went live 5th September 2025. Payment will be due once stable operation has been reached, which is reflected in the cashflow.
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)	0.4	0.0	0.4	-	This project is over a two year period with initiation in 24/25. It is forecasted that the project will complete in this financial year and the CRL will be spent in full.
DPIF - Digital Maternity Cymru	0.1	0.0	0.1	-	The project is currently in situ with the funding to be spent by the end of the financial year.
Mobile C-Arm/Image Intensifier Replacement	0.3	0.0	0.3	-	Procurement process is underway with confirmed lead time and delivery by 31st of March 2026.
Radiology Ultrasound Replacement	0.9	0.0	0.9	-	Procurement process is underway with confirmed lead time and delivery by 31st of March 2026.
End of Year Digital Funding 2025-26	1.0	0.0	1.0	-	End of year funding has been received for server replacements. The programme is currently in procurement stage and will be delivered by March 2026.
Trophon, Wrexham Maelor Theatre	0.0	0.0	0.0	-	Equipment will be delivered by March 2026.
DPIF - Connecting Care	0.5	0.0	0.5	-	Hardware for Connecting Care is being procured with delivery before the year end.
All Wales Capital	43.8	18.7	44.2	-0.4	Over commitment
Total Capital Funding Available	58.0	21.2	58.0	0.0	

Savings Performance against Target

- The Health Board's financial plan has set a target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis with savings identification, reporting and monitoring developed through a Value and Sustainability thematic model.
- Full year forecast value of Green Schemes is £43.4m (comprising of £34.6m Savings, £0.7m Income Generation, £0.7m Cost Avoidance and £7.4m Accountancy Gains). A forecast increase of £1.3m from month 7. Of these, £24.5m have been identified as recurring, with a full year effect of £32.8m, and £18.9m are non-recurring savings. Full year plan value of Red Schemes totals £2.0m and full year plan value of further pipeline opportunities totals £3.9m.
- A series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This has generated a range of risk-assessed initiatives, where those identified as low risk have been implemented with immediate effect and where the criteria meet a savings definition these are reported as green savings schemes.
- In-month delivery includes Savings of £3.1m, £0.1m Income Generation/Cost Avoidance and £0.9m of Accountancy Gains, against a £3.3m Target
- The combined year to date delivery is £31.3m, of which £15.1m is recurring, against a target of £26.7m.

Service Performance against Target	Annual				Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	6.8	1.1	7.5	5.2	4.2	1.0
Central Integrated Health Community	10.0	8.0	2.0	6.8	6.7	5.6	1.0
East Integrated Health Community	10.0	9.1	0.8	8.5	6.6	5.8	0.8
MHLD	3.9	4.9	-1.0	7.0	2.6	3.6	-1.1
Womens Services	1.2	0.5	0.6	0.3	0.8	0.4	0.4
Diagnostic and Specialist Clinical Support	1.8	1.7	0.1	0.4	1.2	1.2	0.0
Cancer Services	1.5	1.5	0.0	2.0	1.0	0.8	0.2
Community Dental Services	0.1	0.0	0.1	0.0	0.1	0.0	0.1
Corporate & Support Services	3.6	3.3	0.3	0.2	2.4	2.1	0.3
Saving Total	40.0	36.1	3.9	32.8	26.7	23.9	2.7
Accountancy Gains		7.4	-7.4			7.4	-7.4
Total		43.4	-3.4	32.8	26.7	31.3	-4.6





Teitl adroddiad:	Integrated Quality & Performance Report, Month 7 2025/2026
Report title:	
Adrodd i:	Performance, Finance & Information Governance Committee
Report to:	
Dyddiad y Cyfarfod:	Thursday, 18 December 2025
Date of Meeting:	
Crynodeb Gweithredol:	<p>The Performance Directorate reports through the portfolio of the Executive Director of Finance. The directorate is to review the Integrated Performance Framework (to include Accountability) and Integrated Quality & Performance Summary Report and the overall report. The intention being to develop the reporting in conjunction with Board members, the new reports presented to May 2026 Health Board.</p>
Executive Summary:	<p>Performance is RAG rated against the targets set within the NHS Wales Performance Framework, set by Welsh Government in the Special Measures Framework for BCUHB, or outlined in the Ministerial Priorities. However, BCUHB's internal improvement trajectories have also been included.</p> <p>The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027, the purpose of the Framework 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 Welsh Government (WG), Health Education and Improvement Wales (HEIW), and other formal recommendations including Special Measures. <p>The Health Board has a number of measures rated monthly and included within this report; the below graphic indicates a number of these measures are off target.</p> <p>The Performance Directorate reports through the portfolio of the Executive Director of Finance. The directorate is to review the Integrated Performance Framework (to include Accountability) and Integrated Quality & Performance Summary Report and the overall report. The intention being to develop the reporting in conjunction with Board members, the new reports presented to May 2026 Health Board.</p> <p>Performance is RAG rated against the targets set within the NHS Wales Performance Framework, set by Welsh Government in the Special Measures Framework for BCUHB, or outlined in the Ministerial Priorities. However, BCUHB's internal improvement trajectories have also been included.</p> <p>Key areas of escalation are identified within the 'Escalated Performance Measures' section at the beginning of the report, the report composition articulating the following;</p>

	<ul style="list-style-type: none"> • Within the escalation section, the initial high-level one-page summary will in future months be developed to identify success and areas for improvement, action taken and impact. • This followed by a page for each quadrant to offer greater insight for the area to the reader, to include a key for RAG rating and Statistical Process Control (SPC) charts. • The main body of the report containing all of the metrics by domain. <p>The report enabling members to identify key escalations, whilst enabling oversight of the nationally required metrics, and local metrics that give greater insight into current performance. Also, moving towards greater ownership by committees of the measures included within the escalation section of the report for Health Board.</p> <p>The Performance Framework (Accountability refresh) will enable the Health Board to embed the endorsed Integrated Performance Framework. These arrangements include putting in place formal and informal integrated (accountability) review structures.</p> <p>The Performance Directorate is working with corporate, clinical and operational leads to evidence current performance, actions being taken and their resultant expected impact on future performance and where this results in comparison to National and planned delivery for the year, key highlights contained within the report centring upon;</p> <ul style="list-style-type: none"> • Significant improvement required within Diagnostics for 8-week delivery (plan to move to c4,700 from currently c19,000) • The 55% reduction in patients waiting in excess of 104 weeks for treatment (c10,500 to 4,979) • The significant reduction (50%) of patients waiting for their first outpatient appointment from c31,000 to c15,900 • Urgent Suspected Cancer at 53% (target 75% within 62 days) <p>Whilst highlighting these improvements it is important to note the ambition of the IMTP, and Ministerial Delivery Expectations being to have zero 8-week diagnostic waits, zero patients waiting 104 weeks for treatment and 80% of patients on a cancer pathway starting first treatment within 62 days by 31st March 2026.</p> <p>In addition, the Health Board is to continue to drive performance in ambulance handover times, with a focus placed upon discharges being timely and understanding and resolution of delays that are resulting in risk to harm for patients attending the Emergency Departments.</p>
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Committee is asked to:</p> <p>Review the contents of the report and identify any additional assurance work or actions required.</p>
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Russell Caldicott, Executive Director of Finance</p>

Awdur yr Adroddiad: Report Author:	Ed Williams, Deputy Director of Performance			
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 2025-26.			
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>25-01 Timely Access to Safe and Effective Care 25-06 Value Delivery and Financial Sustainability 25-08 Non Compliance with Regulatory and Legislative Requirements</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 IQPR 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</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>This report has been reviewed by Executive Director of Finance</p> <p>The full report has been reviewed by the Deputy Director of Performance</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>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 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics</p>

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol
<i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations: Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described.</p> <p>The Integrated Quality & Performance Report to be developed through the remainder of 2025-26 with a view to having the new reports available in May 2026.</p>	
<p>Rhestr o Atodiadau: List of Appendices: 2</p> <p><i>1: Integrated Performance Summary Report (see below)</i></p> <p><i>2: Integrated Performance Report in PDF</i></p>	

Appendix 1 (IQPR Summary Report)

Committee:	Health Board
Report title:	Integrated Quality & Performance Report (IQPR)
Report Author:	Deputy Director of Performance
Executive:	Executive Director of Finance and Performance

1. Introduction

The Performance Directorate now reports through to the Executive Director of Finance's portfolio, with development of the Integrated Quality and Performance Report (IQPR) a key objective to ensure the needs of Operational forums, Executive, Committees and the Health Board are met. The development of the report will build on the launch of the Foundations for the Future model for services, which is essential to ensure clarity on roles, responsibilities and accountability.

Statistical Process Control Charts (SPC) will be the main vehicle to report performance (historical, current and future trends) ensuring movements in performance are understood. It is essential the users of the reports can ascertain the impact of key actions expected for future performance, and importantly how this compares to that contained within our Integrated Medium-Term Plans (IMTP) and national expectations.

Initial meetings with the Executive, Senior Leadership and the teams have occurred, with further debate to occur with Health Board colleagues to shape the future report model, the anticipation being this would be supported by;

- Hierarchical reporting (the information tailored for the audience)
- Review of metrics used for assessment, ensuring relevance
- Engagement with Operational and Clinical teams, to ensure actions planned to improve performance are quantifiable and thus can be used to forecast delivery
- A refreshed 'Performance and Accountability Framework' that will enable areas and directorates that require additional support to be identified and escalated

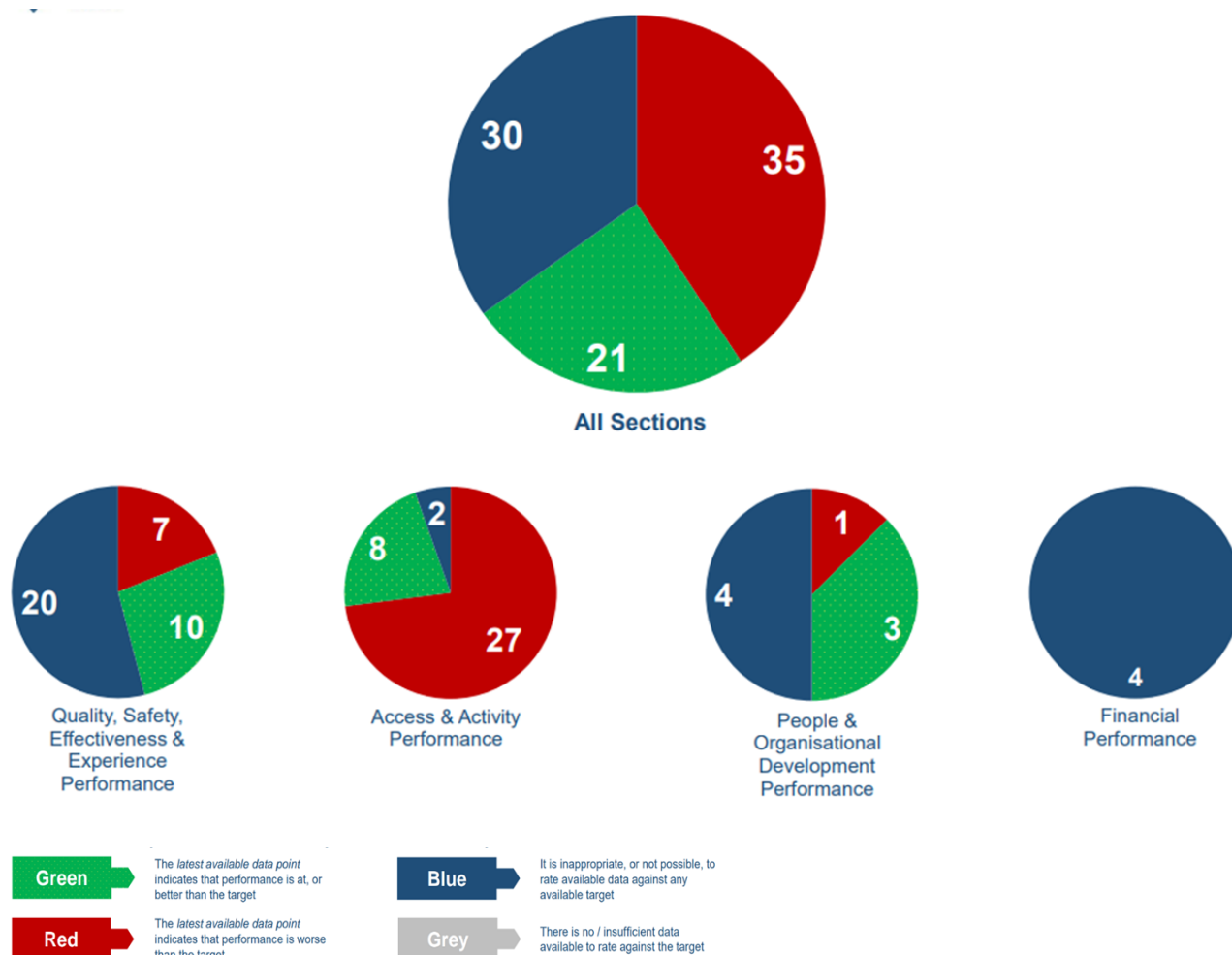
The implementation of 'Foundations for the Future' in providing clarity on roles and responsibilities will support identification of lines of accountability, it is important that the accountability framework recognises high performing areas and differentiates with those requiring support to deliver improvement. Reporting future performance requiring Operational & Clinical colleagues to determine action to be taken and expected impact.

Whilst these developments are progressed, the report will continue to be presented within the current format, each section will endeavour to enhance reporting with inclusion of;

- A one-page high level summary of matters to be highlighted to members
- Then a page per quadrant, supporting a more focused view of the performance

- Finally, each performance metric is then articulated within the report to provide the detail should officers seek to understand more in regards to a particular metric

2. Overall Summary; -



Of the measures from the NHS Wales Performance Framework included in the report, 21 are on target. Whilst this is an improvement from September's report (18 on target) it remains clear that there continues to be significant risks to delivery on a number of key metrics described within this report.

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, with members invited to review the detail contained within the summary and full performance report to assess areas of key challenge and improvement opportunity.

3. Key outputs from oversight of Access & Activity Performance

The key areas highlighted centre upon: -

3.1 People & Organisational Development

The key areas highlighted centre upon: -

Key metrics for the People and Organisational Development centre upon;

- Sickness absence has slightly increased to 6.4%
- The percentage of agency spend as a proportion of the total pay bill totals 3.0%
- The appraisal rate remains high at over 80% across the Health Board

3.2 Access & Activity Performance

3.2.1 Introduction to Planned Care Delivery

This section contains the greatest number of measures within the report and articulates the access to services experienced by our local population. The Health Board submission of the Integrated Medium-Term Plan (IMTP) indicating attainment of national directives for Planned Care on the basis of;

- Receipt of additional funds to support 104-week delivery
- Ability to commission activity from the private sector for key specialities

The Health Board received an allocation below that requested of £5m to support commissioning of external care provision and experienced difficulties in securing capacity within the private sector to service patients waiting, these two factors impacting on the ability of the Health Board to attain the trajectories of performance indicated within the IMTP.

The Health Board continues to seek to improve performance and has implemented additional oversight and escalation within the planned Care space (the Chief Executive Chairing a weekly oversight and escalation meeting) with additional oversight and governance through a weekly meeting of the Chair and Vice-Chair for the Health Board.

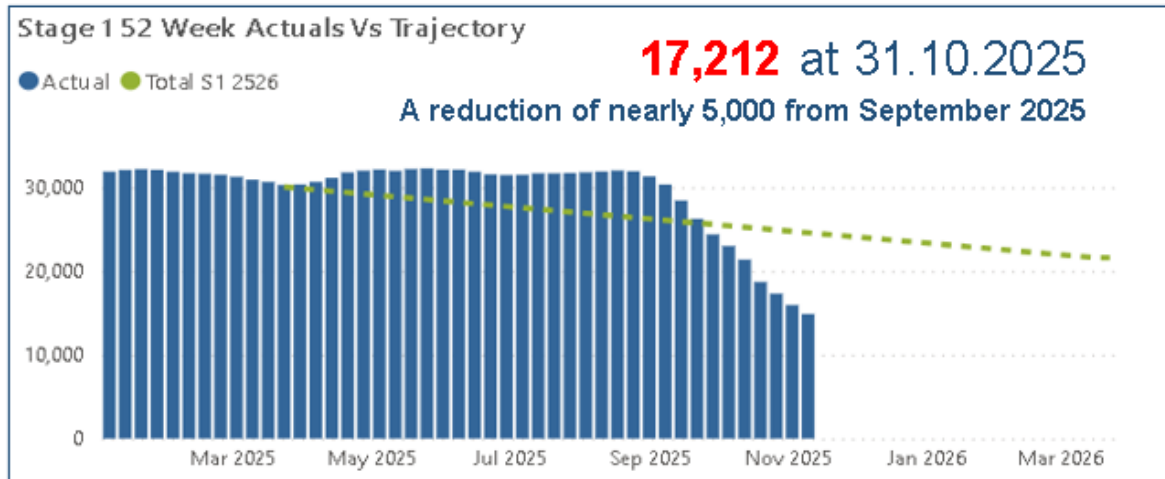
3.2.2 Planned Care Performance

(a) Patients waiting over 52 weeks for a first outpatient appointment



The introduction of a centrally managed booking service for first outpatient appointment and adoption of GIRFT recommendations for each speciality in regards to clinic bookings resulted in a stabilisation of deterioration in performance that had been experienced throughout the Health Board.

In addition, the national initiative of placement for insourcing to service patients first new outpatient appointments has seen over 2,000 patients per weekend seen. This additionality has dramatically reduced the numbers of patients waiting for first outpatient appointment and this trend is set to continue for the remainder of the financial year. Whilst the October position was 17,212, at the time of writing (on the 1st of December 2025 the number of patients waiting has reduced to 12,000, and (subject to speciality challenges) would be expected to be zero by close of the financial year.



Based on management information currently going through validation (hence draft at this stage), the number of patients waiting over 52 weeks for their first outpatient is as follows:

- 31,905 patients at 25 August 2025
- 31st October 2025 17,212 validated patients waiting over 52 weeks
- 1st December 2025 12,000 unvalidated patients waiting over 52 weeks

Significant further reductions in 52 weeks are expected and as the new booking centralised service is in place, it is expected this improvement will be maintained. The national initiative removing the backlog and central booking equalising demand with capacity available through enhanced productive use of the clinics available.

However, it is of note some of these patients will require further intervention and this may place pressure upon delivery of the future 104-week performance (a cohort of the stage 1 outpatients requiring a procedure) with some of these urgent or even Urgent Suspected Cancer and displacing current routine capacity to service patients currently waiting in excess of 104 weeks.

(b) Patients waiting greater than 104 weeks for all stages of care delivery



The Health Board targeted zero patients waiting over 104 weeks by 31st March 2026. Whilst the Health Board has secured significant improvements in the 9 months to September 2025, with the latest numbers indicating 4,300 (a 55% reduction in patients waiting over a 9-month period) patients remain waiting above 104 weeks for conclusion of their care and the trajectory to attain zero by 31st March 2026 remains challenging.

Whilst this does not meet the trajectory submitted as part of the IMTP, the funds anticipated in the IMTP also did not materialise at the level planned / requested. Also, as the numbers reduce it has been more difficult to identify patients suitable for treatment through commissioned activity.

Plans have been submitted to Welsh Government colleagues that indicate for Quarter three (by 31st December 2025) patients waiting beyond 104 weeks will total 3,890, as articulated below;

Ref	Speciality	Patients waiting 31 st December 2025 above 104 weeks
1	General Surgery	837
2	Urology	437
3	Vascular Surgery	66
4	Trauma & Orthopaedics	284
5	ENT	555
6	Ophthalmology	197
7	Oral Surgery	803
8	Orthodontics	275
9	Pain Management	190
10	Gynae	246
11	TOTAL	3,890

Performance beyond these levels can be achieved through the current contractual provision for insourcing and outsourcing, see below indicative values;

Ref	Description	Patient number waiting beyond 104 weeks at 31 st December 2025
1	Revised Plan submitted to Welsh Government	3,890
2	Opportunity to enhance plan delivery; <ul style="list-style-type: none"> • Pain • Orthodontics • Oral Surgery (full pathway commissioned) • Continued Outsourcing 	120 135 250 400
3	TOTAL	2,985

The Health Board continues to place focus on attainment of the 3,890 patients, with additionality to improve to 2,985 a best case for quarter 3 of 2025/26. In relation to quarter 4 attainment, the Health Board modelling indicates an increase in each month of those patients breaching the 104 weeks for waiting for care, as noted below;

- Leading up to December 2025 approximately 2,000 patients per month were added to the list of those waiting beyond 104 weeks
- January to March 2026 this number has increased on average to over 3,000 patients per month

The Health Board is required to therefore service (during the winter period) the forecast 3,890 plus each month the further additional 3,000 patients, this totals 12,890 patients for the three months to 31st March 2026. The resultant modelling indicating;

- Patients waiting beyond 104 weeks at 31st March 2026 will total 3,782
- Debate continues with WG officials in securing further resource to enable further commissioning where appropriate

The Health Board continues to drive improvements alongside the commissioning of activity through the Planned Care Major Programme, improvements in theatre utilisation (early and late starts plus reducing cancellations at short notice or on the day) will support improvements in delivery to that currently articulated.

(C) Cancer Performance (national standard 75%)

In September 2025 the Health Board treated 53% of patients within the targeted 62 days, as denoted within the below table;

	BCUHB Total	West	Central	East
Upper GI	77% (23/30) ↑	80% (8/10)	78% (7/9)	73% (8/11)
Skin	73% (67/92) ↑	69% (18/26)	79% (23/29)	70% (26/37)
Haematology	73% (19/26) ↑	86% (6/7)	73% (8/11)	63% (5/8)
Lung	63% (20/32) ↓	58% (7/12)	50% (4/8)	75% (9/12)
Colorectal	58% (26/45) ↑	46% (6/13)	55% (6/11)	67% (14/21)
Gynaecology	44% (8/18) ↑	50% (3/6)	20% (1/5)	57% (4/7)
Breast	38% (30/80) ↓	53% (17/32)	14% (4/29)	47% (9/19)
Urology	32% (34/107) ↓	55% (17/31)	23% (7/31)	22% (10/45)
Head & Neck	26% (5/19) ↓	33% (3/9)	0% (0/5)	40% (2/5)
Total	53% (242/460) ↓	59% (87/148) ↑	54% (66/145) ↑	53% (89/167) ↓

- The principal reason for the drop in performance in September was an increase in the number of breast cancer patients treated after day 62. This was as a result of delays in the screening service and increased waits to first appointment over the summer period.
- The Maggie’s Centre on the Ysbyty Glan Clwyd site opened on September 29th, thanks to support from the Steve Morgan Foundation. The centre offers free expert care and support to anyone affected by cancer and is open Monday

to Friday 9am to 5pm; No appointment is needed. The centre is designed to be welcoming, providing a friendly, supportive and tranquil environment.

Performance across Wales on Cancer performance remains challenged, measures have been deployed to enhance delivery in Dermatology (skin) through insourcing contractual performance, Colorectal with additional endoscopy, Breast through a re-alignment of clinic capacity away from Mondays and additional recruitment to Head and Neck consultants.

(D) Diagnostics (performance against the 8-week standard)

Diagnostics performance against the 8-week standard has deteriorated over the past 12 months, predominantly a consequence of demand for MRI, Ultrasound and Endoscopy, key information being;

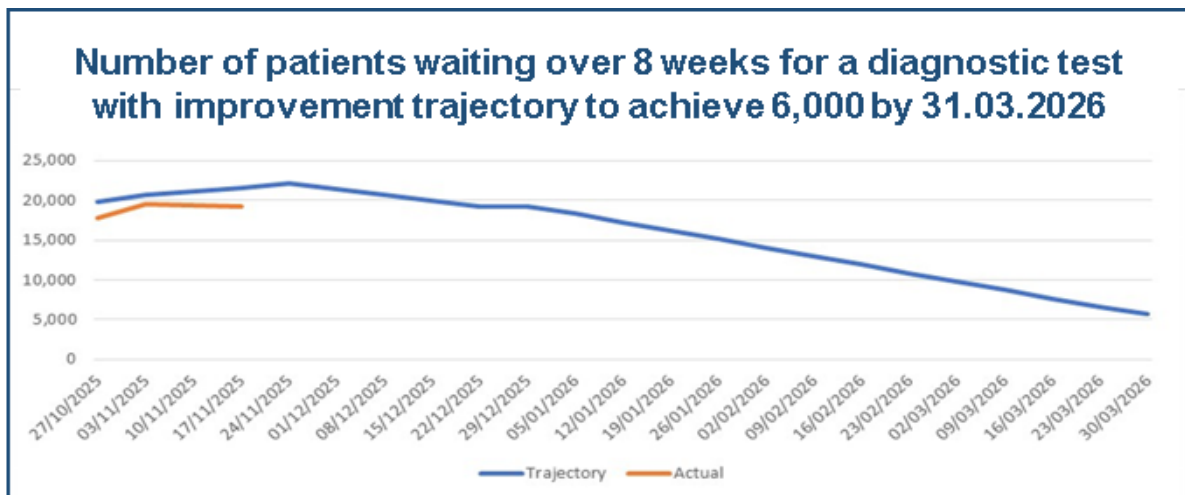
- 18,826 patients waiting in excess of 8 weeks at end of September 2025
- Drivers being increased Endoscopy & Radiology from increased demand and GP direct access, although now improving in Endoscopy
- Further allocation of £3.6m in year to improve towards zero waits of 8 weeks at end of March 2026

Key actions in the current quarter centring upon;

- Completion of procurements / Commence solutions (mobile MRI on site)
- Adoption of additional demand management measures

The increased access is set to reduce patient waiting times beyond 8-weeks to approximately 4,700 patients by 31st March 2026. However, the additional outpatient activity seen through the national 52-week first outpatient insourcing model will result in significant additional diagnostic activity being required, with this predicted to adversely impact on performance in this area, potentially leading to c6,000 waiting over 8 weeks at 31.03.2026.

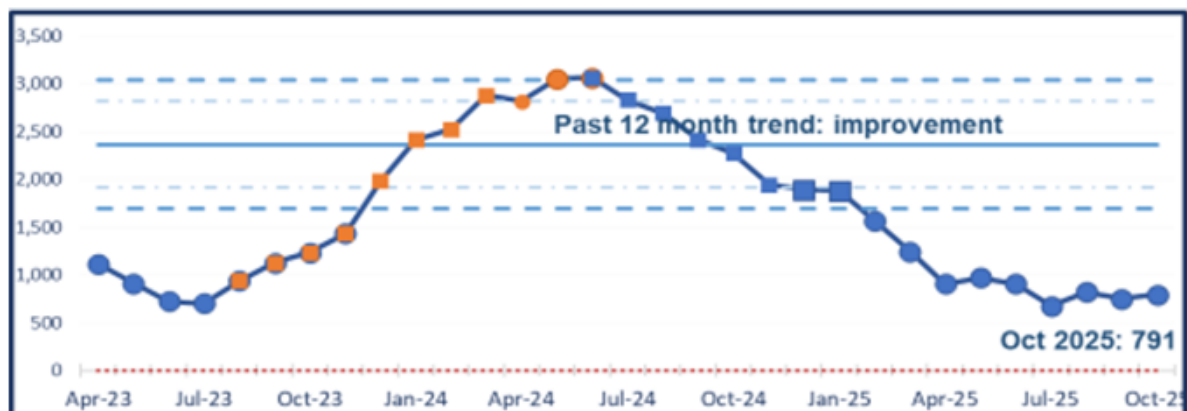
The below table models the expected impact on the trajectory previously submitted, though it is of note the Health Board is still targeted attainment of the 4,700 patients waiting for a diagnostic test at 31st March 2026 submitted to Welsh Government.



Whilst the plan does not achieve a zero position by close of March 2026, the teams are attempting to improve on the current 4,700 plan submitted to Welsh Government, this number would representing the best performance on access for diagnostics.

3.2.3 Therapy Waits

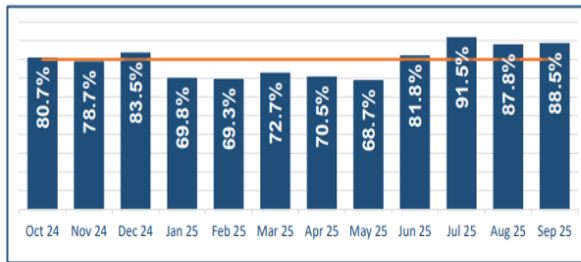
There has been a substantial improvement in waits for Therapy intervention. However, the month on month improvement in performance and reduction in waiting times seen previously has not continued through quarter 3. These patients are predominantly within Physiotherapy and Dietetics in the East IHC.



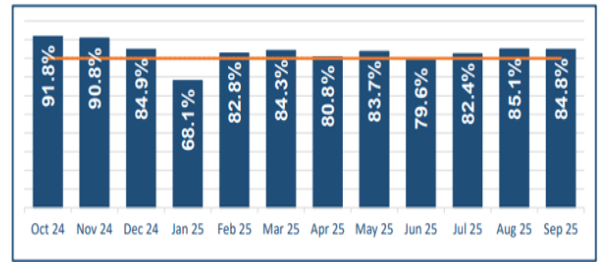
3.2.4 Adult Mental Health Measures Performance

Adult Mental Health Assessments and therapeutic interventions have consistently been performing above the 80% for the Division. Escalation remains as there are inequalities of waits across the region (Anglesey Denbighshire not achieving the 80% rate).

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)



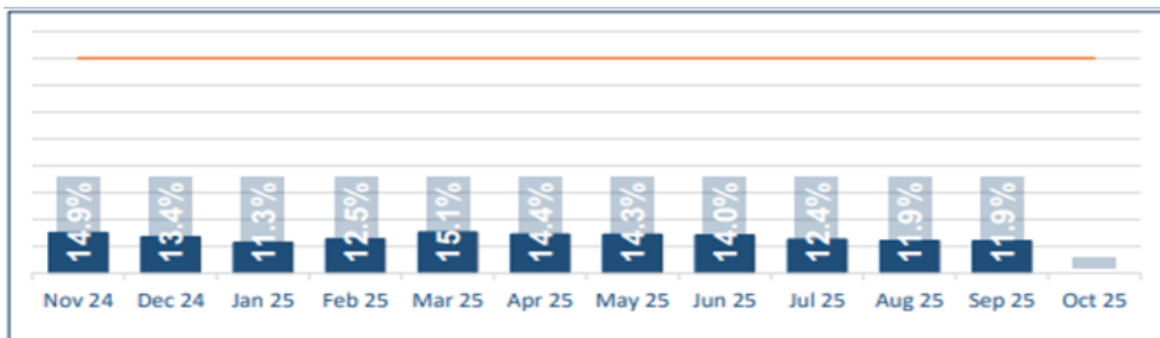
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)



3.2.5 Children’s & Adolescent Mental Health Services (CAMHS) and Neurodevelopment

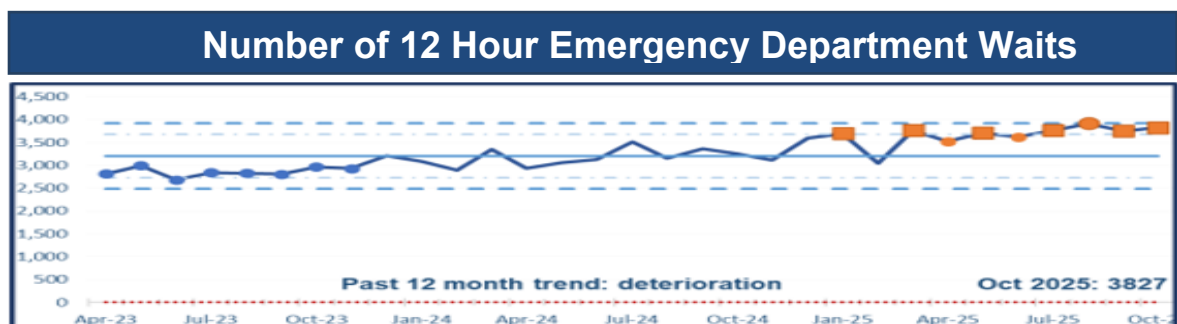
Neurodevelopment waiting times remain a concern, with the Health Board currently ranked as 6th of 7 in Wales with 11.9%. The All-Wales latest performance is 21% as at September 2025 and no Health Boards are achieving the target.

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

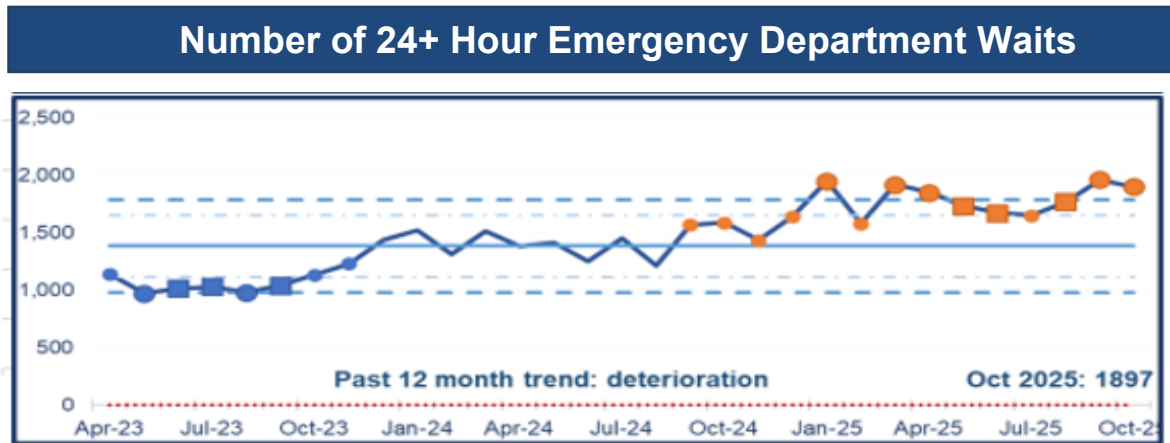


3.2.6 Urgent & Emergency Care Performance (Corporate Risk 24-10 Urgent and Emergency Care)

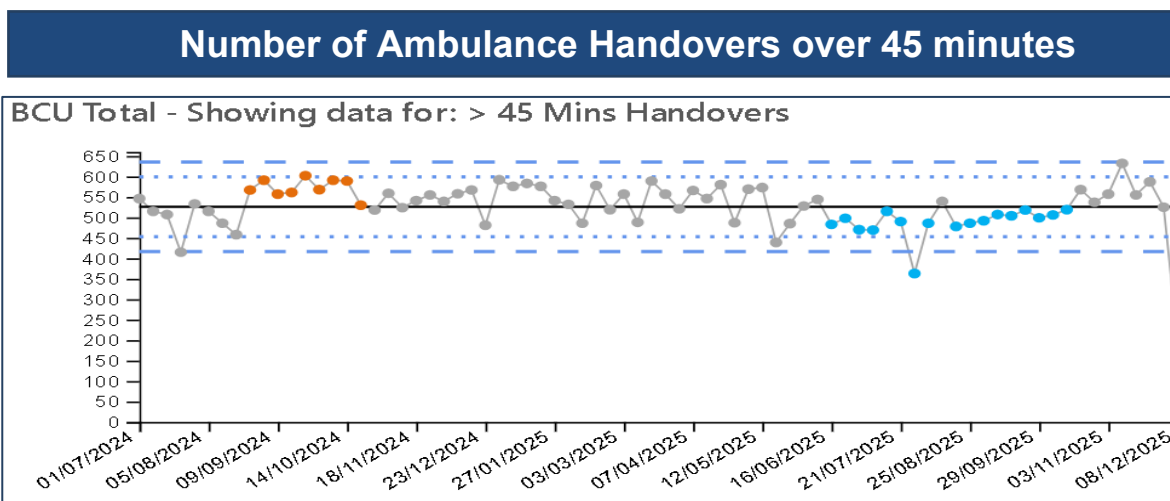
There is a focus placed upon performance in this area, the recent 45 minutes ambulance handover and acknowledgment of harm to patients owing to excessive waiting times is driving an immediate improvement requirement, as denoted within the below;



The number of 12-hour waits has increased to 3,827 and is the upper range of the SPC Chart above, measures to improve performance centre upon a focus on eradication of discharge delays (time of day and medically fit for discharge). The level of outliers significantly impacting the ability of the Health Board to flow through emergency patients. Details of what the health board is doing to improve this position can be seen in the IQPR.



Although the number of patients waiting beyond 24 hours has fallen at 1,897 it remains in a range exceeding normal deviation through the SPC Chart. Work is progressing with the teams on additional actions that would support enhanced performance in this area and this is detailed in the IQPR.



The number of ambulance handover delays remain a concern. However, a clinically-led Urgent and Emergency Care Task Team has been established to lead on taking decisive steps with senior clinical leaders and operational teams to support system-wide improvement and improve outcomes and experience for patients. One of the priorities of this team is to reduce avoidable admissions and ambulance conveyances to Emergency Departments. Details of the work being undertaken to reduce ambulance handover delays is in the IQPR.

3.2.7 Summary

The Health Board has achieved improved access for patients waiting for outpatients new (50% reduction in patients waiting) and 104 weeks (55% reduction in patients waiting) for treatment. However, the pace of improvement does not match the ambition of the Health Boards Integrated Medium Term Plan (IMTP).

Major programmes of work in relation to Urgent Emergency Care and Planned Care continue to drive productivity and efficiencies within the Health Board, this being the substantive solution to ensure access to services demands for services are able to be met.

3.3 Financial Performance (Month 12 2023-24 and Month 1 2024-25?) (Corporate Risk 25-06 Value Delivery and Financial Sustainability)

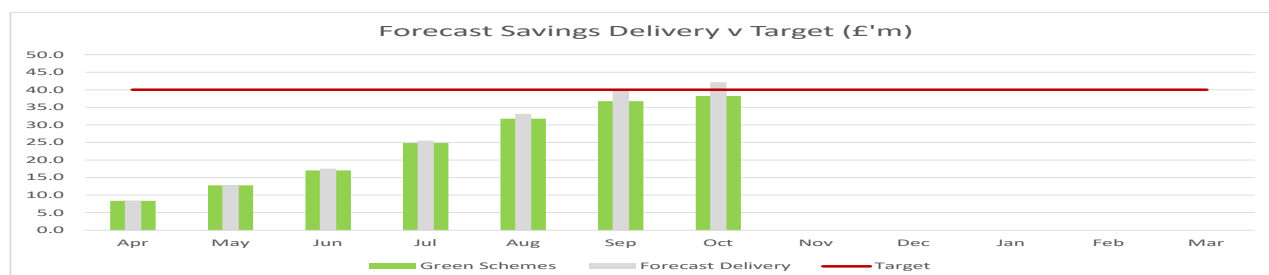
The Health Board has a cumulative deficit to month 8 of £17.3m, drivers being;

- Joint Commissioning Cost Pressures
- Capacity Pressures (additional beds open)
- Out of Area placements (Mental Health)
- English tariff inflation
- Employers National Insurance (funding shortfall)

The Health Board continues to seek mitigations, further costs centring upon national pressures associated with pay structures and Welsh Risk Pool are now to be offset through additional resource allocations (confirmation received 11th December 2025).

If unable to attain financial balance, the £82m conditional allocation for 2025/26 is placed at risk of receipt for 2026/27.

Whilst the financials remain a challenge in attainment for the 2025/26 financial year, it is of note that the savings ask of £40m for the Health Board has been attained and exceeded at month 7 reporting, see below;



In summary, the Health Board has a risk to delivery of plan totalling approximately £25m and will require additional measures to be deployed if the outturn and conditions associated with securing the £82m is to be attained. A Financial Oversight Group has been initiated in order to provide Board oversight to the deployment of measures to attain financial plan.

4.0 Appendix

Appendix 1 – Integrated Performance Report



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Performance Report

Reporting Period: to 31.10.2025

Presented to

Performance, Finance & Information

Governance Committee

Thursday, 18th December 2025

Table of Contents

Title	Page	Title	Page
Cover	1	Summary of Integrated Quality & Performance Report	23
Table of Contents	2	Section 1: Access & Activity Performance	24
Performance Escalations Report	3	Section 2: People & Organisational Development Performance	38
Four Quadrant Escalation Summary	4	Section 3: Financial Performance	42
Urgent & Emergency Care	5	About this Report	48
Cancer	11	Additional Information	56
Planned Care	12	Appendix	58
Mental Health & Learning Disabilities (Adult)	18		
CAMHS	19		
Workforce and Organisational Development	20		
Finance	21		



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Performance Escalations Report



Escalated Performance Measures at a Glance

KEY: ▲ = Better ▼ = Worse than previous reporting period

Quality

CRR 24-04 Failure to Embed Learning

- ▼ New Never Events: **2** reported in October 2025 (Target 0)
- ▲ National Reportable Incidents (NRI): **5** overdue (out of 49) in October 2025 (Target 0)
- ▼ Learning From Events Reports (LFERs): **17** in September 2025 (Target 0)

Finance

CRR 24-05 Financial Sustainability

Financial Position – October 2025

- ▼ Year to date – Deficit versus Plan **-£16.3m**
- ▲ In-month Variance to plan **-£1.2m** (a £0.2m improvement)
- ▲ Full year outturn position - **Balanced Position** as per Plan (**noting significant risks to delivery**)

Savings Position

- ▲ In month Savings Delivery including Accountancy Gains v target **£4.6m** (£1.3m more than the £3.3m target)
- ▲ Forecast Savings Delivery including Accountancy Gains v Target **£42.1m** (£2.1m above the target of £40m)

Capital Expenditure

Year to Date Plan is £21.0m. Spent £19.1m Underspend **£1.5m.**

Access & Activity

CRR 24-10 Urgent and Emergency Care; CRR 24-11 Planned Care;
CRR 24-12 Areas of Clinical Concern; CRR 24-13 Timely Diagnostics

- ▲ CAMHS Part 1b Assessments within 28 Days of Referral: **55.7%** (Target 80%)
- ▼ Neurodevelopment Assessment within 26 weeks: **11.9%** (Target 95%)
- ▲ Adult Mental Health Part 1b Assessments within 28 Days of Referral: **85.1%** (Target 80%)
- ▼ Adult Psychological Assessment within 26 weeks: **68.3%** (Target 95%)
- ▼ Ambulance Handover Delays over 45 minutes: **2,290** (Target 0) **MP**
- ▼ Emergency Department waits over 12 Hours: **3,827** (Target 0)
- ▲ Emergency Department Waits over 24 Hours **1,897** (Target 0)
- ▼ Number of patients with Delayed Pathways of Care: **347** (Target 0)
- ▼ Percentage compliance with 62 Day Single Cancer Pathway: **52.6%** (Target 75%)
- ▲ Referral to Treatment waiting over 52 weeks 1st Appointment: **17,212**
- ▲ Referral to Treatment waiting over 104 weeks: **4,979*** (see slides 12 & 13) **MP**
- ▼ Referral to Treatment waiting over 156 weeks: **291** (Target 0)
- ▲ Referral to Treatment waiting over 208 weeks: **0** (Target 0)
- ▼ Number of patients waiting over 8 weeks for Diagnostics: **19,534** (Target 0)
- ▼ Number of patients Over 100% due their clinical follow up: **104,814** (Target 0)

* *Subject to change as re-validation continues in light of Ministerial ask 27.11.2025.*

People & Organisational Development

- ▼ Personal Appraisal & Development Review (PADR): **81.2%** (Target 85%)
- ▼ Sickness & Absence: **6.4%** (Target Reduce)
- ▲ Agency Spend: **3.0%** (Target Reduce)

Access & Activity: Escalated Performance Measures Urgent & Emergency Care

A team from NHS Wales Performance & Improvement is supporting BCUHB with improving performance within urgent & emergency care. A four week programme of improvement initiatives commences from a 'reset' date 08.12.2025 and will focus upon improving 5 key measures:-

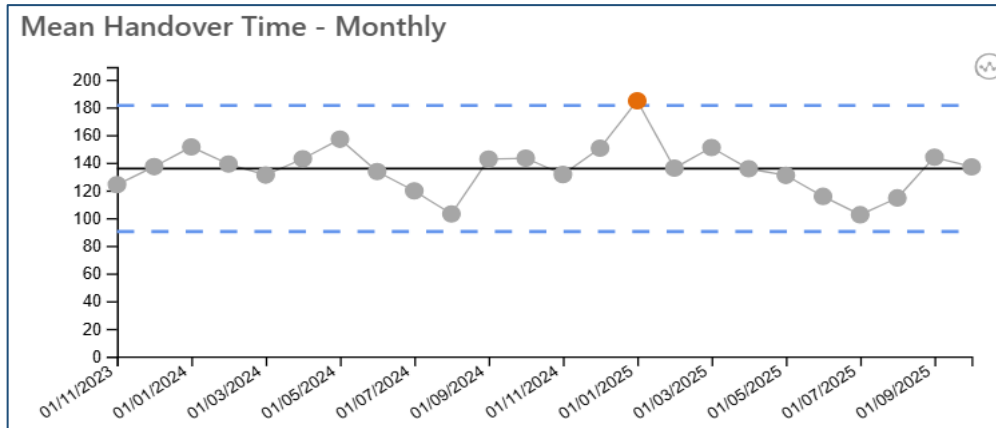
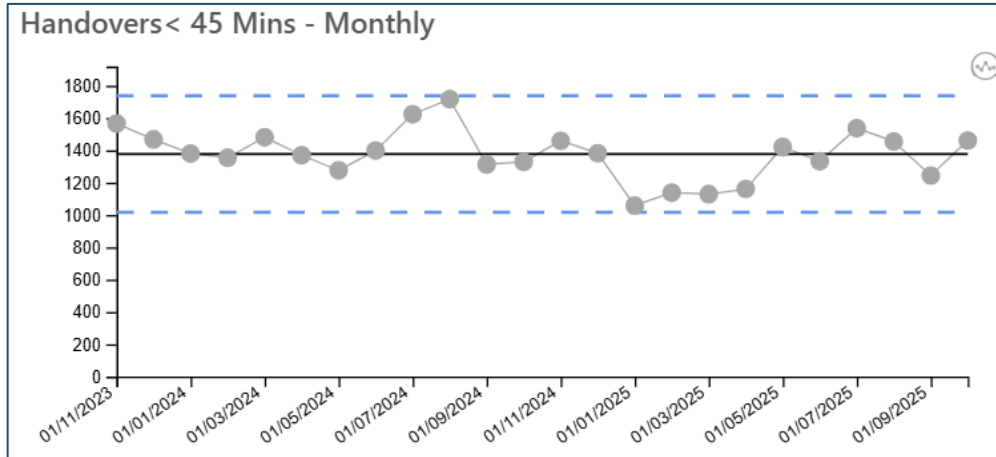
- Reduce the number of ambulance handovers over 45 minutes. Ministerial Priority is zero (October, 2,290 over 45 minutes of a total 3,702 handovers)
- Reduce number of patients waiting over 12 hours within our Emergency Departments (October, 3,827 of which 1,897 waited over 24 hours)
- Reduce the median time-to-triage to the national target of 15 minutes (October position 20 minutes)
- Reduce the median time-to-clinician to the national target of 60 minutes (October position 131 minutes)
- Reduce the number of delayed pathways of care. National target is zero. (October position 347 patients accounting for 13,579 bed days)

The Chief Executive Officer now holds weekly performance accountability meetings with senior leaders responsible for the delivery of these improvements.

To provide the Committee with assurance, the actions being undertaken throughout December are described over the next 5 slides, one for each measure within the scope of the re-set. A summary of the impact, outcomes and lessons learned from the four week reset will be included in January 2026' IQPR.

Access & Activity: Escalated Performance Measures

Urgent & Emergency Care: Ambulance Handover Delays

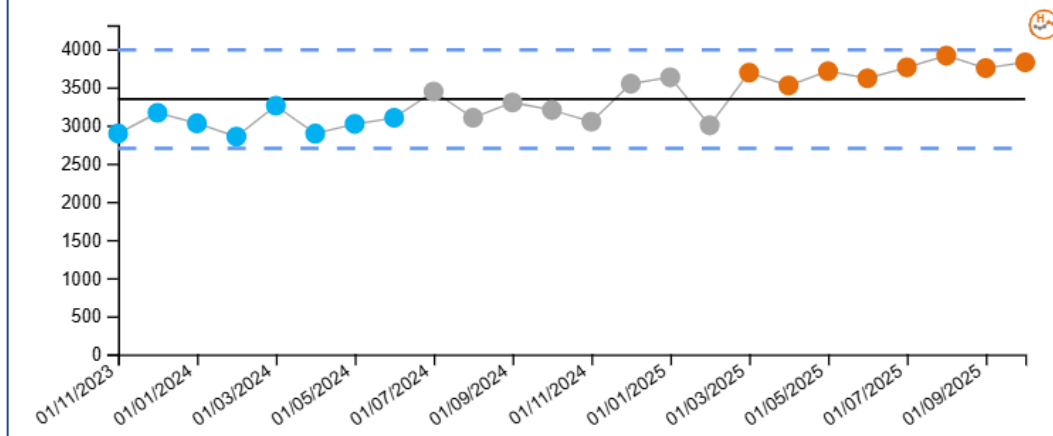


Actions

- A clinically-led **Urgent and Emergency Care Task Team** has been established to lead on taking decisive steps with senior clinical leaders and operational teams to support system-wide improvement and improve outcomes and experience for patients. The focus is on three key areas:
 - Reducing avoidable admissions and ambulance conveyances to Emergency Departments.
 - Improving flow through the hospital including establishing an acuity-led discharge process and improved weekend flow.
 - Working with clinical and operational teams to strengthen system working.
- An immediate priority working with Welsh Ambulance Service NHS Trust (WAST) is to target a significant reduction in the number of patients waiting to be handed over to EDs from Ambulances to no more than 45 minutes (Handover 45).
- The revised Ambulance Performance Framework issued by WG with effect from 2nd December 2025, to ensure a focus on patient outcomes as well as response times.
- The Ambulance Performance Framework is being rolled out across the organisation and briefing sessions were held with WAST colleagues throughout November to provide background and context to the changes and support effective implementation
- The revised framework involves:
 - New 'orange now', 'yellow soon' and 'green planned' categories replace the current Amber and Green categories and build upon the "Purple Arrest" and "Red Emergency" categories that were introduced in July for the most life-threatening calls have been designed to improve care for patients and ensure they get the right response for their need.
 - Rapid clinical screening by paramedics and nurses in 999 clinical contact centres to help identify time sensitive conditions more quickly to deliver a safer service and improve outcomes.

Access & Activity: Escalated Performance Measures Urgent & Emergency Care: Reduction of 12 Hour Waits

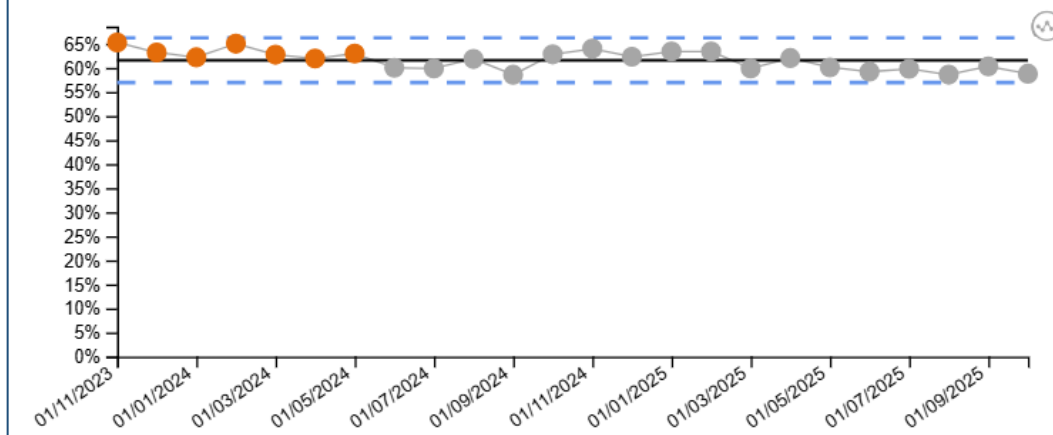
Over 12 Hours - Monthly



Actions

- **Executive walkthroughs** have been held at each District General Hospital to engage clinical and operational teams in opportunity and solution identification, as well as providing visible leadership and commitment of the Board to supporting improvement on the ground. A commitment of high visibility has been made, without seeking to disrupt the work of local teams
- The Executive Medical Director led a **Rapid Quality Review** meeting drawing together clinicians to address:
 - Specific and focused consideration to quality concerns and risks within the pathways passing through the ED.
 - Facilitate rapid and collective judgements about quality within these pathways
 - Identify actions within these pathways as a result of the risk identified to measure quality of care and risk within the ED pathways.
 - Improve quality of care and reduce risk within ED pathways.
- The focus on discharge, including time of discharge during the day and proactive onward admission of new patients to ward areas form part of the improvement work underway.
- Balancing the risk to patient safety, outcomes and experience across the system rather than holding the risk in the Emergency Department is key.
- Data dashboard developed utilising STREAM / Right Patient Right Place has been established and offers oversight across hospital systems to support flow and identify reasons for delayed discharges – this has been further developed with the six Local Authorities (LAs) and a positive enabler.

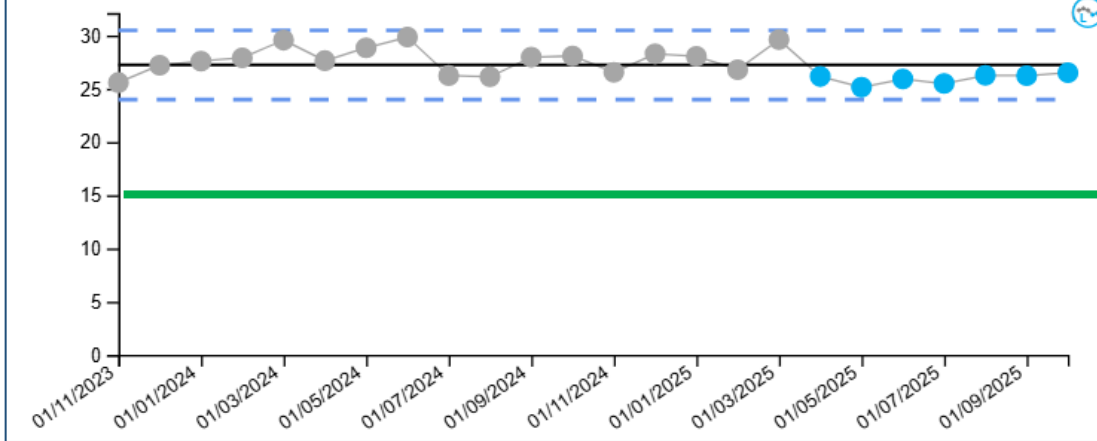
Over 12 Hours - Admitted - Monthly



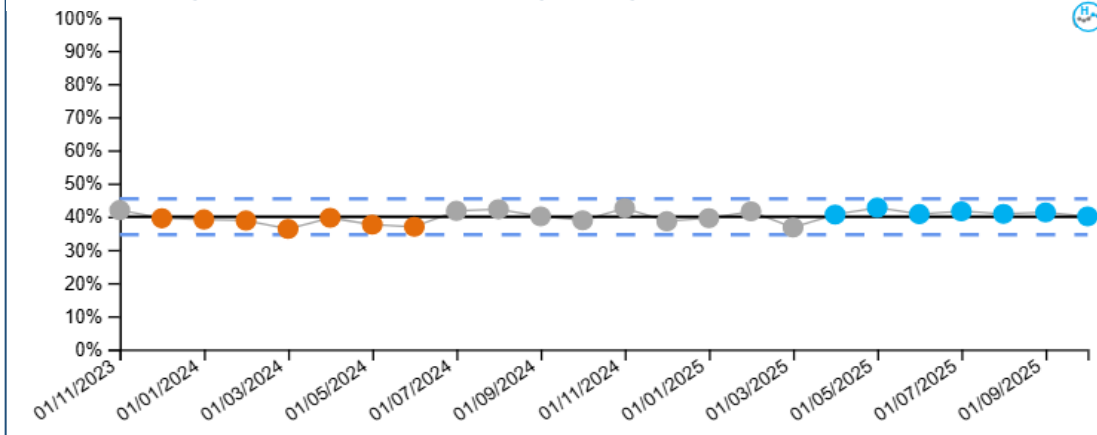
Access & Activity: Escalated Performance Measures

Urgent & Emergency Care: Reduction of time to triage

Median time to triage (National target 15minutes)



Percentage of patients seeing triage within 15 minutes



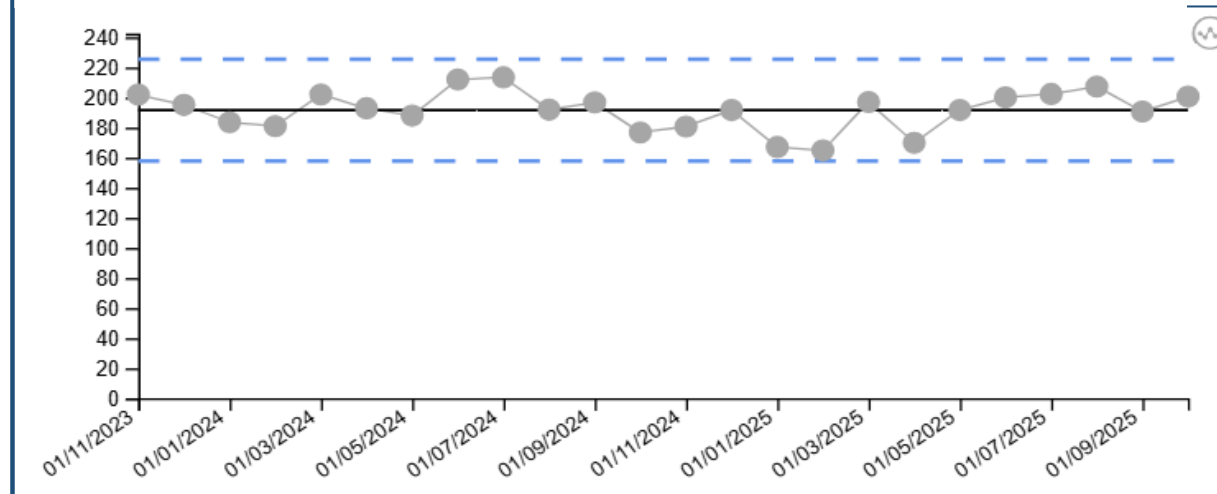
Actions

- The **workforce model** is being considered alongside the patient pathways and alternatives to Emergency Departments (EDs) via streaming to other services, including SDEC (Same Day Emergency Care). SDEC direct pathway for Paramedics and GPs is a key development that will assist the ED workforce resource, particularly the clinical decision maker, to achieve a more timely assessment of patients, improving both patient safety and experience.
- Ringfencing key clinical areas such as SDEC units from being used as a ward when the pressure for bed spaces becomes greatest. This often gets triggered in the evenings or weekend. When the purpose and flow becomes disrupted it can take several days for the units to recover.
- The existing '**Resilience Hub**' established provides system leadership and coordination, enabling the North Wales health system to work as one. This has been led by a senior manager on-call system, however, over the intensive winter period this will move to a daily 'shift' type approach.
- The 'Resilience Hub' will be fully enacted providing 7 day per week senior leadership for managing the system across North Wales.
- Acute Frailty pathway mapping and baseline assessment completed across all areas.
- A trigger is in place that activates the redeployment of staff to additional triage which is being used. The threshold for the trigger and the staffing pattern relating to triage activity is being urgently reviewed to enable an improvement to the standard of 15 minutes.

Access & Activity: Escalated Performance Measures

Urgent & Emergency Care: Reduction of time to clinician

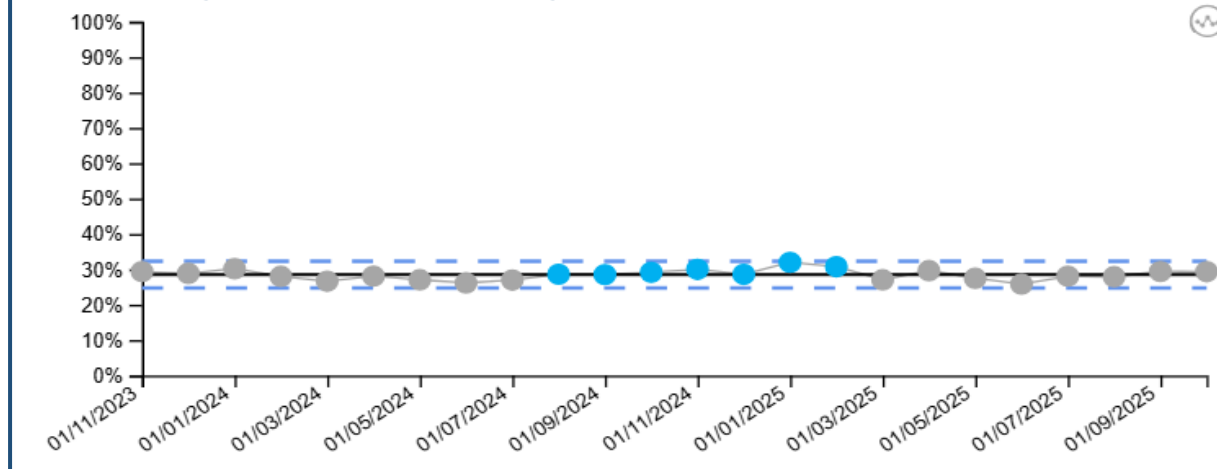
Median time to clinician (National target 60minutes)



Actions

- The Health Board's Clinical Executives will be issuing **Quality Standards** and the Chief Operating Officer **Operational Standards** in the next two weeks.
- These Standards provide the practice framework that when implemented will improve the level of service provision to patients and improve the care experience for staff.
- Each ED will be assessed from an **environment and estate** perspective. A consistent theme at each ED whilst on Executive Walkthroughs has been the availability of clinical rooms to examine patients. This severely hampers the efficiency of the department and is a major source of frustration for clinicians. Work to improve this will be considered as a priority within the discretionary capital programme.
- As with the 15 minute triage measure, a trigger is in place that activates the redeployment of staff to additional triage by clinician which is being used. The threshold for the trigger and the staffing pattern relating to triage activity is being urgently reviewed to enable an improvement to the standard of 60 minutes.

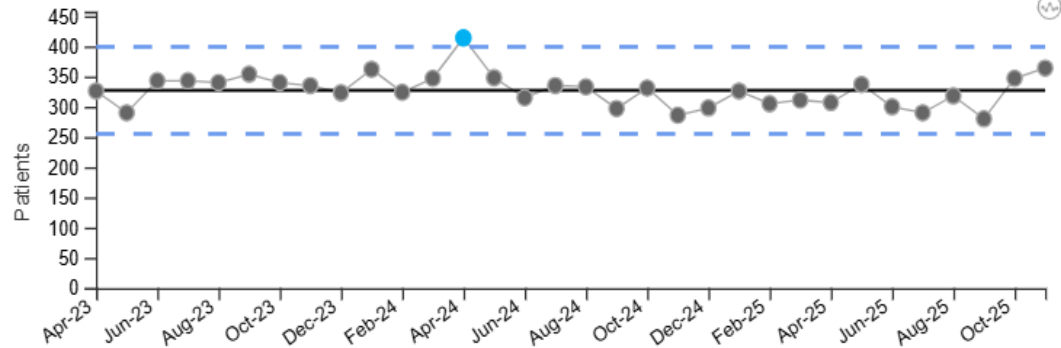
Percentage of patients seeing clinician within 60 minutes



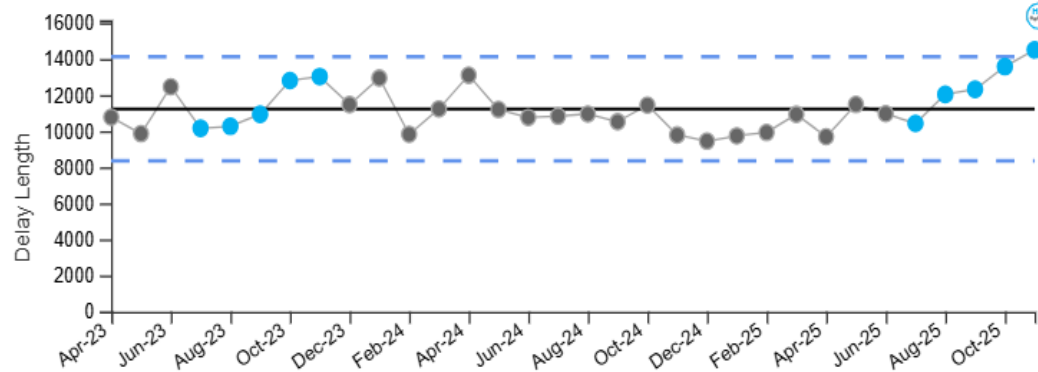
Access & Activity: Escalated Performance Measures

Urgent & Emergency Care: Reduction of Delayed Pathways of Care

Number of patients on delayed pathways of care



Number of bed days lost to delayed pathways of care



Actions

- A **'Discharge 'winter sprint' fortnight'** will take place from 8th -22nd December to provide a specific focus on:
 - reviewing and improving system flow and hospital discharges
 - maximising the number of people who should be discharged from hospital with specific attention on delayed discharges
 - Admission avoidance
 - Senior clinical decision making
 - Efficiencies linked to in-hospital flow and discharge
- This will require cross sector efforts particularly between the Health Board and Local Authorities.
- The Chair and Chief Executive of the Health Board have written to counterparts in Local Authorities to facilitate further discussions regarding collaboration, leadership and commitment to improving the health and care systems offer to the local population in recognition of the actions needed to improve the position for patients rest with both the NHS and Local Authority partners in the main.
- MoU drafted for trusted assessor roles to support timely discharge / return to care homes.
- Review of discharges from acute by day of week by pathway undertaken and now being extended to look at community hospital discharges.

Access & Activity: Escalated Performance Measures: Cancer



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

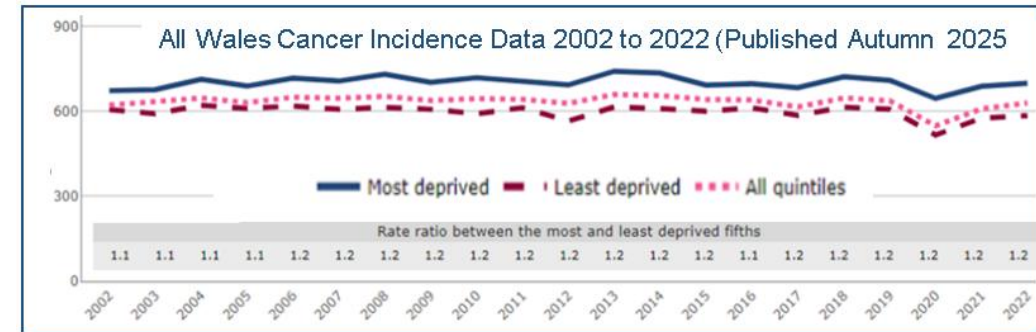
	BCUHB Total	West	Central	East
Upper GI	77% (23/30) ↑	80% (8/10)	78% (7/9)	73% (8/11)
Skin	73% (67/92) ↑	69% (18/26)	79% (23/29)	70% (26/37)
Haematology	73% (19/26) ↑	86% (6/7)	73% (8/11)	63% (5/8)
Lung	63% (20/32) ↓	58% (7/12)	50% (4/8)	75% (9/12)
Colorectal	58% (26/45) ↑	46% (6/13)	55% (6/11)	67% (14/21)
Gynaecology	44% (8/18) ↑	50% (3/6)	20% (1/5)	57% (4/7)
Breast	38% (30/80) ↓	53% (17/32)	14% (4/29)	47% (9/19)
Urology	32% (34/107) ↓	55% (17/31)	23% (7/31)	22% (10/45)
Head & Neck	26% (5/19) ↓	33% (3/9)	0% (0/5)	40% (2/5)
Total	53% (242/460) ↓	59% (87/148) ↑	54% (66/145) ↑	53% (89/167) ↓

Colour coding: Above target i.e. 75% and above; 65-74%; below 65%; arrows reflect change from last month

In September 2025, BCUHB treated 53% of new cancer patients within target i.e. within 62 days of suspicion of cancer. This is a drop from the 57% treated in target in August. Performance by main tumour and hospital site is set out below; the actual number of patients treated is in brackets (number treated in target/total number treated):

The principle reason for the drop in performance in September was an increase in the number of breast cancer patients treated after day 62. This was as a result of delays in the screening service and increased waits to first appointment over the summer period. Additional activity is underway to reduce these waiting times.

The latest official statistics for Cancer Incidence in Wales have been released by Public Health Wales. This data covers the period 2002-2022 and reports by cancer type, gender, area of residence, stage at diagnosis and area deprivation.



In summary, the headline findings are:

- New cancer cases in BCUHB increased by 15% in 2022 (5,084 cases) compared to the pandemic's first year (4,422 in 2020); across the whole of Wales, this increase was 18%, rising from 17,858 in 2020 to 21,006 in 2022
- By 2022, the number of new cases was higher than before the pandemic (annual average 4,943 cases in BCUHB and 20,472 across Wales for 2018-2019); this suggests a return to pre-pandemic trends, along with some delayed cases that were not detected during the pandemic.
- The number of new cases of cancer has increased by 25% in BCUHB in just over two decades (from 2002 to 2022); this is below the all Wales increase of 31% over this time period. Across Wales, over half of all cancer cases in 2022 were in people aged 70 and over; getting older is the main risk factor for developing most cancers.
- Across Wales, cancer incidence rates in 2022 are 20% higher in the most deprived areas compared to the least deprived areas. This 20% gap has remained since 2006

Access & Activity: Escalated Performance Measures

Referral to Treatment: Latest performance against trajectories

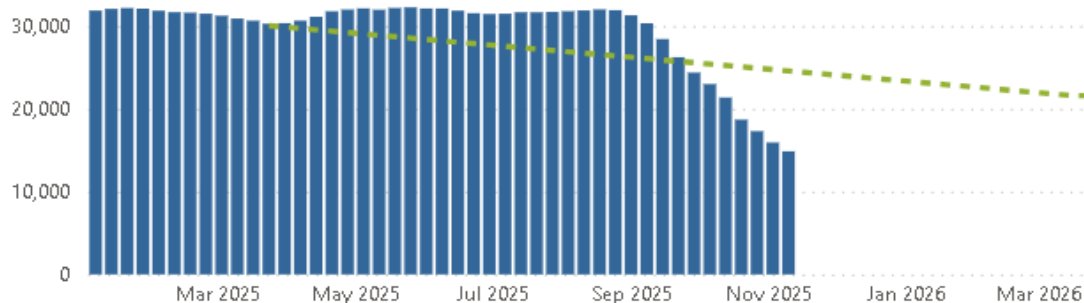


Number waiting over 52 weeks for a new appointment

Stage 1 52 Week Actuals Vs Trajectory

17,212 at 31.10.2025

● Actual ● Total S1 2526



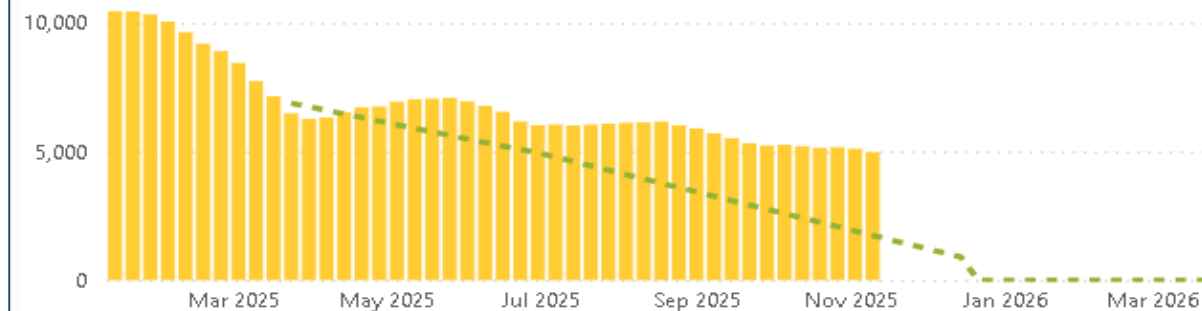
Number 104+ Weeks RTT

All Stages 104 Week Actuals Vs Trajectory

4,979 at 31.10.2025*

● Actual ● Total 104 2526 Plan

* Subject to change as re-validation continues in light of Ministerial ask 27.11.2025

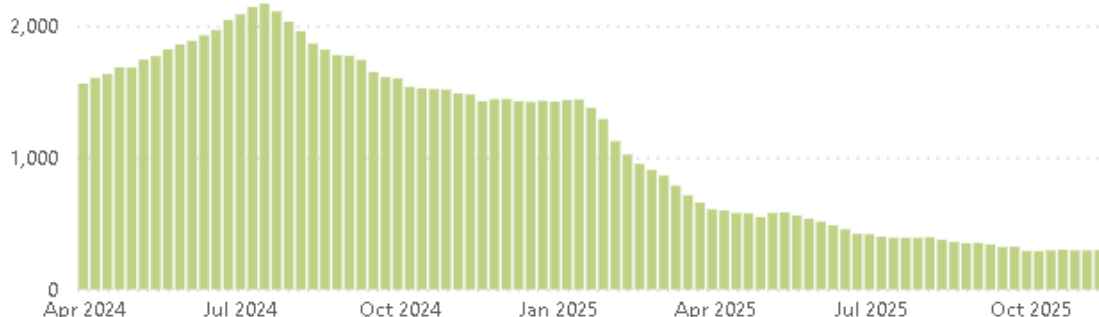


Number 156+ Weeks RTT

All Stages 156 Week Actuals Vs Trajectory

291 at 31.10.2025

● All Stages / 156+ Weeks ● Total Waiting 156



Analysis of current position against trajectories

The ministerial priority of zero patients waiting over 104 weeks for treatment by September and then December 2025 will not be achieved. However, with the focus and additional support from the NHS Wales Performance & Improvement team (see next slide), it is expected that there will still be approximately 3,780 patients waiting over 104 weeks at 31.03.2026. Initial progress hasn't been as quick as anticipated however, the number of procedures being undertaken consistently exceeds planned capacity. Whilst slightly over the planned trajectory, it is predicted that there will be no patients waiting more than 104 weeks in ophthalmology by 31.03.2026.

The main focus is now on the ability of Ear Nose & Throat (ENT) (674 + 31 over 156w), Oral Surgery (755 + 72 over 156w) Urology (429 + 13 over 156w) and Gastroenterology (numbers increasing) to clear their 104 week waits before the end of March 2026.

Access & Activity: Escalated Performance Measures

Referral to Treatment: Actions to reduce long waits

A team from NHS Wales Performance & Improvement (NHSWP&I) is supporting BCUHB with improving performance within planned care, specifically with reduction of the number of patients waiting over 104 weeks for treatment.

To provide the Committee with assurance, the actions being undertaken are described below. A summary of the impact, outcomes and lessons learned from the first four weeks of support from NHSWP&I will be included in January 2026' IQPR.

NHSWP&I will provide specialist operational and performance expertise to enable BCUHB to deliver waiting list reductions through:

Validation:

- Support clinical validation of long-wait patients to confirm treatment need and remove inappropriate entries.
- Deploy digital tools and national clinical leads for targeted validation in high-volume specialties (e.g., Ophthalmology, ENT, Orthopaedics, General Surgery, Urology).
- Work alongside BCUHB clinicians to embed processes and mitigate local resistance.

Outsourcing:

- Support contracting and engagement with external providers for top six specialties.
- Support governance, quality assurance, and compliance with Service Level Agreements (SLAs).
- Monitor outsourced activity against agreed Key Performance Indicators (KPIs) and trajectories.

Internal Capacity Solutions

- Support BCUHB to optimise theatre utilisation, scheduling, and workforce deployment (Get it Right First Time (GIRFT)).
- Enable “Treat-in-turn” models and centralised lists to maximise throughput.

Performance Monitoring & Assurance

- Establish robust reporting on validation progress, outsourcing throughput, and cohort reduction.
- Provide weekly oversight and escalation of risks to Welsh Government and BCUHB executives.

Alignment with Intervention Team

- This intervention team will work through and align with the recovery work
- NHSWP&I will act as the performance and assurance resource within the intervention structure, working alongside the Improvement Director and BCUHB executive team.

The approach will be collaborative, ensuring BCUHB retains operational ownership while benefiting from national expertise.

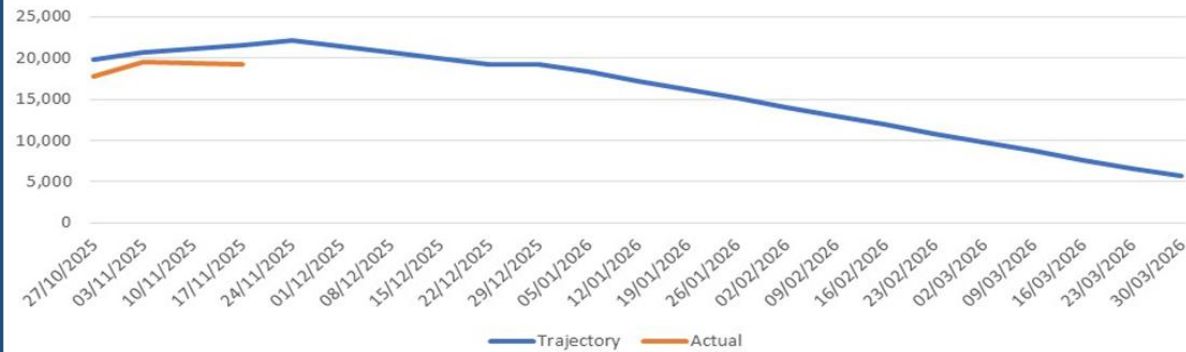
Access & Activity: Escalated Performance Measures

Diagnostics



Number Diagnostic Waits over 8 Weeks

Number of patients waiting over 8 weeks for a diagnostic test with improvement trajectory to achieve 6,000 by 31.03.2026



SOP / Data issue RISP

Tracker:

- Core internal non-recurrent reported on separate tracker
- Relates to £3.6M WG funding and OPD diagnostics
- 'Gap' between capacity and demand
- OPD demand based on actual to date
- Solutions
- To add in: actuals / costs / validation

Procurement:

- Radiology – Progressing Direct award.
 - YG MRI / Insourcing staffing – commence mid-November
 - Physiological Measurement: IDM / Mini competition, specifications prepared. Commence December

Validation:

- Endoscopy (November)
- Radiology (December)

Test	Current position @ 31.10.2025	Solutions	Start	Forecast position @ 31.03.2026
MRI	4360	Insourcing x3 MRI 12hrs x 7 days;	Dec	3391
NOUS	6632	Insourcing x3 rooms x3 sites 12 hrs weekends;	Dec	1686
CT	1209	Insourcing staffing x3 scanners 12hrs weekends;	Dec	0
Endoscopy	4148	COCH / Insourcing / WLI	Ongoing	1075
Cystoscopy	556	Insourcing IDM	Jan	0
Echo	917	Insourcing / locum / IDM / mini competition	Jan	0
Heart RR	555	Insourcing / locum / IDM / mini competition	Jan	0
Neurophysiology	665	Insourcing / locum / IDM / mini competition	TBC	0
Others	536	In progress		0
Total	19578			6152

Access & Activity: Escalated Performance Measures

Therapy Waits

Number Therapy Waits over 14 Weeks



West Physiotherapy has maintained the under 14 week target, Central Physiotherapy has recovered its position with the support of locums. Accommodation remains a significant limiting factor in Physiotherapy East, following the loss of the department during COVID-19. The absence of sufficient clinic space means it is not possible to repatriate from West or Centre to equalise waiting times across the health board. Recent pressures include the impact of BCUHB waiting list initiatives and insourcing, which are bringing over 60 urgent patients per week into the service across the health board, with more expected as winter progresses. This increase in urgent cases is detrimental to capacity to see routine patients, resulting in further extended waiting times for this cohort. Similar pressures are evident in Podiatry and Hand Therapy where the procedures are funded, but the required rehabilitation therapies aren't.

Clinic templates are well managed and booked in advance, so redeployment would leave other areas short and impact on their capacity. Moving staff between sites if staff were willing and if clinic space was available would also reduce efficiency due to travel time.

Where clinically appropriate services are treating patients through telephone and video consultations.

Addressing these issues will require exploration of clinic space solutions and careful consideration of patient travel expectations alongside ongoing use of locums and alternative delivery models.

Dietetics East continues to manage its waiting list backlog which is a result of the significant change in the model when the Gastroenterology funding ceased. Dietetic resource cannot be moved from within the service/across IHCs to cover these Gastroenterology patients, due to clinical prioritisation. The Dietetic team are working with the Gastro leads to develop the evidenced business plan.

Access & Activity: Escalated Performance Measures

Follow-up Backlog

Following an analysis of data quality, duplication and unlinked pathways were identified as areas for improvement. To support this a new dashboard has been developed to highlight potential duplicates and unlinked follow-ups recorded in WPAS.

Backlog Validation Activity

Current backlog (Dec): 79,580 pathways in the duplicates / unlinked dashboard (0%-100% overdue), of which 47,950 are 100% overdue. The Core Validation Team have commenced targeted validation of duplicates/unlinked entries with good outcomes. Over 6,714 duplicate pathways have been validated through quarter 1 and 2 and of these, 33% (2,203) have been removed and 675 queries are being reviewed.

- Gynaecology – 383 removed & 51 queries
- Dermatology – 1,374 removed & 416 queries
- Trauma & Orthopaedics – 446 removed & 208 queries

For the remaining 'true' follow-up entries, missing clinical conditions are being identified and the cohort reviewed against the CIN discharge protocols towards the next steps of See on Symptoms (SOS) / Patient Initiated Follow Up (PIFU), discharge, or see the patient.

It would take an unacceptably long time (years) to validate the follow-up waiting list with the current capacity in the Core Validation Team. Therefore, an options appraisal is being prepared to explore the resources and associated costs to enable rapid acceleration of validations over a six months period which would in turn bring us back to business as usual in terms of regular validation work.

Service Clinical Reviews

Complimenting the backlog activity, services are being supported with information to clinically review overdue longest waiting patients against the CIN discharge protocols towards the next steps of SOS/PIFU, discharge, or see the patient.

Following site engagements:

- Urology consultants agreed to pilot 300 SOS cases (100 per IHC) for longest-waiting patients along a four-week control process to review engagement and determine future SOS volumes; awaiting start date from IHCs as requires clinical review
- General Surgery clinical leads have also committed to SOS adoption in principle.

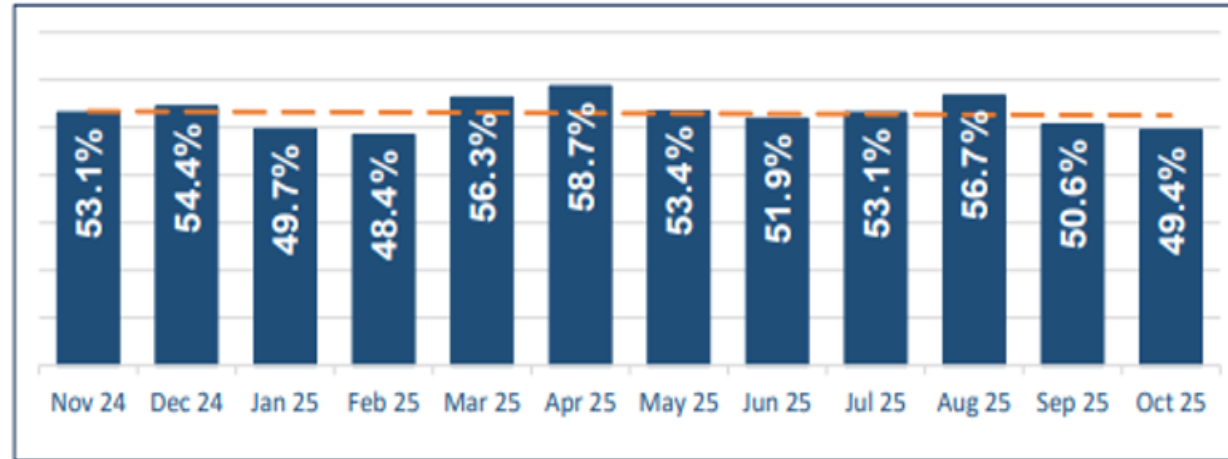
Follow-Up Backlog – Number over 100% of clinical due date



Access & Activity: Escalated Performance Measures

Ophthalmology R1

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



Ophthalmology currently holding vacancies key to Eye Care Measure delivery. These include 3.00 wte Ophthalmologist vacancies in West and 2.00 wte IVT Nurse injectors in East. BCU have ceased BCU partner optician pathways, at request of Welsh Government, to support Wales General Ophthalmic Services (WGOS) community optician capacity.

Data quality and completeness Q2-3 scope indicating variance in input of discharge codes, with patients previously discharged maintained on waiting list. Clinical condition coding nulls and/or errors are impacting upon identification of patients for recovery pathways.

IHCs are progressing internal processes to seek release of funding for permanent recruitment and are converting Consultant vacancies to enable upgraded Middle grades to expand Consultant rotas.

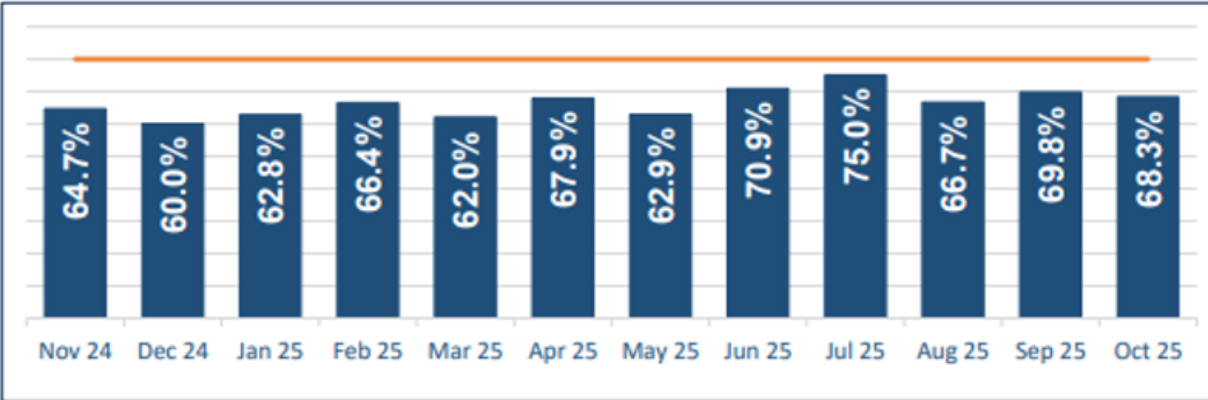
IHCs are redressing data errors within existing capacity and Eye Care Network have funded the recoding of 2000 patients. Data Quality and Improvement group are progressing refreshed data-input training to address root cause.

Secondary Care Demand reduction and capacity release are being supported by commencement of WGO) Pathways: with discharge of appropriate secondary care patients to WGOS Community Opticians and WGOS referral refinement in progress to reduce ongoing demand

Access & Activity: Escalated Performance Measures

Adult Mental Health

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



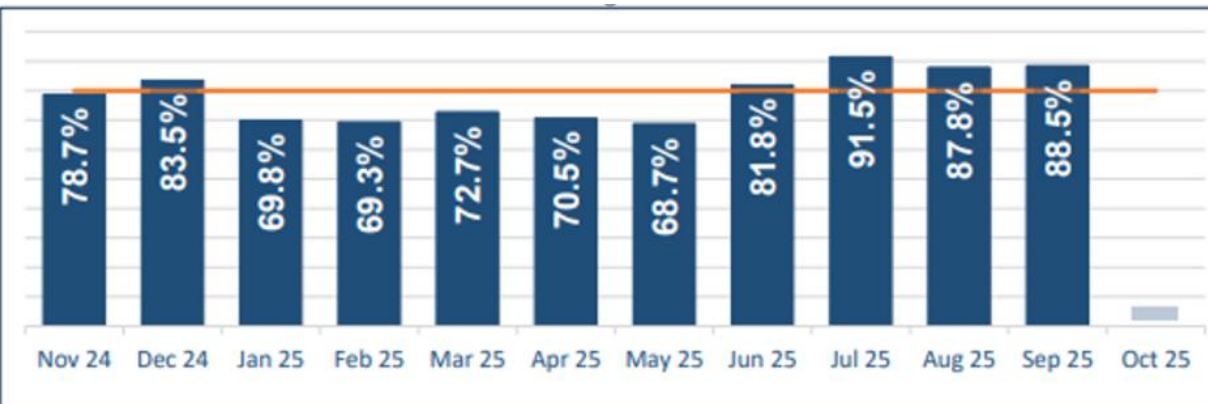
Psychological Therapy

West and Centre are performing well, however recruitment and estates challenges in East is impacting on capacity to deliver within the 26 weeks target, thus bringing the overall percentage for BCUHB down.

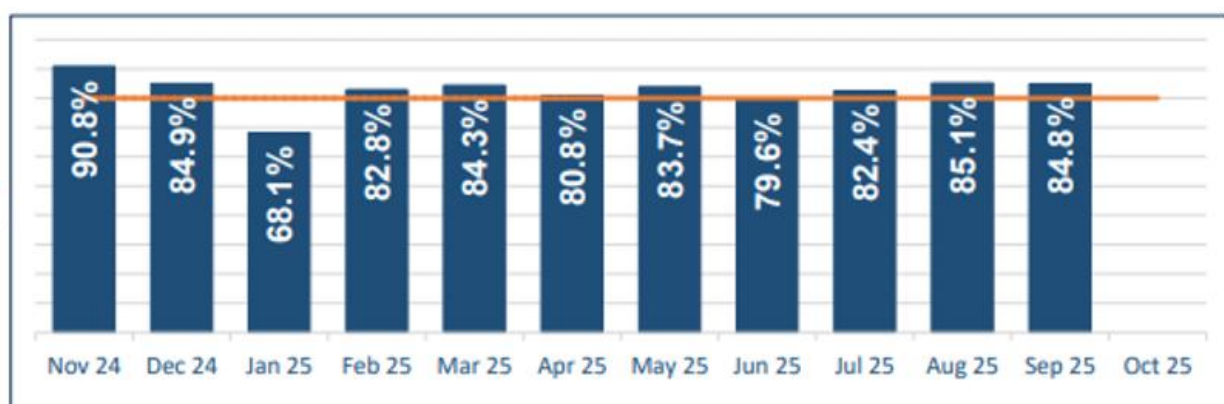
Mental Health Measure Parts 1a and 1b

Good performance being maintained and BCUHB consistently achieving above the 80% target rate. However, pressures due to staff shortages on Anglesey remain.

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)



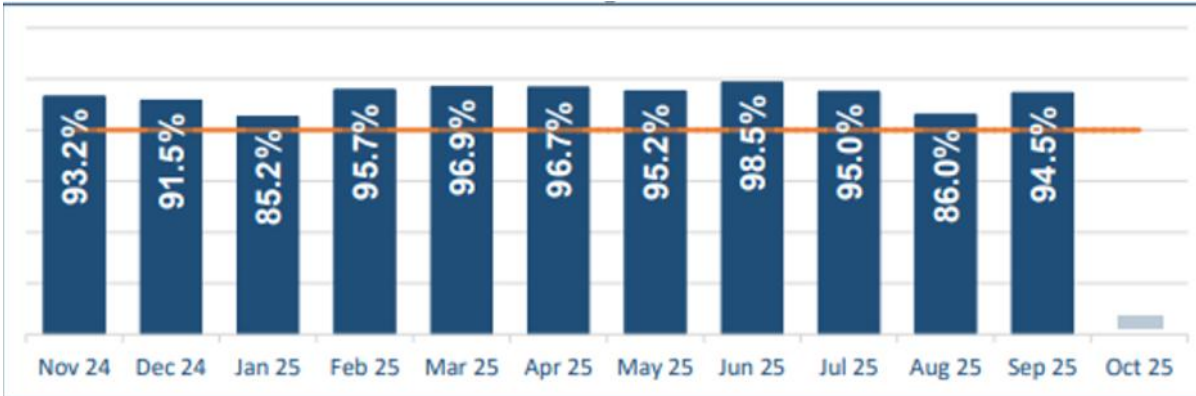
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)



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)



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



Escalation: East IHC off track with WG submitted trajectory for delivery of Part 1b intervention which will affect Regional BCUHB position for expected year end delivery.

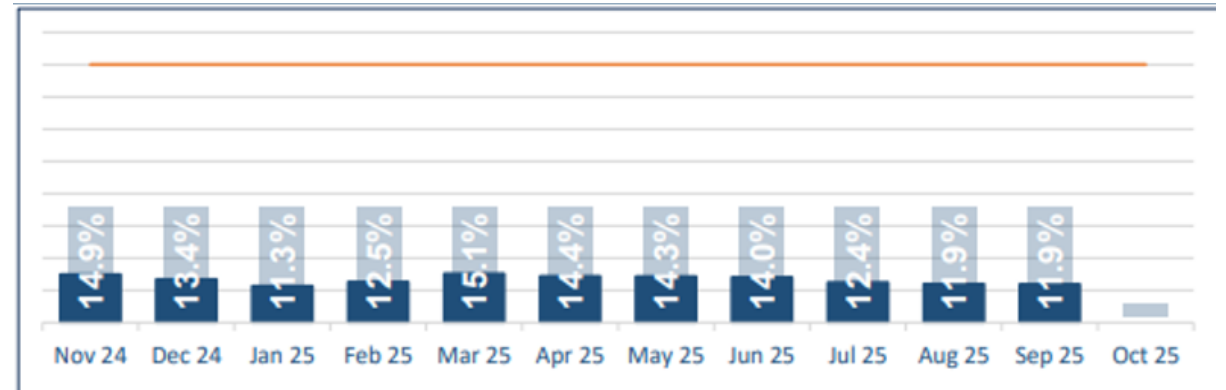
Risks / Challenges

- Reliance of agency staff, risk of immediate cessation of agency staff prior to completion of performance recovery actions to mitigate financial risk relating to East IHC CRES, reported via IQPD.

Recovery

- East IHC Recovery plan in development to get back on trajectory, continue to see significant reduction of patients waiting slightly over target
- Group interventions to be put in place as standard offer to create additional capacity and throughput following successful test of change in Central area.
- Agency exit strategy in East IHC as part of CRES has impacted on capacity. Mitigation - Submission for approval of 4 additional Agency to support capacity planning to year end to be funded from Regional SIF slippage rather than core East budget. ECRs in progress.

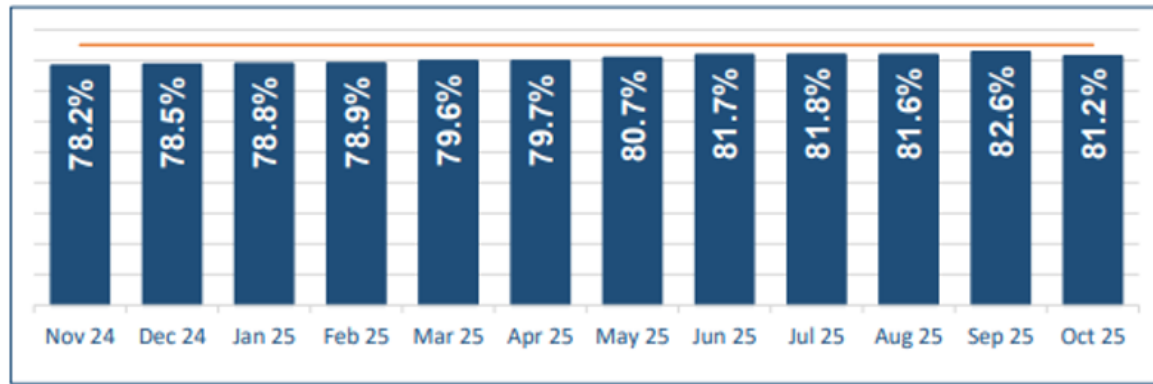
Percentage children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment



People & OD: Escalated Performance Measures

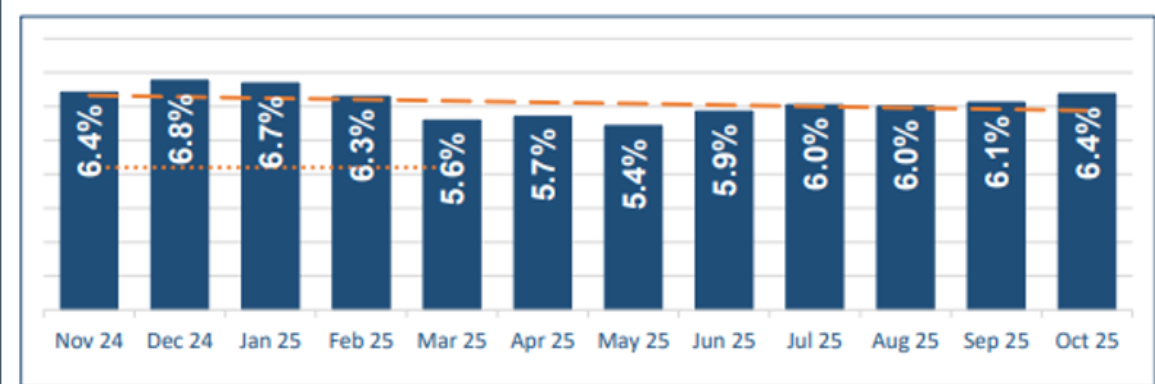


% of headcount who have had PADR in previous 12 months



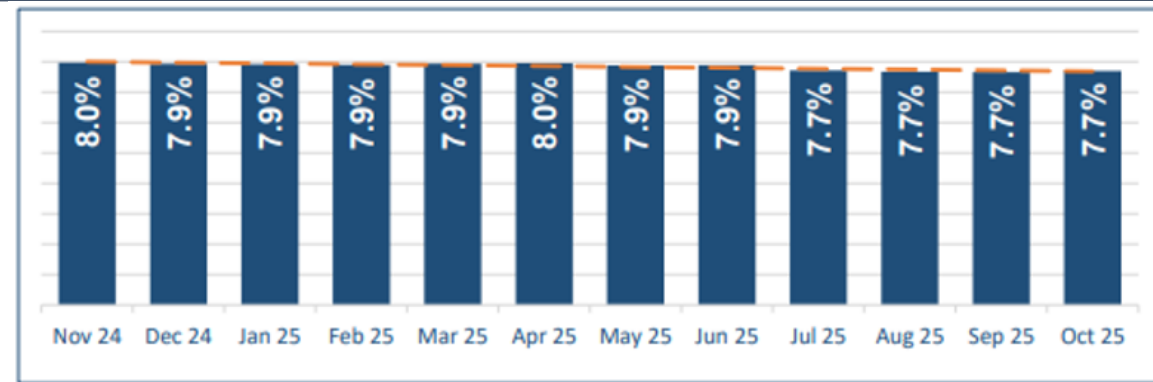
The PADR rate has been on an upward trend since September 2024 but fell slightly for the first time in October to 81.2%. However, BCU continues to have the second highest Appraisal Rate out of the 6 major Welsh Health Boards.

% of sickness absence rate of staff



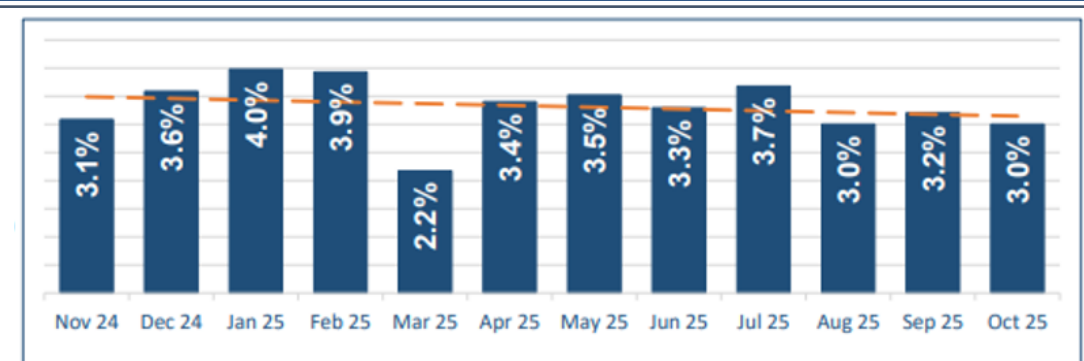
Whilst sickness rates continues to rise and remains higher than the same period in 2024, BCUHB maintains one of the lowest sickness rates out of the 6 major Welsh Health Boards..

12 Month Rolling Turnover rate for nurse and midwifery registered staff leaving BCU HB



Despite a nurse vacancy rate of 475 Full Time Equivalents, turnover remains low.

Agency Spend as % of pay bill



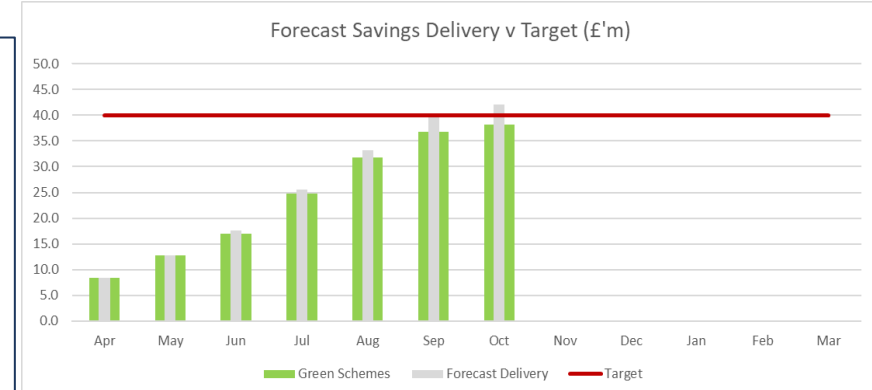
After a slight rise in September, agency and locum spending rates have return to the same level as in August 2025 at 3.0%. It is expected to fall further through the remainder of the fiscal year.

Finance: Escalated Performance Measures

- The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Expenditure commitments need to be prioritised to enable the key financial duty and the performance ask to be attained. Achieving the control target in 2024/25 has resulted in the £74.6m conditionally recurrent funding received in 2023/24 and 2024/25 being allocated as recurrently in 2025/26 and the receipt of the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, with conditions associated with retention recurrently of the funds for 2026/27 and beyond being:
 - £40.0m Deficit Support Funding – Recurrent and non-conditional following submission and delivery of a financially balanced IMTP by the Health Board.
 - £42.0m Performance & Transformation Funding – Recurrent on de-escalation from Special Measures and Welsh Government having greater oversight and direction in use against Special Measures and Ministerial priorities.
- The In-month position is reporting a deficit of £1.2m, an improvement of £0.2m compared to the previous in-month position. This is £0.7m higher than the forecast deficit profiled for Month 7. The Year to Date position is reporting a deficit of £16.3m, largely driven by £3.4m JCC pressures, £5.7m Capacity pressures including premium working and escalated beds, £4.4m Out of Area MHL D placements, £3.0m English tariff inflationary pressure above funded uplift, £2.5m Employers National insurance contributions, £1.2m cost overruns (including contracting pressures & CHC) offset by £3.8m additional savings.

	2025/26														
	Actual							Forecast						Total Year to Date £m	Forecast Outturn Position £m
	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m			
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	0.0	3.0	3.7	4.7	4.9	(16.3)	0.0	

- The Health Board's £40.0m savings target is profiled on an equal twelfth's basis. Full year forecast of Green Saving Schemes totals £42.1m (comprising of £34.2m Savings schemes, £0.7m Income Generation, £0.7m Cost Avoidance and Accountancy Gains of £6.5m). Of these, £24.2m are recurring savings, with a full year effect of £32.2m, and £17.9m non-recurring savings. Further work is required to convert the remaining £2.0m Red Schemes and £3.9m pipeline opportunities to Green Schemes.
- Savings delivered in Month 7 totals £4.6m, £1.3m over the in-month target of £3.3m. The combined year to date delivery is £27.2m, of which £12.5m is recurring, against a year to date target of £23.3m. This includes Accountancy Gains of £6.5m, of which £1.0m were identified in month which contribute to the in month achievement.





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Quality & Performance Report



Summary of Performance



Green

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

Red

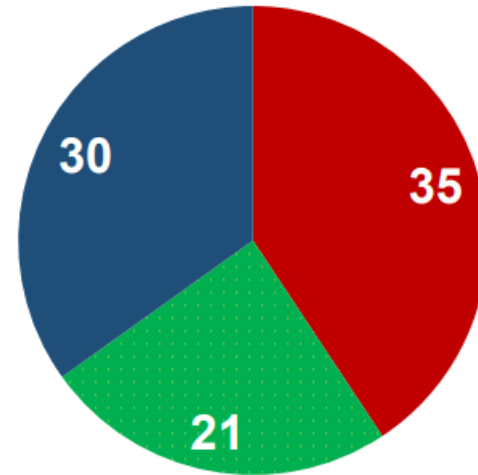
The *latest available data point* indicates that performance is worse than the target

Blue

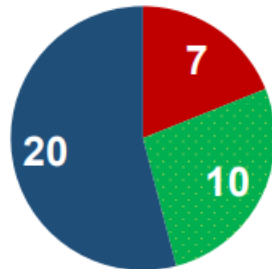
It is inappropriate, or not possible, to rate available data against any available target

Grey

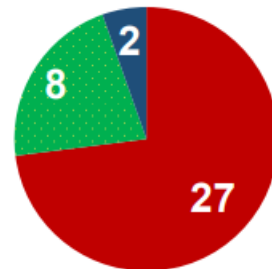
There is no / insufficient data available to rate against the target



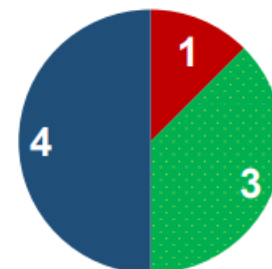
All Sections



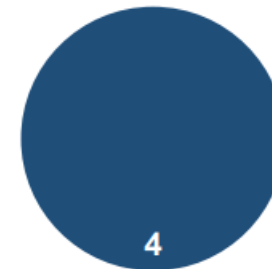
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance



Financial Performance

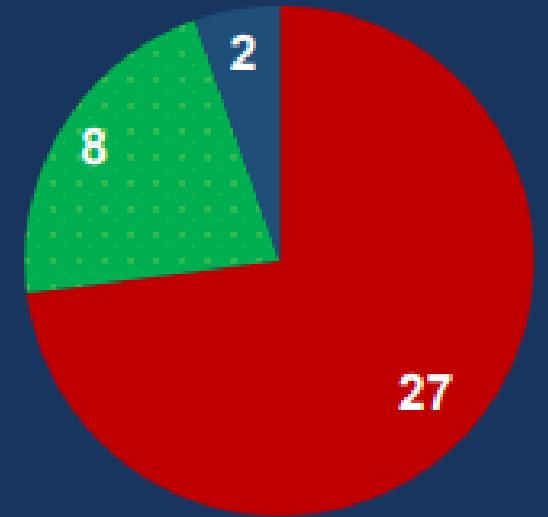


GIG
CYMRU
NHS
WALES

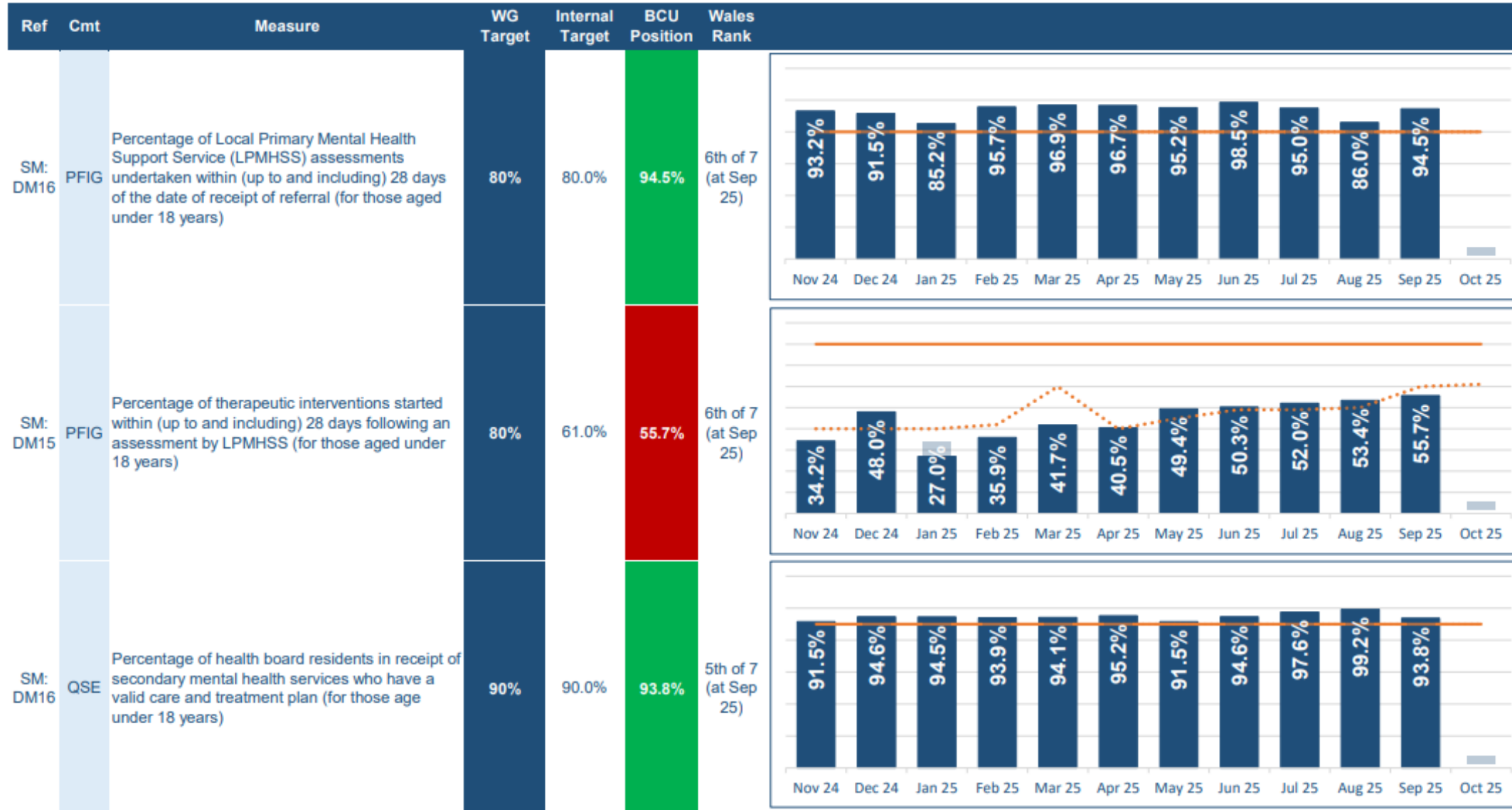
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Section 1

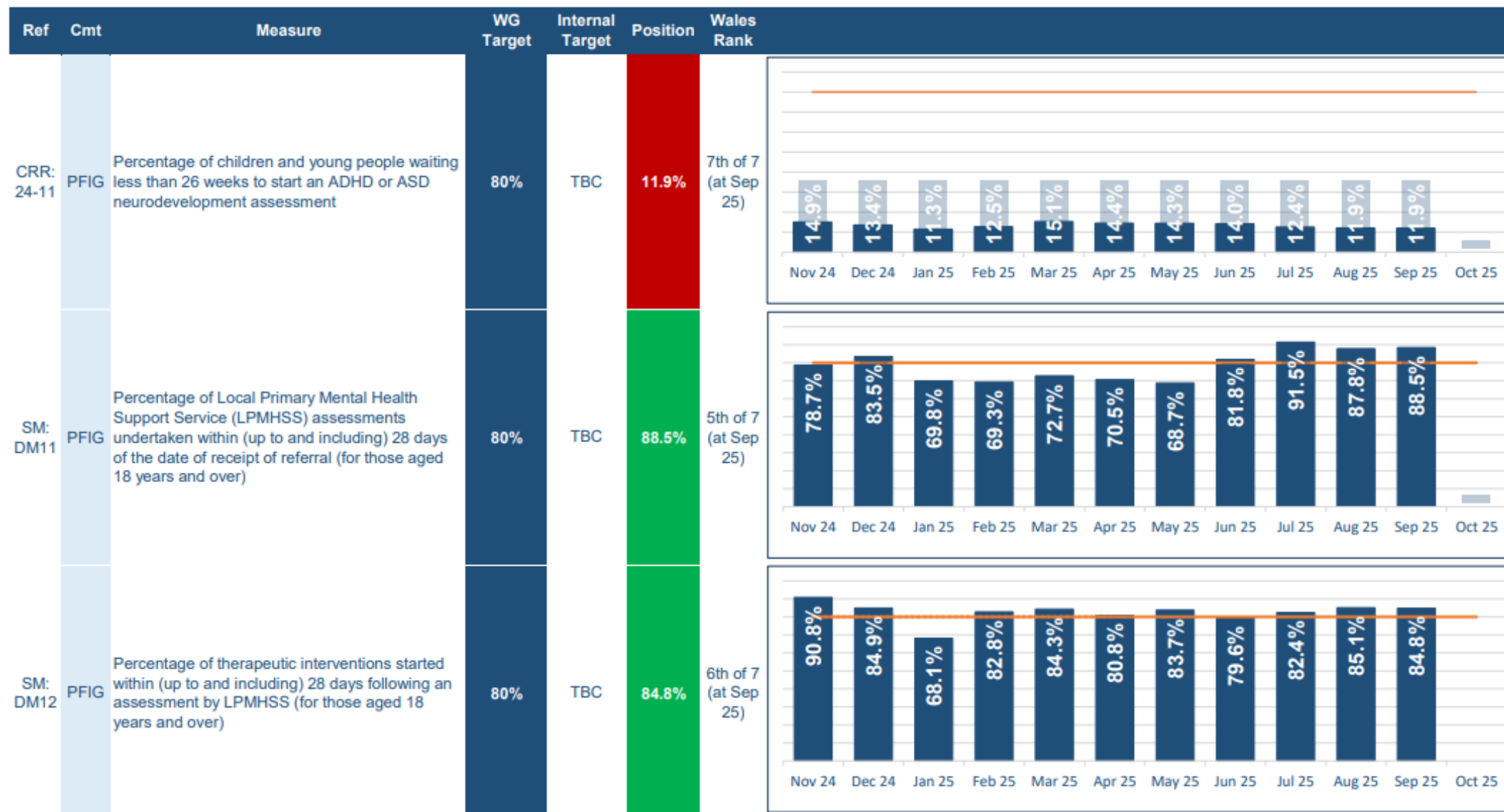
Access & Activity Performance



Access & Activity: Performance



Access & Activity: Performance



Access & Activity: Performance



Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM13	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	TBC	82.8%	5th of 7 (at Sep 25)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	68.3%	3rd of 7 (at Sep 25)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	96.9%	6th of 7 (at Mar 23)

Month	Percentage
Nov 24	86.3%
Dec 24	86.0%
Jan 25	84.3%
Feb 25	83.4%
Mar 25	84.0%
Apr 25	82.2%
May 25	81.7%
Jun 25	80.9%
Jul 25	82.2%
Aug 25	83.0%
Sep 25	82.8%
Oct 25	-

Month	Percentage
Nov 24	64.7%
Dec 24	60.0%
Jan 25	62.8%
Feb 25	66.4%
Mar 25	62.0%
Apr 25	67.9%
May 25	62.9%
Jun 25	70.9%
Jul 25	75.0%
Aug 25	66.7%
Sep 25	69.8%
Oct 25	68.3%

Quarter	Percentage
Q3 24/25	96.9%
Q4 24/25	99.0%
Q1 25/26	96.9%
Q2 25/26	-

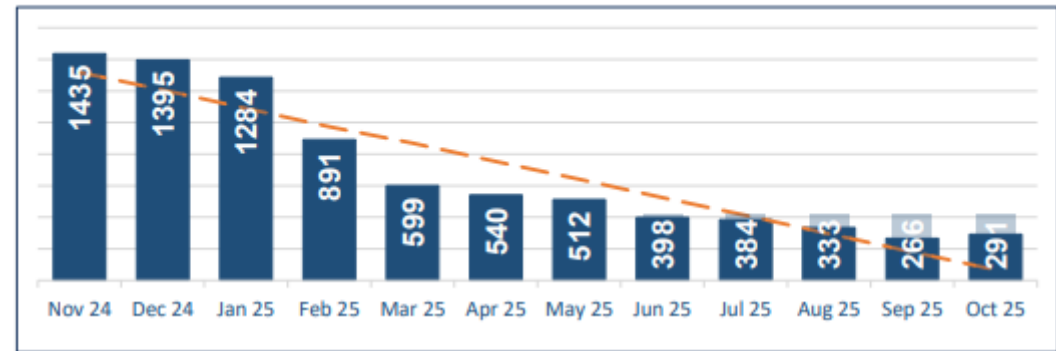
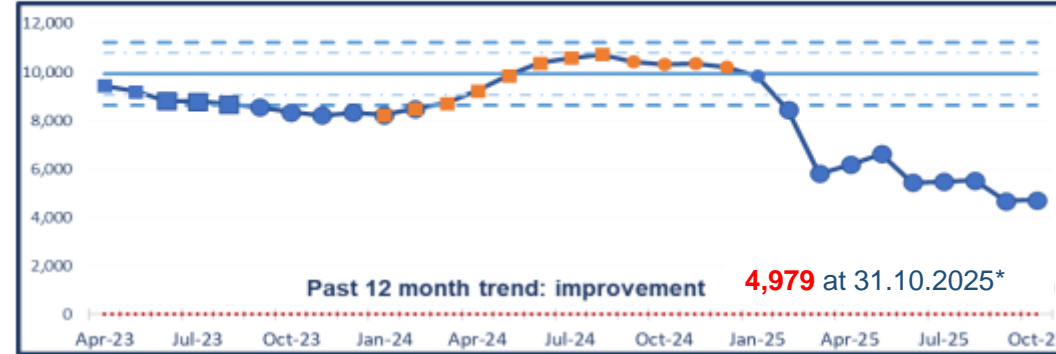
Access & Activity: Performance



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	TBC	4720	1st of 7 (at Sep 25)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	291	
CRR: 24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Equivalent month decrease	TBC	104814	7th of 7 (at Sep 25)



Access & Activity: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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	TBC	19534	7th of 7 (at Sep 25)	
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	49.4%	6th of 7 (at Oct 25)	
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%	TBC	99.0%	4th of 7 (at Sep 25)	

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	791	5th of 7 (at Sep 25)
-	PFIG	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Month on Month Reduction	TBC	10	
-	PFIG	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Month on Month Reduction	TBC	770	

Oct 2025: 791

Month	Count
Nov 24	172
Dec 24	176
Jan 25	88
Feb 25	69
Mar 25	61
Apr 25	59
May 25	59
Jun 25	32
Jul 25	13
Aug 25	27
Sep 25	10
Oct 25	10

Month	Count
Nov 24	1647
Dec 24	1690
Jan 25	1097
Feb 25	970
Mar 25	948
Apr 25	989
May 25	970
Jun 25	946
Jul 25	969
Aug 25	974
Sep 25	921
Oct 25	770

Access & Activity: Performance



Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of cases per theatre session	2.5	TBC	2.1	
-	PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	46.5%	
-	PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	23.1%	

Month	Value
Nov 24	2.1
Dec 24	2.0
Jan 25	2.1
Feb 25	2.1
Mar 25	2.0
Apr 25	2.1
May 25	2.1
Jun 25	2.1
Jul 25	2.1
Aug 25	2.2
Sep 25	2.1
Oct 25	2.1

Month	Value
Nov 24	49.1%
Dec 24	44.9%
Jan 25	50.0%
Feb 25	46.8%
Mar 25	46.4%
Apr 25	43.2%
May 25	46.4%
Jun 25	41.5%
Jul 25	41.2%
Aug 25	39.1%
Sep 25	46.3%
Oct 25	46.5%

Month	Value
Nov 24	22.7%
Dec 24	29.2%
Jan 25	26.2%
Feb 25	25.4%
Mar 25	25.2%
Apr 25	22.8%
May 25	27.6%
Jun 25	23.9%
Jul 25	22.2%
Aug 25	18.7%
Sep 25	23.8%
Oct 25	23.1%

Access & Activity: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	12.2%	N/A
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	9.0%	
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	347	8st of 8 (at Oct 25)

Month	Percentage
Nov 24	12.5%
Dec 24	10.7%
Jan 25	12.3%
Feb 25	11.6%
Mar 25	10.6%
Apr 25	9.3%
May 25	10.9%
Jun 25	8.6%
Jul 25	10.8%
Aug 25	8.6%
Sep 25	10.8%
Oct 25	12.2%

Month	Percentage
Nov 24	10.0%
Dec 24	8.1%
Jan 25	8.6%
Feb 25	8.2%
Mar 25	8.2%
Apr 25	7.4%
May 25	8.3%
Jun 25	6.5%
Jul 25	8.2%
Aug 25	6.3%
Sep 25	7.8%
Oct 25	9.0%

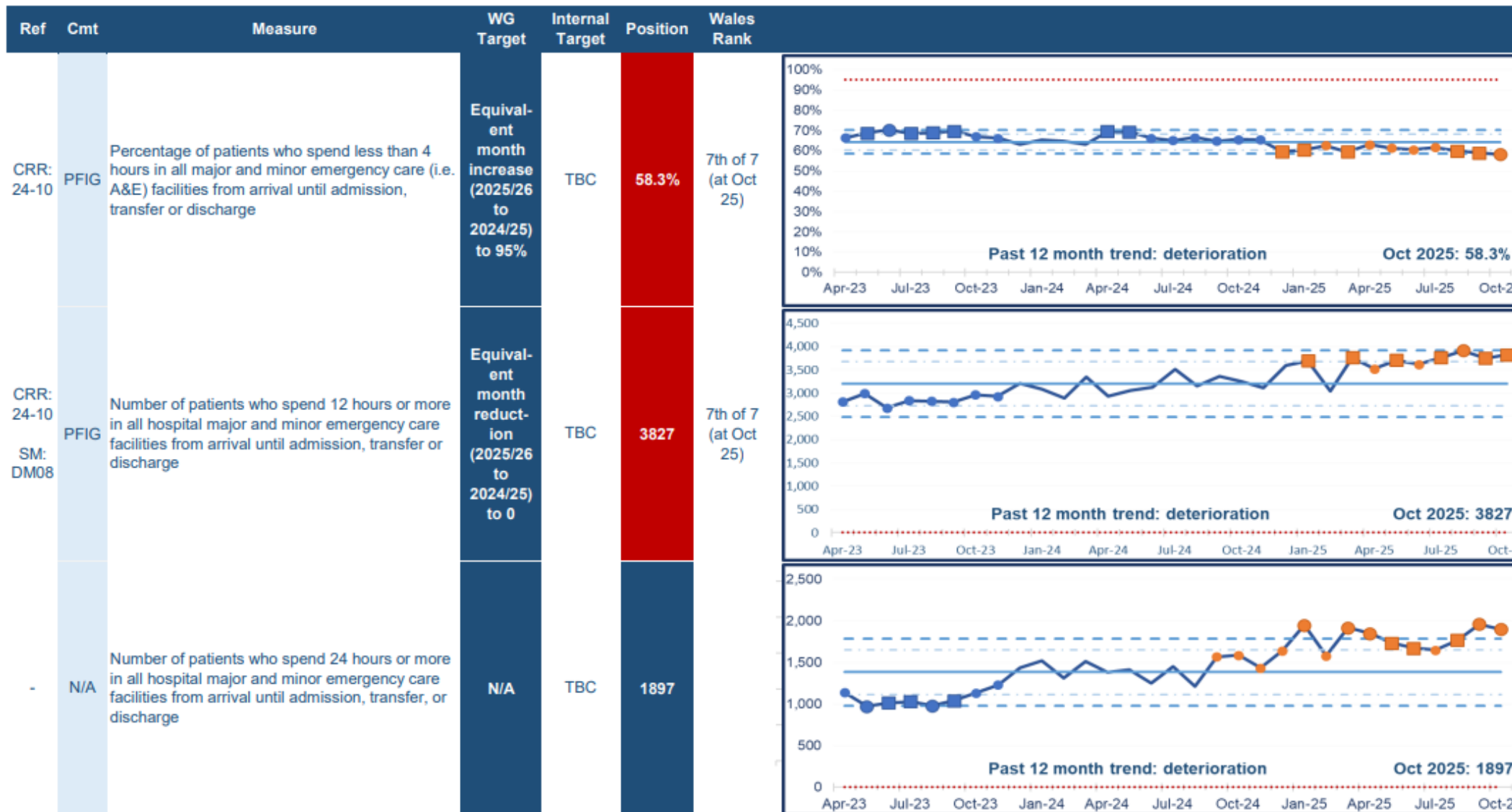
Month	Count
Nov 24	286
Dec 24	298
Jan 25	326
Feb 25	305
Mar 25	311
Apr 25	307
May 25	337
Jun 25	300
Jul 25	290
Aug 25	318
Sep 25	280
Oct 25	347

Access & Activity: Performance

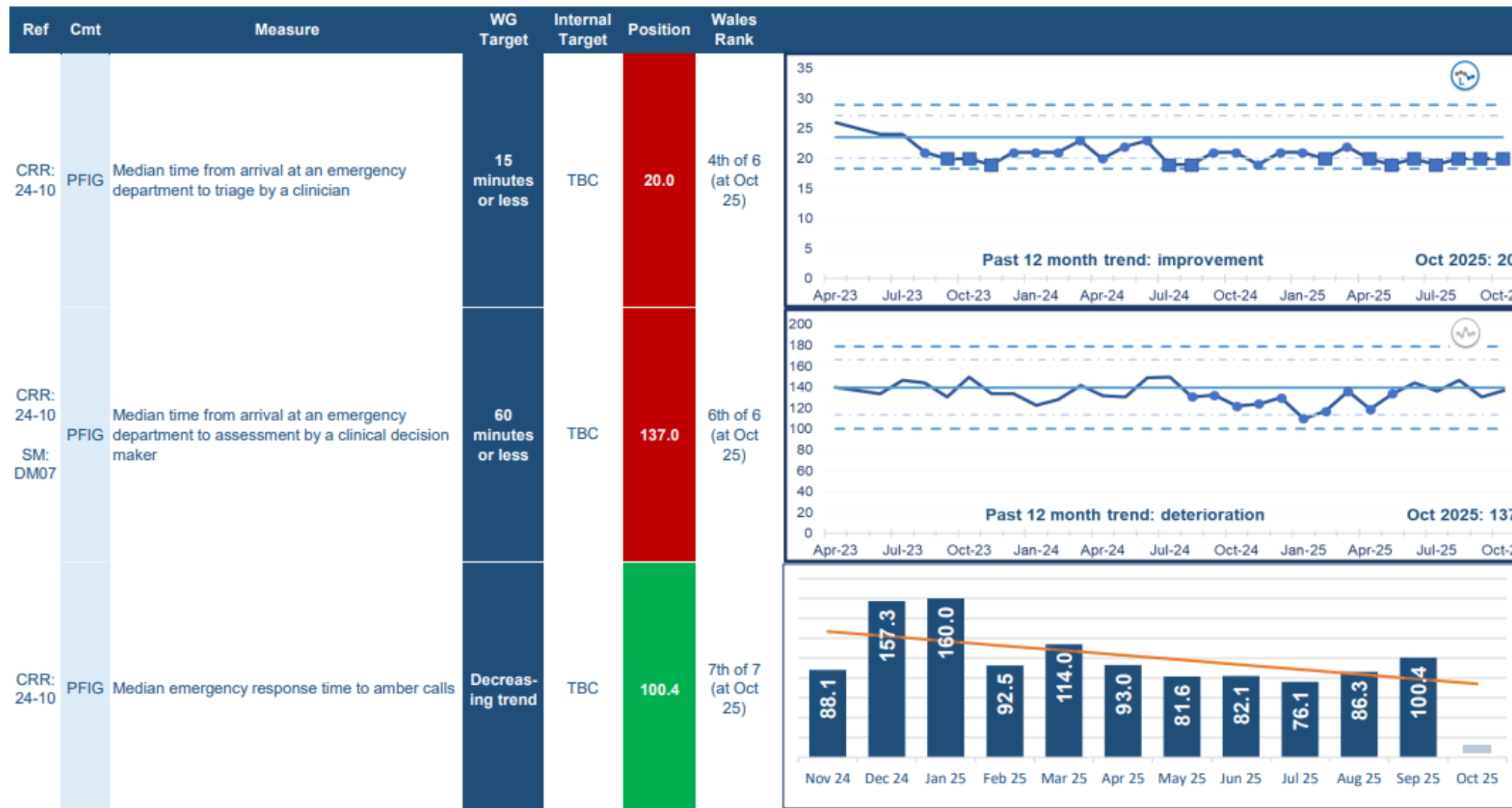


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Access & Activity: Performance



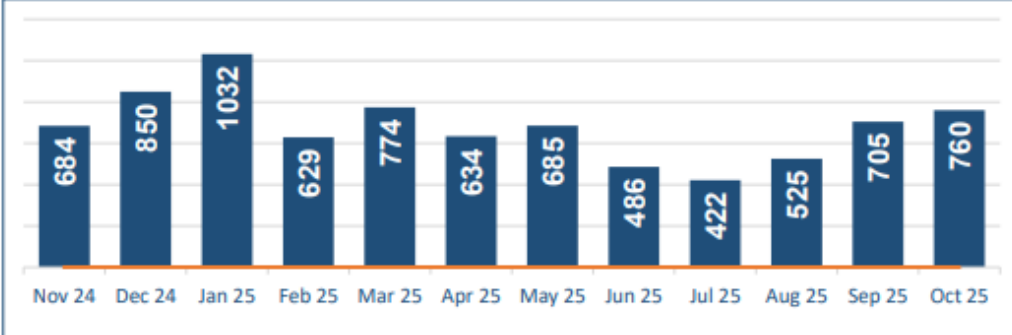
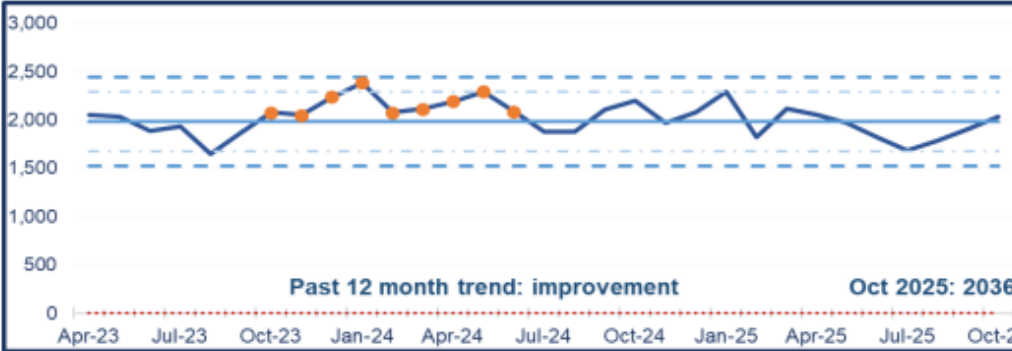
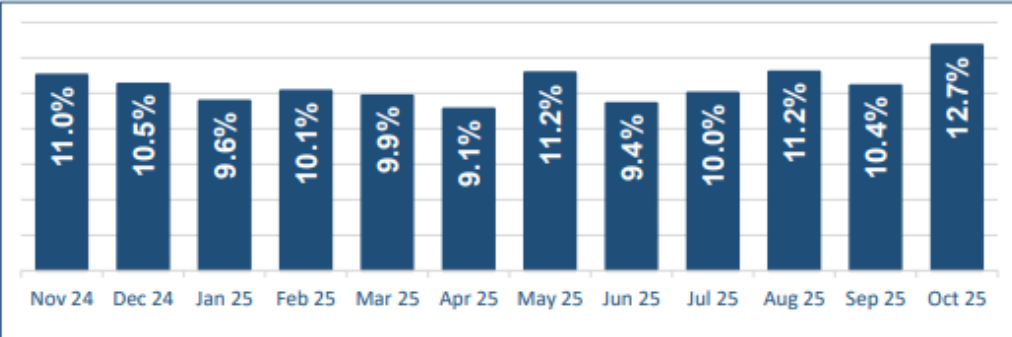
Access & Activity: Performance



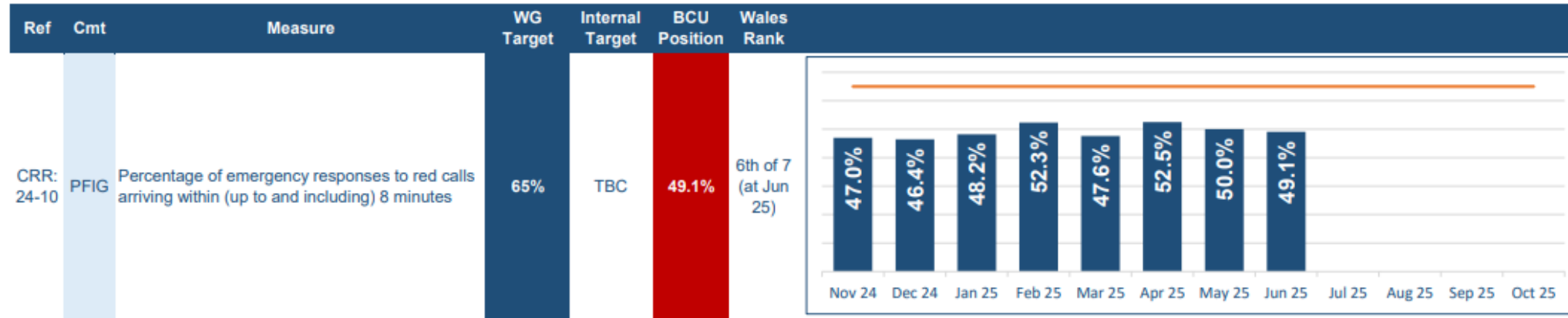
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2025/26 to 2024/25) to 100%	TBC	12.7%	N/A
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	TBC	2036	6th of 6 (at Oct 25)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	TBC	760	

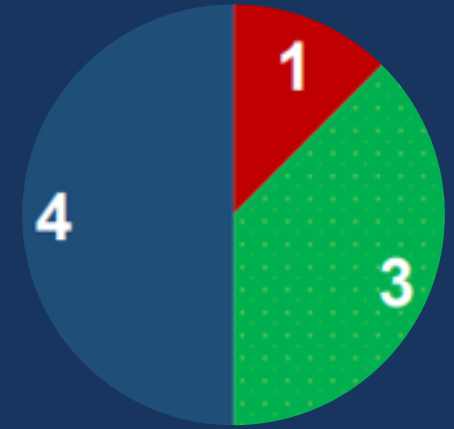


Access & Activity: Performance



Section 2

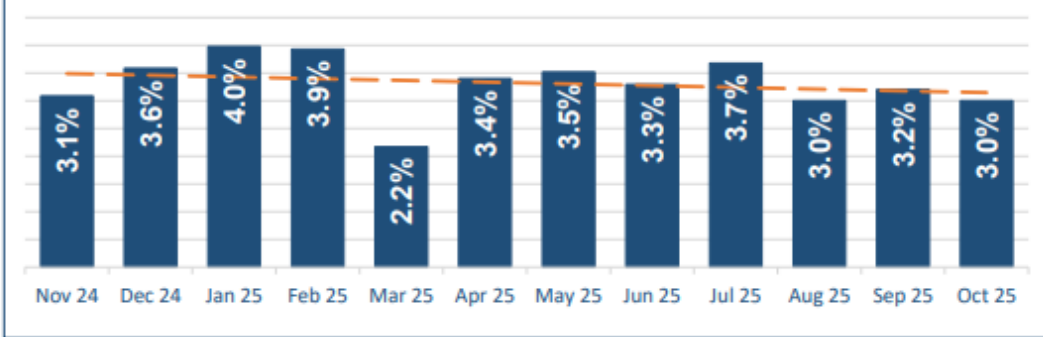
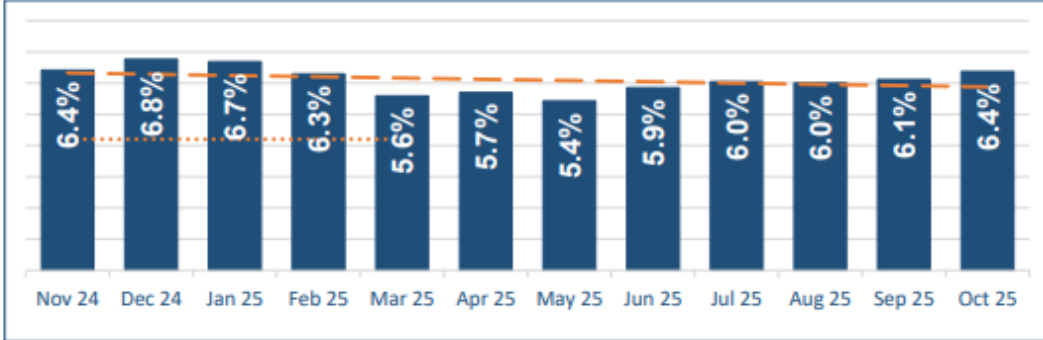
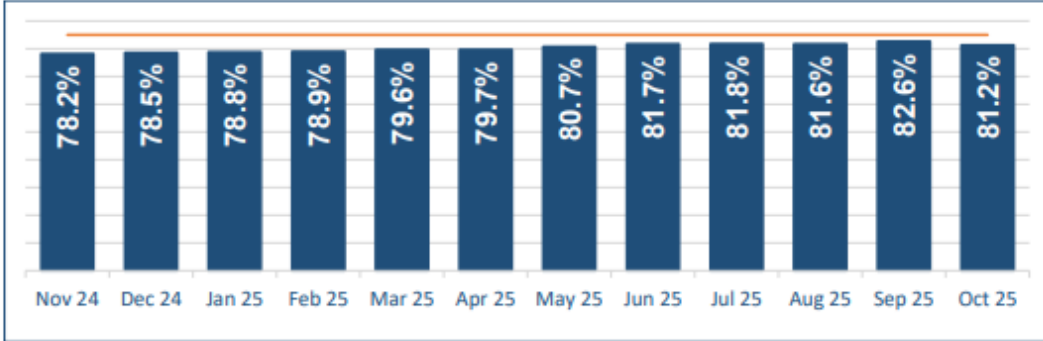
People & Organisational Development Performance



People: Performance



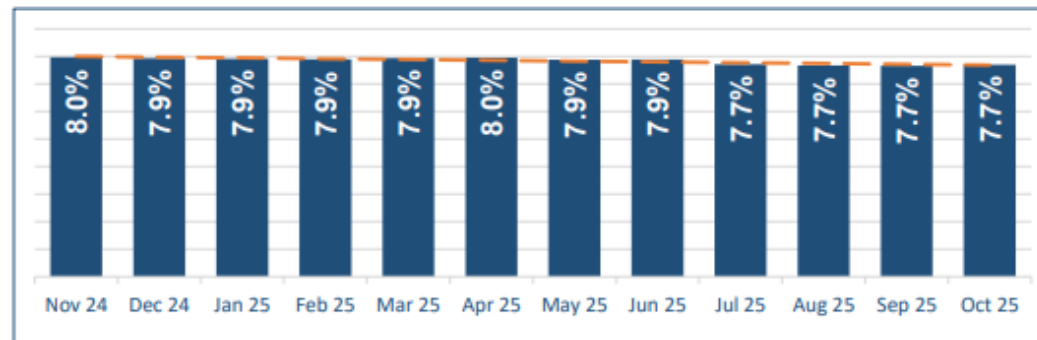
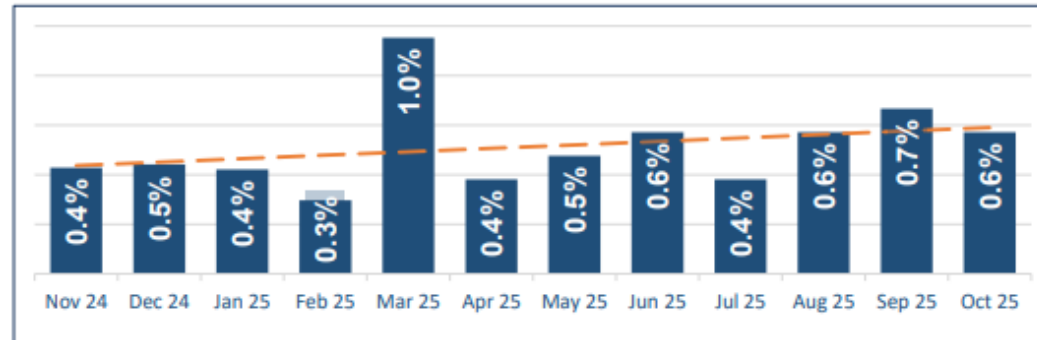
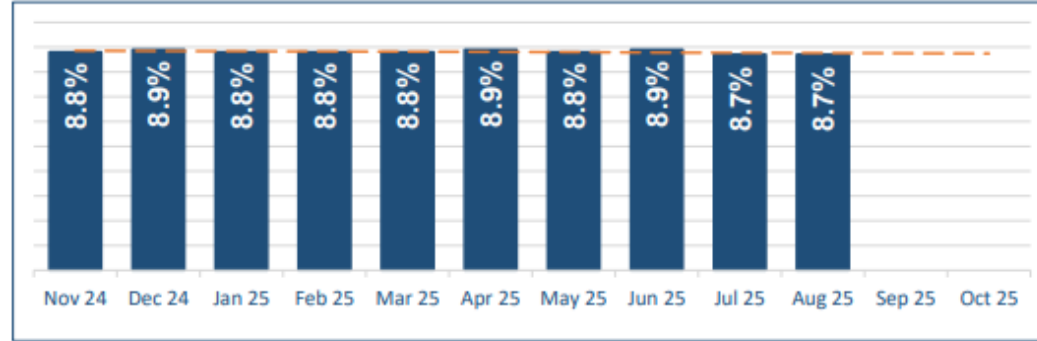
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR) in the previous 12months (excluding medical appraisal, and doctors and dentists in training)	85%	TBC	81.2%	5th of 13 (at Aug 25)
-	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	TBC	6.4%	7th of 13 (at Aug 25)
CRR: 24-05	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	3.0%	10th of 12 (at Aug 25)



People: 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	8.7%	
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	N/A	TBC	0.6%	
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	7.70%	



People: Performance



Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
-	PFIG	Roster compliance	N/A	TBC	23.7%	<table border="1"> <caption>Roster Compliance Data</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Nov 24</td><td>69.2%</td></tr> <tr><td>Dec 24</td><td>22.0%</td></tr> <tr><td>Jan 25</td><td>28.0%</td></tr> <tr><td>Feb 25</td><td>34.8%</td></tr> <tr><td>Mar 25</td><td>49.2%</td></tr> <tr><td>Apr 25</td><td>39.0%</td></tr> <tr><td>May 25</td><td>23.3%</td></tr> <tr><td>Jun 25</td><td>17.5%</td></tr> <tr><td>Jul 25</td><td>25.4%</td></tr> <tr><td>Aug 25</td><td>25.4%</td></tr> <tr><td>Sep 25</td><td>26.3%</td></tr> <tr><td>Oct 25</td><td>23.7%</td></tr> </tbody> </table>	Month	Compliance (%)	Nov 24	69.2%	Dec 24	22.0%	Jan 25	28.0%	Feb 25	34.8%	Mar 25	49.2%	Apr 25	39.0%	May 25	23.3%	Jun 25	17.5%	Jul 25	25.4%	Aug 25	25.4%	Sep 25	26.3%	Oct 25	23.7%
Month	Compliance (%)																															
Nov 24	69.2%																															
Dec 24	22.0%																															
Jan 25	28.0%																															
Feb 25	34.8%																															
Mar 25	49.2%																															
Apr 25	39.0%																															
May 25	23.3%																															
Jun 25	17.5%																															
Jul 25	25.4%																															
Aug 25	25.4%																															
Sep 25	26.3%																															
Oct 25	23.7%																															
-	PFIG	Open disciplinary cases per 1000 staff	N/A	TBC	1.6	<table border="1"> <caption>Open disciplinary cases per 1000 staff Data</caption> <thead> <tr> <th>Month</th> <th>Cases</th> </tr> </thead> <tbody> <tr><td>Nov 24</td><td>1.6</td></tr> <tr><td>Dec 24</td><td>1.4</td></tr> <tr><td>Jan 25</td><td>1.3</td></tr> <tr><td>Feb 25</td><td>0.9</td></tr> <tr><td>Mar 25</td><td>0.9</td></tr> <tr><td>Apr 25</td><td>1.4</td></tr> <tr><td>May 25</td><td>1.5</td></tr> <tr><td>Jun 25</td><td>2.0</td></tr> <tr><td>Jul 25</td><td>2.1</td></tr> <tr><td>Aug 25</td><td>2.1</td></tr> <tr><td>Sep 25</td><td>1.9</td></tr> <tr><td>Oct 25</td><td>1.6</td></tr> </tbody> </table>	Month	Cases	Nov 24	1.6	Dec 24	1.4	Jan 25	1.3	Feb 25	0.9	Mar 25	0.9	Apr 25	1.4	May 25	1.5	Jun 25	2.0	Jul 25	2.1	Aug 25	2.1	Sep 25	1.9	Oct 25	1.6
Month	Cases																															
Nov 24	1.6																															
Dec 24	1.4																															
Jan 25	1.3																															
Feb 25	0.9																															
Mar 25	0.9																															
Apr 25	1.4																															
May 25	1.5																															
Jun 25	2.0																															
Jul 25	2.1																															
Aug 25	2.1																															
Sep 25	1.9																															
Oct 25	1.6																															



GIG
CYMRU
NHS
WALES

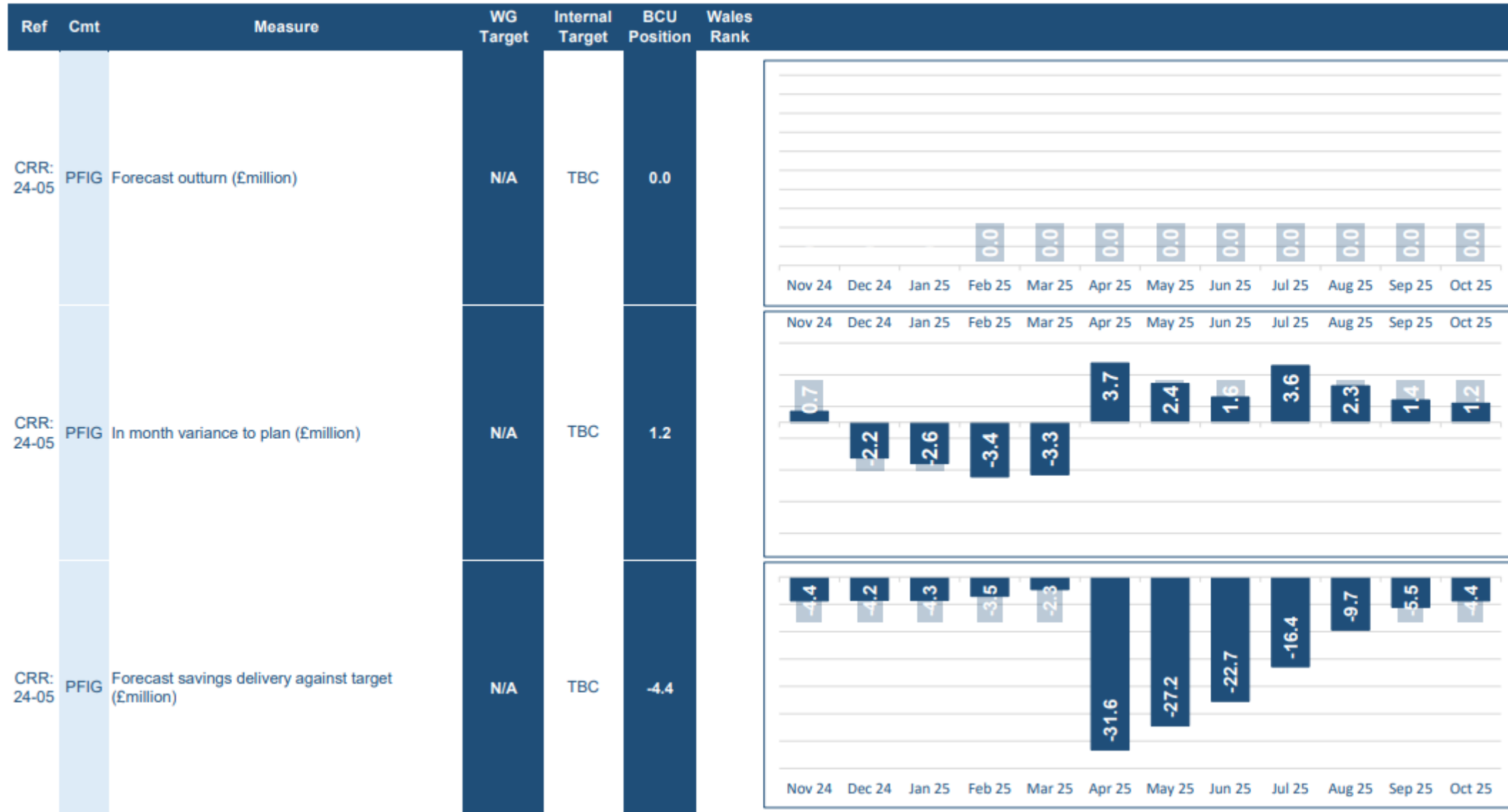
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Section 3

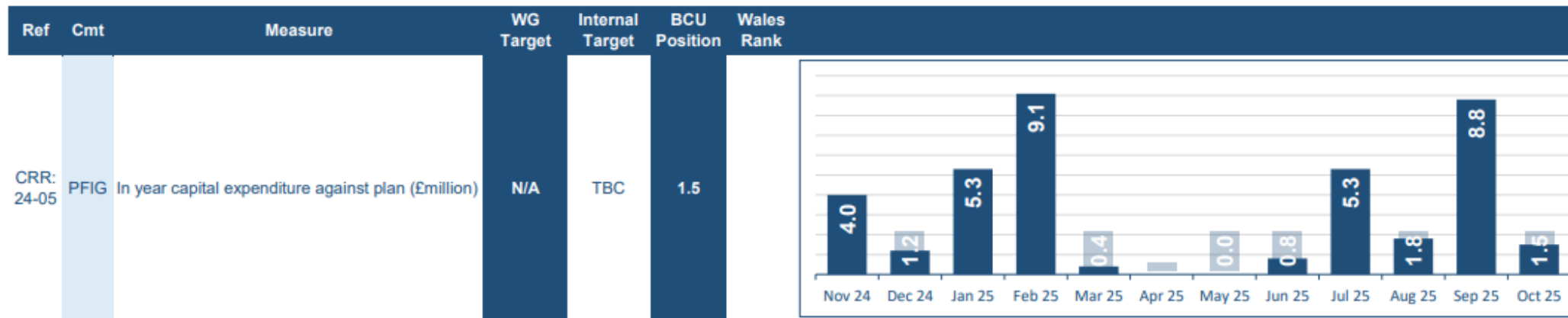
Financial Performance



Finance: Performance



Finance: Performance



Finance: Performance



BCU Wide and Divisional Positions (Red = overspend against plan)								
	April	May	June	July	August	September	October	YTD
	£m	£m	£m	£m	£m	£m	£m	£m
West IHC	(2.0)	(2.2)	(2.1)	(2.6)	(1.3)	(1.9)	(1.6)	(13.8)
Central IHC	(3.4)	(2.3)	(2.6)	(3.0)	(1.4)	(2.0)	(2.6)	(17.4)
East IHC	(3.4)	(3.5)	(3.8)	(3.5)	(2.1)	(3.2)	(3.3)	(22.7)
Womens	(0.3)	(0.3)	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	(2.1)
MH & LD	(1.6)	(1.5)	(1.8)	(1.9)	(1.8)	(1.9)	(2.2)	(12.8)
Commissioning Contracts	(1.2)	(2.2)	0.2	(1.6)	(1.7)	(0.9)	(1.2)	(8.6)
ICD Primary Care	0.2	0.4	0.1	0.2	0.6	0.1	0.5	2.0
ICD Regional Services	(0.8)	(1.6)	(1.3)	(1.1)	1.6	(1.3)	(1.1)	(5.6)
Support Functions & Other Budgets	8.9	10.8	9.9	10.4	4.0	10.1	10.6	64.6
BCU Wide	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	(16.3)

Service Performance against Target	Annual				Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	6.6	1.3	7.3	4.6	3.6	1.0
Central Integrated Health Community	10.0	8.0	1.9	6.8	5.8	5.0	0.8
East Integrated Health Community	10.0	9.0	1.0	8.4	5.8	4.8	1.0
MHLD	3.9	4.9	-1.0	6.6	2.3	3.0	-0.8
Womens Services	1.2	0.5	0.7	0.3	0.7	0.3	0.4
Diagnostic and Specialist Clinical Support	1.8	1.7	0.1	0.4	1.1	1.1	0.0
Cancer Services	1.5	1.5	0.0	2.0	0.9	0.7	0.2
Community Dental Services	0.1	0.0	0.1	0.0	0.1	0.0	0.0
Corporate & Support Services	3.6	3.3	0.3	0.2	2.1	2.1	0.0
Saving Total	40.0	35.6	4.4	32.2	23.3	20.7	2.7
Accountancy Gains		6.5	-6.5			6.5	-6.5
Total		42.1	-2.1	32.2	23.3	27.2	-3.8

Finance: Agency & Locum Spend



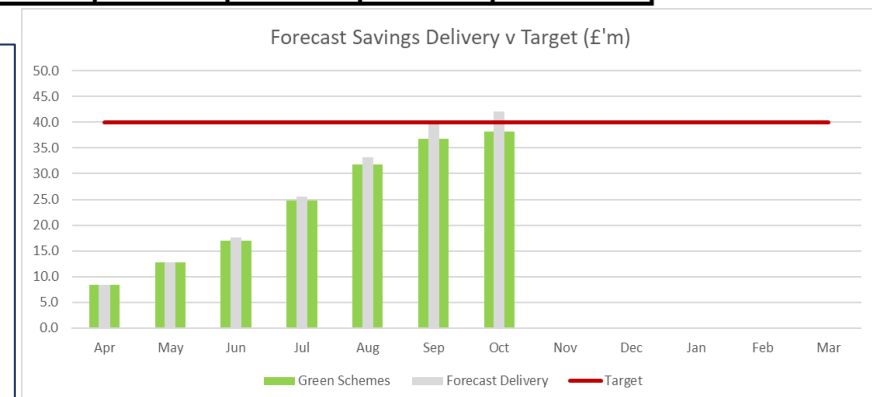
B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	105	76	46	115	(9)	72	(8)	0	0	0	0	0	397	397
2	Medical & Dental	1,787	1,866	1,737	2,012	1,889	1,894	1,807	1,754	1,770	1,648	1,617	1,617	12,992	21,399
3	Nursing & Midwifery Registered	999	1,087	1,049	973	1,048	869	885	735	670	595	595	495	6,910	10,000
4	Prof Scientific & Technical	15	8	22	29	31	53	(2)	27	27	17	17	17	156	261
5	Additional Clinical Services	2	35	(39)	6	(9)	2	12	1	0	0	0	0	9	10
6	Allied Health Professionals	424	403	435	486	418	393	405	319	316	310	310	294	2,964	4,513
7	Healthcare Scientists	16	20	16	21	3	12	12	131	131	131	131	131	100	754
8	Estates & Ancillary	0	0	(3)	3	0	0	0	(1)	0	0	0	0	0	(1)
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,348	3,495	3,263	3,645	3,371	3,295	3,111	2,966	2,915	2,700	2,669	2,554	23,528	37,332
11	Agency/Locum (premium) % of pay	3.4%	3.5%	3.3%	3.7%	3.0%	3.2%	3.0%	3.0%	2.9%	2.7%	2.6%	2.5%	3.3%	3.1%

Finance: Position for Month 7 (October 2025)

- The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Expenditure commitments need to be prioritised to enable the key financial duty and the performance ask to be attained. Achieving the control target in 2024/25 has resulted in the £74.6m conditionally recurrent funding received in 2023/24 and 2024/25 being allocated as recurrently in 2025/26 and the receipt of the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, with conditions associated with retention recurrently of the funds for 2026/27 and beyond being:
 - £40.0m Deficit Support Funding – Recurrent and non-conditional following submission and delivery of a financially balanced IMTP by the Health Board.
 - £42.0m Performance & Transformation Funding – Recurrent on de-escalation from Special Measures and Welsh Government having greater oversight and direction in use against Special Measures and Ministerial priorities.
- The In-month position is reporting a deficit of £1.2m, an improvement of £0.2m compared to the previous in-month position. This is £0.7m higher than the forecast deficit profiled for Month 7. The Year to Date position is reporting a deficit of £16.3m, largely driven by £3.4m JCC pressures, £5.7m Capacity pressures including premium working and escalated beds, £4.4m Out of Area MHLD placements, £3.0m English tariff inflationary pressure above funded uplift, £2.5m Employers National insurance contributions, £1.2m cost overruns (including contracting pressures & CHC) offset by £3.8m additional savings.

	2025/26														
	Actual							Forecast						Total Year to Date	Forecast Outturn Position
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	£m		
£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	0.0	3.0	3.7	4.7	4.9	(16.3)	0.0	

- The Health Board's £40.0m savings target is profiled on an equal twelfth's basis. Full year forecast of Green Saving Schemes totals £42.1m (comprising of £34.2m Savings schemes, £0.7m Income Generation, £0.7m Cost Avoidance and Accountancy Gains of £6.5m). Of these, £24.2m are recurring savings, with a full year effect of £32.2m, and £17.9m non-recurring savings. Further work is required to convert the remaining £2.0m Red Schemes and £3.9m pipeline opportunities to Green Schemes.
- Savings delivered in Month 7 totals £4.6m, £1.3m over the in-month target of £3.3m. The combined year to date delivery is £27.2m, of which £12.5m is recurring, against a year to date target of £23.3m. This includes Accountancy Gains of £6.5m, of which £1.0m were identified in month which contribute to the in month achievement.





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

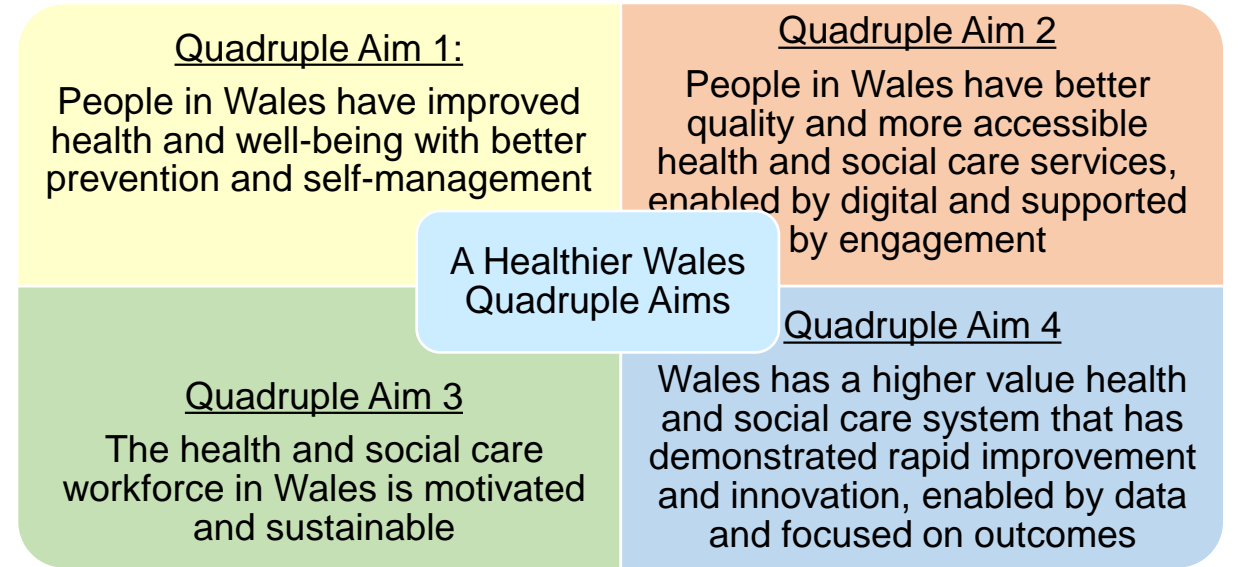
About the Integrated Quality & Performance Report



NHS Wales Performance Framework 2024-25

The performance measures in the NHS Wales Performance Framework for 2025-2026 reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2024-2027. The 2025/26 revision now consists of 51 quantitative measures

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

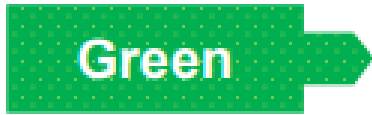
Financial Performance

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.



Green

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



Blue

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



Red

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



Grey

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.

About this report: Charts

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: 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.



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
--------------	------------------	--------------------------	-----------

Introduction to Integrated Quality & Performance Report (IQPR)

What is an Integrated Quality & Performance Report (IQPR)?

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 IQPR 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.

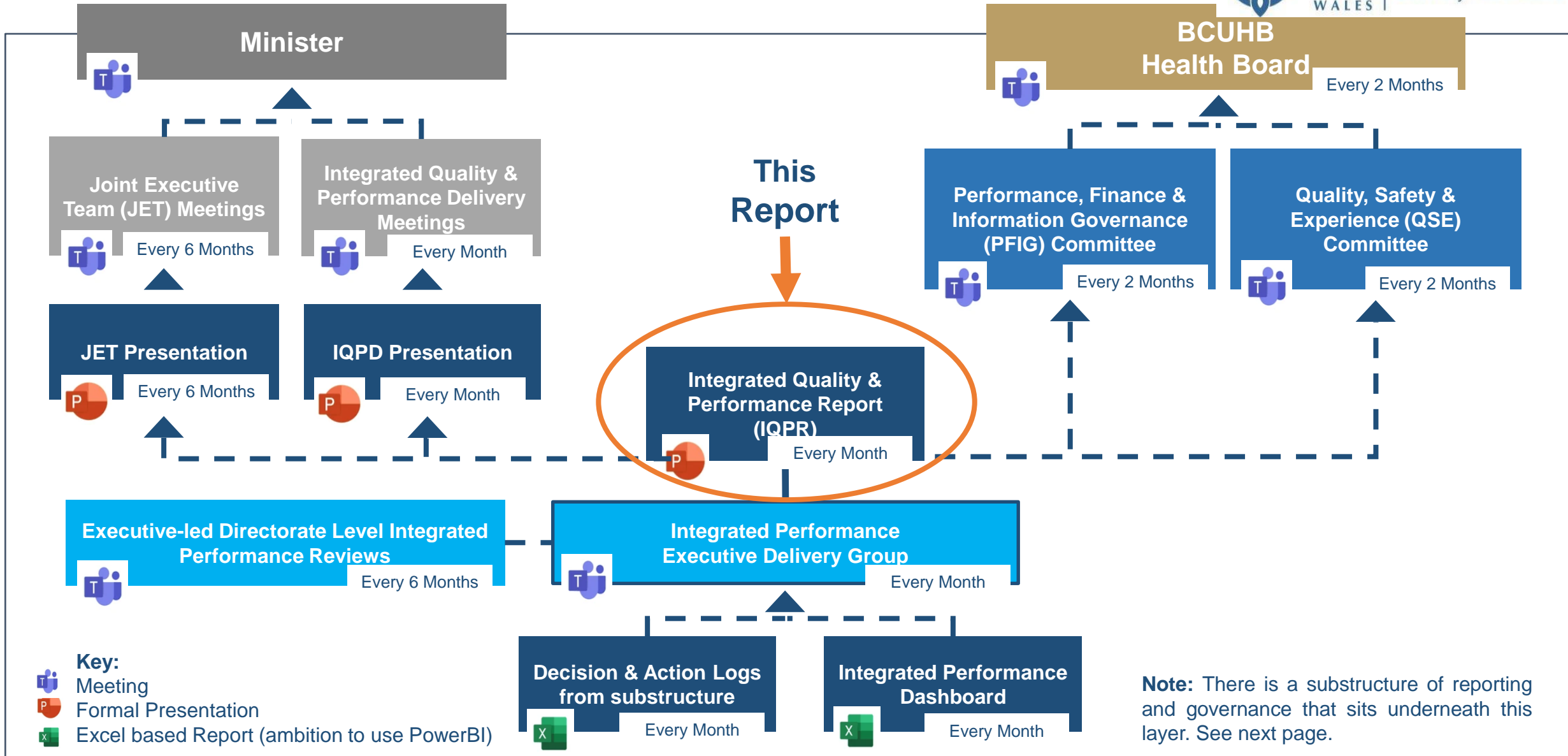
The IPR will be embedded as the ‘single version of the truth’ and used to report on performance to the Health Board, it’s scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally to Welsh Government. 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

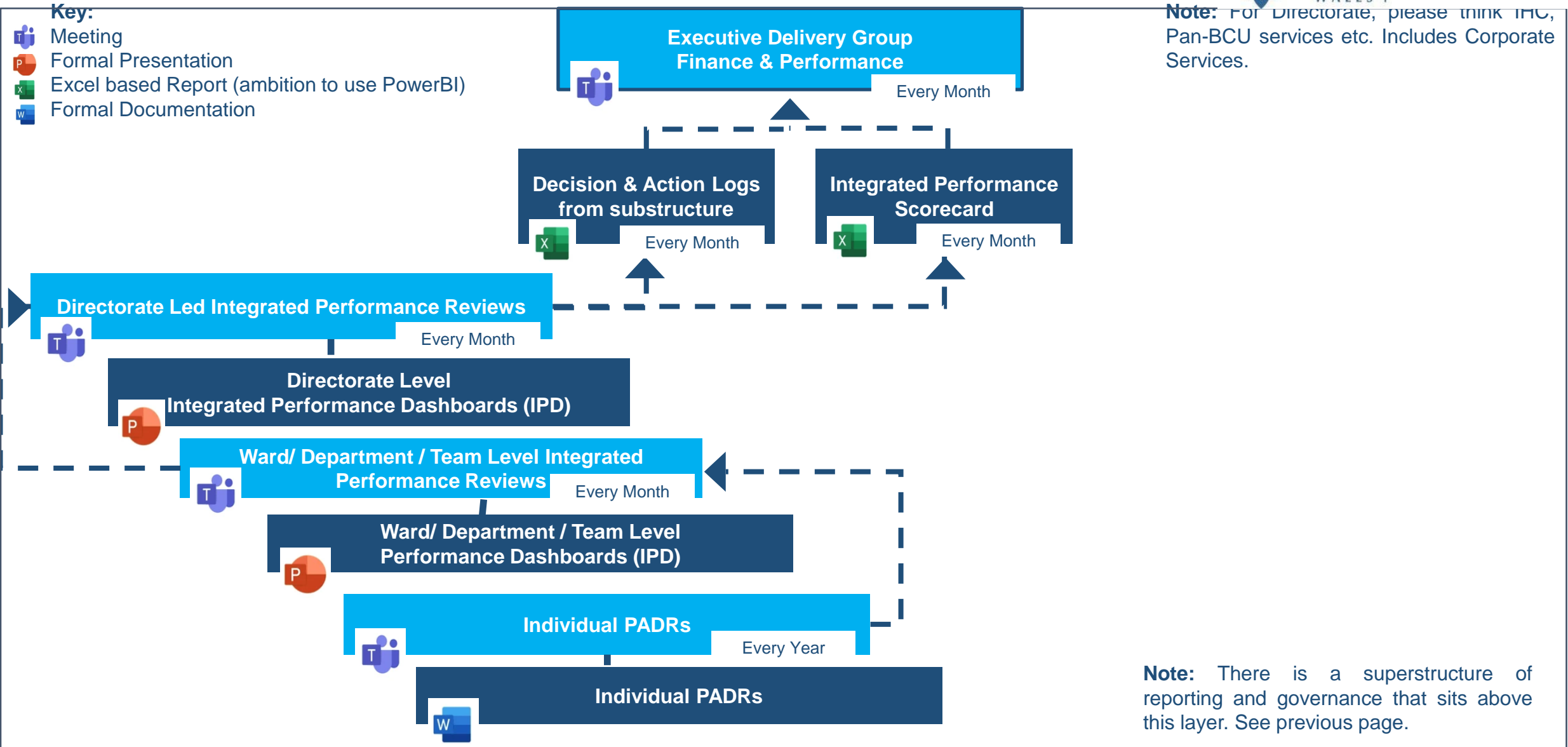


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



The Integrated Performance Reporting & Governance Substructure



Performance & Commissioning Directorate Outputs

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 Quality & Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance and Commissioning. 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

Abbreviations

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>	Information Governance Quarter 1 & 2 2025/26 Key Performance Indicators (KPI) Report.			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Group Committee Meeting.			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 18 December 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information.</p> <p>This report is to provide assurance across the key areas of information governance including, but not limited to, confidentiality, data protection, and requests for information, information security and training. The report identifies areas of weaknesses, further actions and recommendations required to address the weaknesses, lessons learnt and good practice.</p> <p>Due to statutory timelines for processing Freedom of Information (FOI) and Subject Access Requests (SARs), KPI reports can only be produced one month after the end of each quarter and cannot be reported any sooner.</p>			
Argymhellion: <i>Recommendations:</i>	The Group is asked to receive assurance on compliance with the Data Protection and Freedom of Information Legislation.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dylan Roberts - Chief Digital and Information Officer			
Awdur yr Adroddiad: <i>Report Author:</i>	Carol Johnson – Head of Information Governance			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>		Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input 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 Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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:				

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>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>	<p>The supporting information governance objectives will be achieved by ensuring there is an effective Information Governance framework in place by:</p> <ul style="list-style-type: none"> • Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016 and the Freedom of Information Act 2000 (FOI Act): <ul style="list-style-type: none"> 1. Continue to develop and improve systems for Records of Processing Activity (ROPA); 2. Ensure privacy by design and default is considered at all stages of service design, system procurement and partnership working; • Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation including social media and Artificial Intelligence (AI). • Develop and implement a system and process for the regular review of information sharing agreements / protocols both nationally and locally. • Continually look at ways to improve, monitor for assurance and report on the Systems and Records Assets held within the Information Asset Register • Continue to meet the Information Governance training national target of 85% to help improve staff understanding and continuous awareness. • Strengthen relationships with IHC clusters to improve Information Governance compliance with Primary Care Contractors. • Increase service user and Regulator confidence in the Health Board and its staff with increased visibility and working relationships, including a refresh of the IG Webpages and the exploration of introducing IG Champions. • Encourage and support the professional development of team members by providing opportunities for training, skill enhancement, and knowledge acquisition in relevant areas and to include the development of training programmes.
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>Data Protection Act and Freedom of Information Act</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p>	<p>Not applicable</p>

<p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>																																				
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable</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>Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.</p> <table border="1" data-bbox="600 694 1406 1675"> <thead> <tr> <th colspan="5">Risk Register - Tier 2</th> </tr> </thead> <tbody> <tr> <td>ID4306 – Data Flow Mapping and Records of Processing Activity (ROPA)</td> <td>9</td> <td>9</td> <td>6</td> <td>Unchanged</td> </tr> <tr> <td>ID5238 - Development and ongoing management of Corporate Records Management function</td> <td>15</td> <td>12</td> <td>6</td> <td>Unchanged</td> </tr> <tr> <td>ID5239 - BCU site wide audit to identify health and corporate records store in vulnerable locations</td> <td>15</td> <td>12</td> <td>4</td> <td>Unchanged</td> </tr> <tr> <th colspan="5">Risk Register - Tier 3</th> </tr> <tr> <td>ID8301 - Failure to develop and make improvements to the Information Asset Register</td> <td>9</td> <td>4</td> <td>4</td> <td>Decreased</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Risk Register - Tier 2					ID4306 – Data Flow Mapping and Records of Processing Activity (ROPA)	9	9	6	Unchanged	ID5238 - Development and ongoing management of Corporate Records Management function	15	12	6	Unchanged	ID5239 - BCU site wide audit to identify health and corporate records store in vulnerable locations	15	12	4	Unchanged	Risk Register - Tier 3					ID8301 - Failure to develop and make improvements to the Information Asset Register	9	4	4	Decreased					
Risk Register - Tier 2																																				
ID4306 – Data Flow Mapping and Records of Processing Activity (ROPA)	9	9	6	Unchanged																																
ID5238 - Development and ongoing management of Corporate Records Management function	15	12	6	Unchanged																																
ID5239 - BCU site wide audit to identify health and corporate records store in vulnerable locations	15	12	4	Unchanged																																
Risk Register - Tier 3																																				
ID8301 - Failure to develop and make improvements to the Information Asset Register	9	4	4	Decreased																																
<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>Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.</p>																																			
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p>	<p>Not applicable</p>																																			

<p>Workforce implications as a result of implementing the recommendations</p>	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Information Governance – Q1&2 KPI 2025/26 reviewed by Head of Information Governance, Carol Johnson and Assistant Director of Business and Compliance, Justine Parry and presented at the below meetings.</p> <p>Q1 - Information Governance Group 18th August 2025 and Executive Committee 1st October 2025 Q2 – Information Governanc Group 25th November 2025 and Executive Committee 10th December 2025</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>Board Assurance Framework</p> <p>BAF24-02 – Not delivering strategic development and digital transformation. BAF24-08 – Not implementing evidenced based improvement and innovation.</p> <p>Corporate Risk Register</p> <p>CRR25-04 – Modernising our Digital Infrastructure CRR25-11 – ICT Failure and Cyber</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</p>
<p>Next Steps:</p> <ol style="list-style-type: none"> 1) Target areas with continued low FOI compliance 2) Activity to be undertaken to ensure we have the correct Information Asset Owners and understand their responsibilities for the Information Asset Register. 3) Continue to target areas with low mandatory training compliance. 	
<p>List of Appendices:</p> <p>Appendix 1 – Information Governance Quarter 1 2025/26 Key Performance Indicators (KPI) Report. Appendix 2 – Information Governance Quarter 2 2025/26 Key Performance Indicators (KPI) Report.</p>	

Atodiad 1 - Dangosyddion Perfformiad Allweddol

Chwarter 1 – Ebrill i Mehefin 2025

Appendix 1 - Key Performance Indicators

Quarter 1 – April to June 2025



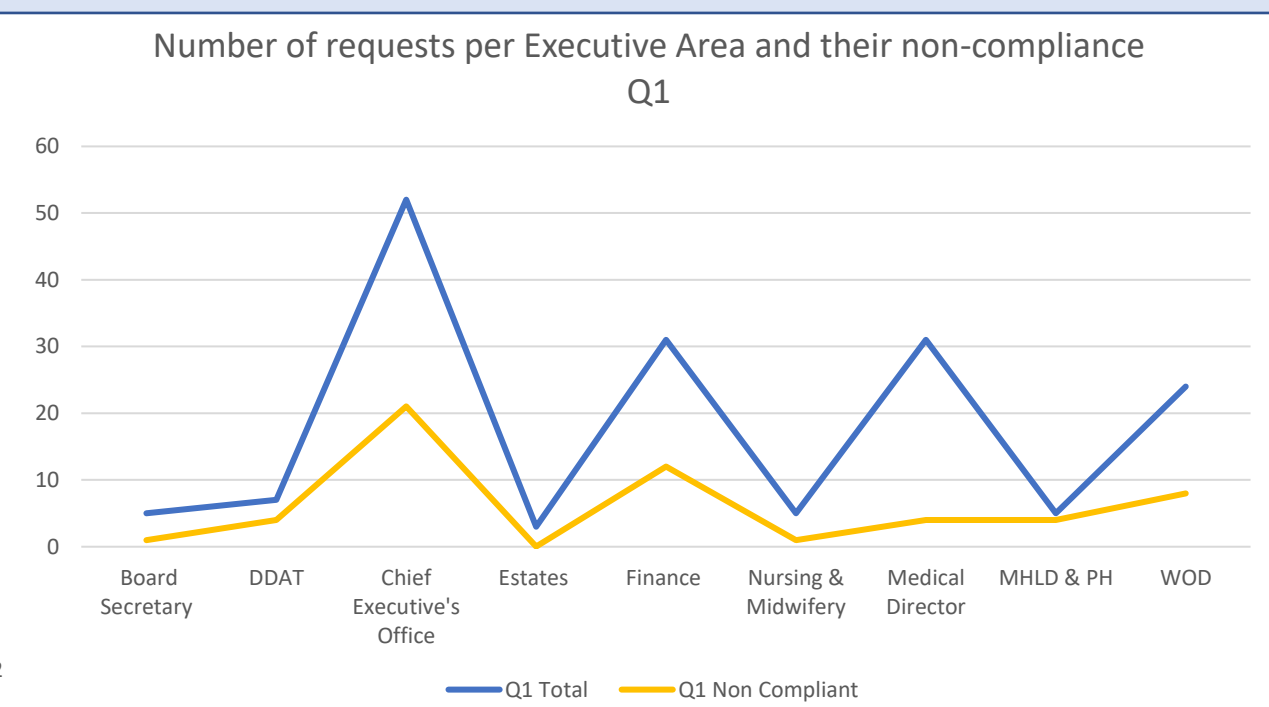
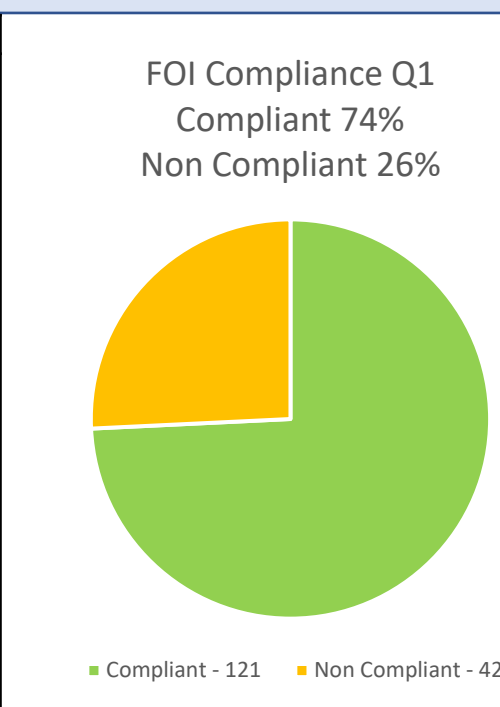
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Appendix 1 - Key Performance Indicators: Quarter 1 – April to June 2025

Freedom of Information (FOI) Compliance

During Quarter 1 of 2025/26, the Information Governance Team received a total of **163** Freedom of Information (FOI) requests, a decrease from the 193 requests received in Quarter 4 of 2024/25. Compliance with FOI requests showed an improvement, rising to **74%** from the previous quarter's rate of 71%. The total time spent processing these requests amounted to **749** hours, which equates to an estimated cost of **£18,725** under the Freedom of Information Act. While the number of cases declined this quarter, the time spent processing requests has risen. This increase is attributed to the growing complexity of the cases and the extended time required to gather necessary information. This figure includes contributions from the Information Governance Team, Divisional Leads, and Executive Directors.



FOI Exemption and internal reviews - Please note due to the timeframe permitted under the Act for applicants to request an internal review, some reviews may not be captured in time for this report, however they will be captured within the Information Governance Annual Report.

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	10	0	
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	11	1	Upheld
Section 31 - Law Enforcement	Public Interest Test applied	2	1	Partially Overturned
Section 40 - Personal Information	Absolute – No Public Interest Test Required	7	0	
Section 43 – Commercially Sensitive	Public Interest Test applied	2	1	Overturned
No Exemption applied	N/A	131	0	

Freedom of Information: Highest reported reasons for delays/breaches

- 20 delays due to Executive approval.
- 10 delays reported due to receiving the information from Divisional Leads.
- 4 delays due to the request being of a complex nature.
- 2 delays due to formulation of response from IG Team.

The Divisions with the lowest percentage of compliance

- Mental Health & Learning Disabilities (MHL) - 4 out of 5 (**80%**) non-compliant.
- Digital, Data & Technology – 4 out of 7 (**57%**) non-compliant.
- Chief Operating Office - 21 out of 52 (**40%**) non-compliant.
- Director of Finance – 12 out of 31 (**39%**) non-compliant.
- Workforce & Organisational Development – 8 out of 24 (**33%**) non-compliant.

Trends in Freedom of Information Subject

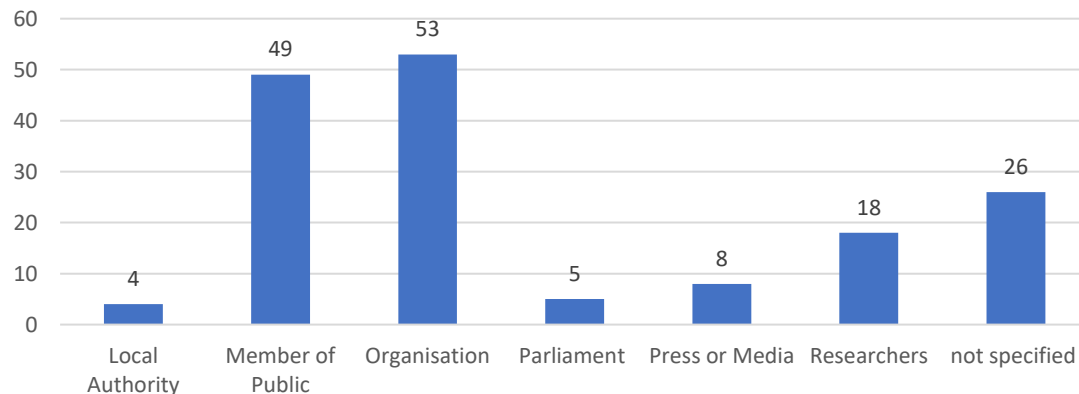
- 29 requests related to the number of patients treated for specific diagnoses and their associated treatment pathways.
- 10 requests sought information on Policies and Procedures.
- 7 requests focused on waiting list volumes and waiting times.
- 6 requests concerned the Health Board's expenditure on agency staff.
- 5 requests inquired about the use of Artificial Intelligence and other software solutions.

2025/26 Improvement Actions

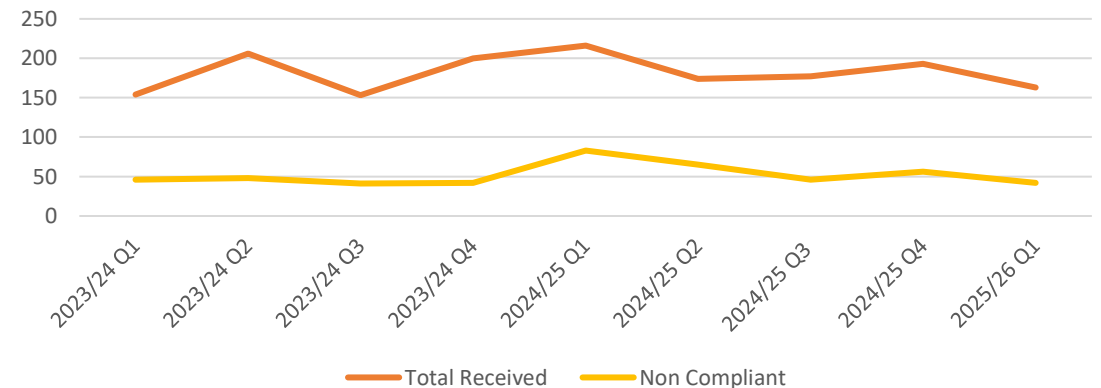
To further improve compliance with Freedom of Information (FOI) requests, the Information Governance Team will implement the below initiatives during Quarter 2 of 2025/26:

- **Strengthen Executive Engagement** – Improve communication with Executive Team to expedite the approval process and proactively address potential delays in FOI responses.
- **Drive Divisional Commitment to Compliance** – Actively collaborate with divisions showing low FOI compliance to gain leadership support, uncover underlying issues, and drive tailored improvement measures.
- **Enhance Publication Scheme Content** – Continue evaluating and updating the Health Board's publication scheme to increase the availability of routinely published information.

FOI received by Requestor Q1



Previous FOI Quarterly Compliance



Subject Access Request Compliance

During Quarter 1, the compliance for Subject Access Requests (SAR) has decreased slightly from 99% in Quarter 4 to **96%**, with requests for non-clinical information being **93%** this quarter. This figure reflects the overall compliance rate across all departments handling requests under Data Protection legislation

The requests received during this quarter include all requests received into the Access to Health Record Team, Information Governance Team, Managed GP Practices and HMP Berwyn.

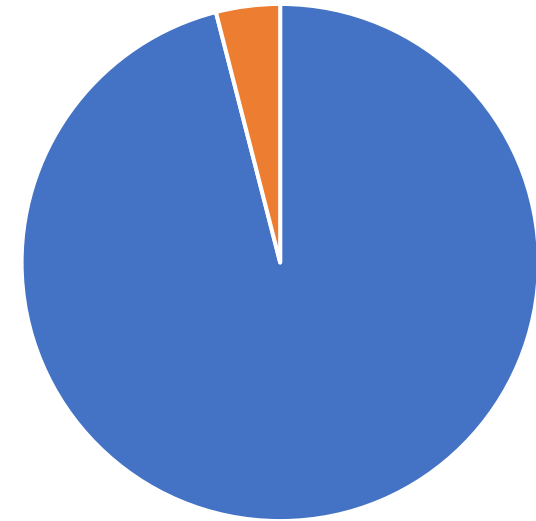
2025/26 Improvement Actions

Throughout Quarter 1, the Information Governance and Access to Health Records Teams maintained regular collaboration to review and resolve complex requests that involve both services. This joint approach supports consistency in handling and facilitates the sharing of lessons learned.

Additionally, the Information Governance Team continues to work in close partnership with the Health Board's Complaints Team to address complex complaints that evolve into information requests.

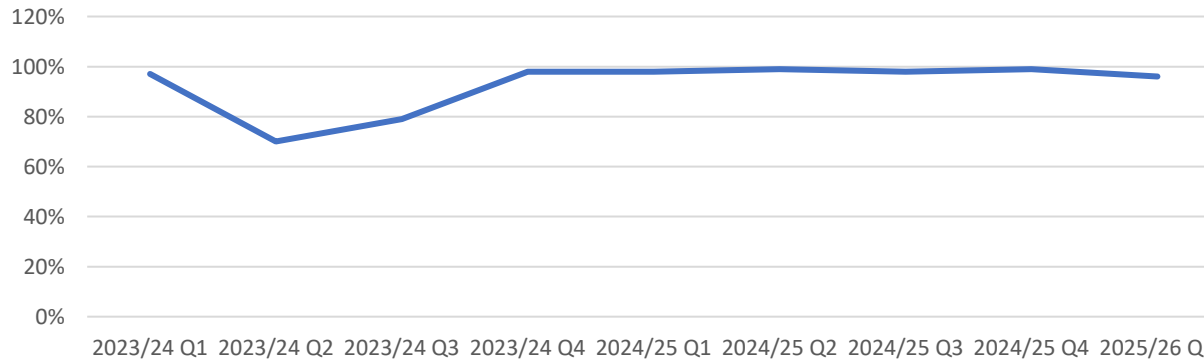
Data Protection Subject Access Requests (SAR) for non-clinical information by type Q1

Compliant: 96% Non Compliant: 4%

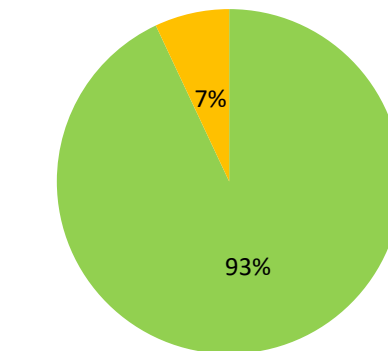


■ Subject access request - 1936 ■ Non - Compliant - 65

Previous SAR Quarterly Compliance



Data Protection Subject Access Requests (SAR) for non-clinical information Q1



■ Compliant- 93% ■ Non-Compliant- 7%

Information Governance Incidents and Complaints Information Quarter 1 - April to June 2025.

Incident Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Confidentiality Breach (External)	PPI in public place	13	-	-
	Email	17	-	-
	External Mail	30	-	2
	Records	22	-	-
	Prescription Error	12	-	-
Confidentiality Breach (Internal)	PPI in public place	6	-	-
	Email	5	-	-
	Records	17	-	-
	Other	2	-	-
Information Management & Technical Security	ID Badge Loss	7	-	-
	Records	1	-	-
	BCU Device Loss	2	-	-
	Inappropriate Access	5	-	-
Non Compliance	IG01 – Records Management Policy	8	-	-
	IG08 – E-mail Procedure	2	-	-
	IG13 – Confidentiality Code of Conduct	4	-	-
	IG14 - IM&T Security Procedure	7	-	-
	IG15 - Safe storage & transport of Personal Data	19	-	-
Total		179	0	2

Quarter 1 has seen a notable increase in the number of reported incidents, exceeding the 143 incidents recorded in Quarter 4 by more than 25%. The Records category, covering both internal and external incidents, saw the most significant rise in reported cases. Additionally, there was an rise in incidents involving Personally Identifiable Information (PPI) in public settings and email-related breaches. On a positive note, the number of incidents related to the Records Management policy and prescription handling has shown a marked improvement. To address this trend, the Information Governance Team will emphasize this issue in the Quarter 2 training sessions, with the aim of reducing future incident rates.

Outcomes

- Staff were reminded of the importance of thorough data verification.
- Management of paper-based handovers was addressed during the team safety briefing.
- Department has reinstated the use of the Digi Lock system to enhance security measures, with staff awareness raised and the Security Team informed.
- Collaborative efforts between the Information Governance Team, Health Records, and the Health Board’s confidential waste destruction company have been undertaken to ensure the secure disposal of confidential documents.

Near Misses

0 near misses reported in Quarter 1.

Legal Claims

1 new claim was received in Quarter 1 concerning unauthorised access to a patient's medical records by their former partner. The claim was subsequently withdrawn by the individual who lodged it.

Complaints

During Quarter 1, 4 Data Protection complaints were received, consistent with the number reported in Quarter 4. Of these, 3 have been resolved and formally closed, while 1 remains open and is currently under review.

Complaints Received

- 2 Patient letters sent to incorrect address – both closed.
- 1 Confidentiality breach by pharmacist to patients relative – closed.
- 1 Medication prescribed to incorrect patient due to error on drug chart – open.

Lessons Learnt:

1. Staff were reminded of the relevant procedures, and the complainant was informed of the actions taken. The complainant expressed satisfaction with the outcome, and no further action is required.
2. Incident was disseminated amongst team for reflective learning. Staff were also formally reminded of their responsibility to maintain compliance with information governance training.

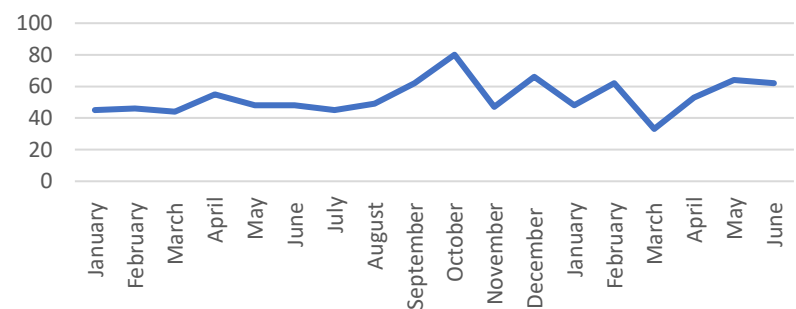
Self-reported incidents to the Information Commissioners Office Quarter 1

In Quarter 1, no self-reported incidents were submitted to the Information Commissioner’s Office, consistent with the reporting figures from Quarter 4.

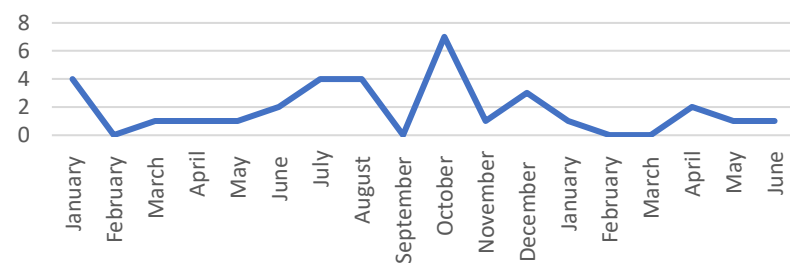
Complaints received from the Information Commissioners Office Quarter 1

In Quarter 1, one complaint notification was received, consistent with the volume reported in the previous quarter. The complaint related to the receipt of incomplete medical notes from a GP practice. A comprehensive investigation determined that the remaining documentation had been prepared for collection but was not made available at the time of the patient's arrival. The identified actions were communicated to the complainant, and the case was subsequently closed.

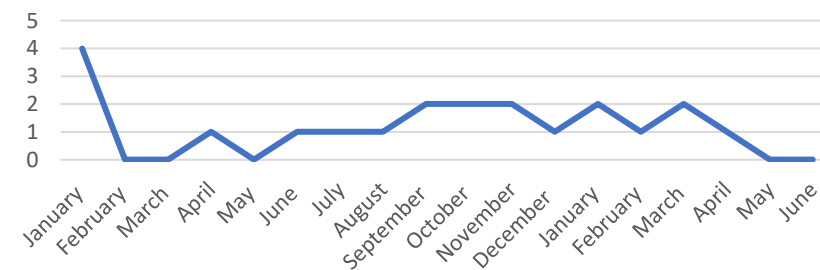
Information Governance Related Incidents 24-25



Information Governance Related Complaints 24-25



Information Commissioners Office Related Complaints 24-25



Information Governance Training and Budget Information Quarter 1

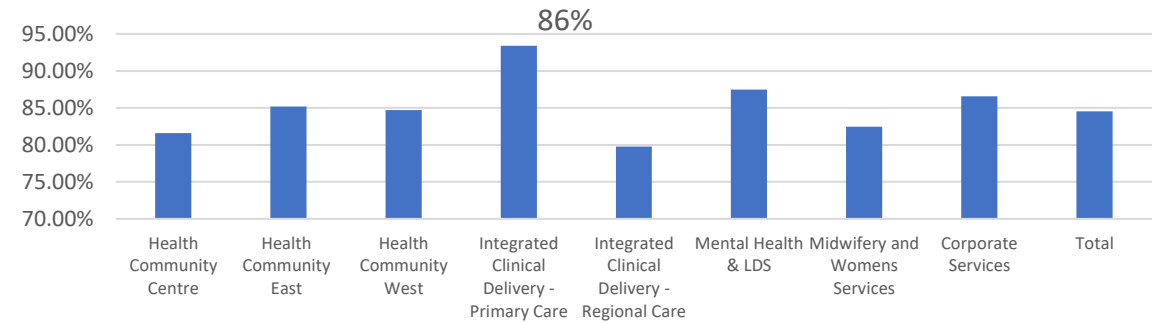
Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of June 2025	Year To Date Variance
T410	854,301	164,093	49,453 underspend (not a true reflection, please see below comments)

Please note that the reason for the underspend this quarter is due to:

1. Covering post on maternity within existing structure (returned to work during May 2025);
2. Delays in invoicing for confidential waste expenditure;
3. Continued agile / home working thus reducing travel costs;
4. Service reduced run rate to support overall Health Board Financial Position with scrutiny of spend.

Onsite compliance audits / due diligence checks / face to face training delivery has recommenced which will increase travel costs and will reduce the level underspend in 2025/26.

Information Governance Mandatory Training Compliance by Area



Information Governance Mandatory Training

Mandatory training sessions have continued, 9 taking place in Quarter 1 with a total number of 99 staff attending. This is a slight increase from the 96 who attended in Quarter 4 of 2024-25. Included in the figures above was training delivered during mandatory training days which was well received. Plans to attend future training will be discussed later in the year.

The Information Governance team are seeing an increase in the request for bespoke training to be delivered to staff groups such as a new cohort of 45 bank admin staff.

In addition, 3101 staff members have completed their Information Governance training online during this quarter.

The overall compliance for mandatory Information Governance training across the Health Board is **86%**

National Intelligent Integrated Auditing Solution (NIIAS), Service Desk and IG10 Information Quarter 1 – April to June 2025.

IG10

A total of 17 IG10 requests were submitted in Quarter 1, all of which were approved. The IG10's approved in this quarter were from a number of different areas and no trends were identified.

The breakdown of request types is as follows:

- CCTV – 5
- Door Swipe Access – 1
- Email Access – 1
- System Access – 8
- Login Audit - 2

Service Desk – Information Governance Portal

The total number of Halo queries rose significantly to 168 in Quarter 1, compared to 79 in Quarter 4. This increase may be attributed to the Information Governance Team's more frequent circulation of call logging guidance, as well as the continued establishment and integration of the Halo system during this period.

Some key trends identified during the quarter were:

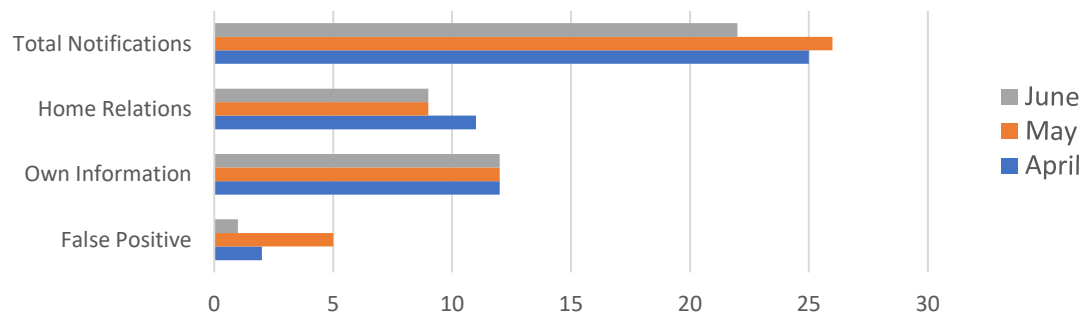
- Sharing information with other Health Boards
- Datix queries
- Local & National Research Projects
- Policies & Procedures

NIIAS (National Intelligent Integrated Auditing Solution)

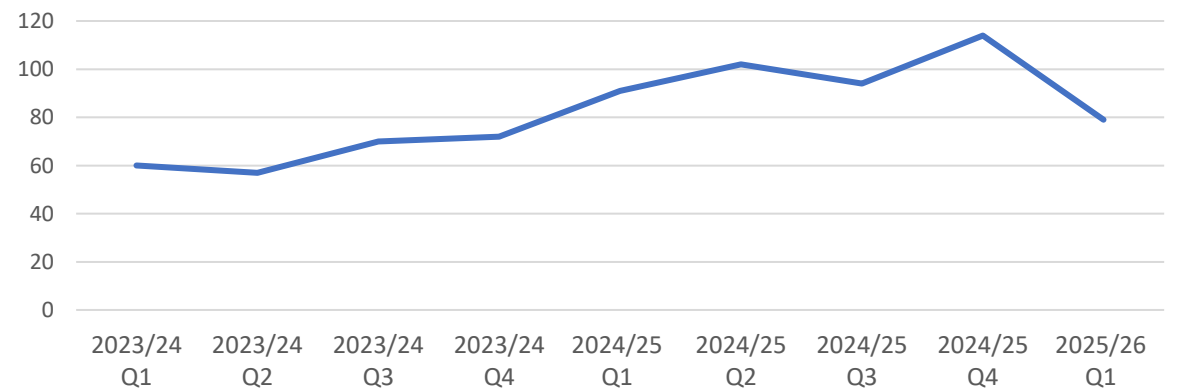
During Quarter 1 there were 73 NIIAS notifications received for staff inappropriately accessing records on Health Board systems. A breakdown of the cases with People Services involvement was not available at the time of writing this report.

Q1 NIIAS notification by type

Total = 73



Previous Quarterly NIIAS Notifications



Caldicott Guardian Decisions/Authorisations on behalf of the Board

Total - 4



■ Data Processing Contract : 2 ■ Information Sharing Agreement : 2

Compliance Audits

During Quarter 1, **5** face-to-face compliance audits were conducted across BCUHB sites. In addition, 25 audit pre-assessments were completed remotely. Feedback from departments who have undertaken the pre-assessments has been positive with recommendations being received well. Guidance regarding the use of WhatsApp groups has been circulated to departments with some ceasing groups all together. During the pre-assessments it was also discovered some departments had keys to confidential waste consoles, work is underway with the Information Governance Officers to retrieve these.

Work is currently underway to review and enhance the audit process, with a focus on ensuring pre-assessments are completed prior to scheduling face-to-face visits. This approach aims to improve the efficiency and productivity of site visits for both the Information Governance Team and Health Board services.

Asset Register

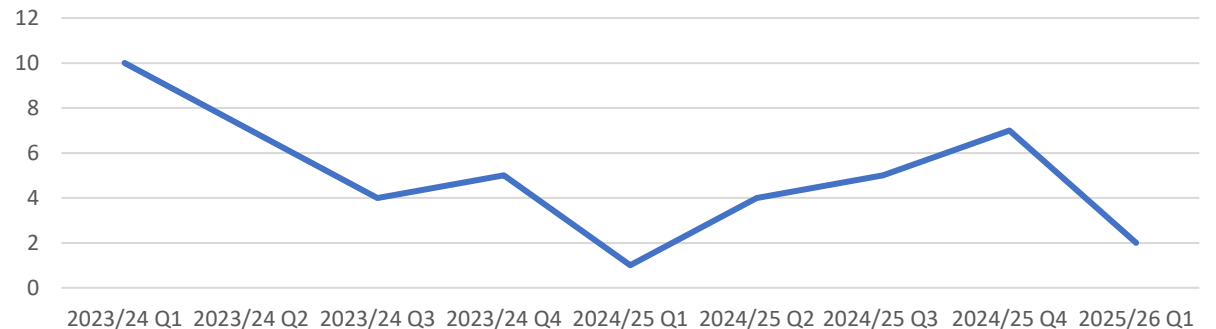
The Information Asset Register is in the final stages of User Acceptance Testing (UAT). A list of Information Asset Owners (IAOs) and Information Asset Administrators (IAAs) has been created to confirm that the appropriate leads have been assigned to each asset. This also helps the team to track current asset ownership, assess whether owners are at the appropriate level of seniority, identify who the correct owner should be if not, and flags assets without any listed ownership.

Data Protection Impact Assessments (DPIAs)

During Quarter 1, **8** DPIAs were approved, representing an increase compared to 7 approvals in Quarter 4 of 2024/25. Currently, 32 DPIAs are under review, either with the Information Governance Team, with project leads for further input, or have not yet progressed.

The IG team will continue to work closely with project leads throughout 2025/26 to support the timely progression of DPIAs through each stage of the process. Additionally, the team is developing a more streamlined DPIA workflow. This includes the introduction of weekly review meetings for in-progress assessments and the digitalisation of the DPIA form to improve accessibility and efficiency.

Number of Approved DPIAs



Atodiad 1 - Dangosyddion Perfformiad Allweddol

Chwarter 2 – Gorffennaf i Medi 2025

Appendix 2 - Key Performance Indicators

Quarter 2 – July to September 2025

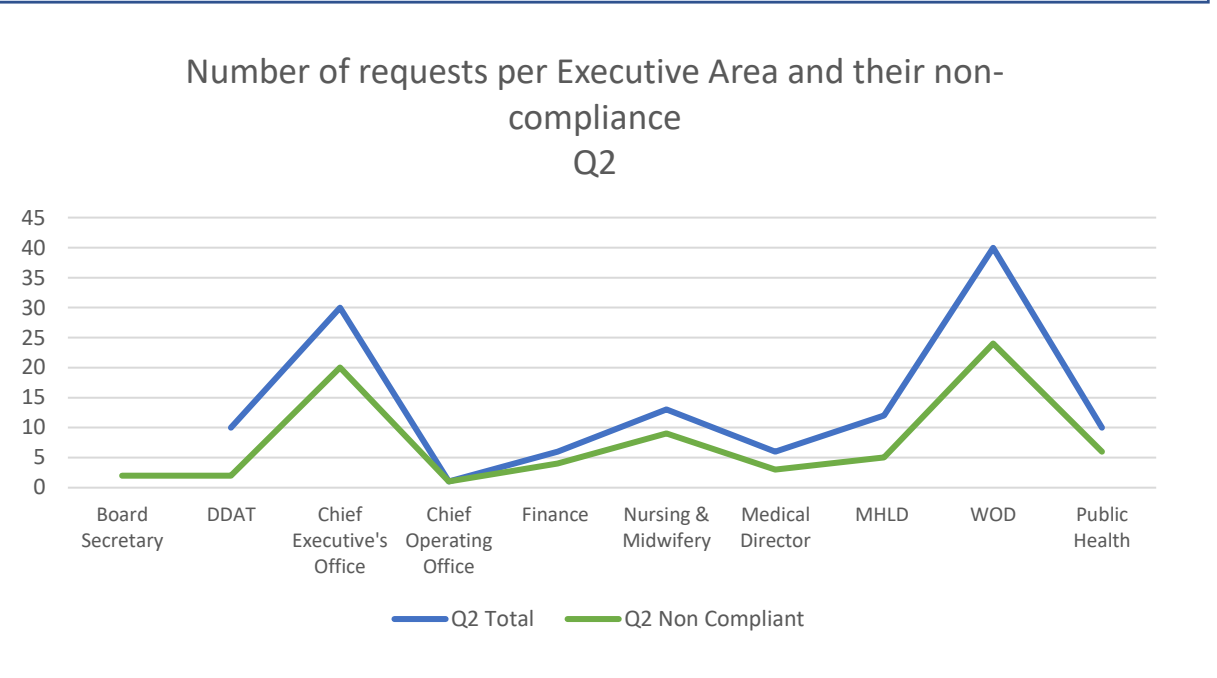
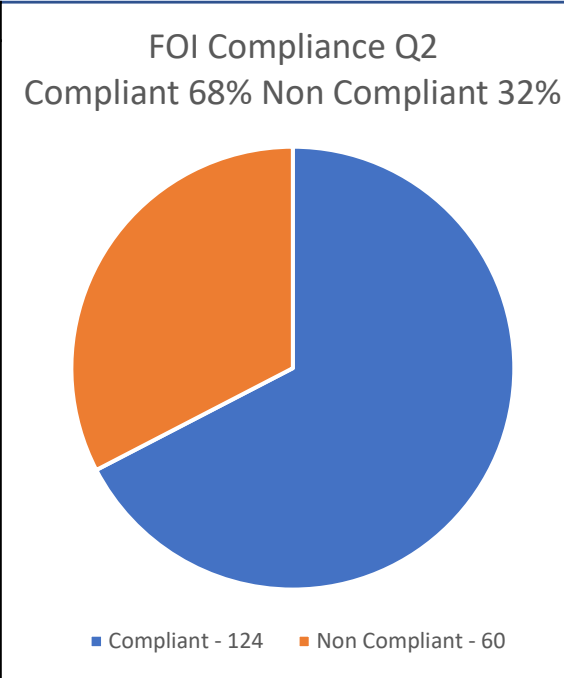


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Appendix 1 - Key Performance Indicators: Quarter 2 – July to Medi 2025

Freedom of Information (FOI) Compliance
 In Quarter 2 of 2025/26, the Information Governance Team handled 184 FOI requests, a 13% increase from Quarter 1. Compliance fell from 74% to 68%, largely due to the growing complexity of requests. Many now require input from multiple departments and detailed data analysis, which significantly increases processing time. Responding to these requests took 618 hours, costing an estimated £15,450 under the FOI Act, involving contributions from the IG Team, Divisional Leads, and Executive Directors. The rise in both volume and complexity has placed additional strain on resources, impacting response times and compliance. Plans to address these challenges and improve compliance will be outlined later in this report.



FOI Exemption and internal reviews - Please note due to the timeframe permitted under the Act for applicants to request an internal review, some reviews may not be captured in time for this report, however they will be captured within the Information Governance Annual Report.

Exemption	Exemption Category	Total	Internal Review	Upheld/Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	17	0	
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	11	1	Upheld
Section 31 - Law Enforcement	Public Interest Test applied	2	1	Partially Overturned
Section 40 - Personal Information	Absolute – No Public Interest Test Required	7	0	
Section 43 – Commercially Sensitive	Public Interest Test applied	2	1	Overturned
No Exemption applied	N/A	144	0	
Total		184	3	

Freedom of Information: Highest reported reasons for delays/breaches

- 29 delays reported due to receiving the information from Divisional Leads.
- 14 delays due to Executive approval.
- 8 delays due to formulation of response from IG Team.
- 4 delays due to the request being of a complex nature.
- 4 delays due to unable to identify correct lead.

The Divisions with the lowest percentage of compliance

- Director of Finance – 19 out of 28 **(68%)** non-compliant.
- Mental Health & Learning Disabilities – 4 out of 6 (67%) non-compliant.
- Chief Operating Office - 9 out of 14 **(64%)** non-compliant.
- Director of Nursing & Midwifery– 9 out of 20 **(45%)** non – compliant

Trends in Freedom of Information Subject

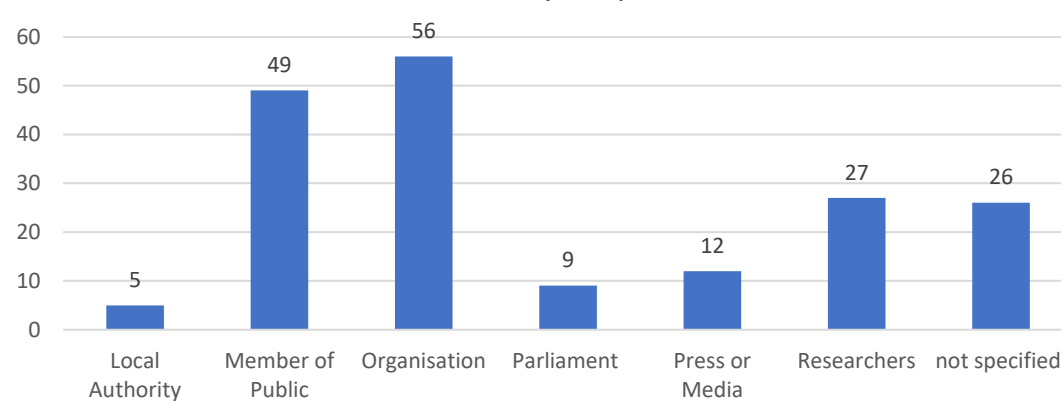
- **Medication-related FOIs (51)** are the single largest category, spanning multiple therapeutic areas.
- **Workforce and agency spend (34)** remain a major concern, with detailed breakdown requests for locums and nursing.
- **Access and waiting times (17)** for services (especially mental health and dentistry) are a recurring theme.
- **Technology and equipment (13)** queries suggest growing interest in digital transformation and infrastructure.
- **Financial transparency (11)** is a consistent focus, including cost improvement plans and compensation payments.

2025/26 Improvement Actions

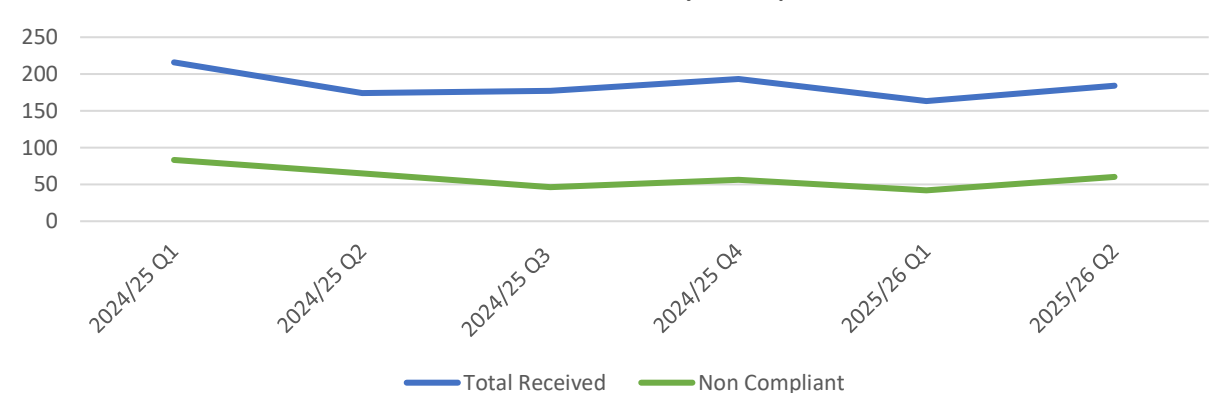
FOI compliance decreased slightly in Quarter 2 (74% to 67%). While the Information Governance Team continues to use an established escalation process and hold weekly monitoring meetings, additional actions will strengthen performance:

- **Executive Engagement** – Maintain escalation and share compliance summaries with the Executive Team to ensure timely approvals.
- **Targeted Divisional Support** – Use weekly data to identify low-compliance areas and provide focused guidance.
- **Risk-Based Reporting** – Highlight cases nearing deadlines in weekly meetings for immediate intervention.
- **Expand Publication Scheme** – Publish high-demand information (e.g., agency spend, staffing, medication) to reduce repeat requests.
- **Training & Awareness** – Issue quick-reference guides and deliver short refresher sessions for divisional contacts.

FOI received by Requestor Q2



Previous FOI Quarterly Compliance



Subject Access Request Compliance

During Quarter 2, the compliance for Subject Access Requests (SAR) has remained the same as Quarter 1 at **98%**, with requests for non-clinical information being **100%**. This figure reflects the overall compliance rate across all departments handling requests under Data Protection legislation

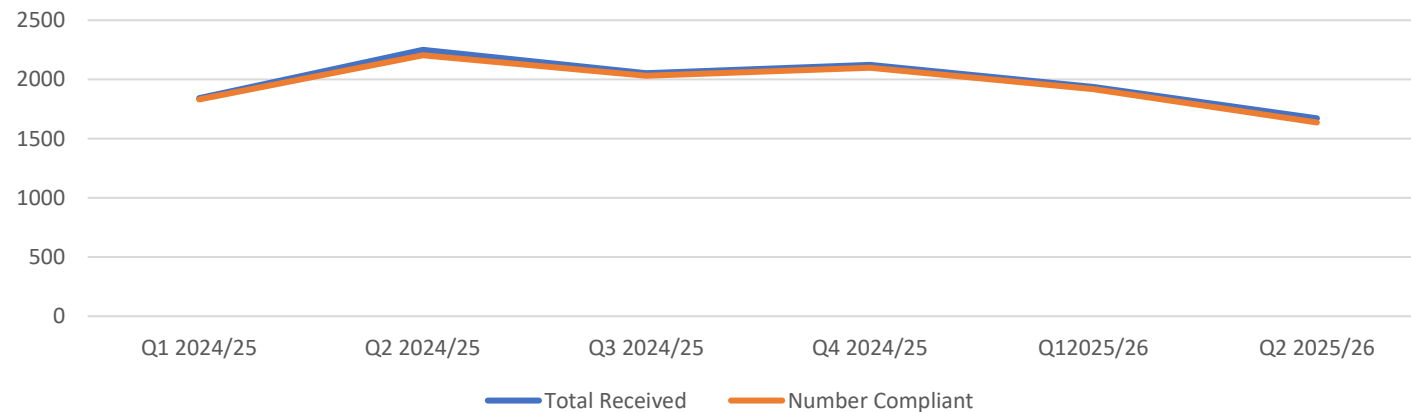
The Information Governance Team has observed an emerging trend of requestors increasingly using AI tools when submitting and interpreting requests. This includes drafting initial requests, refining wording for clarity, and in some cases, generating follow-up queries based on responses.

The requests received during this quarter include all requests received into the Access to Health Record Team, Information Governance Team, Managed GP Practices and HMP Berwyn.

2025/26 Improvement Actions

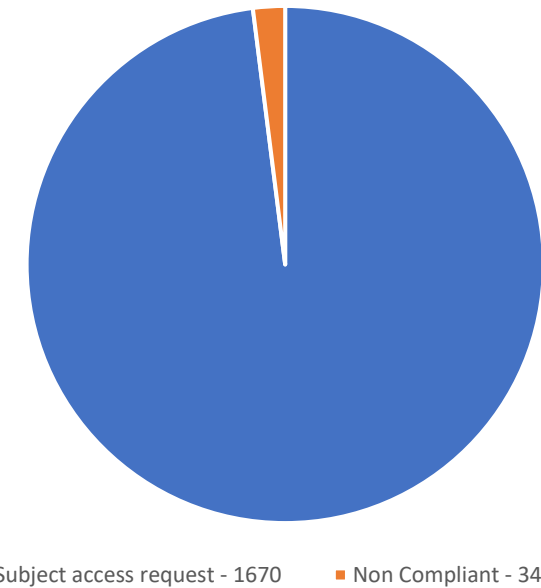
The Information Governance and Access to Health Records Teams will continue to strengthen collaboration on complex requests, with a particular focus on improving communication with requestors. This will include providing clearer guidance on processes, expected timeframes, and the scope of information available, to ensure transparency and manage expectations effectively. Additionally, we plan to enhance joint working with the Health Board's Complaints Team to streamline responses where complaints evolve into information requests, ensuring a consistent and coordinated approach. These improvements aim to deliver a more efficient, user-focused service while maintaining compliance with statutory requirements.

Previous SAR Quarterly Compliance



Data Protection Subject Access Requests (SAR) for non-clinical information by type Q2

Compliant: 98% Non Compliant: 2%



Data Protection Subject Access Requests (SAR) for non-clinical information Q2



Information Governance Incidents and Complaints Information Quarter 2 - July to September 2025.

Incident Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Confidentiality Breach (External)	PPI in public place	6		2
	Email	10		2
	External Mail	16		1
	Inappropriate Access	1		1
	Records	38	1	1
	Prescription Error	4		
Confidentiality Breach (Internal)	PPI in public place	12		
	Email	4		
	Internal Mail	2		
	Records	8		
Information Management & Technical Security	Hardware	4		
	ID Badge Loss	8		
Non Compliance	IG01 – Records Management Policy	17		
	IG02 – Corporate Records Management Procedure	2		
	IG03 – Procedure for Compliance with FOI/EIR	0		1
	IG08 – E-mail Procedure	3		
	IG13 – Confidentiality Code of Conduct	7		
	IG14 - IM&T Security Procedure	5		
	IG15 Safe storage & transport of Personal Data	11		
	IG17 – Photography, Video & Audio Recording Procedure for a Non-Clinical Purpose	3		
Total		161	1	8

During this reporting period, 161 information governance incidents were recorded and managed in line with organisational policy, compared to 179 in the previous quarter. The majority were low-risk and resolved promptly. Root cause analysis and targeted actions, including staff training and process improvements, have been implemented to reduce recurrence and strengthen compliance.

Outcomes

- Addressed secure handling of paper-based handovers during team safety briefings to reduce physical data risks.
- Maintained collaborative processes with Health Records and the confidential waste destruction provider to ensure secure disposal of sensitive documents.
- Increased staff awareness of reporting procedures and escalation routes for information governance incidents.
- Highlighted the requirement for regular audits of shared drives and folders to prevent unauthorised access and ensure data minimisation.
- Addressed the risks associated with using personal devices for work-related communication and reiterated organisational policy on approved devices.

Near Misses

0 near misses reported in Quarter 2.

Legal Claims

0 new claim was received in Quarter 2.

Complaints

During Quarter 2, 8 Data Protection complaints were received, increasing from the number reported in Quarter 1. Of these, 7 have been resolved and formally closed, while 1 remains open and is currently under review. The complaints that have been formally closed were all upheld.

Complaints Received

- 6 Data / Confidentiality Breach – all closed.
- 1 Inappropriate disclosure / Verbal Breach – closed.
- 1 Confidentiality Concerns in Service Delivery – open.

Lessons Learnt:

- Emphasised confidentiality obligations both inside and outside the workplace, particularly in informal settings.
- Identified the importance of accurate manual data entry and the need for additional checks when onboarding new staff.
- Highlighted the value of prompt and clear communication with complainants to ensure timely resolution and maintain trust.

Self-reported incidents to the Information Commissioners Office Quarter 2

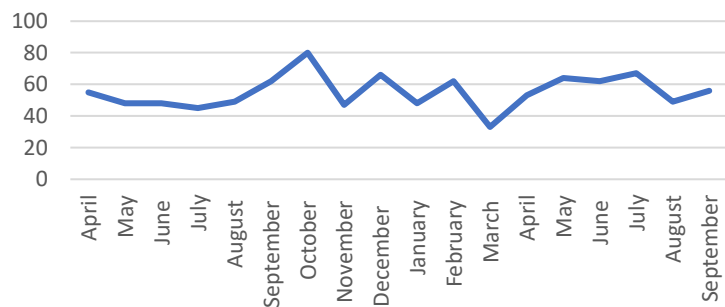
In Quarter 2, one self-reported incident was notified to the Information Commissioner’s Office. This related to a staff member using a personal mobile phone to photograph patient records within EMIS. The incident remains under review, and the outcome will be reported in the Quarter 3 update.

Complaints received from the Information Commissioners Office Quarter 2

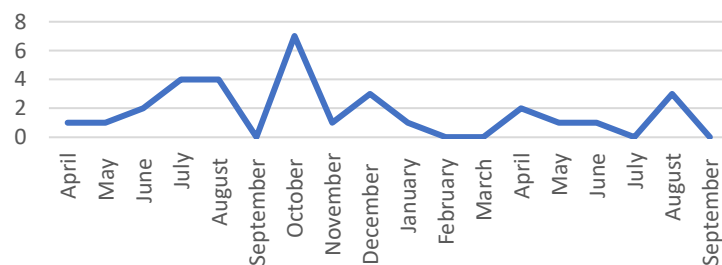
In Quarter 2, four complaint notifications were received, an increase from one in the previous quarter. The complaints related to: (1) dissatisfaction with the application of Section 40 in response to a Freedom of Information request; (2) a request for compensation following the incorrect sharing of contact details with a debt collection agency; (3) an Access to Health Records Subject Access Request (SAR) being sent to the wrong address and co-mingled when opened ; (4) concerns about meeting recording shared with Third Party.

Each case was investigated in line with policy, and appropriate actions and responses were communicated to the complainants.

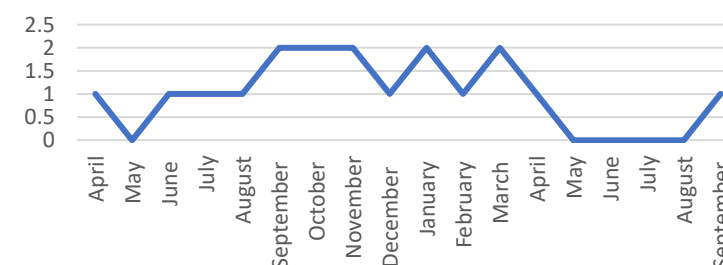
Information Governance
Related Incidents
25-26



Information Governance
Related Complaints
25-26



Information Commissioners
Office Related Complaints
25-26



Information Governance Training and Budget Information Quarter 2

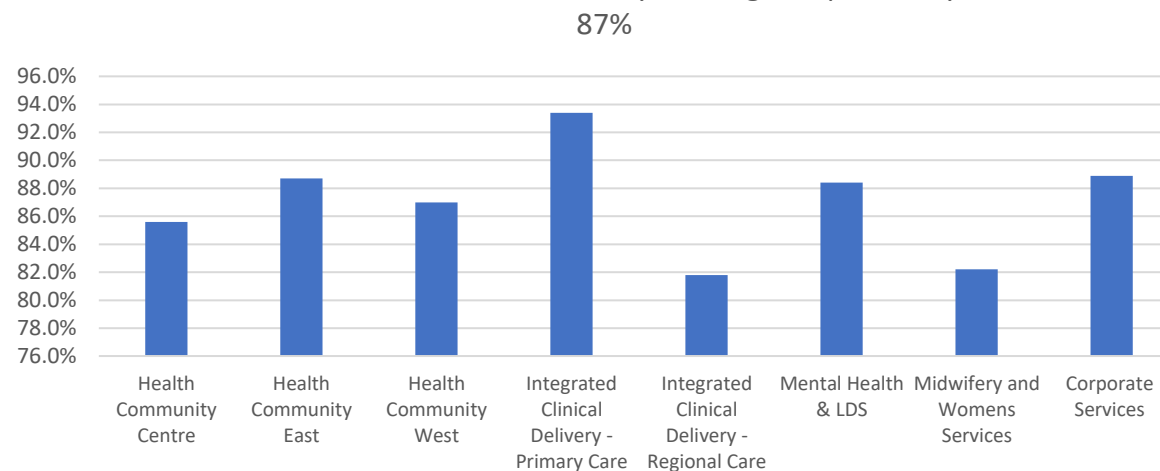
Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of June 2025	Year To Date Variance
T410	872,665 (uplift from 854,301)	337,926	98,340 underspend (not a true reflection, please see below comments)

Please note that the reason for the underspend this quarter is due to:

1. Delays in invoicing for confidential waste expenditure;
2. Continued agile / home working thus reducing travel costs;
3. Flexible Working arrangements;
4. Service reduced run rate to support overall Health Board Financial Position with scrutiny of spend.

Onsite compliance audits / due diligence checks / face to face training delivery has recommenced which will increase travel costs and will reduce the level underspend in 2025/26.

Information Governance Mandatory Training Compliance by Area



Information Governance Mandatory Training

Mandatory training sessions have continued, 4 taking place in Quarter 2 with a total number of 42 staff attending. Included in the figures above was training delivered during mandatory training days which was well received. Plans to attend future training will be discussed later in the year.

During Q2, there have been 26 staff members nominated to be IG Champions. Of the 26, 16 have received specialist training.

The Information Governance Team are seeing an increase in the request for bespoke training to be delivered to staff groups. Further training sessions for bank staff has been requested which will see over 30 delegates attend. In addition, 3482 staff members have completed their Information Governance training online during this quarter.

The overall compliance for mandatory Information Governance training across the Health Board has increased to **87%**.

National Intelligent Integrated Auditing Solution (NIIAS), Service Desk and IG10 Information Quarter 2 – July to September 2025.

IG10

A total of **14** IG10 requests were submitted in Quarter 2, all of which were approved. This is a decrease from the 17 reported in Q1. The IG10's approved in this quarter were from a number of different areas and no trends were identified.

The breakdown of request types is as follows:

- CCTV – 4
- Door Swipe Access – 1
- Email Access – 3
- System Access – 6

Service Desk – Information Governance Portal

The total number of Halo queries decreased significantly to 49 in Quarter 2, compared to 168 in Quarter 1. This decrease may be attributed to the Information Governance Team's more frequent circulation of circulating guidance and communications to staff members.

Some key trends identified during the quarter were:

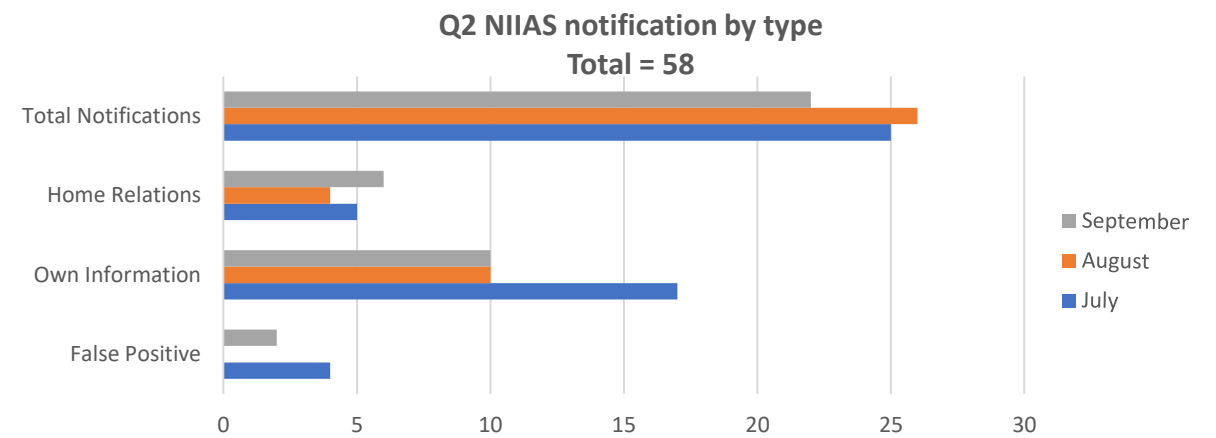
- Sharing information with other Health Boards
- Datix queries
- Local & National Research Projects
- Policies & Procedures

NIIAS (National Intelligent Integrated Auditing Solution)

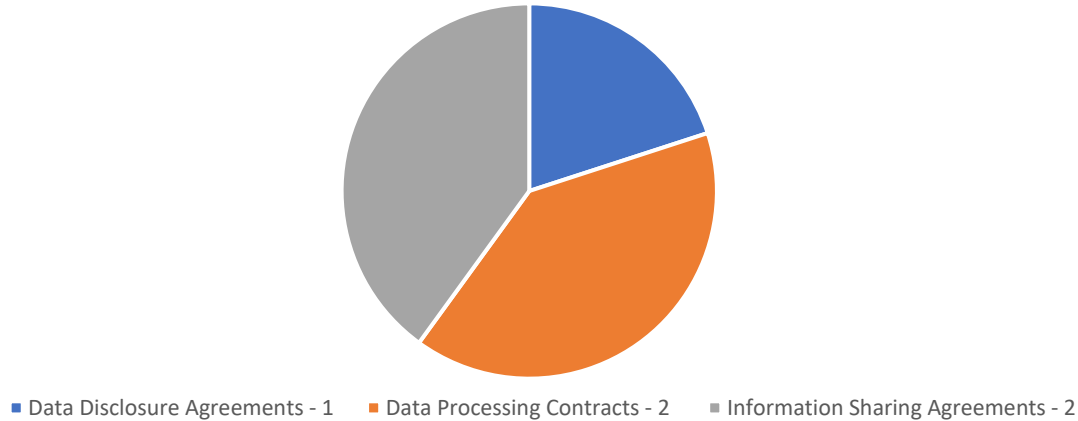
During Quarter 2 there were 58 NIIAS notifications received for staff inappropriately accessing records on Health Board. Unfortunately, information regarding cases involving People Services was not available for Q1 however, please see information below for Q2.

Cases involving People Services.

Area	Case not proven	Informal Action	No Case to Answer	Referred to Hearing	To be confirmed
West	0	0	0	0	4
Central	0	2	0	0	1
East	0	0	0	0	0
Pan BCU	0	2	0	0	2



Caldicott Guardian Decisions/Authorisations on behalf of the Board
Total - 5



Compliance Audits

During Quarter 2, two face-to-face compliance audits were carried out across BCUHB sites. In addition, 20 remote audit pre-assessments were completed. Feedback from departments that participated in the pre-assessments has been positive, with recommendations well received. Guidance on the secure storage of confidential documents was provided during both face-to-face audits. The pre-assessments also prompted discussions around information sharing, during which existing information sharing agreements were identified to provide assurance to departments.

A recent review highlighted significant risks in physical records management across BCUHB, following a major data breach at Abergele Hospital. Investigations revealed widespread use of insecure storage (e.g., containers, staff kitchens), abandoned records exceeding retention periods, and systemic gaps in oversight. Immediate actions include relocating records from unsafe areas, implementing structured storage with alarms, assigning ownership via the Information Asset Register, and ensuring proper labelling for archived records. These measures aim to strengthen compliance, security, and patient confidentiality across all sites.

Asset Register

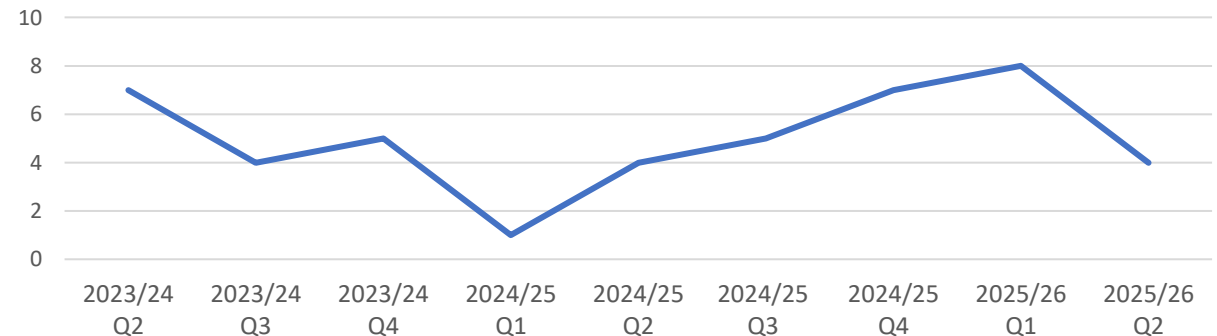
The Information Asset Register (IAR) was successfully re-launched during Quarter 2, supported by six drop-in sessions held across the three acute sites to promote awareness and provide hands-on guidance. The Information Governance Team has actively engaged with Information Asset Owners (IAOs) and Information Asset Administrators (IAAs) to assist with the addition of new assets and the review and updating of existing entries, ensuring the register remains accurate and comprehensive. Further monthly drop-in sessions have been scheduled until the end of 2025 to maintain momentum, provide ongoing support, and encourage compliance with information governance requirements.

Data Protection Impact Assessments (DPIAs)

During Quarter 2, 4 DPIAs were approved. There are 28 currently under review, either with the Information Governance (IG) Team or project leads, and a further 20 are awaiting additional information. The IG Team will continue to work closely with project leads throughout 2025/26 to support the timely progression of DPIAs through each stage of the process.

In addition, the Team is developing a more streamlined DPIA workflow. Key improvements include the introduction of weekly review meetings for in-progress assessments and the digitalisation of the DPIA form to enhance accessibility and efficiency.

Number of Approved DPIAs



Teitl adroddiad: <i>Report title:</i>	2026-29 Integrated Medium-Term Plan (IMTP) development update		
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance (PFIG)		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	18 th December 2025		
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of the paper is to provide a progress update on the IMTP cycle and assure PFIG members that the organisation is on track for submission of an approvable IMTP by March 2026.</p> <p>Building on the IMTP for 2025-2028, this paper demonstrates progress on the development of the 2026–29 IMTP including progress to date, planning approach, and next steps.</p> <p>The approach reflects Welsh Government feedback and lessons learned from the previous cycle, including earlier Board and committee engagement, stronger alignment between service-level plans and IMTP narrative, and integration with the emerging 10-Year Strategy and Clinical Services Plan.</p>		
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1) NOTE the progress made on IMTP development to date and timelines for the remainder of the financial year. 2) SUPPORT continued engagement throughout the planning cycle. 		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning		
Awdur yr Adroddiad: <i>Report Author:</i>	Emma Lea, Head of Business, Planning and Programmes - CIHC		
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"/>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/>	Rhannol <i>Partial</i> <input type="checkbox"/>
	Dim Sicrwydd <i>No Assurance</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>	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	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>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 10px;"> <p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p> </td> <td style="width: 50%; vertical-align: top; padding: 10px;"> <p>The approach aligns with the Health Board's five Strategic Objectives particularly:</p> <ul style="list-style-type: none"> ▪ Building an Effective Organisation - strengthening governance, planning and delivery. ▪ Compassionate Culture, Leadership & Engagement - supporting staff wellbeing, engagement and partnership working. ▪ Improving Quality, Outcomes and Experience - ensuring safe staffing, improved working environments and better patient care. ▪ Developing Strategy and Long-Lasting Change - enabling workforce-led redesign and innovation. ▪ Environment for Learning and Skills Development - supporting education, training, digital capability, and professional growth. <p>It also aligns with the four draft Strategic Statements of Intent:</p> <ul style="list-style-type: none"> ▪ Focus on health and wellbeing (not only ill-health) enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities ▪ Enhance the coordination of care for people with long term conditions and improve access to a broader range of community-based services, investing in integrated primary and community care ▪ Improve access, outcomes and experience in secondary and specialist </td> </tr> </table>					<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>The approach aligns with the Health Board's five Strategic Objectives particularly:</p> <ul style="list-style-type: none"> ▪ Building an Effective Organisation - strengthening governance, planning and delivery. ▪ Compassionate Culture, Leadership & Engagement - supporting staff wellbeing, engagement and partnership working. ▪ Improving Quality, Outcomes and Experience - ensuring safe staffing, improved working environments and better patient care. ▪ Developing Strategy and Long-Lasting Change - enabling workforce-led redesign and innovation. ▪ Environment for Learning and Skills Development - supporting education, training, digital capability, and professional growth. <p>It also aligns with the four draft Strategic Statements of Intent:</p> <ul style="list-style-type: none"> ▪ Focus on health and wellbeing (not only ill-health) enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities ▪ Enhance the coordination of care for people with long term conditions and improve access to a broader range of community-based services, investing in integrated primary and community care ▪ Improve access, outcomes and experience in secondary and specialist
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>The approach aligns with the Health Board's five Strategic Objectives particularly:</p> <ul style="list-style-type: none"> ▪ Building an Effective Organisation - strengthening governance, planning and delivery. ▪ Compassionate Culture, Leadership & Engagement - supporting staff wellbeing, engagement and partnership working. ▪ Improving Quality, Outcomes and Experience - ensuring safe staffing, improved working environments and better patient care. ▪ Developing Strategy and Long-Lasting Change - enabling workforce-led redesign and innovation. ▪ Environment for Learning and Skills Development - supporting education, training, digital capability, and professional growth. <p>It also aligns with the four draft Strategic Statements of Intent:</p> <ul style="list-style-type: none"> ▪ Focus on health and wellbeing (not only ill-health) enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities ▪ Enhance the coordination of care for people with long term conditions and improve access to a broader range of community-based services, investing in integrated primary and community care ▪ Improve access, outcomes and experience in secondary and specialist 					

	<p>services, developing and enhancing highly quality, high value and sustainable pathways of care for the region, delivering in partnership</p> <ul style="list-style-type: none"> ▪ Create a modern, people-centred healthcare system that is future focused and maximises the opportunities of digital care, research, innovation and improvement and invests in the development and wellbeing of the workforce.
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<p>The approach outlined in this report ensures compliance with all statutory and regulatory duties, including:</p> <ul style="list-style-type: none"> ▪ The Duty of Quality and Duty of Candour. ▪ NHS (Wales) Planning Framework and NHS Wales Quality Standards. ▪ Requirements for equality and health impact assessment (EqHIA) where appropriate. ▪ Governance and assurance expectations from Welsh Government.
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Not applicable</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable</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) <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>	<ul style="list-style-type: none"> ▪ Operational Risk: Variation in planning capability across Divisions may delay plan completion. ▪ Data Integration Risk: Implementation of the unified modelling approach (“numerate plan”) requires coordination across functions. ▪ Workforce Risk: Planning and analytical capacity may limit pace of delivery. ▪ Reputational Risk: Late or inconsistent submissions could affect confidence in planning maturity. <p>All identified risks are aligned and cross-referenced with the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).</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>No direct financial implications arise from this report. All planning activities are expected to be undertaken within existing resources in line with planning assumptions.</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 Planning Guidance places a strong emphasis on modelling workforce demand, supply and productivity. As part of this, the Workforce Directorate is working closely with Corporate Planning to ensure that workforce data, pressures and future staffing trajectories are fully integrated into all service plans. This partnership approach is essential to understanding the impact on staff, identifying risks early, and ensuring that the IMTP reflects a realistic and sustainable workforce position.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Corporate Planning has commenced engagement sessions with Divisions, Executives, and Planning Leads to review the new guidance. Feedback indicates a clear need for:</p> <ul style="list-style-type: none"> ▪ Earlier alignment between service plans and IMTP narrative. ▪ Improved visibility of workforce, activity, and finance linkages. ▪ Enhanced local ownership of deliverables and milestones.
<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>	<ul style="list-style-type: none"> ▪ BAF01: Quality and Patient Safety ▪ BAF03: Strategic and Service Planning ▪ BAF05: Financial Sustainability ▪ BAF07: Workforce Capacity and Capability
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not Applicable</p>
<p>Camau Nesaf:</p> <p><i>Next Steps:</i></p>	

1. Introduction & Purpose of the Paper

The purpose of the paper is to provide a progress update on the IMTP cycle and assure PFIG members that the organisation is on track for submission of a deliverable IMTP by March 2026.

Building on the IMTP for 2025-2028, this paper provides an update on the development of the 2026–29 Integrated Medium-Term Plan (IMTP), including progress to date, planning approach, and next steps.

It assures the Committee that the planning approach aligns with statutory requirements, Welsh Government expectations, and organisational priorities and has learned from the reflections of the previous cycle.

2. Background

Welsh Government feedback on the Health Board's IMTP for 2025-28 together with learning from last year's cycle, has informed the approach taken in developing the IMTP for 2026-29. This includes earlier Board engagement and stronger alignment between service level plans and IMTP narrative. CEO to Executive 'focus sessions' have been held with the Executives and together with sessions on Strategy and IMTP, have been applied to the ongoing work to develop the plan.

Key lessons from Board Development sessions (June 2025) highlighted the need for a continuous planning ethos with earlier identification of priorities, an Executive-led process with stronger service and clinical input, and alignment of sub-objectives to Board Committees through an integrated approach with partners. IMTP development must also align with the emerging 10-Year Strategy and Clinical Services Plan. Feedback from Strategy and IMTP sessions reinforced an emerging narrative focused on productivity, efficiency, and quality to release resources for prevention and early intervention, with major priorities including access, health inequalities, prevention, productivity, and de-escalation from Special Measures.

The challenges in planning for Foundations for the Future (FFTF) structures and building budgets within the financial envelope have also shaped the approach to the development of the IMTP, by taking a service level planning approach in readiness for FFTF.

3. Progress to Date

Overview

As detailed above a significant amount of early work has been undertaken to learn lessons from previous planning cycles, including earlier engagement with Partners, Board, Executives and several committees and groups.

This engagement, together with Welsh Government feedback on the Health Board's IMTP and planning process, and completion of the Planning Maturity Matrix self-assessment, has informed the organisation's Integrated Planning Framework.

The early Board engagement identified key priorities focused on improving access and reducing health inequalities through shifting resources to prevention and early intervention, by improving productivity. There is a strong emphasis on shifting care into community settings using varied skill mixes and redesigning patient pathways in challenged services. Standardising processes to reduce unwarranted variation in outcomes and patient experience also remains a critical objective.

Ongoing engagement with committees such as the PPHP development session focused on prevention, as well as the Strategy Development event in October, has continued to further refine those themes and priorities.

Key milestones completed to date

- **June:** Board priorities session (earlier involvement than previous years).
- **July:** Regional Partnership Board engagement on collaborative priorities.
- **September:** Planning, Population Health and Partnerships (PPHP) development session.
- **September – October:** CEO–Executive priority-setting 'focused sessions'.
- **October:** Strategy development event contributing to the development of four Strategic Intent Statements.
- **November:** Integrated Planning Framework, informed by the Planning Maturity Matrix Self-Assessment, signed off at Board.
- **28 November:** Service planning stocktake providing visibility of progress against service level planning guidance.
- **01 December:** Engagement with the SRG on shared priorities to reflect in the IMTP.

Service Planning

The engagement and feedback, together with work on Foundations for the Future, has informed how the organisation is approaching its IMTP development for 2026-2029, adopting a parallel approach of 'bottom up' service planning to meet the 'top down' strategic priorities in order to form the IMTP.

- 1) **Service-Level Planning:** Operational teams, supported by the Integrated Planning Framework, are producing integrated, data-informed plans linking activity, demand, performance, workforce, and finance.
- 2) **IMTP Development:** Corporate Planning and enabling functions will consolidate service-level outputs to inform the final IMTP, ensuring alignment with strategic priorities and Welsh Government requirements.

This approach supports flexibility for services to transition to emerging Foundations for the Future structures while maintaining visibility into the IMTP and embedding planning as a year-round business-as-usual activity.

Integrated Planning Framework

The Integrated Planning Framework and supporting guidance set out clear assumptions and expectations for the organisation including:

- Plans must be supported by a single integrated model linking demand, productivity, workforce, activity, performance and finance.
- Workforce planning should adopt evidence-based approaches, explore modern workforce models, optimize skill mix, and consider service redesign to support community-based care.
- Financial planning assumes no additional funding beyond confirmed allocations, with service plans required to be with budget allocation, inclusive of savings targets.
- Performance trajectories must align with the NHS Wales Performance Framework, using national measures as the default and evidencing quantified impact for any additional resource requests.

Strategic Alignment

Through the development of the new 10 Year Strategy and Clinical Services Plan (CSP), the organisation will transition from the current five strategic objectives (developed in response to special measures outcomes) to four emerging Strategic Intent Statements. These draft Strategic Intent Statements have been co-created with Partners and are currently in the latter stages of socialization before being finalised in January. The work to develop the IMTP will capture that strategic alignment early in plan development and will bridge and support the transition from one strategic framing to the next.

Existing BCUHB Strategic Objectives

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.

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.

3: Creating compassionate culture, leadership and engagement
Objective area 3 capitalises upon the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities and partners significantly impact upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas that would then in turn lead to better outcomes.

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.

5: Establishing an effective environment for Learning
Objective area 5 provides opportunity to learn when things don't go as planned, to teach, and to widely use the many sources of information available to us in order to support decision making and knowledge.

Draft Strategic Intent Statements

Focus on health and wellbeing (not only ill-health) – enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities

Enhance the coordination of care for people with long term conditions and improve access to a broader range of community-based services, investing in integrated primary and community care

Improve access, outcomes and experience in secondary and specialist services, developing and enhancing highly quality, high value and sustainable pathways of care for the region, delivering in partnership

Create a modern, people-centred healthcare system that is **future focused** and maximises the opportunities of digital care, research, innovation and improvement and invests in the development and wellbeing of the workforce.

4. Plan for Remainder of the Year

Over the course of the next three months work will continue at pace to ensure submission of an approvable IMTP by March 2026.

The new approach to the planning cycle for the IMTP development is well underway, developing services levels plans which will inform the IMTP Development, whilst aligning to FFTF structures and emerging strategy development.

Further engagement with Board Committees and partners will continue throughout the cycle.

High-level timeline.

- **5 December:** Healthcare Professionals Forum (HPF) – Planning Workshop
- **10 December:** Local Partnership Forum (LPF)
- **11 December:** Board Development (A joint finance and planning session)
- **12 December:** Workforce Partnership Group (WPG) engagement – Planning Workshop
- **15 December:** Final Service level plans submitted.
- **16 December:** Community By Design Strategy Workshop (acting as the second PPHP development session).
- **19 December:** NHS Wales Planning Framework 2026-29 and financial allocations expected.
- **December - March:** IMTP drafting, internal and external engagement, integration and executive review and approval; Service level plans finalised and approved through relevant local governance routes.
- **15 January:** Joint PFIG and PPHP IMTP review.
- **March:** Board approval, IMTP Submission to Welsh Government.

5. Recommendations

The Committee is asked to:

- 3) **NOTE** the progress made on IMTP development to date and timelines for the remainder of the financial year.
- 4) **SUPPORT** continued engagement throughout the planning cycle.

Teitl adroddiad: Report title:	Urgent & Emergency Care (UEC) Programme Update
Adrodd i: Report to:	Performance, Finance & Information Governance Committee
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 18 December 2025
Crynodeb Gweithredol: Executive Summary:	<p>This report provides a high level update on the progress of the urgent and emergency care (UEC) major change programme.</p> <p>Following the Board discussion, a six-week harm reduction plan has been developed by all three IHCs, to include specific activities to support the discharge/reset fortnight 8-22 December. The aim is to improve the flow of patients through our hospitals by supporting those people who are ready to leave hospital to do so without unnecessary delay, and in turn decongest EDs and reduce the time people have to wait when needing to access care and support.</p> <p>These action plans are reviewed and scrutinised on a weekly basis by CEO, Clinical Executives and COO supported by performance data to identify areas of challenges that need support or where improvements are evidenced.</p> <p>The live dashboard reporting on individual patients awaiting packages of care is now being piloted with Local Authority partners to enable us to work together to reduce the number of patients delayed, supporting them to return to their place of residence and at the earliest opportunity in the day, enabling better flow across the system and to also increase weekend discharges.</p> <p>It is recognised that overcrowding in the Emergency Department (ED) is having a significantly detrimental impact on being able to provide safe care for patients. It is well understood that the core issue relates to being able to discharge patients and free up beds for those new patients attending the ED who require admission. This is therefore a whole hospital and whole system (including social services) responsibility.</p> <p>The immediate delivery for UEC focuses mainly on the following:</p> <ul style="list-style-type: none"> • Targeting a significant reduction in the number of patients waiting to be handed over to Emergency Departments from the Ambulance to no more than 45 minutes (Handover 45) • Median time from arrival at an emergency department to triage by a clinician • Median time from arrival at an emergency department to assessment by a clinical decision maker • Targeting a reduction in the number of patients waiting 4 hours or more to be seen, treated and discharged in ED • Targeting a reduction in the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge • Targeting both a reduction in the number of total days of delay patients experience and Pathway of Care Delays (Delayed Discharge)

Overview of Actions

1. The Executive Medical Director led a **Rapid Quality Review** meeting drawing together clinicians to address the following:

- Specific and focused consideration to quality concerns and risks within the pathways passing through the ED
- Facilitate rapid and collective judgements about quality within these pathways
- Identify actions within these pathways as a result of the risk identified to
 - Measure quality of care and risk within the ED pathways
 - Improve quality of care and reduce risk within ED pathways.

This Rapid Quality Review meeting worked alongside and was complementary to current operational programmes such as the UEC 6 goals programme. It identified major changes of clinical practice and behaviours required to achieve the stated purpose. A summary of key outputs includes:

- Measurement of safety within the ED is as elsewhere in the BCUHB, using incident reporting via Datix. Main themes include falls; pressure ulcers; issues associated with delays in care / trying to provide care in a crowded environment; and violence and aggression.
- As per the Integrated Concerns Process, when of significant concern, these are reviewed in the Daily Hub with escalation to rapid review and weekly executive oversight panel as required. These will then proceed to Learning Review or Learning Investigation with escalation as Nationally Reported Incidents and application of Duty of Candour when required. As per elsewhere in the NHS, incident reporting provides a 'snap shot' of incidents with a clinical environment. BCUHB has a reporting incidence similar to other Health Boards and thus incident reporting gives a reasonable representation of incidents occurring. There are however no 'must report' incidents within emergency pathways and this was considered within the meeting.
- All IHCs have local quality governance within Emergency Care departments and at a hospital and IHC level where incidents are reviewed and learning taken. Changes in practice can be evidenced associated with these measures including mechanisms to action tests for patients who have left, improving safety of care within corridor areas and review of radiology to pick up any missed abnormalities on first review.
- Within the meeting data was provided and reviewed for several time sensitive pathways; stroke, myocardial infarction and fractured neck of femur. Local and national benchmarking data was reviewed with variation between sites. Times to critical intervention also varied between whether patient had accessed care via ambulance or as a 'walk-in'; this is of particular note as increasing numbers of patients are self-presenting with time critical conditions when they would previously have been conveyed by ambulance.
- Extra nurse and health care support workers are rostered to support care, using agency if required, despite strict controls on agency spend. In addition to standard rounds for observations and medication, intentional care rounding is in place to check on patient well-being. The Nurse in Charge will facilitate moving of patients if their condition requires it.

2. A new system, **Right Patient Right Place**, has been developed and launched providing real-time, patient information at a glance so staff both in hospital and community, as well as social services can see exactly where a patient is in the hospital, how long they have been there and what they need to help them to leave hospital.

3. Ringfencing key clinical areas such as **Same Day Emergency Care** units (SDEC) from being used as a ward when the pressure for bed spaces becomes greatest. This often gets triggered in the evenings or weekend. When the purpose and flow becomes disrupted it can take several days for the units to recover.

4. **Executive walkthroughs** have been held at each District General Hospital to engage clinical and operational teams in opportunity and solution identification, supported by a recent visit by the new WAST CEO and in the coming fortnight by local authority CEOs and directors of adult social care.

5. **Escalation** held by the CEO involving Chief Operating Officer, Clinical Executives and the Directors of Integrated Health Communities (IHC). Initially the focus has been centred around a 'prospect for improvement' approach detailing each IHC outlining:

1. An understanding of the problem, underpinned by clear data
2. An understanding of what 'good' looks like and the actions needed to get to 'good'.
3. An assessment of capability needed to get to 'good'.

This has enabled a much stronger focus by IHCs in drawing operational and clinical teams together to focus on immediate and rapid improvement at the local level. This escalation and accountability intervention will continue.

6. Detailed planning for the **Discharge Fortnight'** (8-22 December 2025) to maximise the number of people who should be discharged from hospital, working with Local Authorities. The Chair and Chief Executive of the Health Board have written to counterparts in Local Authorities to facilitate further discussions regarding collaboration, leadership and commitment to improving the health and care systems offer to the local population. Currently approximately 8000 days are lost to patients who could be in the right place (usually in their own home).

7. The **'Resilience Hub'** will be fully enacted providing 7 day per week senior leadership for managing the system across North Wales. The Resilience Hub provides system leadership and coordination, enabling the North Wales health system to work as one. Whilst there is usually a senior manager on-call system, over the intensive winter period this will move to a daily 'shift' type approach.

8. The Clinical Executives have issued **Quality Standards** and the Chief Operating Officer **Operational Standards** to provide the practice framework that, when implemented, will improve the level of service provision to patients and improve the care experience for staff (Appendices 1 and 2).

9. A **Patient Flow approach** 'Our Next Patient Please' is being finalised to ensure it is inconsistently deployed. The approach centres on moving

	<p>patients from the ED onto ward areas ahead of expected discharges in a planned way, enabling ED departments to become less congested and more able to manage new patients as they present.</p> <p>10. A draft proposal for a new Single Point of Access is being developed in order to improve the connection of patients with alternative pathways and in particular community services. Importantly rapid progress will be made on redirecting appropriate patients from ED to primary care services, particularly out of hours. This work, which is being clinically led, will form a key element of reducing the need for attendance at ED. Once considered and approved the implementation of the SPOA will be a priority for implementation early in 2026.</p> <p>11. Each ED will be assessed from an environment and estate perspective. A consistent theme at each ED whilst on Executive Walkthroughs has been the availability of clinical rooms to examine patients. This severely hampers the efficiency of the department and is a major source of frustration for clinicians. Work to improve this will be considered as a priority within the discretionary capital programme.</p> <p>12. Improve our capability utilising data and intelligence for management and for improvement. In addition, briefing sessions for colleagues who work as Bronze, Silver and Gold on-call will be key, given the criticality of decisions taken during 'out of hours' periods.</p> <p>A number of clinical and operational appointments have been made to the UEC programme team recently, including a new UEC Programme Director commencing in early January and a UEC clinical lead.</p>			
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Note the improvement work across the UEC system • Review the contents of the report and identify additional assurance or actions it would recommend the UEC Programme undertake. 			
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Tehmeena Ajmal, Chief Operating Officer</p>			
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Tehmeena Ajmal, Chief Operating Officer</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 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 checked="" 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><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i></p>	<p>6 Goals for Urgent & Emergency Care Ambulance patient handover guidance (WHC/2024/041)</p>
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<p>A Healthier Wales Programme for Government</p>
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></p>	<p>Not applicable</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) <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>The following risks are associated with the UEC Programme: Corporate Risk 25-01</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in deterioration of care and haem to patients and services.</p> <p>1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on the quality of care and patient experience</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion <i>Next Steps: Implementation of recommendations</i></p>	

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

- 1) Letter from BCUHB Executives to Senior Leadership Teams re operational standards
- 2) Operational Standards for UEC Flow

Ein cyf / Our ref:

☎: 01745 448788 ext 6382

Gofynnwch am / Ask for: Emma Hughes

E-bost / Email: emma.hughes19@wales.nhs.uk

Dyddiad / Date: 05/12/2025

To:

IHC SLT

Hospital Management Teams

Dear Colleagues,

Across our acute hospitals, Emergency Departments and those areas directly associated with them remain extremely busy. There has rightly been significant concern about emergency care pathways with some patients having to wait a substantial time to be assessed and, if to be admitted, for a bed. This in turn impacts on delays for ambulance handovers which can increase risk for those awaiting an ambulance within the community. It is likely to become even busier as winter respiratory illnesses hit, and there is a particular concern about the strain of 'flu circulating at present. If you haven't already, please do take up the offer of the 'flu vaccine to protect yourself, your teams and your patients.

We would like to thank you all for your work; we know that everyone is working incredibly hard to provide care for patients, even when the circumstances are difficult. We also know that, in the vast majority of times, once they are seen, patients are very complimentary about the care they receive.

There has been considerable work across the Health Board over the last few weeks to drive forward improvements across the pathways and many of you have been involved in developing refreshed operational plans at each site with a Rapid Quality Review.

Effective discharge will make a significant difference to hospital flow and site pressures. From 8-22nd December, there is a national Discharge Winter Sprint Fortnight to reduce the number of patients who are delayed discharge to a more suitable environment for their needs. Plans are currently being developed with increased activity already taking place. Meetings have been arranged with local authorities who will be visiting our EDs and sites to explore all avenues. This will be a major focus of the Discharge Winter Sprint work.

In working together to drive improvements, the attached **operational principles** are designed and should be used to support site flow and relieve site pressure. Please integrate into all working practices. These will be kept under review and feedback will be valuable.

The **timely intervention of clinicians** is imperative to ensure flow and the consistent implementation of the current internal professional standards for clinicians are critical, including:

- timely review of referred patients by senior decision makers
- acceptance of referrals without dispute of ownership

Cyfeiriad Gohebiaeth ar gyfer y Prif Weithredwr / Correspondence address for the Chief Executive:

Bloc 5, Llys Carlton, Parc Busnes Llanelwy, Llanelwy, LL17 0JG / Block 5, Carlton Court, St Asaph Business Park, St Asaph, LL17 0JG

Gwefan: www.pbc.cymru.nhs.uk / **Web:** www.bcu.wales.nhs.uk



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

- rapid acceptance of referrals from ED to ward areas
- efficient daily running of board rounds; do they need to be in hospital today?
- ensuring processes in place to facilitate discharge from ward or to discharge lounge early in the day
- ensuring close working with local authorities and shared ownership of prompt complex discharge pathways

Finally, there is an expectation to **implement practices** to manage the risk of patient care across the site. This is in the form of '**your next patient**', where a patient is sent to a ward ahead of a planned definite discharge, and at times, there may be a need to institute **ward boarding of an extra patient**. Risk assessments have been undertaken across sites to ensure clinical and operational teams are able to plan effectively to support flow and balance system risk. This process will enable us to decompress the Emergency Department and aid ambulance release. A standard operating procedure will be issued within the next few days for you to familiarise yourself and share with colleagues.

It is important to note that the safety and effectiveness of the Emergency Pathways is the responsibility of the whole Health Board and the whole site; it relies heavily on the ability to refer on to other departments and the wards to maintain effective flow. In discussing the challenges with many of you, we have heard numerous suggestions and proposals and many of these are within the gift of the IHCs to take forward. Of those which need Executive decision, we are committed to work through these and respond promptly. For example, there is now a solution to the Symphony and the EAS systems.

We will continue to work together and thank you all for your ongoing commitment.

Kind regards,

Clara Day
Executive Medical Director/
Gyfarwyddwr Meddygol Gweithredol

Tehmeena Ajmal
Chief Operating Officer/
Prif Swyddog Gweithredu

Carol Shillabeer
Prif Weithredwr/Chief Executive

Angela Wood
Cyfarwyddwr Gweithredol Nyrsio a
Bydwreigiaeth / Executive Director of Nursing
and Midwifery

Operational standards - UEC flow

Senior presence and oversight

- Senior leadership (Hospital Management Team and Senior Leadership Team) to establish a rota to ensure visibility and engagement in daily operations, providing guidance, support and oversight to their teams.
- Senior leaders to assist site leads and clinical site managers (CSM) in de-escalating the sites to safer levels with collaborative working across the sites between Directorates, hospital management teams and hospital site leads to address the level of risk and pressure in the ED quadrant, including allocation of bed resources

System resilience planning, escalation and surge management

- Ensure daily and weekend plans are in place 24 hours in advance, ensure appropriate challenge and the development and implementation of comprehensive action plans to facilitate site de-escalation.
- Test and challenge the weekend plan every Thursday afternoon
- Review delivery of weekend plan every Monday afternoon, including any deviation from plans or “red lines”
- Ensure appropriate reference to the NHS Wales Escalation Framework, with a focus on de-escalation
- Implement the optimal hospital flow framework
- Implement boarding policy with consistent monitoring and oversight

System flow meetings

- Electronic hospital sitrep report to be completed and escalated throughout the day.
- Calculated understanding of how many beds are required to meet current and projected demand by site
- Ensure data is reviewed from ED e.g. patients in the department over 4/12/24 hours, the hospital arrivals screen (HAS) and the WAST community position.
- Senior operational leadership in attendance representing the different directorates
- Focus on action to generate flow in the system
- Ensure clarity about the significance of the status of the emergency department on actions across the wider system
- Proactive challenge when wards declare a poor discharge profile.
- Ensure senior manager of the day and matron of the day roles

Wider system support

- Consistently implement agreed interprofessional standards (IPS)
- Collaborate with primary and community care, WAST and wider social care partners, ensuring that recovery actions are coordinated and collectively owned.

Demand and capacity modelling

- Ensure decisions are supported by demand and capacity modelling
- Develop and utilise predicted demand activity in terms of ED attendance (case mix, acuity and arrival patterns (DTAs from the department, number of discharges and number of moves required each day
- Match capacity to demand and activity profiles

Optimal discharge

- All patients to have an estimated date of clinical optimisation and where possible predicted date of discharge within 24 hours of admission to the ward
- Each patient to be reviewed on the daily board rounds, against red to green criteria, the treatment and discharge plan, “what matters to me” and criteria to reside (i.e.requires an acute setting for care and treatment)
- Daily review of actual against planned discharges
- Ensure implementation of Criteria led (acuity led) discharge (CLD) model
- Ensure application of choice policy once clinically optimised for discharge
- Ensure implementation of the discharge lounge operating procedure, including early identification of suitable patients and proactive planning during morning board rounds
- 30% of discharges to occur before midday with a further 30% by 15.00
- Ensure automatic acceptance of referral to a community hospital with no empty beds overnight

Teitl adroddiad: <i>Report title:</i>	Annual Delivery Plan 2025/26 - Quarter 2 Progress Report			
Adrodd i: <i>Report to:</i>	Performance Finance and Information Governance			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 18 December 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides an overview of progress against the Annual Delivery Plan (2025/26) as at Quarter 2 and the delivery confidence for the remainder of the financial year.</p> <p>The report outlines current progress and highlights areas and action for improvement.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Performance Finance and Information Governance is asked to:</p> <ul style="list-style-type: none"> ▪ RECEIVE ASSURANCE on the progress made up to and including Quarter 2 along with the challenges highlighted. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)			
Awdur yr Adroddiad: <i>Report Author:</i>	Emma Lea, Head of Business, Planning and Programmes – CIHC			
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>	<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 mechanisms / objectives</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>
<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>				

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:	
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Aligns to all strategic objectives in the Integrated Medium -Term Plan (IMTP).
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Not applicable
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps:	
Rhestr o Atodiadau / List of Appendices: Please refer to appendices for the detailed Annual Delivery Plan report. Please refer to the supporting information pack for the FINAL – Health Board – High Level Version of Annual Delivery Plan 2025-26 04.06.25	

Integrated Medium Term Plan/Annual Delivery Plan Quarter 2 2025/26 Progress Report

Introduction

The report provides a mid-year review against the organisations 2025/26 commitments set out in the 2025-2028 Integrated Medium-Term Plan and detailed in the 2025-26 Annual Delivery Plan (ADP).

The ADP has been developed to ensure full alignment with the organisation’s five ‘Key Strategic Objectives’. Each action, initiative and performance measure within the plan directly supports the delivery of these priorities, ensuring that resources, efforts and outcomes are strategically focused to achieve the desired impact.

A summary of the Strategic Objectives and underpinning priorities is set out below:¹

Objective 1: Building an effective organisation		Objective 4: Improving quality, outcomes and experience	
1A	Effective systems of governance	4A	Prevention and Early Intervention
1B	Establishing the Foundations for the Future	4B	Primary Care including Clusters
1C	Responding to Legislative Requirements	4C	Community Care
1D	Implementing the Quality Management System	4D	Planned Care, Cancer & Diagnostics
Objective 2: Developing strategy and long-lasting change		4E	Urgent and Emergency Care
2A	Developing and delivering a Health Board Strategy and Clinical Services Plan	4F	Adult Mental Health & Learning Disability
2B	Strengthening Planning and Commissioning	4G	CAMHS
2C	Improving the Environment, Estate and Facilities	4H	Neurodevelopment
2D	Enhancing digital, data and technology approaches	4I	Dementia
2E	Developing and delivering value and sustainability	4J	Currently ‘Challenged Services’
2F	Improving workforce planning and development	4K	Women’s services
2G	Working with regional partners	4L	Children & Young People
Objective 3: Compassionate culture, leadership & engagement		4M	Pharmaceutical services
3A	Culture Development	4N	Palliative, End of Life and Bereavement Care
3B	Leadership Development	4O	Dental services
3C	Citizen engagement and partnership working	4P	Diabetes
3D	Welsh language and culture	Objective 5: Effective environment for learning and skills development	
		5A	University & Further Education Partnerships
		5B	Research, Development and Innovation
		5C	Academic Careers
		5D	Intelligence Led
		5E	Learning Organisation

The ADP Report is structured to provide a clear overview of delivery against each of the 35 sub objectives within the context of the five Strategic Objectives. Whilst a focus of the report is the delivery position as at Quarter 2, the report provides an update on progress against sub-objectives detailed within the ADP, as at

¹ 2G no longer included within ADP as a separate monitoring mechanism will be implemented for these priorities which sit with external partners to deliver as approved at board 29th May 2025.

Q2, and confidence of delivery by end of Q4, highlighting areas on/off track, reasons for variance, and mitigating actions.

Q2 Progress and Delivery Confidence by Q4

The full ADP Report, as at Q2, is included in the supporting appendices. Please refer to the Supporting Pack for the 'High Level Version of Annual Delivery Plan 2025-26'.

Overall Summary

Roughly half the sub-objectives are progressing well and remain on track for Q4 delivery, with high delivery confidence in a number of the foundational and supporting areas as well as a few of the clinical service areas.

Areas identified with medium delivery confidence are largely due to resourcing issues, mixed performance of items within the sub-objective or challenging targets that remain achievable but require additional focus.

However, there are areas of risk identified where confidence of delivery remains low, the majority of which sit within Strategic Objective 4. This area will require significant focus during the remainder of the year to ensure delivery expectations are met and clinical services are strengthened.

Summary by Strategic Objective and Sub-Objective

Strategic Objective - Sub-Objective	Summary and delivery confidence
Objective 1: Building an Effective Organisation	
Effective Governance (1A)	High. Governance improvements embedded; LFER backlog significantly reduced. Minor staffing delays but Q4 delivery expected.
Foundations for the Future (1B)	High. Structure design phase complete; phased implementation planned. Alignment with Strategy and Culture workstreams progressing.
Legislative Compliance (1C)	High. Discovery & Learning Steering Group established; Cyber Resilience Bill implications under review and details awaited. Compliance strengthening continues.
Quality Management System (1D)	High. Digital maturity tool rolled out; QMS confirmed as strategic enabler. Integration into Clinical Service Planning scheduled for Q4.
Objective 2: Developing Strategy and Long-Lasting Change	
Health Board Strategy & CSP (2A)	Medium. Strategic Intent due January; CSP preparatory work underway. Resource allocation under review.
Planning & Commissioning (2B)	Medium. Commissioning pace impacted by leadership gap. Planning maturity improvements embedded; commissioning work slower.
Estates & Facilities (2C)	Medium. Major capital schemes progressing; Estates Strategic Plan delayed due to dependency on 10-Year Strategy. External approvals may impact timelines.
Digital & Data (2D)	Medium. NHS Wales App live; ePMA rollout underway; EHR paused nationally creating risk. Cyber response plan drafted.

Value & Sustainability (2E)	Medium. Slight delays but positive progress. £40m savings target exceeded; refreshed programme operational. Clinical variation workstream redesigned.
Workforce Planning (2F)	Medium. Mixed progress. Band 5 nurse vacancy gaps closed; agency spend reducing; job planning delayed pending national policy.
Objective 3: Compassionate Culture, Leadership and Engagement	
Culture Development (3A)	High. Values & Behaviours Framework embedded; Synthesis Report submitted and peer-reviewed as best-in-class.
Leadership Development (3B)	High. Leadership programmes launched; next phase focuses on middle managers and coaching network review.
Citizen Engagement (3C)	Medium. Slight delay but recoverable; Youth Voice and councillor engagement progressing; governance strengthened.
Welsh Language (3D)	High. Operational delivery of Welsh Language Standards underway; training programme in development.
Objective 4: Improving Quality, Outcomes and Experience	
Prevention and Early Intervention (4A)	High. Weight Management review complete; immunisation targets met; social prescribing model development progressing.
Primary Care (4B)	Medium. Progress evident but moderate risk due to restructuring dependencies; Progress on pathways and dental procurement; cluster footprint review delayed; mitigation plans in place.
Community Care (4C)	Low. Enhanced Community Care and weekend service business cases delayed; funding constraints cited.
Planned Care / Cancer / Diagnostics (4D)	Low. Priorities overdue; alignment issues with national programme; escalation required.
UEC (4E)	Low for Q3/Q4; significant work underway across workstreams.
Adult Mental Health and Learning Disability (4F)	High. Crisis Care Model phase 1 implemented; MH EHR procurement progressing; national patient safety workstreams active.
CAMHS (4G)	High. Workforce plan agreed; compliance with Mental Health Measure improving; Q3/Q4 priorities scheduled.
Neurodevelopmental (4H)	High. Waiting list stratification complete; new assessment pathway implemented; ISP approved.
Dementia (4I)	Medium. Progress on training and environment improvements; two priorities overdue but mitigation in place.
Challenged Services (4J)	Low overall, but specialty-level detail shows mixed confidence: Plastics , Oncology and are on track for delivery in Q4 and under consideration for de-escalation from Special Measures. Urology and Orthodontics remains the highest risk for delivery with Vascular , Ophthalmology , Dermatology , and T&O rated as medium risk - reinforcing the need for escalation and focused resources to support.
A. Urology	Low: Workforce gaps, estates limitations, IR access inequity
B. Vascular	Medium: Progress on pathways and governance; workforce sustainability and waiting lists remain critical

C. Dermatology	Medium: RTT targets supported by insourcing; delays in opening Connah's Quay due to estates and nursing recruitment.
D. Plastics	High: Estates issue delaying full opening, but high confidence of delivery for Q4. Being considered for de-escalation from Special Measures.
E. Oncology	High: SABR service approved; workforce recruitment progressing; EHR dependency sits with national programme. Being considered for de-escalation from Special Measures.
F. Ophthalmology	Medium: Position is mixed: Progress on cataract pathways and governance; however, risks remain around access delays, estates, and leadership gaps
G. Orthodontics	Low: National workforce shortage; backlog persists; medium confidence for Q4.
H. Trauma & Orthopaedics	Medium: Progress on data and rationalisation; ADP targets misaligned with programme plan. Mitigation: Specialty plans, workforce recruitment, estates solutions (Connah's Quay, Abergele), digital integration, and governance improvements.
Womens (4K)	High for Q4. Women's Health Hub development progressing; digital maternity solution scheduled for Q4.
Children and Young People (4L)	High for Q4. Parenting Charter delivered; Youth Voice Board and immunisation improvements scheduled for Q4.
Pharmaceutical Services (4M)	Medium. Medicines Value prevention arm operational; community pharmacy model and MPharm programme development underway.
Palliative Care, End of Life & Bereavement Care (4N)	Medium. SWAN model implemented; workforce strengthened; strategic delivery plan progressing.
Dental (4O)	Medium. GDS procurement complete; new contracts awarded; focus on CDS waiting list reduction and education strategy.
Diabetes (4P)	Medium. Programme established but delays in implementing eight care processes; likely roll-over into 2026/27.
Objective 5: Effective Environment for Learning and Skills Development	
University Partnerships (5A)	High for Q4; preparatory work progressing. MoUs with education partners progressing; alignment with Clinical Services Plan development.
Research & Innovation (5B)	Medium. Governance strengthened; focus on increasing research activity and academic partnerships.
Academic Careers (5C)	High for Q4; Community of Interest Group established; MoUs with universities progressing.
Intelligence-Led (5D)	Medium. IRIS dashboard live; predictive analytics and RPA proposals scheduled for Q4.
Learning Organisation (5E)	High Integrated Concerns and Complaints Policy embedding continues; discovery report informing Education Strategy.

■ Recommendations

The Committee is asked to:

- **RECEIVE ASSURANCE** on the progress made during Quarter 2 and note the delivery confidence for the remainder of the financial year.

Betsi Cadwaladr University Health Board

Annual Delivery Plan 2025-26



We are committed to improving the health and wellbeing of everyone in North Wales. Over the next three years, we will provide high-quality, effective, and efficient healthcare services, working closely with our communities and partners.

Our new plan (the first, financially balanced “Integrated Medium-Term Plan” produced by Betsi Cadwaladr University Health Board) sets out how we will deliver on national priorities and respond to the serious challenges that led to our escalation to Special Measures in 2023.

The Annual Delivery Plan for 2025/26 describes the priorities that support us in achieving those longer term aims and is set against our five key strategic objectives of:

- Building an Effective Organisation
- Developing Strategy and Long-lasting Change
- Creating Compassionate Culture, Leadership and Engagement
- Improving Quality, Outcomes and Experience
- Establishing an Effective Environment for Learning

We will live our values—Openness, Compassion and Respect—in everything we do. These values were shaped by our staff and partners, and we are proud to uphold them.

The Annual Plan, as part of the wider IMTP, forms the basis of all our work for the next year and should be incorporated into all team and personal objectives with progress against each recorded on an ongoing basis.

Carol Shillabeer, Chief Executive.

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
-----	------------	----------------	------	------	------	------

2025/26 Annual Delivery Plan

1: Building an effective organisation						
1A: Effective systems of governance						
1A.1	Develop and progress a Governance Improvement Plan to continuously improve governance arrangements, embedding recommendations from the 2024/25 Structured Assessment. The plan will include measurable actions to improve governance arrangements, ensuring that Board and Committee effectiveness is reviewed on an ongoing basis and improved accordingly	Director of Corporate Governance				Q4
1A.2	Undertake an annual formal board effectiveness self-assessment in accordance with good practice	Director of Corporate Governance				Q4
1A.3	Develop a Governance Hub, Governance Toolkit and handbook and ensure that training and support is available for managers to understand the governance arrangements across the Health Board	Director of Corporate Governance			Q3	
1A.4	Improve governance arrangements so they align to and support delivery of the organisation's strategic objectives and enable whole system quality-based decision making	Director of Corporate Governance		Q2		
1A.5	Conduct risk maturity audits to measure and strengthen risk management and risk governance to ensure consistency in risk management practices across the Health Board	Director of Corporate Governance			Q3	
1A.6	Complete the roll out of the three levels of the agreed risk management training	Director of Corporate Governance			Q3	
1A.7	Deliver the training and support to managers in application of the SOs, SFIs and SoRD, with specific focus on procurement in securing value for money and engagement with the wider market in placement of orders for goods and services (linked to 3A.6)	Director of Corporate Governance			Q3	
1A.8	Enhance the Accountability Agreements Framework with all staff who have responsibility for managing expenditure within the budget issued, for the purposes for which it was provided and adherence to the Health Boards approved SOs, SFIs and SoRD, specifically in regard to recruitment and commissioning of goods and services	Director of Corporate Governance			Q3	
1A.9	Deliver a recovery plan to eliminate the backlog of overdue Learning from Events Report (LFERs, which are part of the claims and redress process with the Welsh Risk Pool), and embed a new process to ensure future timely submission and also a reduction in the number case LFERs that are 'red deferred' (which necessitate significant review and resubmission)	Director of Corporate Governance	Q1			

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
1B: Establishing the Foundations for the Future						
1B.1.	1B.1. Conclude the Design Phase, having been through a process of co-design, testing and consultation, gaining formal approval to proceed to the delivery phase and implementation via the necessary governance	Chief Executive		Q2		
1B.2	Implement the first phase of the new operating model, completing the 2025/26 work plan across structures, strategy, people, processes and culture (linked to 3A.6)	Chief Executive			Q3	
1B.3	Develop the operating model work plan for 2026/27, including implementing the second and third phases and mechanisms to continue to monitor how it is being embedded and sustained across all aspects of structures, strategy, people, culture and processes	Chief Executive				Q4
1C: Responding to Legislative Requirements						
1C.1	Complete a review of the current arrangements in relation to Regulatory Assurance to ensure the governance arrangements are robust and demonstrate improvements in compliance	Director of Corporate Governance			Q3	
1C.2	Re-establish the legislation library, processes to capture new legislation, the dissemination of that legislation to the relevant areas of the Health Board and the development of plans to deliver any necessary changes	Director of Corporate Governance			Q3	
1C.3	Improve processes to prepare for, respond to and embed learnings from any requests made by national Inquiries	Director of Corporate Governance		Q2		
1C.4	Implement the Health Board's Three-Year Plan based upon the Health and Safety Executive (HSE) HSG65 Plan, Do, Check, Act process methodology	Director of Environment & Estates				Q4
1C.5	Develop options for the introduction of an organisational wide system for monitoring audit recommendations	Director of Corporate Governance		Q2		
1C.6	As an Operator of Essential Services, implement any actions required resulting from the forthcoming Cyber Security and Resilience Bill	Chief Digital & Information Officer		Q2		
1C.7	Develop a Health and Safety Improvement Plan ensuring improvements are made to the Health Board's current Health and Safety Policy, guidance and practices	Director of Environment & Estates			Q3	
1C.8	Develop a robust system of audit and action which informs the Health Board's readiness and implementation of the latest Medical Devices and Procurement Regulations	Executive Director of Allied Health Professionals & Health Science				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
1D: Implementing the Quality Management System (QMS)						
1D.1	Ratify a standardised QMS Maturity Assessment for Health Board services and development of a governance framework to enable operationalisation and agree an associated rollout plan	Executive Director of Nursing & Midwifery		Q2		
1D.2	Complete a series of communication exercises and briefing sessions to keep BCUHB workforce informed about QMS utilising an educational and myth busting approach designed to strengthen knowledge and understanding of QMS	Executive Director of Nursing & Midwifery	Q1			
1D.3	Integrate a QMS approach into the approach to Clinical Services Planning and early identification of challenged services	Executive Director of Nursing & Midwifery			Q3	
1D.4	Evaluate the Health Board's design and implementation of the QMS	Executive Director of Nursing & Midwifery		Q2		
1D.5	Improve the quality of estates infrastructure and buildings through <i>(linked to 2C.5)</i>	Executive Director of Nursing & Midwifery				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
-----	------------	----------------	------	------	------	------

2: Developing strategy and long-lasting change

2A: Developing and delivering a Health Board Strategy and Clinical Services Plan

2A.1.	Work with partners to develop a high-level Strategic Intent for North Wales that will provide an outline of the joint priorities and areas of collaboration for the next 10-Years	Executive Director of Transformation & Strategic Planning				Q4
2A.2	Complete the diagnosis phase of the 10-Year Strategy development including agreement on the scope and development of a baseline assessment setting out a summary of the population health needs; performance; drivers for change; outcomes and quality standards	Executive Director of Transformation & Strategic Planning				Q4
2A.3	As part of the broader engagement on strategy development, review the Health Board Well-being objectives, ensuring continued alignment with the requirements of the Well-being of Future Generations (Wales) Act 2015 and Social Partnership and Public Procurement (Wales) Act 2023	Executive Director of Transformation & Strategic Planning				Q4
2A.4	Maintain regular dialogue with partners and stakeholders to inform strategy development via partnership boards and stakeholder groups	Executive Director of Transformation & Strategic Planning				Q4
2A.5	Complete phase 1 of the CSP focusing on services that are currently assessed as most challenged. This will develop well rounded plans based on a Quality Management System (QMS) approach, prioritising service improvements that can be made in the short to medium term in order to stabilise these services	Executive Director of Transformation & Strategic Planning			Q3	
2A.6	Develop a Digital and Data Roadmap to underpin the Health Board's clinical and organisational transformation (linked to 2D.2)	Chief Digital & Information Officer	Reporting through 2D.2			

2B: Strengthening Planning and Commissioning

2B.1	Develop proposals to enhance capacity and capability for organisational wide planning, building upon the action plan produced following the Independent Review of Planning in 2024/25	Executive Director of Transformation & Strategic Planning		Q2		
2B.2	Conduct a review of learning with stakeholders of the most recent planning cycle, updating the Integrated Planning Framework with any associated improvements and implementing them in the next planning cycle	Executive Director of Transformation & Strategic Planning				Q4
2B.3	Complete the National Planning Maturity matrix assessment and incorporate the outputs into the plans to improve the organisation wide planning system and capability	Executive Director of Transformation & Strategic Planning				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
2B.4	Undertake a review of current and future commissioning commitments, drawing out the capacity required. This will form a baseline from which feasibility, risk and inter-dependencies can be assessed	Director of Performance and Commissioning			Q3	
2B.5	Conduct a Third Sector review, undertaking a review of unit price and contract currencies within contracts and complete an exercise to ensure that the standard and consistency of commissioned documents and processes meets expected standards	Director of Performance and Commissioning				Q4
2B.6	A review of insourcing/outsourcing contracting will be undertaken leading to a plan for improvement and development	Director of Performance and Commissioning	Q1			
2C: Improving the Environment, Estate and Facilities						
2C.1	Review the schedule of prioritised business cases in light of the outcome of the all-Wales capital prioritisation exercise	Director of Environment and Estates	Q1			
2C.2	Progress work in relation to major capital schemes including prioritisation of: Orthopaedics Hub in Llandudno, Electrical Infrastructure at Glan Clwyd Hospital, Royal Alexandra Hospital in Rhyl, Ablett Mental Health unit in Glan Clwyd Hospital, Nuclear Medicine consolidation, Health and Well-being hubs, decarbonisation and anti-ligature work	Director of Environment and Estates				Q4
2C.3	Align ambitions relating to Health and Wellbeing Hubs to available capital funding. These play an important role in the Health Board's plans relating to primary care, the medical school, partnership working and shift left	Director of Environment and Estates		Q2		
2C.4	Develop and commence implementation of a fit for purpose estates strategy to include estate rationalisation, decarbonisation and climate resilience, as well as maximising the potential and use of existing estate and opportunities with partners. Acknowledging that the estates strategy will be led by and informed by the Health Board's 10-Year Strategy and Clinical Services Plan	Director of Environment and Estates				Q4
2C.5	Maximise the potential of strategic disposals, partnership work and resultant capital receipts to reinvest in a modern and fit for purpose estate and infrastructure	Director of Environment and Estates				Q4
2C.6	Support organisational business continuity through the capital process, including the Wrexham Maelor and Ysbyty Gwynedd business continuity cases	Director of Environment and Estates				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
2C.7	Work with Bangor University to support the development and growth of the North Wales Medical School	Director of Environment and Estates			Q3	
2C.8	Provide leadership in the identification, prioritisation and delivery of schemes through the Integration and Rebalancing Capital Fund (IRCF), including participation in the Regional Partnership Board (RPB)	Director of Environment and Estates		Q2		
2C.9	Undertake a comprehensive assessment of facilities standards and performance, informing at improvement and development plan	Director of Environment and Estates			Q3	
2C.10	Complete the Welsh Government Adaptation Climate Change Risk Assessment, develop an action plan to address the risks identified, utilising the adaptation toolkit and liaising with PSB and other key partners	Director of Environment and Estates				Q4
2C.11	Build strategic relationships with partners including Local Authorities and Third Sector organisations to understand the opportunities to collaborate and implementation routes	Director of Environment and Estates				Q4
2C.12	Install onsite renewable energy generation facilities where viable to do so.	Director of Environment and Estates				Q4
2D: Enhancing digital, data and technology approaches						
2D.1	Secure a multimillion-pound investment from Welsh Government for the EHR Transformation Programme which will reduce paper records and be a key enabler for service transformation	Chief Digital and Information Officer			Q3	
2D.2	Develop a Digital and Data Roadmap to underpin the Health Board's clinical and organisational transformation (linked to 2A.6)	Chief Digital and Information Officer		Q2		
2D.3	Delivery of a digital maternity EHR and patient facing app, which will eliminate paper records	Chief Digital and Information Officer				Q4
2D.4	Completion of the implementation of the replacement diagnostics systems, RISP and LIMS	Chief Digital and Information Officer				Q4
2D.5	Procurement and delivery of Phase 1 of the Mental Health EHR programme informing the wider EHR transformation agenda	Chief Digital and Information Officer				Q4
2D.6	Complete the Therapies Manager System developments and increase the user satisfaction rating through Floorwalking and Engagement Teams	Chief Digital and Information Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
2D.7	Complete the minimum viable recruitment of expertise to deliver basic 2020s DDaT services, appointing to all key funded posts within 25/26	Chief Digital and Information Officer				Q4
2D.8	Effectively deliver, through strict prioritisation and effective resource management, the DDaT enabled portfolio of projects and programmes, with particular focus on benefits realisation. This exercise will include pausing or deferring some projects where necessary due to financial pressures	Chief Digital and Information Officer				Q4
2D.9	Complete delivery of phase 5 Welsh Patient Administration System (WPAS) including treatment function codes, cancer tracker, copy correspondence and patient numbering	Chief Digital and Information Officer				Q4
2D.10	Implement electronic Prescribing and Medicines Administration (ePMA) across acute sites	Chief Digital and Information Officer				Q4
2D.11	Develop a proposal for a Digital Academy training programme and launch a communications campaign so that staff feel empowered to use technologies	Chief Digital and Information Officer				Q4
2D.12	Support the implementation and roll-out of the NHS Wales App for maximum impact and benefit to include the uptake of its use for repeat prescriptions	Chief Digital and Information Officer		Q2		
2D.13	Eradicate unsupported systems and devices in line with available resources	Chief Digital and Information Officer				Q4
2D.14	Develop a clear cyber response plan for the organisation	Chief Digital and Information Officer		Q2		
2E: Developing and delivering value and sustainability						
2E.1	Design and deliver a refreshed value and sustainability programme for 2025/26, which has clear outcomes based on broader measures of value, to deliver qualitative, performance and financial improvement. This includes delivery of nationally aligned initiatives under the five workstreams of: Clinical Value, Workforce, Continuing Healthcare, Medicines Management and Non-Pay and Procurement	Executive Director of Finance				Q4
2E.2	Focus on Clinical Variation to take advantage of nationally identified opportunities to expedite reductions in waste, harm and unwarranted variation	Executive Medical Director				Q4
2E.3	Build on work to embed value principles into the wider organisational frameworks: planning, commissioning, multi-professional workforce modelling, performance, leadership and quality	Executive Director of Finance		Q2		
2E.4	Design a value training programme as part of the journey towards a Value Academy for North Wales and a longer-term commitment to building knowledge and capacity in delivering value-led improvement	Executive Director of Finance				Q4
2F: Improving workforce planning and development						
2F.1	Fully embed the training programme for workforce planning across the organisation with easy access guides and how to access support for teams to develop their plans	Director of People		Q2		

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
2F.2	Detailed workforce plans to be in place for all key services across the organisation	Director of People				Q4
2F.3	Develop a suite of workforce planning tools to support teams and services develop and maintain their workforce plans	Director of People			Q3	
2F.4	Develop an organisational strategic workforce planning framework, including integration into the other relevant organisational frameworks such as Planning and Quality	Director of People			Q3	
2F.5	Conduct a comprehensive workforce analysis for therapy services in a prioritised manner	Executive Director of Allied Health Professions & Health Science		Q2		
2F.6	Development of therapy services plan, contributing to new clinical service models to support reductions in waiting times	Executive Director of Allied Health Professions & Health Science			Q3	
2F.7	Develop a Governance Framework to guide the operationalisation of the HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales (for HCPC registered professionals)	Executive Director of Allied Health Professions & Health Science				Q4
2F.8	Fully implement Variable Pay and agency control framework and ensure a 30% reduction in agency expenditure during 2025/26. This will be supplemented by no off-contract expenditure and reductions to zero spend for specific staff groups	Director of People		Q2		
2F.9	Ensure effective implementation of job planning policy to include ensuring that >90% of all Consultants have an agreed job plan in place at all times	Director of People		Q2		
2F.10	Reduce sickness absence levels through adherence to key policies such as Attendance at Work	Director of People			Q3	
2G: Working with regional partners						
***	A separate monitoring mechanism will be implemented for these priorities which sit with external partners to deliver					

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
-----	------------	----------------	------	------	------	------

3: Creating compassionate culture, leadership and engagement

3A: Culture Development

3A.1	Fully implement and embed the Values & Behaviours Framework into our organisational policies, processes and practices so that staff live the values and behaviours in their day-to-day work	Director of People	Q1			
3A.2	Conclude the Discovery phase of the Culture & Leadership Programme through a Synthesis Report which will guide our future culture and leadership approaches	Director of People		Q2		
3A.3	Co-produce draft Design phase priorities for further development in 2026/27 which shapes our compassionate, diverse and inclusive leadership approaches, identify what is going well and which areas need to be strengthened	Director of People			Q3	
3A.4	Complete roll out of the Culture Change Leader (CCL) programme. The CCL role has been established to support the Culture & Leadership Programme. Leaders are drawn from a cross section of staff across the organisation who come together to make a difference by looking at the Health Board's current culture and helping to shape culture for the future	Director of People			Q3	
3A.5	Build staff engagement through implementation of the staff engagement plan (including staff survey actions, staff stories, common PADR objectives (golden thread) and engagement events/activities) hard wiring engagement throughout leadership and management structures to the front line	Director of People				Q4
3A.6	Improve governance arrangements so they align to and support delivery of the organisation's strategic objectives and enable whole system quality-based decision making. This alongside using the RACI model (Responsible, Accountable, Consulted, Informed) in role profiles to describe individuals roles and responsibilities for activities and deliverables will support creating high autonomy and accountability across all roles	Director of People				Q4
3A.7	The Health Board will improve its systems and processes to ensure the transfer of learning as a Learning Organisation is increasing the opportunity to share learning and improve patient care	Director of People	Reporting through 5E.2			

3B: Leadership Development

3B.1	Design a series of workshops to strengthen key areas of the Integrated Leadership Development Framework (LDF), with a focus on developing leadership skills in specific areas for example, workshops to embed the principles of compassionate leadership to enable leaders and managers to understand the benefits of a compassionate approach and how to apply compassionate behaviours in the workplace and to support to leaders and managers to have conversations with their staff through a compassionate lens, to build confidence and skills in managing difficult or challenging situations	Director of People		Q2		
------	--	--------------------	--	----	--	--

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
3B.2	Develop a core programme/offering for middle managers and leaders across the organisation. To be aligned with the ongoing national strategy building a core management competency framework across NHS Wales working with Health Education and Improvement Wales (HEIW) and a range of academic partners	Director of People				Q4
3B.3	Review and evaluate the first senior level programme – Glyder Fawr (Advanced Clinical Leadership Programme) delivered in 24/25 in readiness for the second cohort of this national HEIW led programme commencing at the end of Q1 25/26	Director of People	Q1			
3B.4	. Undertake a review of BCUHBs Coaching and Mentoring Network which will include: - A review of the effectiveness of the coaching network to ensure there are sufficient coaches to meet demand, that coaches on the network are actively coaching, that appropriate resources and support /supervision is in place. - A toolkit will be developed to support mentors across the organisation along with a co-designed mentoring network proposal.	Director of People				Q4
3B.5	Evaluate the outcomes from previous cohorts of the Mynydd Mawr – Foundations of Leadership and Management programme (delivered 24/25) to identify learning outcomes and impact in the workplace	Director of People	Q1			
3B.6	Launch new programme 'Leadership for All – 'Moel Famau', providing an introduction to leadership for all staff across the organisation irrespective of whether they are in a formal leadership role	Director of People		Q2		
3B.7	Develop a set of metrics and reports from the Leadership hub, to analyse: user engagement, themes, attrition rates	Director of People		Q2		
3C: Citizen engagement and partnership working						
3C.1	Complete implementation of the recommendations in the independent review of engagement specifically: - Finalise and implement the 'Betsi Way' engagement framework, ensuring it is evidence-informed, high quality, and co-developed with agreed engagement principles. - Implement a structured reporting system to track and publicly share at least three concrete examples of how community feedback has influenced corporate plans, services and improvements - Establish a community of engagement practice within the Health Board, providing at least two training sessions and developing a toolkit to support staff with best practices and evidence-based approaches	Director of Partnerships/ Communications & Engagement				Q4
3C.2	Increase engagement reach by 30% through targeted on-line community interactions, including at least four digital campaigns and expanded use of social media platforms	Director of Partnerships/ Communications & Engagement				Q4
3C.3	Expand the engagement programme across at least five North Wales communities, collaborating with key partners to ensure added value for residents, stakeholders and the Health Board	Director of Partnerships/ Communications & Engagement			Q3	
3C.4	Review the strategic approach to engagement with communities, specifically mapping out the next two years	Director of Partnerships/			Q3	

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
		Communications & Engagement				
3C.5	Conduct at least three community listening events in rural areas, ensuring participation from at least 50 local residents, to gather feedback on healthcare needs and service improvements	Director of Partnerships/ Communications & Engagement				Q4
3C.6	Reset the Health Board's representation at the Regional Partnership Board establishing a structured reporting process to improve decision making	Director of Partnerships/ Communications & Engagement	Q1			
3C.7	Trial a surgery-style approach with local councillors in two local authorities to support issue identification, evaluating its effectiveness in improving communication and engagement, with a view to expanding the approach across all local authorities	Director of Partnerships/ Communications & Engagement		Q2		
3C.8	Further the Health Board's commitment to children and young people by developing an approach to ensure their voices influence decision making (Youth Voice approach) (linked to 4L.2)	Director of Partnerships/ Communications & Engagement		Q2		
3C.9	Work with partners to co-develop and publish an Anchor Institution Principles and Charter with clearly defined principles ensuring alignment with community needs and organisational priorities	Director of Partnerships/ Communications & Engagement				Q4
3D: Welsh language and Culture						
3D.1	Build on the planning completed within 2024/25 and transition from planning to operational delivery of the Standards and 'More than just words', focusing initially on acute settings	Executive Director of Allied Health Professions & Health Science			Q3	
3D.2	Adopt the Language Choice Scheme to a specific vulnerable patient group	Executive Director of Allied Health Professions & Health Science			Q3	

<i>Ref</i>	<i>Descriptor</i>	<i>Lead Executive</i>	<i>Qtr1</i>	<i>Qtr2</i>	<i>Qtr3</i>	<i>Qtr4</i>
3D.3	Explore the potential of adopting a 'Welsh Language Champions Programme' in order to encourage and celebrate language development success within the workforce	Executive Director of Allied Health Professions & Health Science		Q2		
3D.4	In collaboration with the National Centre for Learning Welsh, deliver a tailored training programme in Speech and Language Therapy Services, which have been identified as a priority workforce group	Executive Director of Allied Health Professions & Health Science			Q3	
3D.5	Promote the use of Welsh Language within the organisation	Executive Director of Allied Health Professions & Health Science	Q1			

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4: Improving quality, outcomes and experience						
4A: Prevention and Early Intervention						
4A.1	Implement plan to target resources for the most vulnerable groups (e.g. – those experiencing homelessness, Gypsy, Roma and Traveller communities) which will contribute to reducing inequalities in healthy life expectancy	Executive Director of Public Health				Q4
4A.2	Creating the foundations for change, providing the Health Board with the means to demonstrate the impact of current prevention and early intervention activity across identified priority areas and determine where this could be improved	Executive Director of Public Health				Q4
4A.3	Develop proposals for Health Board to prepare and respond to health protection threats, enhancing the delivery of Health Board services to protect people in North Wales against existing, new and emerging health protection threats and hazards	Executive Director of Public Health				Q4
4A.4	Implement the National Immunisation Framework (NIF) for Wales locally and continue to provide improved resilience and variation	Executive Director of Public Health				Q4
4A.5	Refer to 'Section 4P – Diabetes' for the 2025/26 delivery priorities	Executive Director of Public Health	Reporting through 4P			
4B: Primary Care including Clusters						
4B.1	Full engagement in the implementation of the national 'Primary Care Model' for Wales and focus on delivering the national Primary Care Programme. This will include development of proposals to complete the rollout of the audiology first point of contact and earwax removal service (see also Diagnostics 4D.c.11)	Chief Operating Officer				Q4
4B.2	Develop the Primary Care 'same day' offer to provide more equitable access to primary care as alternatives to Emergency Department attendance. This relates to in-hours primary care access and also to the provision of out-of-hours primary care, 111 and Minor Injury Units	Chief Operating Officer				Q4
4B.3	A pathways of care approach will be adopted to ensure that primary care professionals have access to the resources they need so that secondary care referrals only occur where they will add value to the patient	Chief Operating Officer		Q2		
4B.4	A 'Primary Care Academy' approach will support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability	Chief Operating Officer				Q4
4B.5	Access to primary care dentistry is a key priority and a GDS procurement process will be moved forward alongside consideration of new and innovation ideas to increase patient access (linked to 4O.1)	Chief Operating Officer		Q2		
4B.6	Sustainability support will be reviewed in order to bolster support to contractors that are in difficulty. Where appropriate discussions will be held with national partners	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4B.7	Progress the strategic approach to a mixed model of primary care that supports contractors to remain independent contractors and identifies ways in which directly managed practices can innovate, support independent contractor 'neighbours', test new ways of working, and increase involvement of primary care in research	Chief Operating Officer			Q3	
4B.8	Implement the new GMS Contract Assurance Framework	Chief Operating Officer	Q1			
4B.9	Improve accuracy, visibility and use of primary care performance data	Director of Performance & Commissioning		Q2		
4B.10	Develop proposals that address areas of poor primary care estate impacting upon care delivery, including the proposals currently progressing in Penygroes, in Conwy West locality, in Bangor, in Denbigh and in Holyhead	Director of Environment & Estates				Q4
4B.11	Work with Primary Care providers in North Wales to prepare and expand suitable training environments for Medical Students from the North Wales Medical School	Executive Medical Director	Reporting through 2C.7			
4B.12	Scope and test a model for commissioned community pharmacy services focused on long-term condition management, starting with hypertension	Chief Pharmacist	Reporting through 4M.4			
4B.13	Develop proposals to expand the use of cluster-based Care Home support services that can provide timely assessment to minimise otherwise avoidable hospital conveyances and improve outcomes for Care Home Residents, including support to carers	Chief Operating Officer				Q4
4B.14	'One stop' models of care that enhance the delivery of care for people with diabetes and related conditions will continue to be tested and if successful, expanded	Chief Operating Officer				Q4
4B.15	Discussions (internally and with partners) will be progressed to a conclusion as to whether the current 14 cluster footprints are optimal or whether a change of focus to pan-cluster footprints would be preferable	Chief Operating Officer	Q1			
4B.16	Generate a proposal to develop a community collaborative model as an integrated Health and Social Care provision for North Wales, ensuring 'pooled' resources for 7-day provision as a collective through utilising established practices such as Trusted Assessor	Chief Operating Officer			Q3	
4C: Community Care						
4C.1	Generate options to increase provision of Enhanced Community Care (ECC)	Chief Operating Officer	Q1			
4C.2	Develop a business case for increased ECC outlining options, costs, benefits, risks and possible funding streams	Chief Operating Officer		Q2		

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4C.3	Progress business case through Health Board governance to seek support for preferred option	Chief Operating Officer			Q3	
4C.4	Subject to available funding, undertake any necessary staff consultation, commence recruitment for agreed staffing, implement pathway changes, commence delivery of increased provision for ECC	Chief Operating Officer				Q4
4C.5	Review options to increase District Nursing provision at the weekend including the nature and level of weekend demand	Chief Operating Officer	Q1			
4C.6	Develop a business case for increased weekend community nursing capacity outlining the options, costs, benefits, risks and possible funding streams	Chief Operating Officer		Q2		
4C.7	Progress business case through Health Board governance to seek support for preferred option	Chief Operating Officer			Q3	
4C.8	Subject to available funding, successful recruitment and outcome of staff consultation, work to agree implementation plans, commence recruitment and commence increased community nursing for weekends	Chief Operating Officer				Q4
4C.9	Review opportunities to increase Specialist Palliative care capacity in the East to bring cover up to the same level as other parts of BCU	Chief Operating Officer	Q1			
4C.10	Seek options to identify and secure funding additional weekend Palliative Care CNS hours	Chief Operating Officer		Q2		
4C.11	Commence recruitment for agreed SPC CNS hours and undertake consultation with existing staff on changing work patterns; subject to available funding	Chief Operating Officer			Q3	
4C.12	Develop implementation plans to commence increased SPC CNS capacity for weekends and bank holidays; dependent on staff consultation, recruitment and prioritisation of resources	Chief Operating Officer				Q4
4D: Planned Care, Cancer & Diagnostics						
4Da: Planned Care						
4D.a.1	Develop and implement the next stage of the Validation Approach in the Health Board; focusing on delivering high levels of data quality, updated waiting lists and application of waiting list policies	Chief Executive	Q1			
4D.a.2	Implement locally the 8 nationally agreed Interventions Not Normally Undertaken (INNU), and the pipeline of INNUs that follow	Chief Executive	Q1			
4D.a.3	Develop and implement best practice standards (GIRFT/Optimisation Framework) for referral advice and guidance (pre-referral) focusing on high volume, high opportunity specialties as a priority and rolling through other specialties thereafter	Chief Executive				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4D.a.4.	Assess the opportunities for Referral Triage and Alternative Pathways in high volume specialties as a priority; drawing up and commencing the implementation of service redesign proposals, learning from other organisations	Chief Executive		Q2		
4D.a.5.	Implement the Health Pathways (including Pathway Alliance Programme) in priority specialties	Chief Executive			Q3	
4D.a.6.	Implement specific specialty 'direct listing', specifically focused on ophthalmology as a priority	Chief Executive		Q2		
4D.a.7.	Progress the implementation of the new Booking Service, enabling a consistent approach across the organisation	Chief Executive				Q4
4D.a.8.	Review and update outpatient clinic templates, incorporating GIRFT/Optimisation Framework standards, across high priority specialties	Chief Executive		Q2		
4D.a.9.	Implement a revised DNA/CNA approach, including overbooking mechanisms where DNA/CNA rates are above 5%	Chief Executive		Q2		
4D.a.10.	Develop and implement the revised model for Pre-Operative Assessment	Chief Executive			Q3	
4D.a.11.	Identify specialty by specialty high utilisation opportunities to enable focused and targeted approach to achieve the 85% utilisation threshold	Chief Executive				Q4
4D.a.12.	Review each specialty to identify opportunities for increased day case, and minor-ops/procedure room (Right Patient, Right Place-type) approach. Implement priority specialty improvements	Chief Executive			Q3	
4D.a.13.	Undertake a systematic approach to validating, data cleansing all Follow-up lists	Chief Executive			Q3	
4D.a.14.	Implement See on Symptoms (SoS) and Patient Initiated Follow-up (PIFU) on all priority specialties (linked to Optimisation Frameworks/GIRFT)	Chief Executive			Q3	
4D.a.15.	Recalibrate capacity from follow-ups to new appointments in priority specialties, following assessment of opportunity	Chief Executive	Q1			
4D.a.16.	Introduce an enhanced demand and capacity modelling approach that takes into account all aspects of planned care and cancer pathways	Chief Executive			Q3	
4D.a.17.	Implement a programme of in-year commissioned capacity to support 2025/26 delivery	Chief Executive				Q4
4D.a.18.	Develop integrated specialty plans for 2026/27 based on the progress made across specialties in 2025, to include workforce, finance, commissioning aspects	Chief Executive				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4Db: Cancer Care						
4D.b.1.	Recovery of the Health Boards cancer position and improved performance against the Suspected Cancer Pathway referral to treatment target, aiming to achieve 80% of cancer patients treated within 62 days of suspicion of cancer by March 2026	Chief Operating Officer				Q4
4D.b.2.	Clearance of the over 62-day waits is a priority as this is currently a large number of pathways. The Health Board will need to factor in the backlog clearance over the first 6 months towards delivering the 80% treated within 62 days standard by March 2026	Chief Operating Officer				Q4
4D.b.3.	Commission of additional external resource in endoscopy and dermatology whilst seeking to develop and recruit to more sustainable models of care to meet the needs of our population across north Wales	Chief Operating Officer	Q1			
4D.b.4.	Work to improve referral pathways with the introduction of the Community Health Pathways tool	Chief Operating Officer		Q2		
4D.b.5.	Introduction of nurse led triage model for patients with suspected colorectal cancer to increase the number of patients referred straight to test and reduce overall waiting times	Chief Operating Officer		Q2		
4D.b.6.	Optimise the agreed teledermoscopy service and develop the evidence case to expand	Chief Operating Officer				Q4
4D.b.7.	Investigate the case for new models for the assessment of women with post-menopausal bleeding to reduce time to diagnosis of gynaecological cancers	Chief Operating Officer		Q2		
4D.b.8.	Develop a proposal for the expansion of robotic assisted cancer surgery	Chief Operating Officer				Q4
4D.b.9.	Consider a proposal to repatriate some services from England to north Wales; some plastic surgery and specialist radiotherapy procedures	Chief Operating Officer			Q3	
4D.b.10.	Work with the charity Maggie's and the Steve Morgan Foundation to open a new Maggie's cancer support centre in the grounds of Ysbyty Glan Clwyd in 2025	Chief Operating Officer				Q4
4Dc: Diagnostics						
4D.c.1.	Complete demand and capacity reviews for all diagnostic services, with implementation of identified improvement plans to deliver sustainable services and to deliver against forecast trajectory targets for reportable diagnostic services	Chief Operating Officer				Q4
4D.c.2.	Ensure service delivery is equitable and high-quality experience for patients	Chief Operating Officer				Q4
4D.c.3.	Undertake a rapid review of workforce capacity and skill mix to inform recruitment and retention strategy	Chief Operating Officer		Q2		

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4D.c.4.	Deliver the major national information technology projects currently underway in Radiology and Pathology; subject to available resource prioritisation	Chief Operating Officer			Q3	
4D.c.5.	Progress the development of the medical illustration service to support the teledermoscopy service	Chief Operating Officer				Q4
4D.c.6.	Complete estates reviews for all diagnostic services, with prioritisation and progression of identified improvement projects	Chief Operating Officer				Q4
4D.c.7.	Progress the Regional Diagnostics Hub project within the Planned Care Programme	Chief Operating Officer				Q4
4D.c.8.	Progress Endoscopy, Nuclear Medicine/PET-CT and Digital Cellular Pathology business cases	Chief Operating Officer		Q2		
4D.c.9.	Maintain capacity for a workstream to focus on transformational change, including AI	Chief Operating Officer				Q4
4D.c.10.	Integrate diagnostics quality assurance approaches with the Health Board QMS	Chief Operating Officer				Q4
4D.c.11	This will include development of proposals to complete the rollout of the audiology first point of contact and earwax removal service	Chief Operating Officer	Reported through 4B.1			
4E: Urgent and Emergency Care						
4E.1	Implementation of the remote clinical assessment services framework - Implement a 'Single Point of Access' (SPOA) hub for urgent and emergency care that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present. The work will include assessing the current pathways, their effectiveness, consistency of usage and implementing alternative pathways that both reduce attendance at ED and provide suitable alternative to admission for ED clinicians to access when patients do present in an emergency. This will include trialling appointments in areas such as Ophthalmology, SDEC, Urgent Primary Care Centre's and Dental	Chief Operating Officer				Q4
4E.2	Implement Community Based Falls Response Services to enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate. This Community Service will be both a stakeholder of the SPOA hub as well as a pathway out of it. Both of these interventions will ensure that high risk patient groups (such as falls and breathlessness that make large contributions to the demand on ED) are supported in the most effective way	Chief Operating Officer			Q3	

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4E.3	Ensure implementation of Primary Care Model, including delivery of national Primary Care Programme, and development of Primary Care Same Day Offer (4B.1 & 4B.2) is fully integrated into this workstream and delivers expected outcomes in terms of attendance at Secondary Care	Chief Operating Officer	Linked to 4B.2			
4E.4	Implement an Acute Front Door Frailty Service at all acute hospitals – integrated with community frailty services - that ensures that older people with frailty dependent on prioritisation of available resources are streamed to the most appropriate services within the hospital when required as quickly as possible and, where possible, discharged home on the same day. This will include an evaluation of the different approaches to acute front door frailty services in place inside and outside the Health Board	Chief Operating Officer				Q4
4E.5	Implement the Welsh Health Circular (WHC) - Ambulance Patient Handover Guidance to ensure timely transfer of patients from ambulance crews to Emergency Department (ED) staff	Chief Operating Officer		Q2		
4E.6	Implement actions described in the Optimal Hospital Flow Framework to ensure people who possess a clinical need for admission to hospital are discharged home when clinically ready, with the right support and without delay. This will support a reduction in deconditioning, and the early identification within the first 24hrs of admission and communication of any support requirements on discharge which should support a reduction in pathways of care delays once embedded across both acute and community inpatient areas. This will be supported initially by two Optimal Hospital Flow Facilitators who will create and roll out training resources – a national initiative that is being tested in BCU to assess its impact. This work on reducing pathway delays is critical to removing surge capacity from routine use	Chief Operating Officer				Q4
4E.7	Introduce actions to improve pathways of care delays and discharge planning through: a) a single North Wales approach to validation of delays to support more effective reviews with Local Authorities, b) increasing the number of assessments undertaken by 'trusted assessors' including ensuring assessment takes place the right environment, reducing the dependency on contended social care resource, and reducing assessment delays, c) exploring options in relation to right sizing of both step up and step down community capacity, subject to the prioritisation of available resources.	Chief Operating Officer				Q4
4F: Adult Mental Health & Learning Disability						
4F.1	Work with the NHS Executive to deliver the emerging Mental Health strategic improvement programme including patient centred safety, crisis care and access to community services	Executive Director of Allied Health Professions & Health Science	Q1			
4F.2	Continue to improve quality and safety of care, including full delivery of the Royal College of Psychiatry (RCPsych) Mental Health Invited Service Review	Executive Director of Allied Health Professions & Health Science				Q4
4F.3	Continue to improve access to and reduce waiting times for North Wales citizens needing support from Community Mental Health Service	Executive Director of Allied Health				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
		Professions & Health Science				
4F.4	Develop a coherent overarching model for the delivery of care to people experiencing mental health crisis	Executive Director of Allied Health Professions & Health Science				Q4
4F.5	Deliver phase 1 of the Mental Health Electronic Healthcare Record (HER) programme as a developing template for the wider transformation above (Linked to 2D.5)	Executive Director of Allied Health Professions & Health Science	Reported through 2D.5			
4F.6	Deliver progress across specialist service improvement projects, including Perinatal and Eating Disorder services	Executive Director of Allied Health Professions & Health Science				Q4
4F.7	Deliver, with Capital Estates colleagues the 2025/2026 programme for Anti-Ligature estates work	Executive Director of Allied Health Professions & Health Science				Q4
4F.8	(Contribute to 2B.5, with focus on iCAN, Parabl (Talking Therapies) and Community Advocacy Service) 2B.5 Conduct a 3rd Sector review, undertaking a review of unit price and contract currencies within contracts and complete an exercise to ensure that the standard and consistency of commissioned documents and processes meets expected standards	Director of Performance and Commissioning	Reported through 2B.5			
4G: CAMHS						
4G.1	Develop a CAMHS Strategic Workforce Plan and refreshed Training Strategy which will be informed by our Training Needs Analysis undertaken across CAMHS	Chief Operating Officer		Q2		
4G.2	Sustain Mental Health Measure Part 1a compliance against target for assessment and deliver the Part 1b target for intervention across all teams	Chief Operating Officer			Q3	
4G.3	Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits	Chief Operating Officer	Q1			
4G.4	Develop proposals for Alternatives to Admission with our partners to ensure holistic provision of CAMHS is accessible for all children and young people including those young people who have chaotic lives with no access to safe accommodation	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4G.5	Evaluate the implementation of Schools in Reach into core CAMHS offer within IHCs to provide sustainable whole school approach to emotional health and well - being at the most accessible and consistent environment in young people's lives within all schools across North Wales	Chief Operating Officer				Q4
4H: Neurodevelopment						
4H.1	Complete the waiting list stratification exercise and consider prioritisation criteria	Chief Operating Officer		Q2		
4H.2	Launch a prudent assessment process across the teams	Chief Operating Officer		Q2		
4H.3	Finalise a business case to address the longest waiters	Chief Operating Officer	Q1			
4H.4	Gain approval for an Information Sharing Protocol with partners	Chief Operating Officer		Q2		
4H.5	Engage fully with the Children's RPB to develop a needs-led service model	Chief Operating Officer				Q4
4I: Dementia services						
4I.1	4I.1 Embed Emergency Department (ED) dementia improvement work in Integrated Health Communities (IHC)	Executive Director of Nursing & Midwifery				Q4
4I.2	4I.2. Identify good practices elsewhere	Executive Director of Nursing & Midwifery			Q3	
4I.3	4I.3. Identify current BCUHB Emergency Department (ED) practices	Executive Director of Nursing & Midwifery			Q3	
4I.4	4I.4. Enhance range and volume of dementia education and training	Executive Director of Nursing & Midwifery			Q3	
4I.5	4I.5. Evaluate training	Executive Director of Nursing & Midwifery				Q4
4I.6	4I.6. Facilitate extensive assessment of environments	Executive Director of Nursing & Midwifery	Q1			
4I.7	4I.7. Local action plan development and monitoring	Executive Director of Nursing & Midwifery			Q3	

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4I.8	4I.8. Allocation of improvement resources	Executive Director of Nursing & Midwifery				Q4
4I.9	4I.9. Creation/collate/share prevention resources	Executive Director of Nursing & Midwifery	Q1			
4I.10	4I.10. Identify opportunities to promote prevention	Executive Director of Nursing & Midwifery			Q3	
4I.11	4I.11. Collaborate with related specialities e.g., stroke	Executive Director of Nursing & Midwifery				Q4
4J: Currently 'Challenged Services'						
4Ja: Urology						
4J.a.1	4J.a.1 In-depth review to scope out non-medical workforce opportunities, ensuring their contribution to service delivery is maximized. Close remaining clinical and managerial lead role gaps supported by effective IHC leadership currently in post	Chief Operating Officer		Q2		
4J.a.2	4J.a.2 Establish a sustainable on-call model through a review of the current on call arrangements on a regional level, providing a resilient unscheduled care service to patients	Chief Operating Officer			Q3	
4J.a.3	4J.a.3 Develop plans to deliver specialist services at a regional level aligned to the GIRFT and Royal College of Surgeons recommendations following stakeholder engagement and consultation if required	Chief Operating Officer		Q2		
4J.a.4	4J.a.4 Improve patient outcomes, deliver increased service efficiencies and reduced waiting times	Chief Operating Officer			Q3	
4J.a.5	4J.a.5 Deliver equitable Interventional Radiology across the Health Board, including out of hours services (where appropriate). This will reduce the need for staff and patient travel as well as increasing the available treatment options	Chief Operating Officer		Q2		
4J.a.6	4J.a.6 Develop a long-term plan around robotic assisted urology surgery for the patients of North Wales, benefitting the recruitment and retention and whilst building a futureproof service model	Chief Operating Officer		Q2		
4J.a.7	4J.a.7 Improve the pre-investigation of patients via Straight to Test pathways with a focus on suspected cancer pathways. Ensuring we optimise nurse-led approaches to create consultant capacity where able	Chief Operating Officer		Q2		
4J.a.8	4J.a.8 Monitor Did Not Attend (DNA) and Could Not Attend (CNA) rates and implement mechanisms to mitigate reduced activity when the combined rate is greater than 5%, minimising the loss of clinical capacity	Chief Operating Officer		Q2		
4J.a.9	4J.a.9 Maximise day case and outpatient urology procedures, converting from inpatient where appropriate, to support improved in-patient average length of stay	Chief Operating Officer		Q2		

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4J.a.10	4J.a.10 Review of MDT utilisation: complex regional MDT and local MDT with a view to reducing duplication and recovering lost clinical capacity	Chief Operating Officer		Q2		
4J.a.11	4J.a.11 Utilise patient experience data to inform service delivery such as care closer to home, commissioning of major surgery, and timelier access to diagnostics and treatment	Chief Operating Officer		Q2		
4Jb: Vascular						
4J.b.1	Workforce: Agree sustainable clinical workforce model that: <i>(i) ensure patients are seen by the most appropriate professional for their needs, therefore, increasing capacity and ensuring consultants are freed up to support the most complex cases, and</i> <i>(ii) ensure that all staff are supported to work to the top of their competencies, through active training and learning.</i> <i>(iii) Develop network-wide to support job planning to ensure our workforce are deployed where demand is greatest, and develop a robust and business case to enable recruitment to any additional posts needed to deliver high quality patient care; include a review of non-medical roles to support vacancy gaps</i>	Chief Operating Officer			Q3	
4J.b.2	Develop integrated workforce plan to address recruitment and retention challenges within the service and support implementation of a positive working culture, which fosters inclusion and respect across all staffing levels	Chief Operating Officer				Q4
4J.b.3	Establish a sustainable medium-to-long-term model for Abdominal Aortic Aneurysm (AAA) services that ensures optimal patient outcomes	Chief Operating Officer		Q2		
4J.b.4	Commence work on implementing the revised patient-centric transfer, discharge and repatriation pathways and protocols to improve patient experience, reduced re-admissions and/ or 'failed discharges; and ensure appropriate follow-up arrangements are in place once patients are back in the community	Chief Operating Officer			Q3	
4J.b.5	Progress the quality improvement plan aligned to health board's QMS system to ensure that quality improvement underpins all that the service does, including clearly documenting leadership structures, escalation processes, including processes for managing risk	Chief Operating Officer		Q2		
4J.b.6	Commence an improvement programme for Chronic Limb threatening Treatment Ischemia with the aim of increasing the numbers of people being re-vascularised within 5 days of admission	Chief Operating Officer		Q2		
4J.b.7	Develop proposal for a patient information system that will enable tracking of vascular patients through their pathway, identify blockages and ensure patient care is expedited where necessary	Chief Operating Officer			Q3	
4J.b.8	Work with delivery partners, (e.g., COTE, stroke, palliative care, psychology, pain management, microbiology), strengthen and build opportunities for the development of a greater, more integrated multi-disciplinary team around the patient approach in order to ensure the holistic needs of the patient are met	Chief Operating Officer		Q2		
4Jc: Dermatology						
4J.c.1	Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the	Chief Operating Officer			Q3	

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
	organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care					
4J.c.2	Job planning to appropriately reflect all duties undertaken to better understand the workforce capacity and match it to patients' needs	Chief Operating Officer			Q3	
4J.c.3	Introduce dermatological Community Health Pathways to support effective referral management processes, reducing secondary referrals through better informed resources within Primary Care to deliver some Dermatological services	Chief Operating Officer		Q2		
4J.c.4	Ensure Minor Operation Procedure (MOP's) capacity is optimised within the available resources, to support expansion of Teledermoscopy i.e., the provision of dermatology services at a distance, using technology	Chief Operating Officer			Q3	
4J.c.5	Increase medical consultant support for primary care to support integrated working and extended roles, opening up educational opportunities to enhance knowledge and confidence with skin conditions, which will lead to fewer referrals into secondary care reducing the demand on the service and waiting times for patients	Chief Operating Officer		Q2		
4J.c.6	Open Connah's Quay facility to provide increased clinic and operating space including dressing clinics. Connah's Quay will release 10 Minor Op sessions on a weekly basis, alongside opportunity to run one-stop sessions. <i>(duplicate of 4J.d.3)</i>	Chief Operating Officer		Q2		
4J.c.7	Roll out Teledermoscopy across West IHC to maximise benefits across BCUHB	Chief Operating Officer			Q3	
4J.c.8	Optimise referral and triage processes to support e-referral (Welsh Admin Portal) roll out	Chief Operating Officer		Q2		
4J.c.9	Develop business cases for technological solutions to reduce follow up appointments, late cancellations, and DNA's	Chief Operating Officer			Q3	
4J.c.10	Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care	Chief Operating Officer				Q4
4Jd: Plastics						
4J.d.1	Review of commissioning arrangements when they change in 2025 (actual date to be confirmed) - it is important to note providers will continue the outreach service irrespective of the commissioning arrangements	Chief Operating Officer				Q4
4J.d.2	Handover of waiting list management to MWL following agreed threshold as limited demand and capacity information is currently held by BCUHB (Central and West waiting lists are still held by BCUHB even though MWL are the service provider)	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4J.d.3	Develop the proposal to open Connah's Quay as a joint facility with dermatology to provide increased clinic and operating space and capacity including dressing clinics. (duplicate of 4J.c.3)	Chief Operating Officer		Q2		
4J.d.4	Consider options for further outreach capacity across North Wales to increase access across the region as the Connah's Quay facility will provide capacity for patients within the East and Central Integrated Health Communities only	Chief Operating Officer			Q3	
4J.d.5	Additional capacity: Review opportunities for increasing theatre throughput within existing facilities in East and West IHCs	Chief Operating Officer			Q3	
4J.d.6	Technology: Generate a business case for the expansion of 'My Medical Record' to manage skin cancer follow-up patients; My Medical Record gives access to patients own online health record containing jointly managed information between the patient and the service	Chief Operating Officer				Q4
4J.d.7	Patient Experience: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care	Chief Operating Officer				Q4
4Je: Oncology						
4J.e.1.	Increase the number of substantive oncology consultants dependent on levels of available funding; providing greater continuity of care (replacing short term locums)	Chief Operating Officer				Q4
4J.e.2.	Substantive recruitment to multi-professional roles across oncology (nursing, operational and pharmacy) to meet the current demands and improve service provision and patient safety following recurrent funding approval	Chief Operating Officer		Q2		
4J.e.3.	Develop a fully integrated service strategy to support future demand and innovation	Chief Operating Officer			Q3	
4J.e.4.	Complete business case for 2 linear accelerators to replace machines which are coming to the end of their safe working life. Funding is secured via Welsh Government and replacement will ensure reduced machine downtime which impacts on treatment capacity for patients. This will also give the department the opportunity to purchase machines with the latest developments which could provide greater access and/or more capacity	Chief Operating Officer		Q2		
4J.e.5.	Establish SABR (Stereotactic Ablative Radiotherapy) - a highly targeted form of radiotherapy which targets a tumour with radiation beams from different angles) service in North Wales, commencing with treatment of lung cancers. This type of treatment is delivered in fewer numbers of treatments (with potentially minimal side effects) than conventional radiotherapy	Chief Operating Officer		Q2		
4J.e.6.	Engagement with the implementation of the EHR; this is an essential element for Oncology as currently oncology records are stored within dedicated oncology records and are not visible to the wider services	Chief Operating Officer		Q2		

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
	through the main patient notes, placing a risk to patient safety when patients are admitted/seen elsewhere across the Board and the clinician does not have access to up to date clinical records					
4J.e.7.	Collaborate with the development of a single Welsh contract for Chemocare software to standardise the system across Wales with a view to reduce contract/service costs and ensure data is comparable	Chief Operating Officer			Q3	
4J.e.8	Patient Experience: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible	Chief Operating Officer				Q4
4Jf: Ophthalmology						
4J.f.1	Recruit to funded regional clinical (medical and Optometry) and operational business support leadership roles to drive forward service delivery and improvements	Chief Operating Officer		Q2		
4J.f.2	Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care	Chief Operating Officer			Q3	
4J.f.3	Optimise to NICE/GIRFT evidenced based pathways for all ophthalmology sub specialities, delivered through pan BCUHB sub speciality networks. <i>(Linked to 4L.f.4 and 4L.f.1)</i>	Chief Operating Officer				Q4
4J.f.4	Make best use of available resources to expand locally agreed regional integrated care pathways (glaucoma and retinopathy) with community Optometrists. Develop opportunities for the WGOS (Welsh Government Optometry Services) (extended workforce) to provide equity in care and treatment delivery and reduce demand across the region <i>(Linked to 4L.f.3 and 4L.f.1)</i>	Chief Operating Officer		Q2		
4J.f.5	Deliver cataract pathway efficiencies to improve timely access through: Pre – Operative Assessment Clinic (POAC) process improvement, direct listing, increased theatre utilisation (including High Volume Low Complexity (HVLC) and Minor Operating Procedures (MOPs), and monitoring of Hospital cancelled appointments and Did Not Attend to ensure maximum utilisation of available capacity and resources	Chief Operating Officer				Q4
4J.f.6	Undertake an estates review to identify challenges and risks (ageing buildings, fragile infrastructure, and access issues) and explore further estate and modular opportunities in community settings to prevent loss in available capacity for care and treatment and providing care closer to home	Chief Operating Officer		Q2		
4J.f.7	Ensure improvements in data quality	Chief Operating Officer		Q2		

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4J.f.8	Develop a business case for a centralised cataract hub and a centralised complex services centre to support regional service delivery (predeterminant of regional delivery would be 'go-live' of the ophthalmology national EPR)	Chief Operating Officer				Q4
4J.f.9	Introduce See on Symptom (SOS) and Patient Initiated Follow Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment	Chief Operating Officer		Q2		
4J.f.10	Undertake demand and capacity modelling to establish patient volume waiting times and appointment backlog for all sub specialities including the recruitment of Eye Care Validators (Linked to 4J.f.3b and C)	Chief Operating Officer			Q3	
4J.f.11	Ensure consistent use across North Wales of interim digital solutions (e-referral and Consultant Connect) to improve the referral process and reduce delays between referral and treatment whilst awaiting national systems delivery	Chief Operating Officer		Q2		
4J.f.12	Act based on the insights gathered within existing Harm Review process, delivering improvements in patient experience through direct referrals and expansion of alternative community based pathways	Chief Operating Officer				Q4
4Jg: Orthodontics						
4J.g.1.	Consolidate the Orthodontic and Oral Maxillo Facial Surgery (OFMS) services to become a networked single service with one operational manager and budget working across the three IHCs	Chief Operating Officer		Q2		
4J.g.2	Support the recruitment of funded consultant vacancies and implement a strategic and operational Workforce Planning review to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care	Chief Operating Officer		Q2		
4J.g.3.	Create and deliver an improvement plan, implement and monitor GIRFT recommendations as supported by the Royal College of Surgeons (Faculty of Dentistry) and the British Orthodontic Society	Chief Operating Officer		Q2		
4J.g.4.	Introduce See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment	Chief Operating Officer			Q3	
4J.g.5.	Deliver improvements in day case surgery rates and ring fenced beds	Chief Operating Officer			Q3	
4J.g.6.	Improve effective utilisation of theatre capacity, optimising the right procedure in the right place to reduce unnecessary theatre utilisation	Chief Operating Officer		Q2		

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4J.g.7.	Review management of, and validate, waiting list to support prioritisation of new patients, longest waiters and those requiring oral surgery as part of their pathway of care. Monitor DNA/CNA rates	Chief Operating Officer			Q3	
4J.g.8	Review and act prudently on introducing improvements to patient experience based on insights gathered to date, such as access to care and the CHC review of harm to children waiting for appointments and treatments	Chief Operating Officer				Q4
4Jh: Trauma & Orthopaedics						
4J.h.1.	Work with orthopaedic clinical leadership to deliver standardised effective job planning and subspecialty focused North Wales services', to enable a reduction in unwarranted clinical variation	Chief Operating Officer			Q3	
4J.h.2.	Address workforce shortages through recruitment and upskilling of existing non-medical workforce led by effective pan-BCUHB and IHC clinical leadership	Chief Operating Officer			Q3	
4J.h.3.	Reduce unwarranted clinical variation to increase productivity and improve patient outcomes through implant rationalisation, improved multi-disciplinary team working, job planning, trauma rota and demand/capacity mapping, and increased utilisation of SOS, PIFU and PROMs pathways	Chief Operating Officer		Q2		
4J.h.4.	Development and adherence to BMI guidelines for surgery to increase conversation rates >70%. This will entail some patients partaking in the lifestyle management programme to reduce their BMI in order to increase their appropriateness for surgery and as such improve their post-operative outcomes	Chief Operating Officer			Q3	
4J.h.5.	Improve data quality at a subspecialty level through more effective coding practices, therefore allowing better understanding of the underlying issues and as such where improvements are required	Chief Operating Officer		Q2		
4J.h.6	Implement condition specific pathways for Carpel Tunnel Syndrome and Hip/Knee arthroplasty through collaboration with the national clinical implementation network and respective sub-specialty groups. This will reduce unwarranted variation in clinical practice and afford patients the same opportunities across the Health Board	Chief Operating Officer			Q3	
4J.h.7.	Review current outsourcing and external commissioning arrangements and through demand and capacity mapping establish whether there is appetite and potential to repatriate activity, providing patients with care closer to home	Chief Operating Officer		Q2		
4J.h.8.	Generate a proposal to increase patient activity in Abergele Hospital through an expansion of current Abergele criteria and / or investment into enhanced recovery on the site. Testing the link between optimising theatre utilisation and improving treat in turn rates	Chief Operating Officer		Q2		
4J.h.9	Implement consistent application of See On Symptom and Patient Initiated Follow Up pathways across North Wales. This will reduce the need for traditional in-person follow up appointments, creating capacity for patients that need to be seen	Chief Operating Officer			Q3	

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4J.h.10	Utilise patient experience data to improve patient care with initiatives such as providing care closer to home and timelier access to diagnostics and treatment	Chief Operating Officer		Q2		
4K: Women's services						
4K.1	Support the local establishment of a Women's Health Hub by March 2026 as a Ministerial Priority; dependent on the prioritisation of available resources. Principles of which will focus on preventative based women's health initiatives, accessibility to information and services with care as close to home as possible	Chief Operating Officer				Q4
4K.2	Lead on the recovery of Gynaecology Cancer and Planned Care in line with GIRFT recommendations and Ministerial Targets	Chief Operating Officer				Q4
4K.3	Progress business cases to secure Cancer and Planned Care Pathway Trackers and a Single Point of Access System for Gynaecology referrals to support recovery and pathway re-design	Chief Operating Officer				Q4
4K.4	Support the implementation of the Preconception Strategy to include preventative based women's health initiatives	Chief Operating Officer				Q4
4K.5	Develop a measurable plan to enable delivery of the Quality Management for Maternity and Neonatal Services, prioritising the 7 key actions which align to the MatNeo Safety Support Programme	Chief Operating Officer				Q4
4K.6	Progress the business case to implement the Digital Maternity Solution for Services	Chief Operating Officer				Q4
4K.7	Work in partnership with the NHS Executive to develop an implementation plan to deliver the Perinatal Engagement Framework commitments	Chief Operating Officer				Q4
4K.8	Collaborate with HEIW to prioritise year 1 actions to ensure delivery of the Perinatal workforce plan	Chief Operating Officer				Q4
4K.9	Develop a Perinatal Quality Surveillance Dashboard with key standard matrix with both network and national oversight in line with policy direction	Chief Operating Officer				Q4
4K.10	Progress the business case to support the equitable implementation of a specialist infant feeding - lactation support service team in the 3 IHC areas - to improve breastfeeding outcomes in North Wales	Chief Operating Officer				Q4
4L: Children & Young People						
4L.1.	Work on raising awareness and implementing the Children's Charter across the Heath Board	Chief Operating Officer				Q4
4L.2.	Work towards the establishment of a Youth Voice Board in the Heath Board to ensure children's rights are upheld and children are consulted and involved in the development and provision of services (linked to 3C.8)	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4L.3.	Progress the Health Board signing of the Wales Corporate Parenting Charter to support care experienced children to have the same opportunities as all children	Chief Operating Officer		Q2		
4L.4.	Further improvements in children's Immunisation uptake levels	Chief Operating Officer				Q4
4L.5.	Develop transition pathways	Chief Operating Officer				Q4
4L.6	Work with partners on the Right Door approach to support children with complex needs	Chief Operating Officer				Q4
4M: Pharmaceutical services						
4M.1.	Implement the prioritised actions from the Independent Review of Hospital Clinical Pharmacy Services across all hospital settings (including MHL, Cancer, Women's) subject to available resources	Chief Operating Officer				Q4
4M.2	Establish a Medicines Value prevention arm that leverages diabetes prescribing and Value-Based outcomes while optimising cost efficiencies	Chief Operating Officer		Q2		
4M.3	Develop a business case to centralise Radiopharmacy services, aligned with the nuclear medicine programme and supported by the national TrAMs programme team	Chief Operating Officer				Q4
4M.4	Scope and test a model for commissioned community pharmacy services focused on long-term condition management, starting with hypertension	Chief Operating Officer				Q4
4M.5	Launch the first MPharm cohort at Bangor University in 2025, working with General Pharmaceutical Council (GPhC) towards achieving Step 4 accreditation by the 2025/26 academic year	Chief Operating Officer			Q3	
4N: Palliative, End of Life and Bereavement Care						
4N.1	4N.1. Develop a Strategic Delivery Plan for Palliative Care and End of Life Care (PEoLC)	Executive Director of Nursing & Midwifery				Q4
4N.2	4N.2. Commence implementation of the SWAN model for bereavement care, to support and guide the care of patients and their loved ones during end-of-life care and afterwards	Executive Director of Nursing & Midwifery				Q4
4N.3	4N.3. Develop a model and workforce plan to improve PEoLC in line with the Welsh Government Quality Statement for Palliative and End of Life Care	Executive Director of Nursing & Midwifery				Q4
4N.4	4N.4. Finalise the Quality Improvement Strategy for End of Life Care Decision making. Develop an options appraisal and business case to improve PEoLC in accordance with the Quality Improvement Strategy for End of Life Care decision making	Executive Director of Nursing & Midwifery				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
40: Dental services						
40.1	Work to increase GDS service provision, this will require consideration of new and innovative solutions alongside existing methods. The Health Board will continue to liaise with partners such as the Chief Dental Officer for Wales and the Local Dental Committee, to support this in addition to working with other Health Boards where primary care dental services are performing well	Chief Operating Officer			Q3	
40.2	Re-evaluate areas of need and go back out to procurement for GDS access in 2025, working with the procurement team to improve the framework of the tender in order to expand the pool of potential bidders	Chief Operating Officer				Q4
40.3	Progress dental education strategy, setting out plans for all workforce in line 'Primary Care Model for Wales'. The aim of the strategy is to make North Wales a centre of excellence for all Dental professions by providing upskilling, training and development opportunities for all members of the dental team, including working with Bangor University to build on the Dental Hygienist and Dental Therapist courses, supporting a community-based service	Chief Operating Officer				Q4
40.4	Use the 'Primary Care Academy' approach to support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability. The aim is to expand this work in order to offer development opportunities both within CDS and GDS which will ultimately benefit patient care	Chief Operating Officer			Q3	
40.5	Work with Public Health team in continued delivery of national programmes such as 'Designed to Smile' and 'Gwên am Byth'	Chief Operating Officer				Q4
40.6	Review and revise the dental budget to ensure appropriate support is given to services. This work will be revenue neutral and aims to leverage better value from the financial resources currently supporting the provision of dental services	Chief Operating Officer		Q2		
40.7	CDS waiting lists to be addressed to ensure patients are not waiting significant lengths of time. Solutions include optimising front line clinical resource, improving the patient appointment booking centre (PABC), and creating key performance indicators (KPIs) to underpin operational management	Chief Operating Officer				Q4
40.8	Undertake a demand and capacity review for CDS services to understand activity patterns to be able to effectively forecast when staffing will be required and to what degree	Chief Operating Officer			Q3	
40.9	The formation of a clear domiciliary dental pathway with a robust eligibility criterion. Agreeing the right approach will involve dental officers who are responsible for delivering the activity. As most of the domiciliary activity takes place within care homes, an inclusive approach will be taken to codesign any agreed pathways	Chief Operating Officer				Q4
40.10	Improve Board visibility of primary care dentistry performance data	Chief Operating Officer		Q2		

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4P: Diabetes						
4P.1	<p>The Health Board Diabetes Programme will contribute to increasing the % of those aged 12+ receiving the 8 Care Processes by:</p> <p><i>Evaluating the limitations and sources of data being utilised to report the position</i> <i>Understanding why variation exists in primary care and prescribing</i> <i>Identifying improvement for data collection and instigating improved reporting from clusters</i> <i>Evaluating the limitations and sources of data being utilised to report the position</i> <i>Understanding why variation exists in primary care and prescribing</i> <i>Identifying appropriate resources required for patients for managing diabetes</i> <i>Providing appropriate management plans for individuals with Type 1 diabetes across primary and secondary care which tackle duplication and variation in care</i> <i>Implementing improvement plans in relation to use of medication in line with NICE guidelines</i> <i>Evaluating the improvement and shared peer learning</i> <i>Utilising insight from 8 Care Processes to inform Primary Care model for 26/27</i></p>	Executive Director of Public Health				Q4
4P.2	Implementation of the NICE Technology Appraisal to provide 'artificial pancreas' technology called Hybrid Closed Loop (HCL) systems which offer people who develop this particular auto-immune condition the opportunity to enjoy normal glucose control. There is a significant resource requirement associated with this development, which is planned for implementation over a 5-year period, subject to the agreement of funding	Chief Operating Officer				Q4
4P.3	The Health Board will seek to strengthen the multi-disciplinary specialist diabetes team to support transition to adult services and to respond quickly to the increasing number of new presentations	Chief Operating Officer				
4P.4	In adult diabetes teams a more comprehensive service model will be required to deliver diabetes technology to people with Type 1 diabetes in line with the national directive	Chief Operating Officer				

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
-----	------------	----------------	------	------	------	------

5: Effective environment for learning and skills development

5A: University and Further Education Partnership

5A.1	The Health Board will seek to build the relationships with all higher and further education partners to improve the impact across research and development, education and training and innovation thus supporting our continued achievement of University Designation	Executive Medical Director			Q3	
5A.2	Having maintained and developed relationships, BCU will explore the value in a regional approach to partnership with all stakeholders	Executive Medical Director				Q4
5A.3	Work with education providers in the development of the Health Board's Clinical Services Plan to increase their understanding and open up opportunities for transformational and innovative change to be reflected	Executive Medical Director				Q4
5A.4	Building on the successful establishment of the North Wales Medical School, we will continue to work with and support all partners in achievement of strategic projects	Executive Medical Director				Q4
5A.5	Launch the first Mpharm cohort at Bangor University in 2025, with General Pharmaceutical Council (GPhC) Step 4 accreditation achieved by 2025/26	Chief Operating Officer	Reporting through 4M.5			
5A.6	Work with the University of Wales Bangor to support the development and growth of the North Wales Medical School	Executive Medical Director	Reporting through 2C.7			
5A.7	Progress dental education strategy, setting out plans for all workforce in line 'Primary Care Model for Wales'. The aim of the strategy is to make North Wales a centre of excellence for all Dental professions by providing upskilling, training and development opportunities for all members of the dental team, including working with Bangor University to build on the Dental Hygienist and Dental Therapist courses, supporting a community-based service	Executive Medical Director	Reporting through 4O.3			

5B: Research, Development and Innovation

5B.1	Completed development of a support infrastructure and expert panel with M-SParc, OpTIC Technology Centre, Bangor University and Wrexham University, supported by Welsh Government. Innovators will be able to access the expert panel for advice and guidance	Executive Medical Director				Q4
5B.2	Continue to increase research activity, both commercial and non-commercial research	Executive Medical Director				Q4
5B.3	Increase the number of joint appointments and honorary research appointments with our academic partners	Executive Medical Director				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
5C: Academic Careers						
5C.1	Whilst awaiting a national definition, hold a multidisciplinary workshop with those currently working in academic careers, and with those who aspire to this career pathway, to agree a local working definition	Executive Director of Allied Health Professions & Health Science		Q2		
5C.2	Explore the academic career pathway framework, utilising the outputs from the workshop to inform a paper, which will be built upon with proposals for the supporting governance framework, and supplemented by learning and best practice from other health and academic organisations	Executive Director of Allied Health Professions & Health Science				Q4
5D: Intelligence Led						
5D.1.	Build on proof-of-concept work to develop proposals for Robotic Process Automation (RPA) to reduce reliance on manual processes	Chief Digital & Information Officer				Q4
5D.2.	Delivery of a Health Board data quality kite-mark to improve data for decision making, supported by the extension of data models written for RTT	Chief Digital & Information Officer				Q4
5D.3.	Continued development of forecasting capabilities and proposals for the introduction of predictive analytics that will in turn support improved planning and decision making around planned and urgent and emergency care	Chief Digital & Information Officer				Q4
5D.4.	Roadmap for the further development of data warehousing will be documented, incorporating the decommissioning of the Health Board's legacy warehouse. Commence implementation of Cloud Based Technology through transition to the National Data Analytics Platform for submitting data and establishing arrangements for transition from On-Premise to Cloud, all aligned to the Care Data Resource	Chief Digital & Information Officer				Q4
5D.5.	As part of the Operational dashboard (IRIS2) rollout, implement the necessary foundations that will enable use across all types of devices in an intuitive and bespoke manner	Chief Digital & Information Officer	Q1			
5D.6	Building on the progress made with Planned care data, the Health Board will undertake a data maturity assessment of urgent and emergency care and develop a programme of work to develop the use of intelligence and insight in this area	Chief Digital & Information Officer		Q2		
5E: Learning Organisation						
5E.1	The Health Board will evaluate how the organisation learns from its investigations of serious incidents and complaints following the introduction of the Integrated Concerns and Complaints Policy	Executive Director of Nursing & Midwifery				Q4
5E.2	The Health Board will improve its systems and processes to ensure the transfer of learning as a Learning Organisation is increasing the opportunity to share learning and improve patient care	Executive Director of Nursing & Midwifery				Q4

<i>Ref</i>	<i>Descriptor</i>	<i>Lead Executive</i>	<i>Qtr1</i>	<i>Qtr2</i>	<i>Qtr3</i>	<i>Qtr4</i>
5E.3	Develop a discovery report to inform an Education Strategic Plan for the Health Board	Executive Director of Nursing & Midwifery				
5E.4	Improve processes to prepare for, respond to and embed learnings from any requests made by national inquiries	Executive Director of Nursing & Midwifery				Q4

Delivery will be monitored through the Portal, newly refreshed for 2025/26, which allows all plans and reporting to be brought together with an “update once” approach.

APPENDIX 1

Quarter 2- 2025/26 ADP Monitoring Report November 2025

Annual Delivery Plan Quarter 2 - Overview by Sub-Objective

KEY:	On track for delivery of the sub-objective by end of financial year	Off track, but with a plan to course correct and complete by end of the financial year	Off track and high risk of non-completion by the end of the financial year
-------------	--	---	---

Sub-Objective	Executive Lead	Delivery Confidence
1A Effective Systems of Governance	Director of Corporate Governance	Delivery Confidence

Overview

The Effective System of Governance sub objective is based around nine core priorities delivering measurable improvements to existing governance arrangements through the creation of a Governance Improvement Plan, improved governance arrangements with additional training and support, together with strengthening risk management practices and governance across the organisation. Outputs from this work are expected to result in improved governance arrangements, whole system quality-based decision making, improved recruitment and commissioning of goods and services and eliminate the backlog of overdue Learning from Events Reports (LFER).

Current Position

The Health Board has made significant progress in strengthening governance, consistency, and transparency, for example within the LFER process where robust redress systems, senior oversight, centralised tracking, and proactive performance monitoring are now embedded, ensuring greater accountability and sustained improvement. Ongoing improvements to governance arrangements is supporting the delivery of the organisation's strategic objectives, keeping governance focused on the key strategic priorities and enabling a whole-system quality-based decision-making approach (1A.4) as seen in improvements to LFER backlog rates reported to the Audit Committee. These developments along with further commitments show a clear commitment to delivering high standards of governance and position the Health Board for measurable progress in managing legal and regulatory challenges.

Remainder of the financial year

Whilst the programme has met with minor delays due to staffing pressures, the remaining deliverables around annual self-assessments and Structured Assessment recommendations remain on track for Q4 delivery.

Sub-Objective	Executive Lead	Delivery Confidence
1B Establishing Foundations for the Future	Chief Executive	Delivery Confidence

Overview

The Establishment of the Foundations of the Future sub objective is about building an effective and sustainable organisation for the long term by ensuring the approach to five interlinked workstreams: Strategy, Culture, People, Process and Structures, are all aligned in the development of a new organisational operating model. The focus of the programme within this financial year consists of three priorities focusing on the final design, implementation and future development of the organisation. The programme is focused on making sure the Health Board has the most effective operating model to enable the best possible care for the people of North Wales with a shared ambition to work together to deliver the organisation's core purpose and strategic objectives with the right support and tools in place, to achieve this.

Current Position

A draft core structure has been developed following extensive engagement across different services, covering primary and community care, acute, regional services, and corporate functions. Finance is progressing with costing, and staff groupings with potential Organisational Change Process (OCP) implications are being collated. Work on a business partner approach to a number of Corporate Services is also advancing. The structure is currently being socialised with leadership teams, and a report will be presented to Board over the next few weeks outlining the proposed phased implementation. Elements relating to the other workstreams (Strategy, Culture, People, Processes) are covered elsewhere in this report.

Remainder of the financial year

Outstanding actions focus on delivering the Governance Improvement Plan and embedding Structured Assessment recommendations to strengthen governance and accountability. This includes completing the Governance Hub and Toolkit with training, rolling out risk management audits and training, enhancing procurement and financial compliance through SOs, SFIs, and SoRD training, and improving accountability agreements for budget holders. These measures will ensure consistent governance, better decision-making, and robust financial and risk controls, supporting the Health Board’s aim of achieving high standards of governance and assurance.

1C Responding to Legislative Requirements	Director of Corporate Governance	Delivery Confidence
--	---	----------------------------

Overview

The Responding to Legislative Requirements sub objective is based around eight core priorities delivering measurable improvements to regulatory assurance through the extensive review of current arrangements, improved processes for the preparation, response and implementation of requests from inquiries or new legislation. Outcomes from this work are expected to result demonstrate legislative compliance, and drive improvements to the Health Boards current policies, guidance and practices.

Current Position

The Discovery and Learning Steering Group has been successfully established, with Terms of Reference approved by the Executive Committee on 6 August 2025 and a Referral Process and Effectiveness Review endorsed by the Chair. This will provide a clear governance framework to support organisational learning and improvement in response to national inquiries and lays the foundation for an organisational system for monitoring audit recommendations (1C.3; 1C.5). While the Cyber Resilience Bill is still in its second reading and full implications remain uncertain, initial analysis indicates high confidence in defining requirements and responsibilities.

Remainder of the financial year

Focus remains on strengthening governance and compliance by reviewing regulatory assurance, re-establishing legislative processes, and delivering the Three-Year Plan using HSE methodology. Key actions include implementing a Health and Safety Improvement Plan, creating a robust audit system for medical devices and procurement compliance, and embedding Discovery and Learning Steering Group processes to drive continuous improvement.

1D Implementing the Quality Management System	Executive Director of Nursing and Midwifery	Delivery Confidence
--	--	----------------------------

Overview

The implementation of the Quality Management System (QMS) sub-objective consists of five priorities delivering standardised QMS maturity assessments across the Health Board, development of governance frameworks, mobilisation and implementation planning across the health board, integration of QMS into Clinical Service Planning and Challenged Services and evaluation of the Health Boards design and implementation of the QMS. Outputs from this work are expected to result in strengthened knowledge and understanding of the QMS across the BCUHB workforce.

Current Position

The Health Board has successfully delivered a comprehensive communication and engagement programme to embed the Quality Management System (QMS) across the workforce. Initiatives such as the QMS Hub, myth-busting bulletins, and leadership briefings have strengthened awareness and integration of QMS principles. Significant progress includes rollout of the digital QMS maturity assessment tool, now supporting Challenged Services and early adopters, with enhanced scalability through Data verse (1D.1). Formal evaluation confirms QMS as a strategic enabler for quality improvement, positioning BCUHB as a leader in NHS Wales (1D.4).

Remainder of the financial year

Further work required to Integrate QMS principles into Clinical Services Planning and early identification of challenged services, and will form a core part of the IMTP Development for 2026/29. All deliverables remain on track for Q4 delivery

2A Developing and delivering a Health Board Strategy and Clinical Services Plan (CSP)	Executive Director of Transformation and Strategic Planning	Delivery Confidence

Overview

The implementation of this sub-objective consists of six inter-related priorities related to strategy development. They centre around the three main strategy development products of 1) Co-creating a Strategic Intent with partners for the population of North Wales, 2) The Health Board's 10-Year Strategy, 3) Strategic Plans to deliver the 10-Year Strategy e.g. Clinical Services Plan (CSP), Digital Roadmap (2A.6) , Estates Strategy (2C) etc.

Current Position

The work across all three of the areas outlined above is progressing well, with the Strategic Intent being the first product due for delivery in January. A strategy development session, held with The Bevan Commission, was held on the 8th October and captured insights from a wide range stakeholders, partners, staff and the community, which will be used to inform to all three of the strategic products. This builds upon broader engagement with the Regional Partnership Board (RPB) and Board Members that took place earlier in the year. Over the course the next few months further engagement events are scheduled for November and December 2025 (with the December event focusing on primary and community care,) and January 2026.

Running concurrently to the development of the 10 Year Strategy is the development of the Clinical Services Plan, with delivery expected in the 2026/2027. The engagement and co-production approach to this work (with staff, partners and communities) is already contributing to improved relationships and reputation and supporting the foundations to implement the CSP.

The Digital Roadmap (2A.6) 'From Vision to Action 'Great Care Every Time' was supported by the Strategic Planning and Service Change Group in August and will be embedded into the broader Health Board Strategy and implemented through the 26-29 IMTP.

Remainder of the financial year

All deliverables are still on track for Q4, although given they are all needing to be progressed simultaneously, work is underway to ensure sufficient resource is allocated to this area of work. A quick precis of the key commitments is:

- Strategic Intent – Published following Board in January.
- 10-Year Strategy – Complete the diagnosis work by end of March, as part of the broader Discovery phase due to complete by Q1 2026/27.

- Clinical Services Plan – Deliver improvements against Challenged Services (phase 1 of the CSP) and complete preparatory work for phase 2 of the CSP by end of March.

<p>2B Strengthening Planning and Commissioning</p>	<p>Executive Director of Transformation and Strategic Planning / Director of Performance and Commissioning</p>	<p>Delivery Confidence</p>

Overview

The Strengthening Planning and Commissioning sub-objective is about ensuring the organisation has effective planning and commissioning at the heart of service design and delivery, to provide more effective and sustainable services for the population of North Wales. There are several different aspects to the work with the overarching aim of improving the organisational capability in this space. There are two elements to this; one on Planning, informed by the Special Measures independent review of planning, and the other on Commissioning, with some specific reviews of commitments, Third Sector and insourcing / outsourcing contracting.

Current Position

Improvements in the organisations capability in planning contributed to the submission of the Health Board's first ever financially balanced IMTP last year. Progressing the planning and commissioning commitments will support more effective and sustainable services for the population of North Wales.

The focus of the Planning work is to enhance the organisational capacity and capability, building on the independent review of planning recommendations (2B.1). This is informed by stakeholder learning exercises (2B.2), Welsh Government feedback on the 2025-28 IMTP submission and completion of the Welsh Government’s Planning Maturity Matrix self-assessment (2B.3). Work has progressed well, coming together through a significant update to the organisation’s Integrated Planning Framework (2B.2), socialised through the Strategic Planning and Service Change sub-group of Executive Committee and PPHP, prior to being approved by Board in November. This is being put into practice through the current IMTP planning cycle and associated support and guidance. The Planning Maturity Matrix work has generated an action plan to support improvements in planning maturity in specific areas, which will be re-assessed within 12 months as part of the annual self-assessment.

Commissioning has been a focus for the in-year planned care long waits delivery, and further important pieces of work will be progressed during Q3 and Q4, although the absence of a substantive Director of Performance and Commissioning has impacted on pace of progress in this space.

Remainder of the financial year

The remaining year will focus on developing organisational capacity and capability for planning and commissioning and work is aligned to Foundations for the Future programme. Staffing capacity is impacting on the ability to progress this work, particularly the commissioning elements due to the absence of a Director of Performance and Commissioning to lead this priority area of work.

<p>2C Improving the Environment, Estate and Facilities</p>	<p>Director of Environment and Estates</p>	<p>Delivery Confidence</p>

Overview

The Improving the Environment, Estate and Facilities sub-objective consists of 12 priorities based around multiple areas to; identify, prioritise and deliver schemes through the Integration and Rebalancing Capital Fund (IRCF), review current standards and performance of existing estate, inform future developments whilst maximising potentials from strategic disposals, enhancing efficiencies and opportunities especially around business continuity, whilst minimising contributions too and impacts from climate change.

Current Position

Action to progress strategic capital developments have been successfully undertaken following the NHS All-Wales Capital Prioritisation exercise. Business cases are actively progressing for key projects including; the Adult & Older Persons Mental Health Unit, Nuclear Medicine Consolidation, and the Royal Alexandra Hospital Phase 1 addendum, with submissions planned to Welsh Government. Approval of capital funding for critical diagnostic and treatment equipment, such as two Linear Accelerators at the North Wales Cancer Centre and a SPECT-CT at Ysbyty Gwynedd, will significantly enhance service delivery and patient outcomes. The IRCF programme is under the remit of the Strategy Planning & Service Change Group, and a strategic overview of the Health and Wellbeing Hubs was well received at November Board.

Progress continues on key priorities, including major capital schemes and initiatives to maximise disposals and partnerships for reinvestment. Work is underway to support business continuity, collaborate with Bangor University on the North Wales Medical School, assess facilities standards, and complete the Welsh Government Climate Change Risk Assessment. Additional actions include building strategic partnerships and installing onsite renewable energy where viable. (2C.3).

Progress continues on key strategic priorities aimed at strengthening infrastructure and sustainability. This includes advancing major capital schemes and finalising an Estates Strategic Plan aligned to the Health Board’s emerging 10-Year Strategy to ensure long-term service resilience. Work is also focused on maximising asset disposals and forging partnerships to reinvest in patient care. Alongside this, initiatives are underway to enhance business continuity, collaborate with Bangor University on the North Wales Medical School, and assess facilities against national standards. Environmental commitments are being addressed through completion of the Welsh Government Climate Change Risk Assessment and exploring onsite renewable energy solutions. These actions collectively support improved estate efficiency, compliance, and sustainability, while building strategic partnerships to future-proof healthcare delivery.

Remainder of the financial year

Focus is on finding a way forward for each of the IRCF schemes, ensuring that there are Senior Responsible Officers (SROs) and appropriate programme teams in place to drive the whole service change work forward. Additionally, completion of the Estates Strategic Plan is dependent on the development of broader Health Board 10-Year Strategy (and Clinical Services Plan), meaning it cannot be delivered by March, impacting estate planning and linked initiatives.

2D Enhancing digital, data and technology approaches	Chief Digital and Information Officer	Delivery Confidence
---	--	----------------------------

Overview

The Enhancing Digital, Data and Technology approaches sub objective is based around 14 priorities each delivering several technological improvements or advancements into the organisation, the benefits of which will enable service transformation, improve patient safety, and reduce reliance on paper-based processes. The programme includes major projects such as Electronic Health Records (EHR), Mental Health EHR, electronic prescribing (ePMA), maternity systems, and diagnostics platforms, all of which are critical enablers for future integrated care.

Current Position

Progress across the portfolio is mixed, with several projects facing significant challenges. The EHR Transformation Programme remains on hold pending Welsh Government’s national roadmap, despite completion and local approval of the Outline Business Case. This delay creates uncertainty around timelines and investment planning. The Mental Health EHR programme has secured Welsh Government funding but delays in Procurement assurance checks is preventing completion of the full business case prior to Health Board approval.

The ePMA rollout is progressing with early adopter sites scheduled for December and phased deployment across acute sites through to March 2026. Key risks include resource constraints, a capital funding gap and retention of fixed term staff if funding extensions are not secured. Timescales remain challenging for the maternity EHR project which is scheduled to go live across all sites in March 2026. The LIMS implementation faces significant delays due to legacy data migration and system configuration issues, making the March 2026 target unlikely.

Positive milestones include the Radiology RISP system which successfully went live in September and is stabilising, though technical issues remain unresolved and Phase 2 timelines are to be agreed. The NHS Wales App has also gone live with new referral and outpatient reminder functionality in October 2025, improving patient engagement, and the endorsement of the Digital Roadmap. The repeat prescription functionality for the NHS Wales App however requires national change control, delaying full delivery.

The Digital Roadmap: From Vision to Action: Great Care, Every Time, has been endorsed and will now be embedded within the Health Board’s broader strategy. A draft EPRR cyber response plan has also been developed and is scheduled for review in December. Challenges remain to deliver the remaining objectives by the end of the financial year.

Remainder of the financial year

The focus for the rest of the year is to mitigate risks and maintain momentum on deliverables. For maternity and ePMA, intensive training and phased go-lives will be required, alongside efforts to secure additional resources. Diagnostics work will prioritise stabilising RISP operations and accelerating LIMS progress, while contingency planning for infrastructure risks will continue. For EHR and Mental Health, engagement with Welsh Government and completion of assurance processes will be critical to progress. Across all projects, emphasis will remain on robust governance, risk management, and stakeholder engagement to ensure alignment.

2E Developing and delivering value and sustainability	Executive Director of Finance	Delivery Confidence
--	--------------------------------------	----------------------------

Overview

The Developing and delivering value and sustainability sub objective is based around four priorities: Delivering a refreshed value and sustainability programme, maximising opportunities to reduce waste, harm and clinical variation ultimately building knowledge and capacity in delivering value-led improvement into the wider organisational frameworks. The programme consists of the following workstreams: 1) Medicines Management 2) Continuing Health Care (CHC) 3) Workforce 4) Non-Pay & Procurement 5) Clinical Variation & Service Reconfiguration 6) Value-Based Health Care

Current Position

A refreshed Value & Sustainability Programme is operational and designed against the core national thematics for 25/26 (e.g. Medicines Management – maximising biosimilar usage, branded to generics, reduction in low-value prescribing). A full review has been undertaken of the programme against all other Welsh Health Board initiatives to ensure all opportunities are maximised. At end of Q2 (Month 6), the programme had identified its target of £40m ‘Green’ RAG-rated savings against a wider plan (which includes Red and Pipeline Schemes) of £45.3m. At end of Q2 (Month 6) year-to-date, the programme had over-delivered by £2.1m against forecast.

In relation to specific schemes to address clinical variation, two new projects were established in Q2 - 1) Orthopaedic Implant Rationalisation and 2) Orthopaedic Pathway Redesign (based on GIRFT-best practice). Also, delivery against the 5 High Value High Impact (HVHI) pathways (Cabinet Secretary Enabling Actions) continues, with Diabetes, Bone Health & Hip/Knee progress and performance presented to the National Value Finance Leadership Group. In addition, following the appointment of the new Medical Director, work also commenced on the redesign of the Clinical Variation workstream, which will also integrate the newly formed Value Based Health Care workstream into a single approach.

Work continues to hardwire Value Based Health Care into organisational structures and architecture. Value principles are now reflected within the integrated planning framework and reinforced through planning guidance. A new IMTP Collaborative Planning Group has been commissioned and has senior Value representation as part of its membership, to ensure the principles are proactively designed into 26/27 submissions. Value was also the foundation for the operating principles for the Health Board, to support the shift to a value-led organisation.

Work continues to develop foundational knowledge of Value (particularly with clinical colleagues), with a formal session delivered on the Advanced Clinical Leadership Programme.

Remainder of the financial year

By Q4, a fully refreshed Clinical Variation Workstream will be operational with priority pathways identified. A refined benefits framework will be operational, which will support a wider view of value, which focuses equally on non-financial value metrics (patient/population health outcomes, experience etc). Work will be underway to develop the draft programme for 26/27, based on this revised benefits framework. The emerging Foundations for the Future MCP will help drive value into the 'DNA' of the organisation and a specific value-led competency framework for senior managers will be developed.

Plans for a Value Academy will be matured and a training package to increase foundational knowledge will be designed and tested.

2F Improving workforce planning and development	Executive Director of People Services and Organisational Development	Delivery Confidence
--	---	----------------------------

Overview

The Improving workforce planning and development sub objective includes 10 priorities delivering a wide range of benefits for the organisation. Outputs from this workstream includes ensuring detailed workforce analysis and plans are in place supported by a suite of framework documents, planning tools, guidance and training. These outputs will be enablers to deliver better outcomes for patients like improved access to services, seeing the right clinician first time etc Resulting in measurable reduction in agency expenditure, effective job planning and reduced sickness levels together with better outcomes for patients, improved access to services and ensuring the right care in the right place at the right place.

Current Position

Workforce planning is progressing across all challenged services, with training delivered and plans at varying stages of development. Resources to support planning are being finalised for launch on BetsiNet by the beginning of Q4, although planning assumptions and links to support are available within the recently released Planning Guidance. A tool supporting teams in the development of their plans (2F.1) has been developed and is being utilised. Therapy Services continue annual workforce reviews, supported by successful recruitment strategies such as over-recruitment (i.e. hiring more staff than the initially planned or budgeted number of positions for a given role, department, or project) extra staff to account anticipated attrition, service demand fluctuations, and training pipelines for clinical roles) and new graduate pipelines, including the first Wrexham University cohort and workplace degree initiatives. Nurse vacancy levels have improved, particularly at Band 5 with near full quota levels, though challenges remain for Band 6–7 and specialist nurse posts (due to the historically large number of vacancies we have carried at band 5). Now the Band 5 gaps have been closed plans to recruit and build succession pipelines should close those gaps over the next few years, in the meantime. mitigated through development and rotation opportunities.

Agency spend is reducing, with Health Care Support Workers (HCSWs) and Estate & Ancillary (E&A) at zero and Administrative and Clerical (A&C) nearing target, though some off-contract use persists to support Planned Care recovery. Job planning implementation has been delayed pending national policy; a local policy is now scheduled for rollout by end of Q3. Current compliance stands at 51% of consultant job plans agreed as of October 2025 (2F.9).

Remainder of the financial year

Whilst progress is evident, there are several other priorities scheduled to be completed in Q3 & Q4, a number of these priorities are directly outside of the workforce team's control as they are directly impacted by organisational priorities and pressures. This is reflected in the overall confidence of delivery rating.

3A Culture Development

Executive Director of People Services and Organisational Development

Delivery Confidence

Overview

The Cultural Development sub objective is covers seven priorities aiming to deliver a number of benefits for the organisation. Outputs from this workstream includes implementation of a new values & behaviours framework into each organisational activity, production of a synthesis report which will guide our future culture and leadership approach and complete roll out of the culture change leadership programme. The Health Board is implementing the Kings Fund, Culture and Leadership Programme, with support from HEIW and the author Professor Michael West. Improved governance arrangements will support and align to the delivery of the organisation's strategic objectives. Anticipated outcomes include improved staff engagement, morale, and well-being leading to better patient care.

Current Position

The Values and Behaviours Framework (V&BF) embedding plan is progressing well, with most communication and socialisation actions completed and clear timelines for integration into remaining organisational processes. The V&BF toolkit has been successfully launched on BetsiNet and is actively promoted by Culture Change Leaders, supporting wider adoption. Welsh Government has acknowledged significant progress in addressing special measures de-escalation criteria, particularly in strengthening leadership and embedding core values. The Synthesis Report has been submitted to key governance groups and was presented to Board in November, reinforcing alignment with organisational development priorities (3A.2). Over 200 Culture Change Leaders have now been recruited to help embed the programme locally. The Synthesis Report has been peer reviewed by Professor Michael West and he has confirmed that the depth and quality of the report is one of the best of over 80 NHS organisations he has peer reviewed.

Remainder of the financial year

Remaining priorities on track for delivery by Q4, including to 1) Co-produce draft Design Phase priorities for 2026/27 to strengthen compassionate, inclusive leadership, 2) Complete rollout of the Culture Change and Leadership programme, 3) Build staff engagement through the engagement plan, including survey actions, PADR objectives, and events, 4) Improve governance to align with strategic objectives, using the RACI model to clarify roles and accountability.

3B Leadership Development

Executive Director of People Services and Organisational Development

Delivery Confidence

Overview

The Leadership Development sub objective is based around seven priorities delivering a number of benefits for the organisation. Focus is directed around the further development of the Integrated Leadership Development Framework combined with review and evaluation of existing leadership programmes. Outputs from this sub objective include building core management competency frameworks across NHS Wales professionalising operational management and leadership across the organisation.

Current Position

A comprehensive data analysis of user engagement, themes and attrition rates has informed targeted recommendations, which are being integrated into the next phase of the two leadership programmes to strengthen staff engagement and learning outcomes. These enhancements, embedded within the Integrated Learning Development Framework (ILDF), will support leadership development at all levels, contributing to improved experiences for staff and better outcomes for patients across the Health Board. Three key milestones have been achieved, including the development and socialisation of workshop content, commencement of workshops in June 2025, and the successful launch of the "Learning to Lead & Manage" programme following its pilot. The Leadership Hub on Gwella is established and active, with ongoing collaboration ensuring reporting requirements remain fit for purpose (3B.1, 3B.6, 3B.7).

Remainder of the financial year

The next phase will focus on developing a core programme for middle managers and leaders, aligned with the national strategy in collaboration with HEIW and academic partners. In addition, a comprehensive review of BCUHB's Coaching and Mentoring Network will be undertaken to ensure sufficient capacity, active engagement, and robust support structures. Where possible programmes are being developed to run across Mid Wales Health Boards as well as BCU to increase facilitation capacity.

3C Citizen engagement and partnership working	Director Of Partnerships/communications And Engagement	Delivery Confidence

Overview

The Citizen engagement and partnership working sub objective is based around nine priorities delivering a number of benefits for the organisation focused on full implementation of the recommendations of the independent review of engagement. Outputs from this sub objective include expansion of engagement programmes across North Wales.

Current Position

The Health Board has strengthened its strategic role within the Regional Partnership Board (RPB) through refreshed representation and a structured reporting process embedded in formal governance arrangements. These improvements ensure clear accountability, alignment with organisational priorities, and consistent senior-level input. Regular reporting to the BCU Planning, Population Health and Partnerships Committee provides enhanced oversight, while initiatives such as councillor engagement pilots and the development of a Youth Voice Framework that embeds the perspectives of children and young people in Health Planning and decision making.

Remainder of the financial year

Although delivery is slightly delayed due to scheduling difficulties with drop-in sessions, strong leadership, clear next steps, and positive partner engagement provide assurance that objectives remain on track for completion within 2025/26.

3D Welsh Language & Culture	Executive Director of Allied Health Professionals and Health Science	Delivery Confidence

Overview

The Welsh Language and Culture sub objective is based around five priorities delivering a number of benefits for the organisation focused around transition from planning to operational delivery of the Welsh Language Standards within the Welsh Language (Wales) Measure 2011 and the Welsh Governments Strategic Framework for Welsh Language Services in the Health Care sector 'More than just words' .

Current Position

The Welsh Language Strategic Forum's approval of the promotional plan provides a clear pathway to enhance visibility, staff engagement, and cultural awareness. Actions underway—including increased Welsh language presence in communications, tailored training, and cross-service collaboration—support integration of Welsh language and culture into everyday

practice. The development of a Welsh Language Champions approach, supported by case studies and recognition of best practice, establishes a strong foundation for promoting bilingual service delivery and advancing organisational objectives.

Remainder of the financial year

Key actions include adopting the Language Choice Scheme for specific vulnerable patient groups and, in collaboration with the National Centre for Learning Welsh, delivering a tailored training programme for Mental Health and Learning Disability Service.

4A Prevention and Early Intervention	Executive Director of Public Health	Delivery Confidence

Overview

The majority of what the NHS sees now is a result of long-term conditions - all of which have modifiable factors, and the majority have significant preventable factors. Our focus must be on reducing the prevalence (the number of people with long term conditions) and reducing the progression of these conditions (reducing the severe complications of long-term conditions) if we are to stop and then reverse the current widening gap between healthy life expectancy and life expectancy.

There are four areas of focus as established in the 25/26-27/28:

1. Working with partners to address the wider determinants of health
2. Reducing Health Inequalities
3. Improving the ability of people to maintain healthy lifestyles
4. Improving the wellbeing of the population

Current Progress & Future Progress

Progress to date includes the completion of a Weight Management Service review, with recommendations now under review. In order to maximise the use of targeted grant funds which support Prevention and Early Intervention a review of existing spending plans and establishment of Memorandum of understanding have been implemented with services. Population health intelligence has supported the development of the strategic intent, further supporting the ongoing development of the health board strategy. The Health Protection have increased activity in Care Home settings to improve infection protection controls. There has been progress in developing co-commissioning of Social Prescribing models which will expand the offer and accessibility, together with our Local Authorities. An Anchor Framework model which promotes actions which improve the health and wellbeing of the population is being explored with the Regional Partner Board. We continue to make good progress against the National Immunisation Framework and are meeting targets associated with COVID and Flu.

Remainder of the financial year

Whilst there have been some delays experienced against some key milestones, these are unlikely to affect most of the delivery in 25/26. The holistic models of prevention and anchor framework will be further developed alongside the population health data and intelligence.

4B Primary Care including clusters	Chief Operating Officer	Delivery Confidence

Overview

The primary Care sub objective is made up of 16 priorities the outcomes of which range from the implementation of the national ‘Primary Care Model’ for Wales and the national Primary Care Programme, dentistry, training, increased research opportunities, through too maximising opportunities for primary care as an alternative to ED attendance.

Current Progress

Progress has been made across key areas; however, significant work remains to achieve full delivery by Q4. Cluster Footprint Review – Dialogue with cluster leads, senior coordinators, and Assistant Director Primary Care (ADPC) has commenced during November, and a proposed solution will be presented to the Executive Team in due course. Implementation is anticipated for the new financial year, but timelines remain tight. Contract Assurance Framework (CAF) has been successfully transitioned to ‘business-as-usual’ within Primary Care Contracting and IHC teams. The Delivery plan has been aligned with national timescales, and lessons learned have been incorporated. An all-Wales Task and Finish Group is being established for 2026/27. Community Health Pathways continues to be rolled out. Early evidence shows positive impacts particularly to referral quality and patient flow, but further embedding and monitoring is required (4B.3). General Dental Service Procurement – Contracts have been awarded for GDS, orthodontics, oral surgery, and non-urgent access sessions, strengthening service provision across North Wales (4B.5). Performance Framework – The integrated performance framework and governance structures are under review following organisational changes. While key reporting duties are being maintained, alignment to the new structure is outstanding. Overall, good progress is evident however there is a risk to full delivery by Q4 due to dependencies on organisational restructuring and tight timelines. Mitigation plans are in place, and updates will continue through established governance routes for overdue priorities and priorities due for delivery in quarter 3 and 4 (4B.9).

Remainder of the financial year

Mitigation plans are in place, and updates will continue through established governance routes for overdue priorities. Priorities due for delivery in Quarters 3 and 4 include those involving the implementation of the national primary care model and expanding suitable training environments for medical students.

4C: Community Care	Chief Operating Officer	Delivery Confidence

Overview

The Community Care subobjective consists of 12 priorities, the outcomes of which aim to develop increased provision of Enhanced Community Care, through increasing District Nursing / community nursing and specialist palliative care weekend provision. However, a number of these proposals are subject to business case approval.

Current Position

This sub objective is red due to delays against the original schedule as outlined in the Ministerial Priority submission; however, progress has been made with key priorities during Quarters 1 & 2 in areas such as options for additional weekend Specialist Palliative Care CNS hours (4C.10) and business cases for Enhanced Community Care (4C.2) and increased weekend community nursing capacity (4C.6) are in development, outlining costs, benefits, and funding streams but subject to provision of suitable project governance structure and clinical / operational leads.

Remainder of the financial year

Work to continue the development of business cases and identification of funding sources will continue through the remainder of the year. A number of priorities are scheduled for delivery in quarters 3 & 4 in the areas of weekend specialist palliative care and enhanced community care through weekend community nursing.

4D Planned Care, Cancer & Diagnostics	Chief Executive / Chief Operating Officer	Delivery Confidence

Overview

This subobjective is made up of thirty-nine priorities separated into three categories;

- A. Planned Care
- B. Cancer Care
- C. Diagnostics

Current Progress

Priorities under Planned Care, Cancer Care, and Diagnostics, remains at risk due to delays against the original schedule; however, progress has been made with key priorities during quarters 1 & 2. A number of ADP targets initially scheduled have been revised and agreed through the Planned Care Programme Board, particularly as more detailed programme plans have been developed. Several of these priorities are now expected to commence and be delivered by Q4.

Remainder of the financial year

Progress will continue to be undertaken and reported in accordance with the Planned Care Programme and overseen by the Planned Care Programme Board (chaired by the CEO). The risk of delay remains particularly as several priorities are not due to commence until Q3 and Q4.

Individual Services Breakdown – Current position and focus for end of year.

A. Planned Care (Red)

Current Position

Planned Care is progressing across key workstreams. Direct cataract referral listing has progressed, WPAS coding has been corrected, and Phase 2 demand and capacity modelling is underway to inform one-stop capacity requirements, though increasing outpatient and POA capacity remains a challenge.

The Health Pathways Community project is exceeding targets, with 128 localised pages (58 formal) and 228 in progress, including over 10 orthopaedic pathways nearing sign-off. Work is being enhanced with a prioritisation framework, although funding for GP Clinical Editors is not yet confirmed.

For Consultant Connect, national funding will cease beyond 2025/26, and a review of usage and impact is underway to assess implications for primary care advice and guidance.

Proactive DNA mitigation measures are in place, including extending clinic templates and overbooking strategies, visible in the Outpatients dashboard. Further work is required to ensure consistent reporting and application.

Remainder of the financial year

The Health Board will implement best practice standards for referral advice and guidance in high-volume specialties, roll out Health Pathways and the Pathway Alliance Programme, and progress the new Booking Service for a consistent approach. Work will continue to revise the Pre-Operative Assessment model, improving theatre utilisation, and expanding day case and minor procedure opportunities. Validation and data cleansing of follow-up lists will be undertaken, alongside the introduction of See on Symptoms (SoS) and Patient-Initiated Follow-Up (PIFU) in priority specialties. Enhanced demand and capacity modelling will be introduced, supported by in-year commissioned capacity for 2025/26 delivery. Finally, integrated specialty plans for 2026/27 will be developed, covering workforce, finance, and commissioning requirements.

(4D.a.4,6,8,9)

B. Cancer Care (Amber)

Current Position

Cancer care is a key priority with additional external resources commissioned for endoscopy and dermatology to maintain timely access to care. These measures have supported service delivery while sustainable models of care are being developed and recruitment progresses, ensuring stability during the transformation period. In addition, the Community Health Pathways tool was successfully launched to all GPs in July 2025, and a nursing team has been recruited to support implementation. Induction will take place in Q3, with service launch planned for Q4. Work continues, led by the Women’s Division and Radiology, to define the most appropriate model and resource requirements for future service delivery.

Remainder of the financial year

The Health Board will continue work to recover cancer performance and improve compliance with the Suspected Cancer Pathway, aiming for 80% of patients treated within 62 days by March 2026. Clearing the current backlog of over 62-day waits will be a priority over the next six months. Plans include optimising the teledermoscopy service and building the case for its expansion, developing a proposal for robotic-assisted cancer surgery, and considering repatriation of selected services from England to North Wales. Additionally, the Health Board will work with Maggie’s and the Steve Morgan Foundation to open a new Maggie’s cancer support centre at Ysbyty Glan Clwyd.

(4D.b.4,5,7)

A. Diagnostics (Amber)

Current Position

A rapid review of workforce capacity and skill mix is underway to inform the recruitment and retention strategy. Completion of this has been delayed due to significant non-recurrent activity required to deliver the 8-week and 104+ week Stage 2 targets and OPD programme diagnostics, with completion now anticipated in Q4. In addition, the Endoscopy business case is scheduled for Executive review early in Q3, ensuring progress on service development priorities

Demand and capacity reviews for all diagnostic services are underway, with improvement plans being implemented to secure sustainable performance and meet forecast trajectory targets. Non-recurrent HB/WG funding approved in Q2 is enabling targeted diagnostic recovery actions focused on 8-week, 104+ week, stage 2, and OPD programme diagnostics. Recovery schemes are now being procured and implemented through Q3/Q4, with progress monitored against agreed improvement trajectories and full completion expected in Q4. Delivery of major national IT programmes in Radiology and Pathology continues to progress, with the Radiology Informatics System Project successfully implemented in September—significantly ahead of other Welsh Health Boards. The Laboratory Information Management System 2.0 is advancing as planned; however, national delays have necessitated a revised implementation target of end Q4.

Remainder of the financial year

The Health Board will complete demand and capacity reviews for all diagnostic services and begin implementing improvement plans to deliver sustainable performance against trajectory targets. Estates reviews will progress with priority projects, while major national IT initiatives in Radiology and Pathology continue, subject to resource prioritisation. Development of the medical illustration.

(4D.c.3,8)

4E UEC

Chief Operating Officer

Delivery Confidence

Overview

The UEC sub objective consists of seven priorities under four workstreams;

1. Support at the Individuals Front Door
2. Hospital Front Door

Remainder of the financial year

All sub objective priorities are scheduled and on track for completion by the end of the financial year particularly around the full delivery of the Royal College of Psychiatry Review and the development of the overarching model for people experiencing mental health crisis.

4G CAMHS

Chief Operating Officer

Delivery Confidence

Overview

The CAMHS sub objective consists of five priorities the outcomes of which focus around revised workforce planning and training, actions to ensure continued compliance with Mental Health Measure (MHM) Part 1a (targets for assessment) and attainment of Part 1b (targets for intervention across all teams), together with associated actions to sustain service provision as the service eliminates long waits.

Current Position

Best practice from other Health Boards has been shared and is informing local service development, including group provision and psycho-education to support delivery against MHM therapeutic intervention target (Part 1b). This is being reviewed through the Regional Access Group alongside a scoping exercise of local provision. Actions to date demonstrate a proactive approach to ensuring services are appropriate, equitable, and aligned with the national CAMHS specification, reducing unwarranted variation and improving outcomes for children, young people, and families. The CAMHS Strategic Workforce Plan has been agreed and implementation will be monitored through the Regional Workforce Implementation Group (4G.1).

Remainder of the financial year

Further priorities remain on track for delivery during Q3 and Q4 including developing proposals for alternatives to admission and evaluation of the implementation of the schools in reach approach to emotional health and wellbeing.

4H Neurodevelopment

Chief Operating Officer

Delivery Confidence

Overview

The Neurodevelopment sub objective consists of five priorities focused on improving services for children and young people with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Support for children and young people whilst on the waiting list and post-diagnosis relies on a whole-system approach working closely with partners across education and social services supported by the Children's Regional Partnership Board (RPB). The priorities relate to reducing waiting lists and the development of a needs-led service model combined with greater information sharing protocols with partners.

Current Position

The waiting list stratification has been completed (4H.1), and focus is now on reducing waits over three years in line with Ministerial priorities. A new assessment pathway, aligned with NICE guidance, has been developed to improve efficiency and realise 30% efficiencies in the current assessment process (4H.2). This will be monitored through Welsh Government Performance and Improvement (P&I) Division touchpoint meetings. The Integrated Service Plan (ISP) has been approved by Welsh Government and the Regional Partnership Board, with local procedures for shared information access being developed between IHCs and Local Authority partners. (4H.4)

Remainder of the financial year

Further priorities remain on track for delivery by the end of the financial year with development of a needs led service model and formal approval of information sharing protocol.

4I Dementia	Executive Director of Nursing and Midwifery	Delivery Confidence
-------------	---	---------------------

Overview

Dementia care is complex and requires skilled, person-centred approaches across all health services. Patients with dementia often occupy a significant proportion of hospital beds and present unique challenges that, if unmet, negatively impact outcomes, experience, and resource use. With dementia prevalence rising rapidly, the Health Board must strengthen care standards, reduce variation, and invest in workforce training and service improvements. A regional partnership and the Dementia Improvement Team are driving progress aligned with national policies and guidance, focusing on diagnosis, education, and personalised care. Effective dementia care benefits patients, families, and the wider health system by improving resource utilisation and supporting strategic goals. The Dementia subobjective consists of 11 priorities focused on prevention activities and patient experience improvements through training, best practice and environment improvements.

Current Position

Most priorities under this sub-objective are scheduled through Q3 and Q4, focusing on embedding dementia improvement initiatives across Emergency Departments (ED) and Integrated Health Communities. Work has been progressing to identify best practice, enhancing dementia training and developing local action plans also progressing. Two priorities are currently overdue: 4I.6 - Facilitate an extensive assessment of environments has been fully undertaken in two IHC’s with the third currently learning from areas of excellence in terms of environment for care of patients with Dementia. Additionally, 4I.9 - the creation, collation, and sharing of prevention resources has been delayed pending further engagement on an update to the existing Modifiable Risk Flyer to include newly identified risk factors prior to circulation.

Remainder of the financial year

While it is unlikely that some priorities will not be delivered by the end of Q4, significant progress continues to be made. Several key priorities remain on track for completion by the end of the financial year. Areas of focus include delivering an enhanced range and volume of dementia education and training, prevention activities, dementia appropriate environments and emergency department experiences.

4J Challenged Services	Chief Operating Officer	Delivery Confidence
------------------------	-------------------------	---------------------

Overview

This sub objective is made up of fifty-six priorities separated into eight categories;

- A) Urology
- B) Vascular
- C) Dermatology
- D) Plastics
- E) Oncology
- F) Ophthalmology
- G) Orthodontics
- H) Trauma & Orthopaedics

Current Progress

There is a significant volume of priorities across challenged services scheduled for delivery over Q2, Q3, and Q4. While progress has been made and some actions have been completed across different service areas, a some remain overdue and are at risk of not completing within the planned timeframe. There is mixed progress across this mini portfolio, with some improving sufficiently to be considered for de-escalation from Special Measures, whilst others are struggling to overcome some of their key challenges e.g. Workforce.

A summary of the current position and focus for the remainder of the financial year by challenged service is set out below.

Remainder of the financial year

Overall, the risk of delivery remains high, however specialty-level detail shows mixed confidence and is reflective of the complexity in scale of the tasks varying between the eight categories of challenged services: Plastics and Oncology are on track for delivery in Q4. Urology remains the highest risk for delivery with Vascular, Dermatology, Orthodontics and T&O rated as medium risk. Some of the reasons identified as a risk to non-delivery of this sub-objective include workforce sustainability, performance, leadership gaps, estates and logistical challenges, and programme resource. Focused resources and escalation processes are needed to support completion of outstanding priorities by the end of Q4.

Challenged Services Breakdown – Current position and focus for end of year.

A) Urology (Red)

Current Position

A urology workshop, supported by the Urology Clinical Implementation Network (CIN) lead and NHS Performance & Improvement, was held in June 2025; this focussed on developing a comprehensive integrated Specialty Plan for sustainable service delivery. Strengthening governance, the Urology Steering Group has been re-established under the leadership of the Urology CIN lead, and a paper aimed at reducing diagnostic delays to prostate biopsy has been approved through both the Prostate Cancer Pathway Forum and the Urology Steering Group. The Urology Steering Group also agreed to advance major urology cancer surgery developments with the Wirral, including commissioning Robot Assisted (RAS) prostatectomies and planning partnership work for repatriation. In addition, the West Integrated Health Community (WIHC) has recruited a new Urology clinical lead, strengthening onsite leadership and decision-making. Three non-medical staff have joined the national Local Anaesthetic Transperineal Prostate Biopsy (LATP) training programme, supporting a sustainable long-term model outlined in the LATP SBAR paper. A business case has been developed for a Urology Investigation Unit in Wrexham (East Integrated Health Community (EIHC)) - already in place in West and Central) to meet Getting it Right First Time (GIRFT) recommendations, which if prioritised would expand capacity in the EIHC to address demand pressures. Cystectomies have been transferred to the Wirral for care closer to home. Further proposals include recommissioning vasectomy procedures within Primary care, and a national service request paper has been completed for the myMR (my medical record) system integration. Welsh Clinical Portal e-referrals are live, improving waiting list management.

Remainder of the financial year

Building on the work and progress outlined above, the Urology service will continue to develop and agree a sustainable on-call rota model, clarify the case for a robotic assisted surgery platform, consolidate the cancer service to the Wirral alongside a robotic training package for Consultants and embed a sustainable model to reduce delays to diagnostic element of the prostate cancer pathway. Within this financial year improvements included in their Challenged Service plan are Vasectomy services commissioned in Primary Care (RAG rated Red), recruitment of a pan BCU Clinical Lead to support service modernisation and consistency of practice (RAG rated RED), development of a Urology Investigation Unit (dependant on business case approval) and implementation of digital enablers for improved efficiency (RAG rated Green). LATP insourcing will commence in the New Year until March 2026 (with a Task and Finish Group established to oversee) commencing with process mapping to understand the current pathway.

(4.J.a.1, 3, 5, 6, 7, 8, 9, 10, 11)

B) Vascular (Amber)

Current Position

Progress continues across service redesign, pathway development, and governance. A strategic workforce plan is in motion. Work is underway to apply new referral guidance for varicose veins, supported by WLIs to reduce waiting lists. Key pathways are advancing: the Diabetic Foot pathway is agreed, discharge and limb ischaemia transfer pathways are mapped, and a digital pathway tracker is in development with data analyst recruitment progressing. Nurse-led clinics at YGC are improving urgent referrals and long waits, while AAA service review with University Hospitals of North Midlands (UHNM) informs a sustainable model. A consolidated improvement plan and implementation schedule is in place, driven by the Vascular Improvement Group, with 57 of the total 94 actions complete. Engagement with the Limbless Association is ongoing to scope peer-support sessions, and Learning From Events Reports (LFER) backlog is reducing.

Remainder of the financial year

Workforce sustainability remains critical due to current workforce age profile and national shortages, exacerbated by large waiting lists and delays to treatment. Multi-Disciplinary Team working requires strengthening, and further work is needed to embed an integrated clinical strategy across hub and spoke sites. Plans are in place to explore the role of PIFU and SOS clinics in the West.

(4J.b.3,5,6,8)

C) Dermatology (Amber)

Current Position

Dermatology services have maintained a strong focus on waiting list management and remain on track to achieve zero 104-week waiters, supported by a national insourcing contract to deliver Referral To Treatment (RTT) targets. Preparations for opening the Connah's Quay site are in the final stages, with Infection Prevention and Control recommendations processed and shared accommodation agreements pending targeting Q4 for opening (4j.c.6). Teledermoscopy expansion is progressing well, and options being explored to extend provision in the West using BCU resources. A high-volume one-stop approach for lesion management has been agreed. The dermatology workshop held on 24th September provided clear outcomes to support a sustainable clinical and workforce model. Work is also underway with the Quality Directorate to identify patient harm themes and develop mitigation plans.

Remainder of the financial year

The priority for the remainder of the year is to open the Connah's Quay site and resolve temporary nursing recruitment issues. Teledermoscopy will be further expanded to the West, and discussions with Primary Care will continue, including the potential introduction of General Practitioner with a Special Interest (GPwSI) posts. Outcomes from the September workshop will be implemented to start embedding a sustainable service model, alongside ongoing efforts to reduce long waits and improve 62-day target and RTT performance. Further work required to address facility constraints to enable minor operative procedures and one-stop clinics, together with strengthening workforce resilience through strategic and operational planning.

(4.J.c.3,5,6,8)

D) Plastics (Green)

Current Position

There has been a significant reduction in waiting lists due to validation and waiting list initiative (WLI) activity with a 4% reduction in overall waiting list in month including a 33% in patients waiting over 1 year; the service has maintained zero 104-week position since the end of 2024. There has been a transfer of Central patients to East capacity to equalise waits across the Health Board.

Appropriate accommodation has been identified in Connah's Quay Medical Centre for additional plastics outreach clinics and theatre provision, supporting care closer to home, and minor works identified to ensure it complies with Infection Control guidance have been agreed.

There has been infrastructure and operational support resulting in new agreed clinic templates, theatre equipment and full IT access (in place since 2024), and an increase in theatre throughput from 3 to 4 per list in West from April 2025. A positive meeting with WG in August of this year indicated that once the additional capacity and Connah's Quay Medical Centre is operational, the service may be de-escalated from 'challenged service' status

Remainder of the financial year

Additional capacity in Connah's Quay, following minor works, for dermatology is planned for the beginning of Q4; once opened a start date for Plastics will be agreed with JCC and Merseyside and West Lancashire (MWL). A decision re de-escalation will be considered once this is in place. Discussions will commence with both MWL and JCC on future model and possible transfer of commissioning arrangements.

(4.J.d.3)

E) Oncology – (Green)

Current Position

The business case for replacement linear accelerators has been successfully submitted and approved by WG providing potential opportunity for additional capacity in future. Stereotactic Ablative Radiotherapy (SABR) for lung cancers has been approved to commence reducing the need for patients to travel to neighboring organisations for treatment. Three consultant roles have been appointed with a further three pending approvals of job description from Royal College of Physicians. A further four specialist trainees commencing in 25/26 filling long term gaps (2x clinical, 2x medical) with ongoing career opportunity promotion to students. Following a WG Challenged Service Touchpoint Meeting in August 2025, WG felt that the service should be considered for de-escalation from Special Measures due its progress in addressing its workforce issues following submission of chemotherapy and radiotherapy data (demonstrating that we are in line with (or better than) other services in Wales); we are currently waiting for a decision.

Remainder of the financial year

Whilst collaboration with the development of a single Welsh contract for Chemocare continues with high confidence of delivery for Q4, the ultimate provision of the All Wales Contract is outside of BCU control. As a result of the work undertaken to date, Oncology is being considered for de-escalation from Special Measures by Welsh Government.

(4.J.e.4,5,6)

F) Ophthalmology (Amber)

Current Position

Patient safety, experience and timeliness of access and care is being addressed through progress reported in "All Wales Cataract Pathway model" delivery and Data Quality improvements: with staged embedding of High-Volume Low Complexity (HVLC) surgery, WPAS process refinement and patient recoding for effective patient streaming for internal Cataract "One stop" Preoperative Assessment Clinics (POACs), HVLC surgery and outsourcing. Refreshed Project lead resourcing is enabling business case progression to deliver the Digital Electronic Patient record and E-Referral system.

Key enablers for offering timelier care have commenced, including refreshed outsourcing (Cataract) and insourcing (Glaucoma & Medical Retinopathy). Improved future capacity and resilience of the Primary Care optometry workforce continues to be supported by Teach and Treat (Glaucoma and Independent Prescribing) centres with successful expansion to include postgraduate (Medical Retinopathy). Workforce review commenced in Q1 but progression has been impacted by project team staffing challenges and impacts of conflicting demand on engagement.

Remainder of the financial year

Eye care services across North Wales face challenges impacting patient safety, service quality, and sustainability. While progress is evident, critical risks remain around access delays, fragmented service delivery, programme resource and long-term clinical leadership gaps and aging estates. These require urgent attention to ensure effective plan delivery of service resilience and improved patient outcomes.

The Ophthalmology hi-level plan outlines its commitment to: undertaking focussed harm reviews to enhance its learning already gained via the integrated concerns management approach (eg incident reporting, complaints and claims), ongoing outsourcing of longest waits to support the reduction in harm due to delay in access and those experiencing long waits to treatment, delivering additional capacity through Teach and Treat Independent prescribing post-graduate and higher certificate glaucoma and developing post graduate medical retina (including HCQ) courses with Cardiff University, delivery of WGOS 4 optician pathways, maintain the focus on cataract pathway efficiencies (supported by the Planned Care Major Change Programme) and ensuring BCU readiness for national digital enabler e-referral and electronic patient record.

(4.J.f.1,4,6,7,9,11)

G) Orthodontics (Red)

Current Position

Orthodontics remains a significant area of concern, with continued challenges relating to workforce, backlog and access to waiting times across primary and secondary care; infrastructure (estate and digital) and the lack of a sustainable service model. The workforce challenges reflect a national shortage including a lack of consultant and alternative professional staff, compounded locally with the loss of a Consultant since the GIRFT review (January 2025) and upcoming maternity leave. Despite the challenges there has been a reduction in waiting times for those waiting over 156, 104 and 52 weeks, although issues with demand and available capacity continue to present challenges.

A collaborative consultant body is working across the three IHCs highlighted by the GIRFT team as examples of good practice. Building on this, an agreement has been reached to form a North Wales orthodontic group, designed to support the development and delivery of a sustainable service plan. Efforts to diversify the orthodontic workforce are underway, including the training of a dental nurse as an orthodontic therapist, making her one of two now employed within BCUHB. Opportunities for Dentists with Special Interest are also being expanded, with treatment plans and follow-up advice overseen by orthodontic consultants to ensure quality and consistency. A recent recruitment campaign for a consultant post has been launched, offering a wider range of incentives to attract candidates.

Progress is evident in waiting list reductions between January and October 2025, with significant decreases across key categories: 52+ weeks from 974 to 431, 104+ weeks from 591 to 251, and 156+ weeks from 277 to 71. Referral guidelines for General Dental Services are being updated, including requirements such as the inclusion of photographs to improve assessment and triage. An outsourcing process is being developed to manage a cohort of orthodontic patients, aimed at further reducing waiting times, though the options for contracting and/or insourcing are limited. Finally, work is underway on a business case for the acquisition of a CBCT scanner, alongside training for consultant orthodontists to support its use.

Remainder of the financial year

Work is ongoing to optimise the referral processes and explore insourcing opportunities to help with demand, although the options for contracting and/or insourcing are limited. ADT ADP targets for Orthodontics will be realigned with programme plan for Foundations for the Future Programme and timescales. The majority of orthodontics actions are programmed for Q3 and Q4.

The orthodontic service will be holding a planning workshop at the end of Q3 to establish a unified roadmap for Orthodontics including short-, medium- and long-term actions.

(4.J.g.1,2,3,6)

H) Trauma & Orthopaedics (amber)

Current Position

Progress in a number of areas scheduled for Q1 and Q2 deliver has been achieved, particularly in improving data quality, developing proposals to increase patient activity in Abergele Hospital, pan BCU expansion of the consistent application of the See on Symptoms follow-up pathway.

The Orthopaedic Network (hosted by West IHC) has progressed several key workstreams during Q1 & Q2 and the first part of Q3 (2025/26). These have included follow up backlog reduction planning with roll out to East and Centre planned in Nov; Clinical Condition Coding including MOPs coding (and adoption of national coding practice once agreed). The Implant rationalisation workstream has now started led by the Value and Sustainability team and assisted by Welsh Orthopaedic Network, with clinical engagement due to started in October

and further engagement in November. Clinical pathway development, implementation and adoption continue. Whilst some workstreams are slow to progress, others are taking shape quickly.

Between the start of Q2 of 2024 and Q2 2025, arthroplasty procedures in Abergele showed a steady increase, while the overall 104-week cohort volumes across BCUHB declined significantly from 1,296 to 454. MOPs rooms were fully operational across all integrated health centres, with hand and wrist procedures rising to 339 compared with 182 in the previous year. Alongside this, the HSQ trial was initiated in the East. Clinical and operational teams reached agreement to use SOS for backlog patients after their twelve-month review, and validation of the overdue cohort was completed in full; SOS letters have been sent to a test cohort. Strong leadership has been established for the specialty and the Llandudno orthopaedic project, supported by executive oversight through the programme board. Work is also progressing to expand the role of nursing staff and allied health professionals in hand, hip, and knee pathways, aiming to strengthen follow-up services and increase stage one capacity.

Remainder of the financial year

Orthopaedic priorities will be delivered in line with the programme plan, rather than original ADP milestones, with the remaining orthopaedic actions currently programmed for Q3 and Q4 delivery with medium confidence reported.

The hi-level plan for Orthopaedics includes: transition to a subspecialty focus pan North Wales enhancing opportunity for standardisation including improving data quality at a sub-specialty level through more effective coding practices; working with orthopaedic clinical leadership to deliver standardised effective job-planning and address workforce gaps through approved recruitment/upskilling of existing non-medical workforce; and ring-fencing of acute site beds to accommodate the longest waiting patients and completion of the Llandudno orthopaedic unit for cold site sustainability.

(4.J.h.3,5,7,8,10)

4K Women's	Chief Operating Officer	Delivery Confidence
-------------------	--------------------------------	----------------------------

Overview

The Women’s services sub objective contains 10 priorities including the establishment of women’s health hubs, implementation of prevention-based women’s health initiatives, digital infrastructure improvements and prioritisation of seven key actions which align to the MatNeo Safety Support Programme.

Current Position

Progress has been made where funding has been successfully secured to ensure the continued delivery of the specialist Infant Feeding Lactation Support Service across the Health Board. In addition, development of a local Perinatal Quality Dashboard is progressing as planned. This dashboard will provide robust data and insights to inform key committees, in alignment with the recommendations outlined in the SSP Discovery Report.

Remainder of the financial year

All sub objective priorities are scheduled and on track for completion by the end of the financial year. Key actions include supporting the establishment of a Women’s Health Hub, recovery of Gynaecology Cancer and Planned Care, progressing business cases for pathway trackers and SPOA for referrals, implementing the Preconception Strategy, delivering the Maternity and Neonatal Quality Management plan, advancing the Digital Maternity Solution, and implementing the Perinatal Engagement Framework and workforce plan. Work also includes developing a Perinatal Quality Surveillance Dashboard and progressing the business case for specialist infant feeding support across IHC areas.

4L Children & Young People	Chief Operating Officer	Delivery Confidence
---------------------------------------	--------------------------------	----------------------------

Overview

The Children and Young People sub objective contains six priorities focused around supporting the Children's Charter and the Parenting Charter together with initiatives to increase the 'youth voice' within the organisation, as well as a focus on increasing the uptake levels of Children's immunisation and further support to children with complex needs.

Current Position

The Health Board's commitment to safeguarding and promoting the rights and life chances of care-experienced children and young people has been delivered, with formal approval at the Board meeting (30.05.24) and the Parenting Charter signed by the CEO (10.04.25). This demonstrates the organisation's pledge to equity for care-experienced young people and complements the existing Children's Charter.

Remainder of the financial year

Further priorities remain for delivery in Q4, including raising awareness and implementing the Children's Charter, establishing a Youth Voice Board, improving immunisation uptake, developing transition pathways, and working with partners on the Right Door approach for children with complex needs

4M Pharmaceutical Services

Chief Operating Officer

Delivery Confidence

Overview

Work within the Pharmaceutical Services sub objective is based around five priorities: Implementing prioritised actions from the Independent Review of Hospital Clinical Pharmacy Services across all hospital settings, cost efficiencies through Medicines Value prevention (particularly in diabetes care), additional community pharmacy services, and the launch of a general pharmaceutical council approved master in pharmacy qualification with Bangor University.

Current Position

Work to establish a Medicines Value prevention arm for medicines has been undertaken with a system for monthly monitoring of GP prescribing for diabetes medicines is in place monitoring monetary spend and the increase and decrease in spend and volume. Summary reports for all prescribed primary care medicines including diabetes shared with primary care. Challenges remain in evidencing the value of spend of diabetes medications against outcomes of condition outcomes due to variations in the severity of conditions, and variations of extent of self management of diabetes condition.

Remainder of the financial year

Remaining priorities are scheduled for delivery by the end of the financial year. In areas such as: Implement prioritised actions from the Independent Review of Hospital Clinical Pharmacy Services across all hospital settings, including MHL, Cancer, and Women's services, subject to available resources. Develop a business case to centralise Radiopharmacy services in alignment with the Nuclear Medicine Programme and supported by the national TrAMs team. Scope and test a commissioned community pharmacy model for long-term condition management, starting with hypertension. Progress plans to launch the first MPharm cohort at Bangor University in 2025, working with the GPhC towards achieving Step 4 accreditation by the 2025/26 academic year.

4N Palliative, End of Life and Bereavement Care

Executive Director of Nursing and Midwifery

Delivery Confidence

Overview

The Palliative, End of Life and Bereavement Care sub objective contains four priorities all of which are scheduled for delivery within Q4. The outcomes of these priorities include development of a Strategic Delivery Plan for Palliative Care and End of Life Care (PEoLC), supporting patients and their families through implementation of the Sign/Words/Actions/Needs) SWAN model for bereavement care and revision of operating model and supporting workforce plan to improve PEoLC in line with the Welsh Government Quality Statement for Palliative and End of Life Care.

Current Position

Two WTE SWAN nurses have been successfully recruited and are now in post, strengthening the delivery of end-of-life care standards. A SWAN Implementation Group has been established and formally incorporated into the Bereavement Quality Group, ensuring governance and oversight. Additionally, six-monthly bereavement performance reporting is now in place and completed, providing ongoing monitoring and assurance of service quality.

Remainder of the financial year

All sub objective priorities are scheduled and on track for completion by the end of the financial year. Key actions include supporting the strategic Delivery Plan for Palliative and End of Life Care (PEoLC) implementation of the SWAN bereavement care model, creation of a model and workforce plan aligned to Welsh Government Quality Statement, finalisation of a Quality Improvement Strategy and development of an options appraisal/business case for PEoLC.

40 Dental

Chief Operating Officer

Delivery Confidence

Overview

The Dental sub objective consists of 10 priorities incorporating a wide range of activities, the outcomes of which are designed to increase GDS provision, capacity and performance whilst also leveraging better value from current financial resources. Together with measures to enhance workforce stability and provide upskilling, training and development opportunities whilst supporting a community-based service and reducing waiting times for treatment.

Current Position

The Primary Care Board is now established with supporting subgroups. The Managed Services subgroup will commence in November 2025, with Community Dental Service performance as a standing item, while GDS contract performance reports to the Contract Management subgroup. Both feed into the Primary Care Board for escalation of concerns and aim to improve Board visibility of the service (4O.10). Primary Care dentistry is also monitored through IPEDG, chaired by a BCU Executive member. Work has begun to improve dental reporting in collaboration with Performance and Transformation teams. The General Dental Service (GDS) procurement process – Provision of Primary Care Dental Services) was successfully completed in early 2025, and contracts have now been awarded. This includes a £4m GDS award to eight practices across Flint, Conwy, Bangor, Mold, Wrexham, Llanrwst, St Asaph, and Llandudno—six as expansions of existing practices and two as new sites in Denbighshire and Conwy. Additionally, £750k of orthodontic activity has been awarded to two GDS providers in Wrexham, £180k for Tier 2 Oral Surgery Services to two providers in Anglesey and Gwynedd, and £670k for Non-Urgent Access Sessions across six providers in Anglesey, Denbighshire, Wrexham, Conwy, and Gwynedd. Linked to 4B.5.

Remainder of the financial year

The Health Board will focus on increasing GDS service provision through innovative solutions and collaboration with key partners, including the Chief Dental Officer for Wales and Local Dental Committee. A re-evaluation of areas of need will inform a new GDS procurement process in 2025, with improvements to the tender framework to broaden bidder participation. Work will progress on the Dental Education Strategy to position North Wales as a centre of excellence, including partnerships with Bangor University and expansion of the Primary Care

Academy approach to enhance workforce skills and stability. Continued delivery of national oral health programmes such as *Designed to Smile* and *Gwên am Byth* will remain a priority. Additional actions include addressing CDS waiting lists through resource optimisation and KPI-driven management, undertaking a demand and capacity review for CDS services, and developing a clear domiciliary dental pathway with robust eligibility criteria through co-design with care providers.

4P Diabetes	Executive Director of Public Health	Delivery Confidence
--------------------	--	----------------------------

Overview

The Diabetes programme focuses on delivery of the Cabinet Secretary priorities and on improving the outcomes of people with diabetes in our population. It also sets out to respond to wider delivery targets associated with the change pathway for Diabetes treatment, prevention and early intervention.

Current Position

The programme is now established, and the governance arrangements are in place to support this. The delivery of some elements of the programme has experienced delays related to wider resourcing challenges. A steering group is in place to address outstanding issues, including staffing challenges and the complexity of implementing eight care processes alongside national programmes such as the HCL business case. Primary care data has been reviewed in relation to the NICE 8 Care processes and the enhanced service for Diabetes, options are now being explored. GP leads have been identified to support the development of the plan focusing on delivery of the eight care processes. This programme is also linked to Value & Sustainability and High Value High Impact interventions for Diabetes.

Remainder of the financial year

The Health Board Diabetes Programme will focus on increasing the percentage of people aged 12+ receiving all eight care processes by improving data quality and reporting, addressing variation in primary care and prescribing, and implementing management plans for Type 1 diabetes across care settings. Work will progress on medication use in line with NICE guidance, shared learning, and preparation for future models of care. A business case will be developed in relation to implementing Hybrid Closed Loop technology. Plans are in place for delivery of the Diabetes Programme Deliverables however delays and capacity issues mean the overall programme is likely roll over into a better-informed plan for delivery in 26/27-28/29.

5A University and Further Education Partnership	Executive Medical Director	Delivery Confidence
--	-----------------------------------	----------------------------

Overview

The University and Further Education Partnership sub objective is based around seven priorities delivering a number of benefits for the organisation focused around further developing relationships with all higher and further education partners in North Wales to improve research and development, education and training, all supporting continued University designation.

Current Position

Building on the collaborative partnership work with Bangor University, progress so far in 2025/26 has seen the development of a MoU with Grwp Llandrillo Menai with a Strategic Steering Group being established to support the delivery of the aims and objectives agreed. For Q3 and Q4 the focus will be on strengthening partnerships with Coleg Cambria and Wrexham University and it is expected that MoUs will have been developed and arrangements in place by early 2026. The work to develop partnerships with higher and further education institutions seeks to maximise impact across research, education, training, and innovation, supporting continued achievement of University Designation.

Building on existing relationships, the benefits of a regional approach to collaboration with education partners will be explored. The development of the Clinical Services Plan will be aligned to the work with education provider, ensuring opportunities for transformational and innovative change are embedded. In addition, following the successful establishment of the North Wales Medical School, the Health Board will maintain actively engaged with partners to deliver strategic projects that advance shared objectives

Remainder of the financial year

All remaining priorities are scheduled and on track for completion by the end of the financial year with continued focus on innovation, research and partnership working.

5B Research, Development and Innovation	Executive Medical Director	Delivery Confidence
--	-----------------------------------	----------------------------

Overview

The Research, Development and Innovation sub objective is based around three priorities focused around increasing both commercial and non-commercial research activity and to further develop supporting infrastructure with partners.

Current Position

Research, development and innovation is a key priority for the new Executive Medical Director who is currently providing strategic, governance and process leadership within this space. Increasing sustainably both commercial and non-commercial research activity remains a priority, as does expanding joint and honorary research appointments with academic partners, strengthening research capacity and fostering innovation across the organisation

Remainder of the financial year

All priorities are scheduled and on track for completion by the end of the financial year with continued focus on innovation, research and partnership working.

5C Academic Careers	Executive Director of Allied Health Professionals and Health Science	Delivery Confidence
----------------------------	---	----------------------------

Overview

The Academic Careers sub objective is based around two priorities delivering a revised academic careers pathway, however pending agreement of a formal national definition of academic careers scope of this sub objective will be limited to provision of a local working definition.

Current Position

The Community of Interest Group has been established and held its first meeting on 3 November 2025, providing a foundation for collaborative progress with a workshop scheduled for early March 2026 (5C.1). Delivery confidence remains high, supported by ongoing work to define governance for joint and honorary appointments and alignment with national initiatives led by Health & Care Research Wales. A Memorandum of Understanding with Bangor University is in place, underpinned by an executive-led Strategic Steering Group, and discussions with Wrexham University are at an advanced stage to implement similar arrangements.

Remainder of the financial year

Further actions to explore the academic career pathway framework, informed by best practice from other health and academic organisations is being progressed. Partnerships with Further Education partners are also progressing with an MoU due to be signed with Grwp Llandrillo Menai in December. Arrangements with Coleg Cambria are also moving forward with agreement to also develop and sign an MoU.

5D Intelligence Led	Chief Digital and Information Officer	Delivery Confidence
----------------------------	--	----------------------------

Overview

The Intelligence Led organisation sub objective is based around six priorities delivering enhanced automation of processes to reduce reliance on manual intervention, support improved decision making and reduce reliance on legacy systems.

Current Position

Activities for the redeveloped IRIS dashboard have been completed, positioning the platform as a core intelligence portal to support service management, planning, and decision-making. Technical progress includes enhanced data sharing, capacity management, and outcome monitoring, with future developments set to expand content and link hospital activity, quality, and clinical outcomes. With the direction of a newly established task team, progress is being made towards completion of a data maturity matrix assessment of urgent and emergency care (5D.6), with completion expected in post-launch user feedback will guide ongoing improvements to ensure IRIS continues to drive informed, impactful decisions.

Remainder of the financial year

Work scheduled for delivery by the end of Q4 include: the continued development of proposals for a Robotic Process Automation (RPA) to reduce manual processes. Development of a Health Board data quality kite-mark and to extend the RTT data models. Advance forecasting and introduction of predictive analytics which aim to improve planning for planned and urgent care will be progressed. A documented roadmap for data warehousing, decommissioning of legacy systems, and commencement of the transition to cloud technology via the National Data Analytics Platform, aligned to the Care Data Resource.

5E Learning Organisation	Executive Director of Nursing and Midwifery	Delivery Confidence
---------------------------------	--	----------------------------

Overview

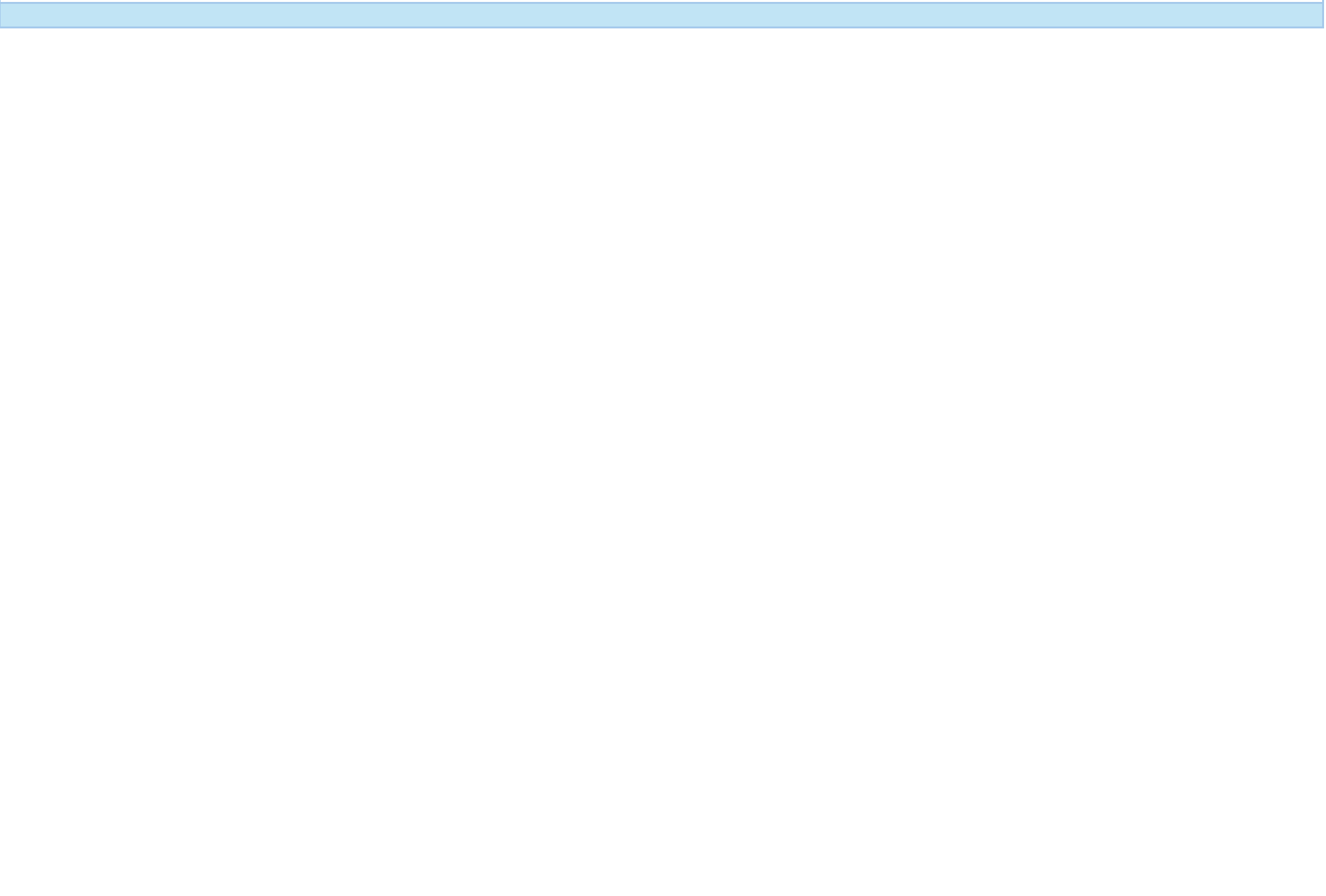
The Learning Organisation sub objective is based around four priorities delivering improvements to how the organisation learns from its own investigations of serious incidents and complaints together with any requests arising from national inquiries. Combined with improvements to systems and processes used to ensure transfer of learning to improve patient care.

Current Position

The Health Board will continue to evaluate how learning from serious incidents and complaints is embedded through the Integrated Concerns and Complaints Policy. Work focusing on strengthening systems and processes to improve the transfer of learning, enhancing opportunities to share learning and improve patient care is ongoing. Additionally, a discovery report will continue to inform the Education Strategic Plan, and processes will be improved to prepare for, respond to, and embed learning from any national inquiry requests.

Remainder of the financial year

All remaining priorities to fully embed the Integrated Concerns and Complaints Policy and ensure the effective transfer of learning to improve patient care are scheduled and on track for completion by the end of the financial year.



Teitl adroddiad: <i>Report title:</i>	Quarterly Legal Report – Q2 2025/26			
Adrodd i: <i>Report to:</i>	PFIG Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	18 December 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper provides the Committee with the Quarterly Legal Report			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to NOTE this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Matthew Joyes, Deputy Director for Legal Services			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <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>
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>				
N/A				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Objective 1 - Building an effective organisation.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	This report provides a Legal Report; the paper itself contains data and commentary on legal matters.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	No adverse equality impacts have been identified.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	No adverse socio-economic impacts have been identified.			

<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>This report provides a Legal Report; the paper itself contains data and commentary on legal risks.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	<p>This report provides a Legal Report; the paper itself contains data and commentary on legal related financial matters.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>No adverse workforce impacts have been identified.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	<p>N/A</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: <i>(or links to the Corporate Risk Register)</i></p>	<p>N/A</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>This paper contains information subject to commercial confidence, legal advice privilege and litigation privilege.</p>
<p>Camau Nesaf: <i>Next Steps:</i> N/A</p>	
<p>Rhestr o Atodiadau: <i>List of Appendices:</i> N/A</p>	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Quarterly Legal Report

Quarter 2 – 2025/26

Produced by:

Legal Services Department
Corporate Governance Directorate

Non-Confidential Version



CONTENTS

CONTENTS	4
EXECUTIVE SUMMARY	4
LEGAL GOVERNANCE AND IMPROVEMENTS	5
CLINICAL NEGLIGENCE	6
PERSONAL INJURY	7
REDRESS.....	7
CORONER INVESTIGATIONS AND INQUESTS	8
HEALTHCARE RELATED LAW	9
CORPORATE RELATED LAW.....	9
LEGAL UPDATES	10

EXECUTIVE SUMMARY

This report provides the Committee with an overview of legal activity and developments for Quarter 2 of 2025/26.

It marks the second iteration of the new quarterly reporting format and feedback is welcomed to support its ongoing refinement.

Key highlights include:

- **Strengthening Legal Governance:** Progress continues under the Transforming Legal Services Plan (2024–2027), including recruitment of in-house lawyers, implementation of a digital legal advice form, and development of a legal case database within Datix. These initiatives aim to reduce reliance on external providers and enhance organisational learning.
- **Compliance and Risk Management:** The Health Board has confirmed compliance with the principles established in the Mazur judgment, ensuring that reserved legal activities are undertaken only by authorised and regulated professionals. Ongoing monitoring and training remain in place to mitigate risk.
- **Learning and Improvement:** Significant progress has been made in reducing overdue Learning from Events Reports (LFERs) from 86 at the start of the year to 17 at the end of this quarter. Lessons from claims have driven improvements in clinical practice, including enhanced stroke assessment processes, strengthened vascular surgery protocols, PROMPT training in maternity, and improved discharge planning.
- **Redress and Financial Impact:** Preparations are underway for the new Listening to People regulations, which replace the Putting Things Right framework from April 2026. The increase in the redress cap to £50,000 will require robust governance and financial planning. Analysis

indicates potential cost avoidance of up to £40,000 per case when matters are resolved through redress rather than litigation.

- **Coroner Engagement and Governance:** The Health Board received one Prevention of Future Deaths notice this quarter, and quarterly “Meet the Coroner” sessions have reinforced the importance of timely communication, accurate documentation, and escalation of concerns. Learning from these sessions is being embedded into governance processes.
- **Legal Updates:** Key legislative developments include the Health and Social Care (Wales) Act 2025 introducing direct payments for NHS Continuing Healthcare, the forthcoming implementation of Liberty Protection Safeguards, and the Employment Rights Bill nearing Royal Assent. These changes will have significant implications for governance, workforce, and compliance.

The report provides significant assurance regarding the delivery of legal services and highlights the department’s growing role as a strategic partner in supporting organisational learning, risk mitigation, and legal compliance.

LEGAL GOVERNANCE AND IMPROVEMENTS

Legal governance

The **Legal Services Department** operates within the **Corporate Governance Directorate** and is led by the Deputy Director for Legal Services, reporting to the Director of Corporate Governance. The Deputy Director role includes professional leadership and supervision of the legal function and oversight of legally qualified staff. The Deputy Director is a member of the Chartered Institute of Legal Executives (CILEX) and is a regulated legal professional under CILEX Regulation (CRL).

As part of the structured professional development programme, 8 further staff are progressing through registration with CILEX and CRL. This means the department is working towards a position where all manager grade staff are legally regulated.

Legal improvements

Since its integration into the Corporate Governance Directorate, the department has been implementing the ***Transforming Legal Services Plan (2024–2027)***. The initial phase, spanning 2024 and 2025, focuses on strengthening internal capacity and legal processes. The long-term vision is to establish a high-performing, professional in-house legal team capable of meeting the complex and evolving needs of the Health Board as a strategic legal partner.

Following the Executive Team’s approval of the Case for Change in January 2025, the department is now progressing with the recruitment of in-house legal professionals. Two new in-house lawyers will join the department in early 2026 strengthening the capacity and capability of the service, and allowing a more cost efficient and integrated service reducing reliance on external partners.

A structured professional development programme is also underway to support internal staff in achieving formal qualifications and regulatory status as Paralegals, Chartered Paralegals, or Chartered Lawyers. Over the next three years, the department aims to support approximately 12 staff members through this pathway, with up to 8 expected to qualify as regulated lawyers.

To support these developments, a new digital legal advice form was introduced from 01 October 2025 (staff within the Health Board are asked to complete this, rather than directly engage external providers. Additionally, work is ongoing to develop a legal case database within Datix. A new Legal Services intranet site was also launched to provide staff with quick and easy access to legal guidance and resources.

To further support organisational learning, the department produced its first biannual *Legal Learning Reports* covering key areas such as claims, inquests, and redress.

It is important to remind the Committee that, at present, any service within the organisation may engage directly with NWSSP Legal and Risk Services or external law firms. As a result, the Legal Services Department is not routinely informed of all legal matters, and this report should not be considered exhaustive. The new legal advice form aims to address this, and from 2026 (as the form and process is embedded) a prohibition will be placed on staff going directly to external providers.

Mazur Judgment: Implications and compliance

The recent *Mazur v Charles Russell Speechlys [2025] EWHC 2341 (KB)* case confirmed that the “conduct of litigation” is a reserved legal activity under the Legal Services Act 2007. The High Court ruled that non-authorized staff cannot carry out reserved acts such as issuing or defending proceedings, even if employed within an authorised law firm or under supervision of an authorised person (a regulated lawyer). Individual authorisation (by a legal regulator) is mandatory, and breaches may lead to criminal liability, regulatory sanctions, and invalid proceedings.

For the Health Board, this judgment reinforces the need for strict compliance with reserved activity rules. Supervision alone does not legitimise litigation steps, and any breach could expose the organisation to legal, reputational and financial risk. The Legal Services Department has reviewed its processes and confirmed that all litigation steps are undertaken by authorised and regulated lawyers. Ongoing monitoring and training will continue to ensure adherence and mitigate risk.

CLINICAL NEGLIGENCE

Overview

During the quarter, 78 new clinical negligence cases were opened of which 8 were confirmed cases (the remainder being potential cases). 39 cases were closed during the last quarter.

Learning from Events Reports (LFERs) - also applicable to redress and PI cases

Under the Welsh Risk Pool (WRP) Reimbursement Procedures, the Health Board is required to complete a Learning from Events Report (LFER) for each claim or redress case. These reports are a critical mechanism for identifying issues, evidencing how they have been addressed, and demonstrating actions taken to reduce the risk and impact of similar events recurring in the future.

Like several other NHS bodies in Wales, the Health Board has faced ongoing challenges with the timeliness of LFER submissions. Delays often occur within services that struggle to provide robust evidence of learning and sustained improvement – particularly given that the time between an adverse event and the settlement of a claim can span several years.

However, progress has been made. At the end of Quarter 2, the number of overdue LFERs had reduced to 17 – down from 86 at the beginning of the year. This substantial improvement reflects the concerted efforts to clear the backlog and the positive impact of the new process introduced by the Legal Services Department in January 2025.

The next phase of work is to continue to work with the small number of services struggling to clear their backlog, and make minor changes to the process to improve the precision and clarity of information included in the LFERs.

The WRP have also made process improvements, including changes to the forms which the Health Board has agreed to pilot. A maternity specific national learning panel has also been established to review those specific cases, and the feedback from the Health Board representative has been positive of this change.

Learning

Learning from claims has driven significant changes across clinical governance and patient safety; this section provides a summary of learning and improvement contained in recent LFERs. In Emergency Medicine, delays in stroke assessment have led to the introduction of a digital ED Initial Assessment Tool (in Symphony) incorporating the ROSIER scale, alongside strengthened triage SOPs and mandatory stroke training. Vascular surgery cases prompted the adoption of dual consultant operating for complex AAA repairs, enhanced pre-operative assessment bundles, and improved consent documentation standards. Ophthalmology and orthopaedic cases highlighted the need for accurate discharge planning and safety-netting, resulting in updated pathways, patient information leaflets, and governance discussions to prevent recurrence. Maternity cases have embedded PROMPT training for haemorrhage management, improved swab count documentation, and reinforced escalation protocols. Across all specialties, clinicians have undertaken reflection, and learning has been shared through governance meetings, newsletters, and safety briefs. These actions demonstrate a clear commitment to strengthening clinical practice, improving documentation, and ensuring compliance with national guidelines to reduce risk and improve patient outcomes.

PERSONAL INJURY

Overview

During the quarter, 9 new personal injury cases were opened. 5 cases were closed during the last quarter.

The Legal Services Department estimate around £1,131,835.10 has been “saved” in personal injury claims in the quarter through its professional influence. This includes £400,000 from a claim withdrawn and £530,00 from a claim statute barred.

REDRESS

Overview

During the quarter, 23 new formal Redress cases were opened. 24 cases were closed during the last quarter. This does not include cases where Redress was considered, and then deemed not appropriate.

Proposed changes to the NHS Redress Regulations

In October 2025, the Senedd approved new regulations replacing the Putting Things Right (PTR) framework with the *Listening to People* framework which will come into effect from April 2026. This represents a significant statutory change to NHS Wales’ approach to incidents, complaints, and redress, aimed at improving transparency, timeliness, and organisational learning.

The key changes include:

- Introduction of a two-stage resolution process, with early resolution followed by a formal investigation.
- Mandatory listening discussions with complainants to ensure experiences are heard and understood.
- Stronger requirements for plain language communication, advocacy support, and adherence to statutory timeframes.

- Emphasis on leadership accountability and proportionate investigations to embed a culture of openness.
- An increased cap for Redress up to £50,000 (previously £25,000).

These changes have direct governance and compliance implications. The Quality and Legal Service functions are reviewing the incident, complaints and redress procedures to ensure alignment with the new statutory framework.

The increase in the statutory redress cap from £25,000 to £50,000 under the new Listening to People framework raises the financial pressure for the Health Board. While the intention is to reduce litigation costs by resolving claims earlier, the higher ceiling will lead to an increased number of cases entering Redress.

Costs

Analysis by the Welsh Risk Pool and NWSSP Legal & Risk Services demonstrates significant potential cost avoidance when clinical negligence claims are managed under the new Listening to People Redress scheme rather than through litigation. For cases up to £25,000 in damages, average claimant cost savings are £23,764 per case, rising to £40,173 per case for matters between £25,000 and £50,000. This reflects the reduced need for claimant legal costs compared to traditional claims, even accounting for independent legal advice fees under the regulations. With the new framework increasing the Redress threshold to £50,000 from April 2025, these savings underline the importance of embedding the Redress process effectively across the Health Board to improve patient experience and deliver financial efficiencies.

CORONER INVESTIGATIONS AND INQUESTS

Coroners are independent judicial officers who inquire into the causes and circumstance of certain deaths under the Coroners and Justice Act 2009; inquiries are directed solely to ascertain:

- who the deceased was;
- how, when and where the deceased came by their death.

Inquests are legal inquiries into the cause and circumstances of a death, and are limited, fact-finding inquiries; a Coroner will consider both oral and written evidence during the course of an inquest. An inquest produces a conclusion. The inquest does not set out who is responsible for a death. It is not the Coroner's role to determine whether any civil or criminal liability attaches to any named person or to apportion blame.

Overview

During the quarter, 145 new coroner investigation or inquest cases were opened. 135 cases were closed during the last quarter.

Prevention and Future Death Notices

A Regulation 28 Report is issued by a Coroner under the Coroners and Justice Act 2009 when the Coroner believes that action should be taken to prevent future deaths. These reports are directed to individuals or organisations who may be in a position to implement changes that mitigate risks identified during the inquest process. A PFD report is not a finding of fault, liability, or negligence. It does not constitute blame on individuals or organisations involved in the care of the deceased. Instead, it is a statutory mechanism focused on learning and prevention, aimed at identifying areas where changes could reduce the risk of future deaths.

The Health Board received one Regulation 28 Prevention of Future Death (PFD) Notice

In this case, the Coroner issued a Regulation 28 report following the inquest into the death of a patient who dies in 2022. The inquest concluded on 17 October 2025, with a narrative finding that the patient, who was a vulnerable child previously subjected to sexual and criminal exploitation, died by hanging at a local authority care home. While her mental health had deteriorated, there was no clear evidence of an intention to end her life.

The Coroner identified a risk relating to CAMHS referral handling. A referral from a community paediatrician on 19 April 2022 lacked contact details and was closed without further enquiry. A second referral on 31 May 2022 was accepted, resulting in a 42-day delay in accessing support. Although this delay was not found to have contributed to the death, the Coroner warned that similar failures could lead to future deaths.

Following a review of the processes in 2023 arising from the incident investigation, the service introduced additional safeguards to improve how it handle such referrals which remain in place today, and are subject to regular review.

Findings of Neglect

No inquests were concluded with a neglect rider during the reporting period.

Meet the Coroner Event

The Legal Services Department have been running quarterly “Meet the Coroner” sessions which provide valuable insights into the expectations of the Coroner’s Court regarding healthcare-related deaths and inquest processes. Key messages included the importance of timely, transparent communication with families, robust documentation of clinical decision-making, and early escalation of concerns to avoid preventable harm. The Coroner emphasised the need for accurate and complete records, particularly in cases involving complex care or safeguarding, and highlighted common pitfalls such as delays in referrals and incomplete information sharing. The event reinforced the Health Board’s duty to ensure learning from inquests is embedded into governance systems and shared widely across services to prevent recurrence.

HEALTHCARE RELATED LAW

Overview

During the quarter, 12 new Court of Protection cases were opened.

Judicial Review

During the quarter, 1 new healthcare related Judicial Review case was opened. This related to a claim concerning a care package.

CORPORATE RELATED LAW

Judicial Review of the EMRTS Decision

On 19 June 2025, the High Court dismissed a judicial challenging the decision by the NHS Wales Joint Commissioning Committee (JCC) to restructure the Emergency Medical Retrieval and Transfer Service (EMRTS), which operates in partnership with the Welsh Air Ambulance Charitable Trust. The reconfiguration involved consolidating two existing air ambulance bases in Welshpool and Caernarfon into a single North Wales site with extended operating hours. All seven health boards were named as the defendants, given the JCC is a joint committee of those organisations.

An appeal was submitted by the claimant and on 01 July 2025; the application was dismissed by the court on all grounds. The claimant then appealed to the Court of Appeal.

The Court of Appeal dismissed the appeal in October 2025, confirming that the original decision was lawful. The court upheld the High Court's findings that the JCC acted within its powers and complied with consultation and equality duties and there was no breach of the Tameside duty or irrationality in approving the reconfiguration.

Procurement

The introduction of the Procurement Act 2023, which came into force in February 2025, represented a major shift in public procurement law, consolidating and simplifying previous regulations while imposing stricter transparency and accountability requirements. In Wales, these reforms are complemented by the Health Services (Provider Selection Regime) (Wales) Regulations 2025, which apply specifically to health service contracts and allow for direct award or competitive processes under clear statutory principles of fairness, transparency, and proportionality.

Over the past quarter, Legal Services has seen an increase in requests for advice on procurement matters, reflecting heightened scrutiny and complexity. Incorrect processes can lead to legal challenge, contract annulment, and financial exposure. In response, the Health Board is rolling out targeted training for managers and procurement leads, focusing on compliance with the Act's principles, robust documentation, and risk mitigation strategies. This proactive approach aims to strengthen governance and reduce the likelihood of costly disputes.

LEGAL UPDATES

Health and Social Care (Wales) Act 2025

The Welsh Government advanced significant reforms under the Health and Social Care (Wales) Act 2025, including provisions to allow Direct Payments for NHS Continuing Healthcare (CHC). For the first time, adults eligible for CHC will be able to receive direct payments to arrange and pay for their own care packages, enhancing choice and autonomy. Implementation is scheduled for April 2026, following consultation and supporting regulations. The Act also introduces a phased ban on profit-making in children's social care services, with full compliance required by 2030.

The Welsh Government concluded its consultation on enabling Local Health Boards to make direct payments for CHC in October 2025. Draft regulations and operational guidance are now in development, with commencement planned for April 2026. This change mirrors personal health budgets in England and will require robust governance and training for NHS bodies.

Liberty Protection Safeguards

The UK Government confirmed that the long-delayed Liberty Protection Safeguards will replace the current Deprivation of Liberty Safeguards (DoLS). LPS aims to streamline authorisation processes for deprivation of liberty, reduce bureaucracy, and extend safeguards to individuals aged 16 and over, including those in domestic settings. A public consultation and updated Mental Capacity Act Code of Practice are expected in early 2026, with Wales anticipated to align with these changes.

Employment Rights Bill

The Employment Rights Bill, described as the most significant upgrade to UK employment law in a generation, is in its final parliamentary stages. It is currently in the "ping-pong" process between the House of Commons and House of Lords, with Royal Assent expected before the end of 2025 following recent concessions by the UK Government. Key proposals include:

- Unfair Dismissal Rights: The Government has dropped its original proposal for day-one unfair dismissal rights. Instead, the qualifying period will be reduced from two years to six months, effective from January 2027. This compromise was agreed with trade unions and business groups.
- Compensation Cap: The Government has committed to lifting the statutory cap on unfair dismissal compensation, meaning awards could become unlimited (similar to discrimination claims). Timing for this change is still to be confirmed.
- Immediate Rights from April 2026 include day-one rights to Statutory Sick Pay and Paternity Leave.
- Launch of the Fair Work Agency.

The Bill also addresses zero-hours contracts, fire-and-rehire practices, redundancy consultation, flexible working, family rights, and duties on employers to prevent sexual harassment and simplification of trade union recognition processes. Most changes will be phased in during 2026–2027.



Teitl adroddiad:	Board Assurance Framework
Report title:	
Adrodd i:	Performance, Finance & Information Governance Committee (PFIG)
Report to:	
Dyddiad y Cyfarfod:	Thursday, 18 December 2025
Date of Meeting:	
Crynodeb Gweithredol:	The purpose of this paper is to provide assurance to the committee on the progression of the Board Assurance Framework (BAF) risks.
Executive Summary:	<p>The Board Assurance Risks were developed by the Board in October 2024, aligned to the Health Board's five strategic objectives within the Integrated Medium-Term Plan (IMTP). These risks are recognised as due for review. Once the 10-year strategy has been finalised, the Board Assurance Framework (BAF) will be refreshed and realigned to reflect the longer-term strategic direction.</p> <p>The BAF has been updated bi-monthly by Executive leads and reported to the Executive Committee, with the last formal review by Board Committees in April 2025 and presentation to the full Board in May 2025, in line with the Risk Management Framework.</p> <p>During the Strategic Risk Register Development Sessions held with the Executive Committee in July and August 2025, it was agreed that the next iteration of the BAF should remain high-level tool focused on strategic risks scoring 15 and above.</p> <p>Key highlights include:</p> <ul style="list-style-type: none">Proposed for Closure: As part of this rationalisation, one BAF risk which is currently assessed as medium is proposed for closure, BAF24-01 'Not Fully Building an Effective and Accountable Organisation'. This approach was endorsed by the Executive Committee development sessions (July and August 2025) and the Risk Scrutiny Group in November. The rationale being the majority of gaps in controls are now controls, several actions completed and open actions are duplicated in the new corporate risk CRR25-08 Regulatory non-compliance and can be monitored by the Board through the Corporate risk report.

	<ul style="list-style-type: none"> • Increase from 16 to 20: BAF24-07 Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk • Action Plan Progress: In total, 40% of actions have been completed with eighteen actions progressing. <p>The assurance ratings have been approved by individual committees responsible for the risk. The Risk Scrutiny Group holds a deep dive on each BAF risk monthly for oversight. The Risk Scrutiny Group, during the November 2025 meeting, held a deep dive on:</p> <ol style="list-style-type: none"> 1. BAF24-03 (2) 'Inadequate Capital Investment to Support Organisational Change' <p>BAF risks for oversight at PFIGC Committee are due to undergo deep dive at Risk Scrutiny Group:</p> <ol style="list-style-type: none"> 1. December 2025 – BAF24-07 2. June/July 2026 – BAF24-03 <p>The Board Assurance Framework, as per cycle of risk reporting, bi-annually to the Board, next BAF report in full to the Board Jan 2026.</p>
<p>Argymhellion:</p> <p>Recommendations:</p>	<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. • Note, the Board Assurance Framework actions will be further refined once all updates are received on the three year plan within the portal. The revised version will include and key actions to reduce the risk, any actions where low confidence is noted and any other risks noted within the delivery of all the objectives associated with the IMTP.
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Pam Wenger, Director of Corporate Governance</p>
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Nesta Collingridge Head of Risk Management</p>



Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>		I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>		Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of 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>	
<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> N/A</p>					
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		Detailed in the BAF report and how the CRR aligns to the revised BAF			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?		Not applicable for this report			

<p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	
<p><i>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</i></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><i>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</i></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><i>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</i></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><i>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</i></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><i>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</i></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Risk Scrutiny Group feedback 11/11/2025.</p> <p>The Risk Scrutiny Group held a deep dive on the "Inadequate Capital Investment to Support Organisational Change' risk. Members suggested updates on the actions in the associated corporate risks to reduce the duplication between the two reports ensuring the corporate risk is safety focused but the BAF actions were correctly reflected as strategic.</p>

	<p>The Risk Scrutiny Group supported the closure of BAF risk ‘Not Fully Building an Effective and Accountable Organisation’, with some operational actions are now duplicated in the newly approved Corporate risk 25-08 ‘Regulatory Non-Compliance’ and will be able to be monitored within this risk.</p> <p>The Risk Scrutiny Group did not support the closure of BAF risk BAF24-05: Not Engaging with Citizens, Partners and Communities, rather provided feedback on the actions, which have since been updated for this report.</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>Board Assurance Framework risks linked to revised corporate risks</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> <p>Next Steps:</p> <ol style="list-style-type: none"> 1. Board session to set Strategic Objectives following this approval, Review and BAF re-alignment to new objectives 2. Delayed risk actions to be monitored. 3. The actions within the BAF will all be reviewed in line with the final version of the Strategic Plans to ensure full alignment. 4. Business as usual reporting and monitoring: Bi-monthly Review at Risk Scrutiny Group and Executive Committee, monitoring of actions within risks. Reporting to Committee quarterly and Board bi-annually as per Risk Management Framework. 	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices: Appendix 1 – Full Board Assurance Framework</p>	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Board Assurance Framework





Board Assurance Framework Report

1.0 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 Board's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, following review by the Committee's responsible for the risks.

Board Assurance risks were developed by the Board based on the Health Board's 5 strategic objectives within the IMPT. Once the 10-year strategy has been developed the BAF will be reviewed and re-aligned to the longer-term strategy. The BAF was approved by the Board 30 Jan 2025 and will be subsequently updated by action handlers and Executives on an on-going basis. The Board Assurance Framework has been updated bi-monthly by Executives and presented to the Executive Committee but last reviewed by the Board Committees in April and presented to the Board in full in May 2025. As per the Risk Management Framework.

1.1 Key Highlights

The full Board Assurance Framework was reviewed and updated by each responsible Executive and presented to the Risk Scrutiny Group during the November 2025 meeting, and following review and approval by the Executive Committee will be reported as usual

reporting cycle to Board Committees and presentation to the Board during the January 2026 Board.

- BAF24-07 Not Delivering Timely Access to Care Resulting in Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk- Remains to have 'unsatisfactory assurance'.
- One BAF risk is proposed for closure, BAF24-01 'Not Fully Building an Effective and Accountable Organisation'. This approach was endorsed by the Executive Committee during the development sessions and subsequently endorsed by the Risk Scrutiny Group in November.

1.2 Changes in Score

Following further discussion at the Executive Committee, it was proposed 'BAF24-07 Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk' should increase from 16 to 20, reflective of the Corporate risk 'CRR25-01 Timely Access' and development session presented to Board on Urgent and Emergency Care system pressures.

1.3 Risks above Health Board appetite

Two risks for oversight by the committee highlighted in the dashboard to continue to be above tolerance

Ref	Title	Lead Exec Director	Current Risk Score (and IxL)
BAF24-03	Not Achieving Long Term Financial Sustainability	Executive Director of Finance	20
BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	20

1.4 Risks Proposed for Closure

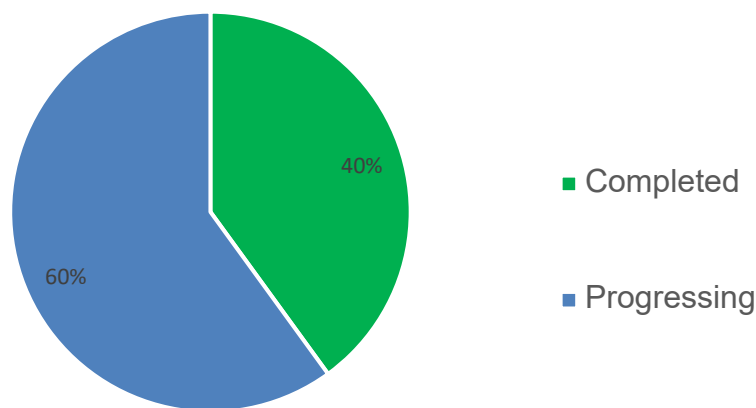
BAF24-01 Not Fully Building an Effective and Accountable Organisation, Director of Corporate Governance; score of 12. Noting, several closed actions, gaps in controls resolved and noted as new controls. Furthermore, some operational actions are now duplicated in the newly approved Corporate risk 25-08 Regulatory Non-Compliance and will be able to be monitored within this risk.

Ref	Title	Lead Exec Director	Current Risk Score (and IxL)
BAF24-01	Not Fully Building an Effective and Accountable Organisation	Director of Corporate Governance	12

1.5 Progression of BAF risk actions

40% of BAF actions have been completed since the last report to the committee, demonstrating good progress. Minimal revised actions. In total, **eighteen actions (60%) are progressing**, with the majority of actions due to be completed by 31/03/2026.

Progression of PFIGC BAF risk actions



By way of assurance on escalation the corporate team are assigned all risks in the planning portal and therefore will be able to monitor delays, blocks, low confidence and risks through the IMPT portal.

Next Steps

- Board session to set Strategic Objectives, following this approval, Review and BAF re-alignment to new objectives
- Delayed risk actions to be monitored. Completed actions to be archived.
- The actions within the BAF will all be reviewed in line with the final version of the Strategic Plans to ensure full alignment.
- The Board Assurance Framework will be maintained and reported to the Risk Scrutiny Group; Executive Committee (bi-monthly) and Committees (quarterly) and Board (bi-annually) as per the Risk Management Framework.

Appendix

1. Appendix 1 – Board Assurance Framework October 2025.

Appendix 1 – Board Assurance Framework October 2025 (PFIGC)

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 an 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

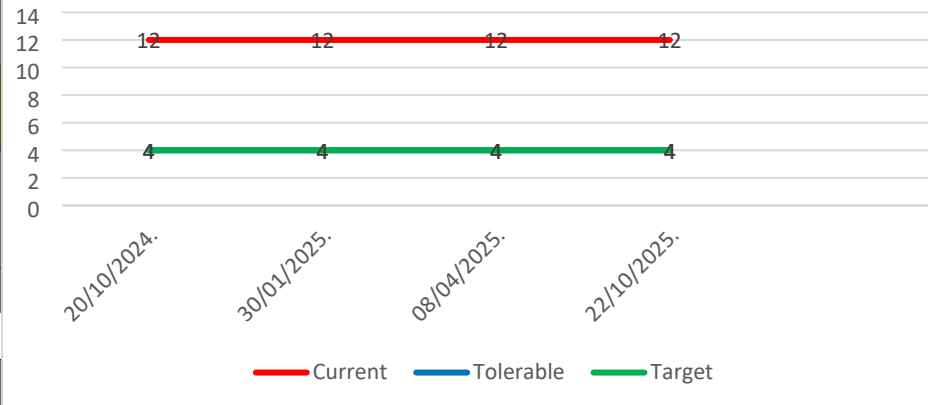
Appendix 1 – Board Assurance Framework October 2025 (PFIGC)

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 SRO	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	22/10/2025	4x 3= 12	4x 3= 12	2x 2= 4
BAF24-03	Not Achieving Long Term Financial Sustainability	Executive Director of Finance	Performance, Finance and Information Governance	20/10/2024	01/10/2025	5x 4= 20 Above Tolerance	5x 4= 20	3x 3= 9
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	30/10/2025	5x 4= 20 Above Tolerance	5x 4= 20	4x 2= 8

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 Ineffectively delivering interconnected governance, operational, performance, and legislative challenges that could impede the Health Board's ability to develop a high-functioning, accountable, and cohesive 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 with Executive Committee Oversight	Risk appetite	Open <15		
Related Corporate Risks:	CRR25-08, Non-Compliance with Regulatory and Legislative Requirements; CRR25-10, Health and Safety				
Risk rating			Review Dates		
	Current exposure	Target	Initial date of assessment		
Consequence	4	2			
Likelihood	3	2	Last reviewed by Committee:	12/08/2025	
Risk rating	12	4	Last updated by Executive:	22/10/2025	
N.B. Tolerable and Target score lines stacked as both are 4.					

Appendix 1 – Board Assurance Framework October 2025 (PFIGC)

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 Statutory Compliance and Inquiries/Assistant Director of Occupational Health, Safety And Security/ EPRR Lead	Accountable:	Executive Committee		
<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 	<p>Management: Health and Safety compliance reporting to Strategic Occupational Safety and Health Group (SOSHG)</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. System in development.</p> <p>Independent assurance:</p> <ul style="list-style-type: none"> HSE audit and compliance checks 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.		Head of Health, Safety and Security	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		Head of Health, Safety and Security	Progressing	31/12/2025
Responsible:	Director of Performance and Commissioning		Accountable:	Director of Corporate Governance/CEO	
<p>Threat: the Performance and Accountability Framework may not 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</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"> Reports on performance at IHC Commissioning reports on out of area 	Limited Assurance

Appendix 1 – Board Assurance Framework October 2025 (PFIGC)

ownership over key outcomes, ultimately reducing the Health Board's ability to deliver its strategic goals effectively.			<ul style="list-style-type: none"> External NHS Wales and Health Boards performance benchmarking and NHS benchmarking network 		
---	--	--	--	--	--

↑	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
	Review Integrated Performance Framework and finalise the redesign of reporting structures/timings to enhance transparency. Due to be updated ahead of March 2026 Board.	Director Of Performance	Progressing	31/03/2026
	Improved Risk triangulation with concerning trajectories. Structural review completed, improvement plans to then be provided to specific directorates and divisions where they need to better integrate risk into planning, quality or performance. The risk team will complete this review as business as usual going forward as a part of Risk Audits.	Head of Risk Management	Complete	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 style="text-align: center;">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	Programme Manager, Transformation & Improvement	Complete	30/11/2024

Appendix 1 – Board Assurance Framework October 2025 (PFIGC)

<p>Implement a streamlined decision-making protocol by Q3 and looking a re-design phase. Draft completed and out for consultation due for approval at Audit Committee Dec 2025 but design complete.</p>	Director of Corporate Governance	of Complete	31/10/2025		
<p>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 11/08/2025 – paper presented to Executive Committee in August. Approved by the Board.</p>	Head of Corporate Affairs	of Complete	25/09/2025		
<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"> Governance and Accountability Framework, Risk Management Framework updated for improved escalation pathway to Risk Scrutiny Group. Risk Appetite set 25/26 Board Development Programme including self-assessments incorporating feedback Internal Audit Tracking of Recommendations Board committee structure now all in place Policy oversight, tracking and reporting of overdue policies. Risk Management training levels launched and all Risk Maturity Audits cycle in place with tracking of improvements 	<ul style="list-style-type: none"> Integrated Corporate Governance software for efficient regulatory, policy and risk tracking. 	<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 <p>Independent assurance:</p> <ul style="list-style-type: none"> Internal Audit Reporting - Reasonable assurance with areas of substantial 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 Audit Wales governance recommendations 	<p>Limited Assurance</p>
<p>↑ Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)</p>	<p>Action Handler</p>	<p>Status of Actions</p>	<p>Date when action will be completed</p>		
<p>Improved Scrutiny of Corporate Risks. & Development of the BAF</p>	<p>Head of Risk Management</p>	<p>Complete</p>	<p>30/01/2025</p>		
<p>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.</p>	<p>Head of Risk Management</p>	<p>Complete</p>	<p>30/01/2025</p>		
<p>Reviewing current systems to have a more effective way of tracking and reporting audit recommendations. Corporate Governance (policies/tracking) /Risk Management and System to be approved for procurement 22/12/25, new software in place by 30/04/25 but piloted end of 2026 which will support automated tracking. This will not be embedded until 2026-2027.</p>	<p>Head of Statutory Compliance and Inquiries</p>	<p>Progressing</p>	<p>30/09/2026</p>		
<p>Executive Team recruitment ongoing with some progress made on appointments. Director of People and OD in progress with interim arrangements in place</p>	<p>Interim Executive Director of People</p>	<p>Progressing</p>	<p>31/03/2026</p>		

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>20/10/2024. 30/01/2025. 01/04/2025. 01/10/2025.</p> <p>— Current — Tolerable — Target</p>	
Risk Lead	Executive Director of Finance	Risk appetite	Open <15 Risk Above Tolerance		
Related Corporate Risks:	CRR25-06 , Value Delivery and Financial Sustainability ; CRR25-09 , Safe Environment				
Risk rating			Review Dates		
	Current exposure	Target	Initial date of assessment	20/10/2024	
Consequence	5	5			
Likelihood	4	2	Last reviewed by Committee:	12/08/2025	
Risk rating	20	10	Last updated by Executive:	01/10/2025	

Appendix 1 – Board Assurance Framework October 2025 (PFIGC)

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) (<u>Evidence</u> 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: The financial climate is challenging, with no further allocations expected to offset adverse performance. The first financial duty is to attain a break-even financial position over a rolling three years period. In not achieving break even the organisation suffers;</p> <p>A regulatory breach from Failure to achieve the key duty results in a Qualification Failure to achieve breakeven places at risk future receipt of conditionally recurrent allocations and/or the ability to attract prospective allocations. Cash depletion and a potential lack of ability to pay employees and suppliers of goods and services.</p> <p>The Health Board will still be required to meet its statutory duty to break-even, resulting in a need to reduce costs and potentially reduce access to services offered to the local population.</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 A key element of delivery centres upon savings realisation, the Value & Sustainability programme formed to support mitigation of shortfalls and place focus on improvements driving financial sustainability. 	<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 Whilst the Health Board has a balanced financial plan, this carries significant risk associated with continued opening of additional capacity areas and exposure to medicines and continuing healthcare rising costs. In addition, following endorsement of the financial plan, a number of significant risks have emerged from a movement from key planning assumptions. Inconsistent alignment between financial planning and strategic service goals 	<p>Management: Monthly financial reporting and budgetary controls Oversight through Performance, Finance & Information Governance</p> <p>Risk and compliance: Oversight by Audit Committee Annual audit of financial governance effectiveness (to include budgetary control) Regular financial performance reviews</p> <p>Independent assurance: Internal and external audit reports on financial controls Annual review of compliance with Welsh Government financial guidelines Audit Wales full access to mapping of financial transactions within financial statements to source ledgers Monthly oversight of financial performance by Welsh Government</p>	<p>Limited Assurance Internal Audit report for Delivery of Health Board Transformational Savings Value & Sustainability Programme launched to mirror the National models to place focus on savings delivery as a product of improvement with a track record of delivery Head of Internal Control Opinion articulating limited assurance over systems of internal control Positive assurance for budgetary control environment Audit Wales issued a “true and fair” audit opinion on the 2024/25 accounts but gave a Qualification for regulatory breach. Health Board attaining financial plan. No changes from draft accounts to final submission following External Audit scrutiny</p>	<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

Appendix 1 – Board Assurance Framework October 2025 (PFIGC)

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.	Finance Director - Commissioning & Strategy	Progressing	31/03/2026
Strengthen financial forecasting and integrate financial risks into operational planning. Progressing through IMTP production. Deep Dive process already in place with CFOS on a monthly basis	Finance Director - Commissioning & Strategy	Complete	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 .	Finance Director - Commissioning & Strategy	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.	Finance Director - Commissioning & Strategy	Complete	27/12/2025

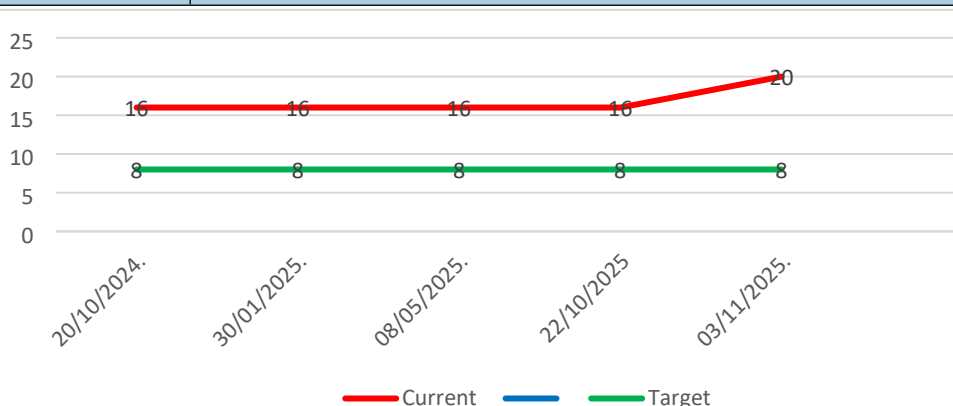
Responsible:		Head Of Capital Development	Accountable:	Director of Environment and Estates		
Threat: Inadequate Capital Investment to Support Organisational Change	<ul style="list-style-type: none"> Estates Strategy Capital prioritisation programme aligned with strategic objectives that involves operational 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. Delays in raising orders likely to impact project critical path. 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 	Management: <ul style="list-style-type: none"> Monthly financial reporting of plan verse actual expenditure and budgetary controls Risk and compliance: <ul style="list-style-type: none"> Some reviews to assess the alignment of capital investments with strategic goals Board Independent assurance: <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. 	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
	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.			Director of Environment and Estates	Progressing	31/03/2026
	Ongoing development of Estates strategy to be informed by completion of six facet survey as well as the collection and validation of other data (review of estates which will take 12 months) to drive estate utilisation and rationalisation.			Director of Environment and Estates	Progressing	31/03/2026

Appendix 1 – Board Assurance Framework October 2025 (PFIGC)

	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.	Assistant Director - Strategic And Business Analysis	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 (what could prevent us achieving this strategic objective)	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)
Lead Committee	Performance, Finance and Information Governance Committee	Risk type	Quality		
Risk Lead	Chief Operating Officer	Risk appetite	Open <15 Risk Above Tolerance		
Related Corporate Risks:	CRR25-01 , Timely Patient Access to Safe and Effective Care				
Risk rating			Review Dates		
	Current exposure	Target	Initial date of assessment		
Consequence	4	4	Last reviewed by Committee:	12/08/2025	
Likelihood	4	2	Last updated by Executive:	03/11/2025	
Risk rating	20	8			

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 (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	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 (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

Appendix 1 – Board Assurance Framework October 2025 (PFIGC)

<p>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 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"> • 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 • 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 	<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 primary, community and secondary care • 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>Management:</p> <ul style="list-style-type: none"> • Integrated Quality Performance Delivery • Tracking referrals and waiting times • Performance tracking on ambulance handovers • Monthly Performance monitoring • Strategic Improvement Development Groups. • Reviewing consistency in triage processes <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Performance reports to Integrated Performance Executive Delivery Group & Board • Corporate Risk reporting • Patient-reported outcome measures (PROMs) and Patient-reported experience measures (PREMs) data <p>Independent assurance:</p> <ul style="list-style-type: none"> • 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. 	<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 • 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 	<p>Unsatisfactory</p>
--	---	---	--	---	------------------------------

Appendix 1 – Board Assurance Framework October 2025 (PFIGC)

↑	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
	<p>UEC improvement programme review to ensure the necessary improvements and outcomes are having the required impact on quality and safety of UEC services. Sept midway review. Review of UEC programme completed. New clinically led UEC task team established, with revised priorities agreed with PPHP and NHS P&I</p>	Programme Director, UEC	Complete	30/09/2025
	<p>Use of data analytics to identify high-risk populations (completed) and optimise resource allocation, as a part of workstream one, needs aligning to enhanced community care. Priorities agreed for primary and community transformation led by DPH, EMD and COO</p>	Primary Care Leads	Progressing	31/03/2026
	<p>Deployment of live dashboards for real-time monitoring (complete) of performance and governance metrics. Standardise data collection and reporting processes to reduce variability in decision-making. Review of various dashboards to align input criteria and date. Data quality and alignment to data dictionary review ongoing. Dashboard designs work ongoing. Design phase to be complete by 31/07/2025. Once designed, build and deployment to take place with timescale tbc This is on track</p>	Programme Director UEC/performance team	Progressing	30/06/2026
	<p>Strengthen digital capabilities to support service teams (such as e-triage, further roll out of home adaptations particularly rural areas, single patient tracking lists). Align digital plan to UEC plans. Alignment of plans consistent with revised prioritisation</p>	Programme Director UEC and DDAT team	Progressing	31/03/2026
	<p>Standardising care pathways across the Health Board. Current mapping exercise. Sits within clinical service strategy, community health pathways being rolled out for development in elective care.</p>	UEC task team	Progressing	31/03/2026
	<p>Re-enforce specialty level planning cycle through service line demand and capacity plan across the Health Board. Reinforced with services, complete. To be evidenced in April 2026 through Plans</p>	Head Of Performance / Assistant Director - Data, Intelligence & Insight	Progressing	31/03/2026
	<p>Strengthened workforce planning for key areas linked to challenged services</p>	Operations Manager - Children's Services / Interim Executive Director of Transformation and Strategic Planning	Progressing	31/03/2026
	<p>Telehealth care to strengthen out of hospital care including home systems and video facilitated care forms workstream 1 or 4 for UEC</p>	UEC task team	Progressing	31/03/2026
	<p>Continued efforts to further strengthen collaboration with local authorities and voluntary sectors for integrated care delivery models. Milestones to be reported</p>	Chief Operating Officer	Progressing	31/03/2026
	<p>Incorporate public health needs analysis to service planning (such as deprivation links to access for UEC, Planned Care, CAMHS and Womens services)</p>	Chief Operating Officer /Executive Director of Public Health	Progressing	31/03/2026
	<p>Regional approach for services such as Child and Adolescent Mental Health (CAMHS)</p>	Associate Director CAMHS - Regional	Progressing	31/03/2026



Teitl adroddiad: <i>Report title:</i>	CORPORATE GOVERNANCE REPORT			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 18 December 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The objective of this report is to provide the Committee with an update on key Corporate Governance matters and to provide an update to the Committee on a range of corporate governance matters as well as assurance.			
Argymhellion: <i>Recommendations:</i>	Members are asked to: <ul style="list-style-type: none"> • NOTE the Summary of business considered in private session to be reported in public • NOTE the Forward Workplan • NOTE the Shared Services Partnership Committee Chairs Report • NOTE the Highlight Report from the Joint Commissioning Committee 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger – Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Authors:</i>	Philippa Peake-Jones – Head of Corporate Governance			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

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

	care is delivered to our patients thus leading to enhanced quality and less waste
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Failure to have effective Corporate Governance can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<i>Next Steps:</i> <ul style="list-style-type: none"> To continue to improve and report on Corporate Governance 	
<i>List of Appendices:</i> Appendix 1 The Performance, Finance and Information Governance Forward Work Plan Appendix 2 Shared Services Partnership Committee Chairs Report Appendix 3 Highlight Report from the Joint Commissioning Committee	

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

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

2. SUMMARY OF BUSINESS CONSIDERED IN PRIVATE

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

The below items were considered in private at the meeting held on 22 October 2025:

- BCU-FTS-60443- Service, Maintenance and Calibration of Community Equipment
- Penrhos Care & Nursing Home - Outline Business Case

3. COMMITTEE FORWARD WORK PLAN

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

SHARED SERVICES PARTERSHIP COMMITTEE

Shared Services Partnership Committee Chairs Report has been shared for information; it gives a summary of the key issues considered at the meeting held on 30 September 2025.

JOINT COMMISSIONING COMMITTEE

The Highlight Report from the Joint Commissioning Committee has been shared for information; it gives a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 25 November 2025.

4. RECOMMENDATIONS

Members are asked to:

- **NOTE** the Summary of business considered in private session to be reported in public
- **NOTE** the Forward Workplan
- **NOTE** the Shared Services Partnership Committee Chairs Report
- **NOTE** the Highlight Report from the Joint Commissioning Committee

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
18.11.25	Request via email	Pam Wenger	NWJCC Highlight Report	For information – from JC Meeting on 16.09.25	Pam Wenger	Pam Wenger	18.12.25	24.11.25 – PPJ to include in Corporate Governance Report for Dec 2025 meeting.
12.11.25	PFIG agenda setting 12.11.25	PFIG	Performance Management Framework	Update to be deferred to January 2026 meeting	Russ Caldicott	Russ Caldicott	Jan 2026	To be included on Jan 2026 agenda
13.10.25	Request via email	Matthew Joyes	Legal Update	Deferred to December 25 meeting from November 25 meeting	Matthew Joyes	Pam Wenger	18.12.25	To be included on Dec 2025 agenda
25.06.25	PFIG 25.06.25	PFIG	Corporate Services Financial Overview	Return with an update on Corporate Services Financial overview towards the end of the calendar year.	Russ Caldicott	Russ Caldicott	Jan 2026	Discussed in agenda setting 24.09.25 – deferred to Jan 2026 meeting
27.03.25	Action from Board 25/66.2	Board	Commissioning Review	Complete a commissioning review relating to funding for the third sector and report back to the PFIG Committee with progress noted to the PPHP Committee.	Russ Caldicott	Russ Caldicott Gareth Williams Pam Wenger	TBC	
25.02.25	PFIG 25.02.25	Chair	Shared Services and how we manage our own internal processes			Executive Director of Finance	TBC	
20.10.24	PFIG 30.4.24	Chair	Planning Independent Review	To schedule Planning within the Board Development programme and schedule the Review's action plan update to the August PFIGC meeting.	Director of Corporate Governance	Director of Corporate Governance		Initial session scheduled for July 24 and further sessions to be included in the Board Development Plan. To be included on the forward work plans 25.6.24 Committee requested to leave open until completed 20.10.24 Suggest add to the Forward Plan and consider for the December meeting.
11.07.24	Action from Private Board Meeting Action 24/122.4	Pam Wenger via email	Bangor Health & Wellbeing Centre	Pam requested this is on the PFIG forward workplan – Action from Board "Outline the future governance route of Bangor H&WB Centre development, and ensure that the Board is provided with regular progress updates"	Director of Corporate Governance	Director of Corporate Governance	TBC	
27.8.24	Action from PFIG 27.08.24	PFIG	Integrated Performance Report	Integrated Performance Report Invite Russ Steve to give an overview on how the Integrated Planning Framework is operating.	Stephen Powell		TBC	

Closed

20.03.25	Via email from Joanne Janes, Commissioning	Joanne Janes	Recommission of the Substance Misuse Detoxification Service	The MHLD Directorate are looking to gain Corporate approval to recommission	Joanne Janes	Teresa Owen	29.04.25	complete
----------	--	--------------	---	---	--------------	-------------	----------	----------

	Manager, MHLD 06.03.25			the substance misuse detoxification service as the current contract expires in 2025.				
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	Complete
25.7.24	Action from 25.7.24 Public Board meeting	Health Board action	24/154.9 Performance report	Follow up on the lack of contemporaneous performance data within the Performance report given that Financial reporting was made available to the Board in a timely manner. Explore strong variation between East, West and Centre and whether successful progress within one area was sufficiently shared to learn lessons elsewhere.	Director of Performance and Commissioning	Executive Director Finance	December 2024	Complete.



ASSURANCE REPORT NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Services Partnership Committee
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and contact details	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
Date of meeting	30 September 2025
Summary of key matters including achievements and progress considered by the Committee and any related decisions made	
<p>Chair’s Report - The Chair updated the Committee on activities since the last meeting, which included:</p> <ul style="list-style-type: none"> • chiring two meetings of the Welsh Risk Pool Committee in July and September 2025, with both sessions involving substantive discussions on the financial implications of claims. These deliberations continue to inform the broader risk and assurance landscape across NHS Wales; • conducting NF’s appraisal in August 2025, in collaboration with Welsh Government; and • participating in the September 2025 Chairs’ Peer Group Meeting, noting key changes in membership and a substantive discussion was held regarding the staff survey, with particular concern raised over the low response rate. TM welcomed the proactive engagement from Chairs and encouraged reflection on future strategies to enhance staff participation and voice. <p>The Committee NOTED the Chair’s Report.</p>	
<p>Managing Director Update - The Managing Director presented his report, which included the following updates:</p> <ul style="list-style-type: none"> • Welsh Risk Pool (WRP) – A summary of key items from the WRP Committee was provided. At the September meeting a productive discussion was held on risk sharing and financial implications. Positive work is continuing in maternity, obstetrics and consent, with a focus on learning lessons across Wales. • Finance - The financial position was reported with a continued surplus at month 5, although financial risks remain as set out in the finance report. Discussions with Welsh Government regarding Personal Protective Equipment are ongoing. A decision will be required with partners and Welsh Government on the use of any year-end surplus. • Pharmacy Developments - Progress has been made on the Radiopharmacy Service, with panel construction expected to begin shortly and it is anticipated there will be significant physical progress made on-site during October 2025. • The Outline Business Case for the South East Hub has been approved by Welsh Government, and NWSSP has received the approval and funding letter to release the fees for the next stage in terms of the Full Business Case (FBC). In recognising 	

that timescales are tight, with the impact of the upcoming Senedd election, Welsh Government will confirm the final submission deadline for the FBC and organisations must work back from this date, to avoid delays. Discussions are being held in respect of the matters requested to be resolved prior to FBC submission, particularly around clinical trials. Discussions with Cardiff and Vale University Health Board and Velindre University NHS Trust are progressing regarding the model.

- Discussions have been positive in terms of taking forward the North Wales TrAMS programme and a more detailed meeting with the Betsi Cadwaladr University Health Board Chief Executive and the team will be arranged in due course. As regards the South West Hub, unfortunately the preferred site was recently purchased by a third party and therefore the teams are actively exploring alternative site options in West Wales.
- **All-Wales Vaccination Programme** - The programme has delivered approximately 800,000 doses, with nearly 1 million received. The programme is entering the final phase, focusing on redistribution to sites that were initially unable to accept full allocations due to storage limitations and responding to additional requests from sites requiring further supply. A small reserve of purchased vaccines remains available to meet any further demand. In addition, the 400,000 COVID vaccines are arriving at the Imperial Park 5 Newport site, with distribution to commence shortly. NF expressed his personal gratitude towards colleagues for their outstanding efforts in delivering this programme.
- **Senior Appointments** - Colin Powell, Director of Pharmacy Technical Services, will retire at the end of October 2025. Laura-Jayne Keating, the current Deputy Director, will be acting up in an interim role for six months, with a permanent appointment to follow.
- **Laundry Service** - Operations have seen capital investment and operational adjustments, which are expected to yield further savings.
- **Primary Care Workforce Intelligence System (PCWIS)** - The new PCWIS system has successfully launched across all four contractor groups. TM welcomed this development, noting its importance in addressing long-standing workforce risks.
- **Medical Examiner Service** - Winter surge planning has commenced and is informed by lessons learned, arising from last year. A number of sessions with colleagues and Welsh Government have been held as part of this workstream. A Schedule 5 Notice has been received from the Coroner in North Wales regarding a death, and correspondence is ongoing with both the Coroner and the UK Medical Examiner's Office as part of the response.
- **Accommodation** - NWSSP have been working in partnership with the Welsh Ambulance Service NHS Trust (WAST) in terms of consolidating the footprint and rationalising the estate. WAST will move into the top floor of the West Wales Regional Hub at Matrix House, in Swansea. Additionally, as part of the process, WAST will take up occupation of our Samlet Road site.
- **Personal Protective Equipment (PPE)** - Discussions continue regarding the Service Level Agreement (SLA) for PPE requirements. A finalised SLA will be brought to a future Committee for openness and transparency, to ensure the Committee has oversight of the arrangements.
- **Recognition** - The Committee noted that NWSSP was named runner-up in the Wales Team of the Year award at the HFMA Conference. The Committee congratulated the team for the achievement and acknowledged the excellent work of the Oracle teams in cloud development.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

Items for Approval

Transforming Access to Medicines Service (TrAMS) Programme and Service Management Board Terms of Reference (ToR) - The Committee received and approved the revised ToR for the TrAMS Programme and Service Management Board, subject to minor amendments. The revisions reflect feedback from the July meeting and align with the implementation of the new Radiopharmacy Service. The Committee welcomed progress and acknowledged the programme's complexity. Members requested consideration be given as to broader representation beyond Pharmacy, clearer distinction between decision-makers and contributors, and mechanisms to assess governance effectiveness. The final ToR are to be circulated once updated. A six-month review will be undertaken to evaluate effectiveness and inform further refinement.

The Committee **APPROVED** the TrAMS Programme and Service Management Board ToR, subject to the matters outlined above.

Assignment of Lease for Samlet Road to Welsh Ambulance Services NHS Trust (WAST) - The Committee received the proposal to assign the lease for the Samlet Road premises from NWSSP (formally named as Velindre University NHS Trust, on the lease) to WAST. The proposal offers mutual benefit, including a financial saving for NWSSP. The assignment will proceed to the Velindre University NHS Trust Board in November 2025 for final approval and execution.

The Committee **APPROVED** the Assignment of the Lease for Samlet Road to WAST.

Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) Annual Review of Terms of Reference (ToR) - The Committee received the updated ToR in line with the requirement to review these annually, with minor updates noted. Members raised a strategic challenge regarding the proportionality of current governance arrangements, given the stabilisation of the energy market and it was agreed to review the frequency and structure of meetings, noting that while volatility persists, recent updates from Crown Commercial Services suggest a new form of stability. This will be considered at the next WEG meeting in November 2025.

The Committee **APPROVED** the WEG and WEOG Terms of Reference.

Low Vision Aid Supply and Recycling Service Commitment of Expenditure - The Committee received proposed operational and financial arrangements for the Low Vision Aid Supply and Recycling Service, delivered through NWSSP's Primary Care Services Division. The service operates under an all-Wales contractual framework, endorsed by Welsh Government and procured through standard processes.

The Committee **APPROVED** the proposed arrangements outlined for the Low Vision Aid Supply and Recycling Service Commitment of Expenditure.

Defence Engagement Fellowships – NHS Wales and Defence Medical Services - The Committee received a proposal outlining a new collaboration between NHS Wales and the Defence Medical Services to facilitate Defence Engagement Fellowships. The initiative builds on NWSSP's role as a GMC Sponsorship Organisation and aims to support the placement of foreign military medical professionals into NHS Wales training environments. The proposal centres on a primary, non-legally binding Memorandum of Understanding (MOU) between NWSSP and Defence Medical Services, enabling Defence Medical Services to approach NHS Wales organisations with fellowship opportunities. Participating Health Boards would then enter into secondary MOUs with the relevant foreign military, detailing

employment, funding, and operational arrangements. NWSSP's role is facilitative, providing technical and HR support, with clinical and employment responsibilities remaining with individual Health Boards. The Committee was supportive of the initiative, recognising its strategic value and alignment with international recruitment and workforce development goals.

The Committee **APPROVED** the proposal outlining a new collaboration between NHS Wales and the Defence Medical Services to facilitate Defence Engagement Fellowships.

Items for Noting and Discussion

Personal Protective Equipment (PPE) Preparedness Update - The Committee received a report on PPE Preparedness, outlining the current position regarding PPE stockpiling arrangements. An internal project team is in place to oversee this work and Welsh Government has indicated potential changes to the required stock profile, particularly in relation to hygiene products. Final confirmation is awaited. It is intended that the proposed Service Level Agreement for PPE stockpiling will be brought to the Committee in November 2025. NWSSP will seek to rotate PPE stock through business-as-usual supply chains to minimise the risk of write-downs or write-offs and ensure value for money.

The Committee **NOTED** the PPE Preparedness Update.

Draft Committee Development Day Agenda - The Committee received and noted a verbal update on the agenda for the Development Day on 10 October 2025 at Public Health Wales, Cardiff. The session will focus on strategic planning and cross-organisational engagement, including review of the NWSSP Strategy Map, Ministerial Advisory Group recommendations, and updates on TrAMS and ESR replacement. A placeholder is included for the NWSSP Governance and Accountability Review, subject to report availability. Members confirmed support for the event, recognising its value in shaping NWSSP's future direction and delivery priorities.

The Committee **NOTED** the update provided in relation to the Committee Development Day Agenda.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee noted the financial position as at month 5, confirming a year-to-date surplus of £2.597m, driven by vacancy levels and strategic re-investment. Pay award confirmation is pending, with an estimated cost impact of £3.927m. Capital spend stands at £1.135m against an £8.701m Capital Expenditure Limit, with discretionary funding now fully committed, whilst Public Sector Payment Policy performance remains strong.

People and Organisational Development Report – The Committee received the latest workforce update to 31 August 2025, which highlighted improving sickness absence trends, strong time-to-hire performance, and positive feedback from Welsh Government on equality standards. Key developments include the launch of the Speaking of Safety platform, staff survey communications and external recognition for NWSSP programmes.

Performance Information Report – The Committee received the report detailing the Key Performance Indicators (KPIs) from May to August 2025. The report confirmed that all KPIs were met in August, with continued delivery against stretch targets and NWSSP having generated £53 million in professional influence benefits for the year to date as at

31 August 2025. A review of performance targets is underway as part of IMTP development. There were no areas of concern to be brought to the Committee's attention.

Outcome Measures Report – The Committee received the report focused on outcomes aligned to NWSSP's strategic objectives across services, people and value. NWSSP continues to demonstrate progress in evidencing impact and the overarching report detailed high levels of customer satisfaction, strong employee engagement, and positive impact across procurement, decarbonisation and foundational economy.

Integrated Medium-Term Plan (IMTP) Quarter 1 of 2025-26 Update Report –The Committee received the latest update in respect of progress made against NWSSP's IMTP. The overarching report confirmed that 85% of objectives are on track, with targeted actions in place for off-track items. Key areas of focus included the Medicines Unit, Speaking Up Safely, International Recruitment, the National Ophthalmic Contract for Wales and the Electronic Prescribing Service. There remains work ongoing to strengthen data quality in procurement, progress in equality and diversity, staff well-being, and continued development of digital and recruitment initiatives. NWSSP received a satisfactory rating from Welsh Government for its IMTP submission, with positive recognition from the Cabinet Secretary.

Transformation Management Office (TMO) Update Report – The Committee received an update on the work of the TMO. The overarching report summarised the breadth of transformation activity across NWSSP and national programmes, indicating a stable position with 18 projects, 2 programmes and 5 initiatives currently being tracked. Of which, 2 are red, 7 are amber and 16 are green-rated projects. Overall, the portfolio demonstrates consistent delivery momentum across a diverse range of transformation and service improvement programmes, with 92% of projects rated green or amber and several nearing completion.

NWSSP Corporate Risk Register – The Committee received the latest Risk Register update, which was reported as stable and continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position identifies 17 risks for action, comprising four red, twelve amber and one yellow-rated risk. In addition, four risks are recorded for monitoring, including one amber and three yellow. The overarching report also outlines four emerging risks currently under consideration.

The Committee **DISCUSSED** and **NOTED** the above Reports.

Options for the Appointment of the Shared Services Partnership Committee Chair

The Vice Chair chaired this item due to the interest declared by the Chair. The Committee reached consensus to **APPROVE** the offer of a 12-month extension to the current Chair's term.

Papers for Information

The following items were provided for information only and the Committee **NOTED** receipt of the reports:

- Integrated Medium-Term Plan 2025-28 Accountability Conditions
- SSPC Forward Plan 2025-26
- Finance Monitoring Returns (Months 4 and 5)
- Personal Protective Equipment (PPE) Reports (August and September 2025)
- NWSSP Audit Committee Assurance Reports (May and July 2025)
- Wales Infected Blood Support Scheme Annual Report 2024-25

Part B - Private	
The Committee received one item for NOTING and DICSUSSION , in the Welsh Risk Pool Expenditure Update. In addition, the Committee received the Draft Welsh Energy Group Minutes of the meeting held on 21 August 2025 and the Welsh Risk Pool and Legal and Risk Services Annual Review 2024-25, for information.	
Any Other Business (AOB)	
No matters were raised under Any Other Business.	
Matters requiring Board/Committee level consideration and/or approval	
The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
No further matters were referred to other Committees.	
Date of next meeting	Friday 14 November 2025, 10.00am to 12.00pm

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	25/11/2025
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	November 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 25 November 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [November 2025 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	<ul style="list-style-type: none"> The financial position remains a key risk. Conversations as to affordability of the current financial position continue. It was noted that the NWJCC had mitigated its financial risk from circa £20m to circa £7.7m, a detailed proposal outlining the approach to additional risk mitigation and savings will be presented at an Extraordinary JC meeting on 16 December 2025.
Advise	<ul style="list-style-type: none"> Emergency Medical Retrieval and Transfer Services (EMRTS) Update Members received an update regarding the decision to pause work pending the outcome of the Judicial Review. Following conclusion of the legal proceedings, the JC will move forward with implementing Recommendations 1, 2, 3 and 6. Members agreed to revisit Recommendation 4 to ensure alignment with recent operational and financial changes and this work will be incorporated into the Integrated Medium-Term Plan (IMTP) process for 2026-29. A separate update will be presented at a future JC meeting to include a detailed timeline and implementation plan. Ongoing engagement and communication to maintain transparency and public trust was recognised and fully supported. Sexual Assault Referral Centres (SARC) Commissioning Proposals The JC confirmed the transfer of responsibility for commissioning services for survivors of sexual assault from the NHS Performance and Improvement Unit to the JC. Members discussed the partnership approach to commissioning and agreed that further work was required on the financial model due to the complex funding flows that underpin the service. Care Home Framework The JC received an update on proposals for the renewal of the Care Home Framework with four options shared for the future commissioning arrangements. The NWJCC Collaborative Commissioning Leadership Group (CCLG) had previously indicated its support for Option 4 and the JC were asked to support this proposal. The JC were unable to approve this preferred option and requested clarification on previous resources as well as additional detail concerning the

Status	Update
	<p>cost benefit analysis of Option 4. It was agreed that a further detailed update would be considered at the Extraordinary JC meeting on 16 December 2025.</p> <ul style="list-style-type: none"> • Immunoglobulin Optimisation The JC approved the financial support required to establish the immunoglobulin optimisation team with an expectation that such financial support would result in significant financial savings across all HBs. • Neonatal Services Update Members noted the briefing paper and a summary of the work undertaken to date as part of the Phase 1 rebasing of Neonatal Services. Members approved the undertaking of the Neonatal Commissioning Reset Review for South Wales. The importance of engaging stakeholders and aligning with the upcoming recommendations from the Chief Nursing Officer's review were highlighted. • Corporate Governance Report Minor amendments to the NWJCC Standing Orders relating to the timescales for publication of meeting papers and the All Wales IPFR Policy were approved.
Assure	<ul style="list-style-type: none"> • Development of NWJCC Integrated Medium Term Plan 2026-29 Members received a presentation on the approach to develop the NWJCC IMTP (2026-29). Members discussed the challenges and the need to focus on efficiency, prioritisation and financial constraints. It was noted that ongoing engagement with HB colleagues would continue in advance of a draft plan being issued in the new year. An IMTP workshop with HB Executive Colleagues is also scheduled in December 2025. • Governance & Risk Management: <ul style="list-style-type: none"> ○ The Risk Register at 31 October 2025 was received. A discussion was held around the approach to develop and strengthen the commissioner held risks and alignment with provider risks. Work has begun to make actions and controls clearer. Risks will be reviewed by the Sub-Committees before they are brought to the JC for consideration. ○ The Corporate Governance Report including updates on the internal audit programme and forward plan of business were noted.

Status	Update
<p>Inform</p>	<ul style="list-style-type: none"> • The Chair's Report summarised the JC Strategy Session held on 21 October 2025, which covered topics including the NWJCC Financial Outlook, the NWJCC IMTP, and the Clinical Escalation Process. The update also included changes to the meeting schedule and organisational changes, noting that the recruitment process for a new Chief Commissioner will begin soon and is expected to complete by March 2026. • The Chief Commissioner's Report included an update on: <ul style="list-style-type: none"> ○ The progress made in relation to implementing the new organisational structure for the NWJCC (with an improved 15.83% vacancy rate as of October 2025). The Director of Finance and Value was reappointed as the Deputy Chief Commissioner. The position of Director of Corporate Planning and Strategy has been filled on a substantive basis. The second phase of prioritised recruitment has commenced which includes recruitment of a substantive Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. ○ Programmes of Work – an update on national programmes (Hospices, SARC, Direct Payments, Positron Emission Tomography and the Voluntary Sector) and the approach to this work was provided. • Reports from each of the Commissioning Directors: <ul style="list-style-type: none"> ○ Director of Commissioning for Ambulance Services and 111 Members noted: <ul style="list-style-type: none"> • An update on performance framework updates including the publication of new clinical indicators such as pain score changes. • Updates on Phase 2 of the New Ambulance Response Model in Wales scheduled to launch on 2 December 2025. • The multi-faceted review process underway to ensure a comprehensive evaluation in relation to the Manchester Arena Inquiry. • That a strategic review of the welsh ambulance service's productivity had begun in response to a growing, aging population and rising medical complexity. • Challenges for the Non-Emergency Patient Transport Service including the cancellation of patient journeys. The need to prioritise the use of resources was acknowledged. • An update on collaborative work to improve the response for mental health patients in crisis and recognising the

Status	Update
	<p>needs of those that are detained under the provisions of the Mental Health Act.</p> <ul style="list-style-type: none"> ○ <u>Director of Commissioning for Specialised Services</u> Members noted: <ul style="list-style-type: none"> • The NWJCC recently met with clinicians and stakeholders on the development of a service specification for a Functional Neurosurgical Service for Movement Disorders (including Deep Brain Stimulation). The presentation included outcomes from the temporary pathway. The service specification will soon be shared for stakeholder consultation and used to designate providers, with completion expected by March 2026. • That a Joint Accreditation Committee of the European BMT Society (JACIE) accreditation inspection took place on 19 September 2025. The report is awaited. If certification is not maintained, CAR-T services would be suspended due to pharmaceutical supply restrictions, and bone marrow transplant services may require alternative commissioning arrangements. • The Cochlear Implant and Bone Conduction Hearing Implant service at Cardiff and Vale University Health Board (CVUHB) was escalated to Level 3 in October 2025 due to staffing challenges impacting on delivery capacity. • CVUHB's hereditary anaemias service had seen patient numbers double in five years, managed by just one consultant. This poses a risk. The commissioning team will propose increasing capacity in the next IMTP. ○ <u>Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</u> Members noted: <ul style="list-style-type: none"> • New admissions to the Caswell Clinic had been suspended. An action plan has been submitted by the provider HB, and weekly meetings are being held to facilitate and monitor the implementation of this plan. Ty Llewellyn in North Wales will be considered initially for any new male medium secure referrals, whilst the independent sector will be used for female referrals. • St Andrew's Hospital remains a service of concern, and all admissions continue to be managed via the Care Quality Commission. • The JC received an update on <u>High-Cost Medicines</u> and it was highlighted that the incremental cost effectiveness ratio (ICER) currently used by the National Institute of Clinical Excellence (NICE) will increase and this will increase the cost

Status	Update
	<p>of any new high-cost drugs for NHS Wales. The risk this poses to the NWJCC is under review.</p> <ul style="list-style-type: none"> The JC received the Month 7 Finance Report and the Operational Performance Report. The challenging financial position was noted, and options to further reduce financial risk will be presented and discussed at the Extraordinary JC meeting on 16 December 2025. The Committee received the following assurance reports: <ul style="list-style-type: none"> Quality, Safety and Outcomes Sub-Committee Planning, Performance and Finance Sub-Committee Hosted Audit, Risk and Assurance Committee. The Committee received the following reports for information: <ul style="list-style-type: none"> Individual Patient Funding Request Panel Report Welsh Kidney Network.
Appendices	None.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /	Effective
	Efficient; Equitable; Person-centred;

Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.

Planning, Performance and Finance

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	23/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Mitchell, Corporate Governance Manager, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor, Director of Finance and Value, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards		Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its meeting in public on 23 October 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted - [October 2025 - NHS Wales Joint Commissioning Committee](#))

Status	Update
Alert / Escalate	The NWJCC Financial Report – Month 6 2025-26 was received. 3 proposals for savings were agreed to be discussed at November’s JC meeting, these included savings in medium secure services, potential savings in ambulance services and the capping of specialised services activity for the last quarter of the financial year.
Advise	<p>The NWJCC Operational Performance Report was received. Discussions noted continuing issues with data quality and system integration. Attendees were given a demonstration of a dashboard and received an update on a rapid review of performance reporting with the intention of using a newly designed report from March 2026.</p> <p>The PPF Risk Register was noted during the meeting. Attendees noted that risk reporting would be on a bi-monthly basis to ensure that the reporting of risks is relevant and to ensure that the Sub-Committees are providing onward assurance to the JC. Attendees further noted the work being undertaken to improve the differentiation of commissioning and provider risks.</p>
Assure	The Implementation of NWJCC Foundation Plan 25-26 - Q2 Progress Update report was received. Attendees noted that the majority of areas detailed were on track or had slipped slightly. Attendees further noted that the Auditory Implant Device Service remained in escalation.
Inform	The Development of the NWJCC Integrated Medium Term Plan (IMTP) was received. Attendees noted that a workshop was being arranged for early December to engage stakeholders in the IMTP process. This engagement would then inform the clinically-led prioritisation process. Attendees discussed the changing financial picture and how this may affect the process in the near future. Members further discussed inequity in relation to cross-border services and the disproportionate impact for Betsi Cadwaladr University Health Board and Powys Teaching Health Board.

Status	Update
Appendices	None.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>

<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE</p>	<p>If no, please include rationale below: This is a summary of the latest meeting of the JCC</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.</p>	
<p>Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	<p>Yes (Include further detail below) The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.</p>	

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.