

## **Bundle BCU Performance, Finance & Information Governance Committee 25** **June 2025**

### 1 PRELIMINARY MATTERS

- 1.1 13:30 - PF25.52 Welcome & Apologies - Verbal Update  
*Gareth Williams, Chair*
- 1.2 13:32 - PF25.53 Declaration of Interest - Verbal Update  
*Gareth Williams, Chair*
- 1.3 13:33 - PF25.54 Unconfirmed minutes of meeting held on 6 May 2025 - Paper Update  
*Gareth Williams, Chair*  
PF25.54 Unconfirmed minutes of meeting held on 6 May 2025
- 1.4 13:38 - PF25.55 Matters Arising & Action Log - Paper Update  
*Gareth Williams, Chair*  
PF25.55 Matters Arising & Action Log - Paper Update

### 2 ITEMS FOR ASSURANCE

- 2.1 13:48 - PF25.56 M2 Finance Report - Paper Update  
*Russell Caldicott, Executive Director of Finance*  
PF25.56 M2 Finance Report - Cover  
PF25.56 M2 Finance Report
- 2.2 14:03 - PF25.57 Integrated Performance Report - Paper Update  
*Stephen Powell, Director of Performance and Commissioning*  
PF25.57 Integrated Performance Report  
PF25.57 Integrated Performance Report
- 2.3 14:18 - PF25.58 Integrated Medium Term Plan - Verbal Update  
*Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning*
- 2.4 14:28 - PF25.60 Health Board's response to MAG recommendations - Presentation  
*Director of Performance and Commissioning*  
*Presentation to follow to address:*  
*NHS Wales performance and productivity: independent review*  
*NHS Wales performance and productivity: government response*
- 2.5 14:43 - PF25.61 Estates Rationalisation - Presentation  
*Stuart Keen, Director of Environment and Estates*  
*Presentation to follow*
- 2.6 14:58 - PF25.62 Corporate Services Financial Overview  
*Russell Caldicott, Executive Director of Finance*  
PF25.62 Corporate Services Financial Overview

### 3 ROUTINE REPORTING

- 3.1 15:13 - PF25.63 Corporate Risk Register - Paper Update  
*Pam Wenger, Director of Corporate Governance*  
PF25.63 Corporate Risk Register

### 4 FOR INFORMATION

- 4.1 15:23 - PF25.64 Summary of Business to be Reported from Private - Paper Update  
*Pam Wenger, Director of Corporate Governance*  
PF25.64 Summary of Business to be Reported from Private
- 4.2 15:25 - PF25.65 Cycle of Business and Committee Workplan - Verbal Update  
*Pam Wenger, Director of Corporate Governance*

### 5 CLOSING BUSINESS

- 5.1 15:26 - PF25.66 Agree Items for Referral to Board / Other Committees - Verbal Update  
*Gareth Williams, Chair*

- 5.2 15:31 - PF25.67 Agree Items for Chairs Assurance Report - Verbal Update  
*Gareth Williams, Chair*
- 5.3 15:36 - PF25.68 Review of Meeting Effectiveness - Verbal Update  
*Gareth Williams, Chair*
- 5.4 15:41 - PF25.69 Date of Next Meeting - Verbal Update  
*Gareth Williams, Chair*
- 5.5 15:43 - PF25.70 Resolution to Exclude the Press and Public  
*Gareth Williams, Chair*

**Betsi Cadwaladr University Health Board (BCUHB)**  
**UNCONFIRMED Minutes of the Performance, Finance and Information**  
**Governance Committee (PFIG)**  
**held in PUBLIC on 6 May 2025**  
**in the Boardroom, Carlton Court, St Asaph and via Teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Gareth Williams	Vice Chair (Chair of PFIG Committee)
Rhian Watcyn Jones	Independent Member
Prof Mike Larvin	Independent Member (Part meeting)
Chris Lothian-Field	Independent Member
<b>In Attendance</b>	
Tehmeena Ajmal	Chief Operating Officer
Russell Caldicott	Executive Director of Finance
Dave Harries	Head of Internal Audit
Stuart Keen	Director of Environment and Estates
Michelle Phoenix	Financial Audit Manager, Audit Wales
Stephen Powell	Director Performance and Commissioning
Pam Wenger	Director of Corporate Governance
<b>Committee Support</b>	
Philippa Peake Jones	Head of Corporate Governance

<b>PRELIMINARY MATTERS</b>
<p><b>PF25/24 Welcome and Apologies</b></p> <p>The Chair welcomed attendees to the meeting.</p> <p>Apologies were received from Mike Larvin (for part of the meeting), Dyfed Edwards and Jason Brannan.</p>
<p><b>PF25/25 Declarations of Interest</b></p> <p>There were no Declarations of Interest.</p>
<p><b>PF25/26 Unconfirmed Minutes of the Meeting held on 25 February 2025</b></p> <p>The minutes of the previous meeting were reviewed and minor amendments were agreed by the Chair.</p> <p>Matters arising included:</p> <ul style="list-style-type: none"> <li>• Legal services and the session with NWSSP.</li> <li>• Pam Wenger to provide a substantive update on legal services at the next meeting.</li> </ul>

- Action logs and monitoring of arising issues, including the procurement of a maternity system and the need for a decision in January.
- The Chief Executive's paper on key values was scheduled to be on a future agenda but lacked a time scale.
- There was a discussion on better discharge planning and collaboration with social care.

**Actions:**

- Add item on the next agenda for response to the MAG and our response to it and enabling actions.

In was resolved that the Committee:

- **AGREED** that the minutes of the meeting held on 25.02.24 were a true and accurate record.

**PF25/27 Matters Arising and Action Log**

Updates on various actions were discussed, including:

- Estate rationalisation: Director of Environment and Estates noted the need for a detailed understanding of the current estate before rationalisation.
- Recruitment and retention strategies (it was noted there was no representative from Workforce and Organisational Development present).
- Financial outlook for Oncology
- Use of Primary Care for minor procedures
- Embedding GIRFT; and
- Better discharge planning

**Action:**

- Estates Strategy overview to return to the next PFIG Committee
- Share with IM's the MAG report and speech
- Review action log and update and where possible ensure all items are covered in the Cycle of Business

**ITEMS FOR ASSURANCE**

**PF25/28 Finance Report**

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

- The accounts were submitted by the deadline of 2nd May 2025.
- The audit team is currently reviewing the accounts.
- Subject to audit, the final deficit for the year was £7.6 million: as the control target was £8.6 million, the target was met.
- This performance is notable as many other health boards did not meet their targets.
- The Welsh Government confirmed that two significant non-recurrent allocations in 2024-25 will be made available for 2025-26:

- £74.6 million, which will become recurrent upon audit approval of the £7.6m deficit delivered in 2024/25.
- £82 million, received non-recurrently for 2025/26 again, with this allocation becoming recurrent upon two separate conditions being satisfied, namely:
  - £40 million contingent on delivering the Integrated Medium Term Plan (IMTP).
  - £42 million contingent on ministerial de-escalation from special measures.
- £58 million in savings were delivered against a target of £48 million, so we surpassed the targeted savings ask. However, £44 million of these savings were recurrent, so we were unable to remove £48m of savings moving into 2025/26
- A £40 million savings ask is required to be delivered as we move into the 2025/26 financial year. With current shortfalls in savings plans, cost pressures from additional capacity beds, Continuing Healthcare and Out of Area Mental Health there remains a risk to delivery of c£40 million to be addressed in the new financial year, if the IMTP outturn of a balanced budget is to be achieved.
- Capital Expenditure: The budget had been £50.7 million, with an actual spend of £50.4 million, within the tolerance of no overspend and an underspend to be no more than £0.5m provided by the Welsh Government: The program was largely back phased, leading to risk of breach in this key duty should projects not deliver, as such lessons on profiling of schemes and costs are being incorporated into planning for delivery of the 2025/26 capital program.
- Planned Care Money: unfortunately, there had been a challenge in spending all the additional planned care money (some only allocated by Welsh Government in the last few months of the financial year) and the £2.4 million underspend had been returned to Welsh Government, this was largely a consequence of mobilisation of contracts following notifications received late in the financial year.
- Welsh Government requested a quarter one submission for the new financial year on Planned Care delivery, with £5m allocated to support additionality and confirmation of funding received towards the end of April 2025. This will be reported on within the next meetings of Health Board, improving access to care essential for our local population
- There are risks related to savings delivery and cost exposures (particularly related to inflationary pressures in commissioned services and care) that need to be managed in the new Financial Year, as highlighted previously.
- Future Planning: The focus is on aligning planning with budget structures. There is a need to incentivise efficient delivery and reinvest savings into services

In discussing the report, the Committee:

- The finance team were congratulated for their good work, especially for achieving the control target despite the challenges.
- There was recognition that the savings delivery was somewhat flattered by accountancy adjustments, but the overall result was still positive.
- Non-Recurrent Funding: There was a clarification that the £11.5m received in January was a recurrent allocation and would continue to be part of the financial mix going forward along with the £74.6 m.
- Alignment of Planning and Budget: There was a discussion about the difficulty of aligning planning with budget structures due to the current opaque budget structure and the dominant role of the Integrated Health Communities (IHCs).

- It was noted that future work would be needed to reshape how the budget is presented to make it easier to link spending priorities: the importance of having a clear and transparent budget structure was emphasised and Foundations for the Future a key component of this delivery.
- Planned Care Money: There was disappointment expressed about the inability to spend all the planned care money by year-end.
- The need to improve the procurement process to mobilise resources quickly was emphasised, alongside the importance of building in flexibility to enable extensions and variations to contracts.
- Savings and Performance: The savings target for the new year is challenging but should be deliverable.
- There was a discussion about the importance of starting early and maintaining momentum in delivering savings.
- Capital Expenditure: The small underspend in capital expenditure was noted, and there was a discussion about the need to avoid last-minute spending in the future.
- There was a recognition of the need for better utilisation of resources and the importance of aligning financial and operational performance and that going forward increased resources would need to be directed towards the prevention agenda and to supporting early interventions in primary and community care.

It was resolved that the Committee:  
**RECEIVED** and **SCRUTINISED** the Report.

## **PF25/29 Integrated Performance Report**

Members received the report and the following points were highlighted:

- The report summarises the position at the end of the 2024-25 financial year.
- It was an extremely challenging year for the Health Board, with failures in meeting operational targets and performance recovery trajectories.
- Key Areas of Concern were:
  - Mental Health: Performance targets were not met.
  - Diagnostics: Performance was below the required standards and not improving.
  - Planned Care: the continued unacceptable delays in planned care were highlighted.
  - Urgent and Emergency Care: performance here was unacceptable, even if some marginal improvements had been identified.
  - Cancer: until relatively recently the Health Board had had the shortest waiting times in Wales: now they were amongst the worst.
- Improvements and Achievements:
  - Despite the challenges, there were significant improvements in respect of the longest waits (156 and 104 week waits)
  - The number of 104-week waiters was reduced from a cohort of approximately 17,000 on January 3rd (consisting of both those who had already waited 104 weeks or more and those who would have waited 104 weeks or more by 31 March) to just over 5,800 by the end of the financial year.
  - This reduction was achieved during a period of high pressure on urgent and emergency care (UEC).

- **Specific Performance Metrics:**
  - **Sickness Absence Rate:** There was a reduction in March, which was a positive development.
  - **Nursing Turnover:** Continued to be very low, one of the lowest percentages seen.
  - **Mental Health Performance:** Needs to become more sustainable; there were fluctuations in meeting targets.
  - **Cancer and Diagnostics:** Significant concerns were raised due to long waiting times, with some patients waiting over 200 days for care.
- **Validation and Data Accuracy:**
  - Ongoing validation is being encouraged to ensure data accuracy.
  - The Digital and Data team is conducting technical validation to improve data on Referral to Treatment Times
  - There is a focus on both administrative and clinical validation to ensure accurate data and appropriate referrals.
- **Challenges and Future Focus:**
  - **156-Week Waits:** There are still some patients waiting over 156 weeks, mainly in surgical specialties.
  - **Diagnostics:** A detailed demand capacity planning exercise is planned to address the long waiting times.
  - **Urgent and Emergency Care (UEC):** The time scales for delivery are challenging, and there is a need to improve patient flow and reduce delays.
  - **Follow-Up Waiting List:** There is a significant number of patients waiting more than 100% over their due follow-up date. Efforts are being made to risk stratify the follow-up waiting list and ensure that patients most in need are seen first.

In discussing the report, the Committee made the following observations:

- **Validation and Data Accuracy:** The importance of ongoing validation was emphasized to ensure data accuracy and proper management of referral to treatment clocks.
- The Digital and Data Team (DDaT) was noted for their role in conducting technical validation to improve RTT performance.
- There was a discussion about the need for both administrative and clinical validation to ensure accurate data and appropriate referrals.
- **Clinician Connect:** The use of clinician connect for primary care referrals was discussed. It was noted that while the Health Board is good at using clinician connect in the context of UEC (where paramedics contact UEC consultants for advice prior to bringing patients to ED), it is rarely used for elective care: some other Health Boards have a much higher use of this tool.
- **Modernization:** There is a need for modernisation across the Board, including the implementation of Tele-Dermatology and better utilisation of resources.
- The importance of adopting best practices and utilising AI and clinical validation was highlighted.
- **Treat in Turn Rates:** The importance of treating patients based on clinical need and chronological order was discussed: There is a need for better discipline and routine in managing bookings to ensure patients are seen in the correct order.
- **Follow-Up Waiting List:** The complexity of the follow-up waiting list situation was acknowledged. While it was unacceptable that so many patients waiting more than 100% over their due follow-up date there was also a failure to adopt best practice in terms of

See on Symptom (SoS) and Patient Initiated Follow Up (PIFU) which would significantly reduce the number of patients listed for a routine follow-up appointment.

- Efforts are being made to risk stratify the follow-up waiting list and ensure that patients most in need are seen first.
- Concerns were raised about the 156-week waits and the need to address these long waiting times.
- The worsening situation in diagnostics was discussed, with a need for detailed demand and capacity planning to address the long waiting times.
- The ambitious time scales for urgent and emergency care (UEC) delivery were noted, with a need to improve patient flow and reduce delays.
- Positive Developments: There is a shift in mindset among operational leads, with a greater focus on asking the right questions and improving performance.
- The introduction of monthly performance review meetings with the IHCs is expected to improve accountability and address issues more proactively.
- General Comments: The importance of aligning financial and operational performance was emphasised.
- There was recognition of the need for better utilisation of resources and the importance of having a clear and transparent budget structure.

It was resolved that the Committee:

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

#### **PF25/30 Integrated Medium-Term Plan**

The Committee noted that there had not been a response from Welsh Government and therefore there was nothing to discuss for this item.

#### **ROUTINE REPORTING**

##### **PF25/31 Board Assurance Framework**

Nesta Collingridge introduced the Board Assurance Framework (BAF), explaining that it had been prepared for the Board: she was seeking the Committee's approval on the suggested assurance ratings.

- The majority of the assurance ratings were limited, with a cautious stance being taken.
- Assurance Ratings: The assurance ratings for the Chief Operating Officer Risk #7 (timely access and performance) were discussed. It was noted that this risk was rated as unsatisfactory due to the number of gaps in controls and assurance: the Chair raised a question about the performance risk score, suggesting it should be a 5 instead of a 4, which would increase the score to 20. This was discussed, and it was agreed to take this feedback to the risk scrutiny group for further discussion.
- Strategic vs. Operational Risks: The discussion highlighted the difference between strategic risks (captured in the BAF) and operational risks (captured in the Corporate Risk Register). It was noted that the BAF focuses on strategic risks that impact the delivery of the Board's IMTP.
- Risk Appetite and Target Risk: The Committee discussed the alignment of target risks with the risk appetite. It was noted that in some cases, the target risk was lower than the risk appetite, which seemed counterintuitive. This would be considered in the upcoming discussion on risk appetite in the summer.

It was resolved that the Committee:

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

### **PF25/32 Corporate Risk Register**

Nesta Collingridge presented the Corporate Risk Register highlighting:

- Four risks assigned to PFIG were above tolerance. It was noted that there was no change in the scores, but the risks were in the process of being updated.
- Russell Caldicott provided an update on the financial sustainability risk, explaining that the actions taken had gained traction, but the risk remained high due to the significant deficit.
- Six Facet Survey: The Committee discussed the six facet survey, with the Director of Environment and Estates explaining the challenges in finding a reliable provider. The survey methodology is unique to the NHS and aims to provide a standard approach for assessing NHS estate but this means the market is small and not particularly well-served.
- The Committee acknowledged the need for a quality product but was concerned at the delay to moving forward with this.
- The Committee agreed on the need to update actions and ensure they are specific and have clear timelines. It was noted that some actions had been on the list for a long time and needed to be reviewed.
- The feedback and actions discussed would now go to the Risk Scrutiny Group for further consideration.
- The importance of having a living document that evolves with the organisation's needs was emphasised.

It was resolved that the Committee:

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

### **FOR INFORMATION**

#### **PF25/33 Summary of Business to be Reported from Private**

The Committee had previously considered the following matters in private session at the meeting held on 25 February 2025:

- Capital Programme 25-26
- Caledfryn
- North Wales Medical School Programme Business Case
- Oncology RIGA overspend 25-26

It was resolved that the Committee:

- **NOTED** the report

### **PF25/34 Committee Workplan**

No items were raised against the current workplan.

The Committee noted that a Committee Survey would be shared in the coming weeks and that the Director of Corporate Governance would speak to the Chair with regards to the appointment of a Vice Chair for PFIG.

## **CLOSING BUSINESS**

### **PF25/35 Agree Items for referral to Board / Other Committees**

- The Committee has transferred to PPHP follow up in terms of the Review of Planning, an action which preceded the creation of the new PPHP.

### **PF25/36 Agree items for Chair's Assurance Report**

#### **Alert**

1. Subject to audit, the Board will have met the target outturn for its financial performance set by the Welsh Government: this should secure an additional £83.15 million, currently forming part of the underlying deficit, as recurrent funding. A further £82 million within the underlying deficit is conditional in such a way as to give a significant degree of confidence that it will be available for a number of years into the future. This is a significant achievement.
2. Performance on almost all metrics during 2024/5 not only fell short of the Welsh Government's targets but also failed to reflect the trajectories committed to in the 2024/5 Annual Plan: despite this, significant progress was made in terms of planned care within the last quarter.
3. There are significant concerns about patient harm resulting from delays in access to cancer care and diagnostics.
4. The ambitions set out by the Ministerial Advisory Group (see below) for Urgent and Emergency Care go significantly further than the Health Board has committed to in the IMTP for the next year.
5. Significant work is needed with regard to patients whose follow-up is significantly overdue who currently number more than 500,000. In part this reflects a lack of focus on good practice in terms of Patient Initiated Follow Up and See on Symptom for certain procedures and conditions and progress on this is needed as a matter of priority but in some cases the delay will be causing real harm to patients. There is an urgent need to undertake a process of risk stratification to identify priorities in addressing the backlog.

#### **Assure**

1. While delivering the savings envisaged in the IMTP will be stretching, the target is achievable provided work on Value and Sustainability is taken forward energetically in the early part of the year.
2. The Committee will take responsibility for tracking actions relating to the recommendations of the Ministerial Advisory Group on productivity [Ministerial Advisory Group NHS Performance and Productivity | GOV.WALES](#).

#### **Advise**

1. In considering Foundations for the Future, it will be important to restructure the budget so as to create the conditions for a clearer link between the Board's strategy and its spending decisions.

2. The Executive report that traction in terms of addressing long waits appears to be growing amongst operational teams.

**PF25/37 Review of meeting effectiveness**

The Committee concluded that the meeting had been positive and informative.

**PF25/38 Date of next meeting**

25 June 2025

**Exclusion of the Press and Public**

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

## Performance Finance & Information Governance Committee Action Log (Public)

Updated 10.06.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PF25/27.1	06.05.25	<b>Matters Arising and Action Log</b> Estates Strategy overview to return to the next PFIG Committee	Stuart Keene		<b>Suggest Close</b>  Item on the agenda
2	PF25/27.2	06.05.25	<b>Matters Arising and Action Log</b> Share with IM's the MAG report and speech	Philippa Peake-Jones		<b>Suggest Close</b>  Item shared in a weekly Corporate Governance update  Link: <a href="#">Ministerial Advisory Group NHS Performance and Productivity   GOV.WALES</a>
3	PF25/27.3	06.05.25	<b>Matters Arising and Action Log</b> Review action log and update and where possible ensure all items are covered in the Cycle of Business	Pam Wenger	June 25	<b>Suggest Close</b>  Item on the agenda
4	PF25/26	06.05.25	<b>Unconfirmed Minutes of the Meeting held on 25 February 2025</b>	Stephen Powell	June 25	<b>Suggest Close</b>  Item on the agenda

			Add item on the next agenda for response to the MAG and our response to it and enabling actions.			
5	PF25/06.2	25.2.25	<b>Integrated Performance Report</b> Circulate a briefing note on admissions from Care Homes. <i>Steve P will circulate the data on re-admissions – DOLS admission data</i>	Stephen Powell	May 25	<b>Suggest Close</b>  Included on the report – SP will clarify in the meeting
6	PF25/09.2	25.2.25	<b>Diabetes Service Performance Update</b> Gareth to raise the issue of GDPR nationally regarding the inability to access Primary Care data being raised as an issue.	Gareth Williams	May 25	<b>Suggest Close</b>  Not formally raised this but it was brought up at MAG event.
7	PF24/133.1	23.12.24	<b>Matters Arising &amp; Action Log</b> Russell Caldicott to provide an update at the next meeting on Shared Services and how we manage our own internal processes.	Russell Caldicott	TBC	<b>25.02.25</b> It was noted during the meeting that it was agreed at agenda setting to review this at the April meeting.  PW and RC met with Alison Ramsey, Director of Finance in June 2025
8	PF24/135.2	23.12.24	<b>Integrated Performance Report</b> Future reports to include: <ul style="list-style-type: none"> <li>• An explanation in relation to serious improvements and trajectories to highlight activity.</li> <li>• Highlight IHC performance and the difference in types of emergencies.</li> </ul>	Stephen Powell	TBC	<b>Suggest Close</b>  Included on the report – SP will clarify in the meeting

			<ul style="list-style-type: none"> <li>• Detail on centralised booking and validation.</li> <li>• Trajectory in relation to theatre utilisation.</li> <li>• Difference between segregating MIU's</li> </ul>			
9	PF25/135.3	23.12.24	<p><b>Integrated Performance Report</b> To share with Members a piece of work she was undertaking for Independent Members, in which she would identify the key barriers to getting where the Health Board wished to be.</p>	Carol Shillabeer	February 2025	<p><b>25.02.25</b> It was agreed during the meeting that Carol would share this information after the meeting.</p> <p><b>Suggest Close</b></p> <p>Included on the report – SP will clarify in the meeting</p>
10	PF25/135.4	23.12.24	<p><b>Integrated Performance Report</b> To share with Members a Neuro Diversity Team briefing which should include an overview of the current system highlighting possible improvements.</p>	Carol Shillabeer	February 2025  Revised timescale April 2025	<p><b>25.02.25</b> It was noted during the meeting that Carol is meeting with the Neurodiversity Team during the afternoon of 25.02.25 and an update would be provided at the next meeting.</p> <p><i>Update requested</i></p>
11	PF24/107.1	29.10.24	<p><b>PF24/107 Shared Service Partnership performance assurance report</b> Rebecca Nelson's attendance would be factored into the Committee workplan, along with areas of focus that would be agreed through the Committee Chair,</p>	Pam Wenger	December 2024  Revised timescale	<p>This will be taken forward when the cycle of business is reviewed.</p>

			Interim Executive Director of Finance and the Director of Corporate Governance		End of June 2024	PW and RC met with Alison Ramsey, Director of Finance in June 2025  Committee COB to be drafted following Board cycle of business approval.
12	PF24/41.3	30.4.24	<b>Performance Report</b> Provide focussed performance reports to PFIGC on Dermatology, Ophthalmology, Cancer, Theatre Utilisation and management of waiting lists, following Quality Round Table session with WG based on scheduling agreed with Director of Corporate Governance	Pam Wenger Sreeman Andole	<del>June 2024</del>  Revised timescale End of June 2024	The business cycle for all the Committees is being reviewed to align with the Annual Plan Delivery Plan as agreed by the Board in March 2024. <b>25.6.24</b> Committee requested to leave open until completed The Annual Delivery Plan will address all areas of Fragile Services and these will be monitored  All Committee COB's are now being drafted following Board cycle of business approval.

**Closed Actions (as agreed at meeting on 25.02.25)**

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PF25/04.1	25.02.25	<b>Matters Arising and Action Log</b>  Bring back to Committee an update on the use of Primary Care premises for minor procedures.	Tehmeena Ajmal	May 25	<b>Closed</b> Moved to forward work plan

2	PF25/06.1	25.02.25	<b>Integrated Performance Report</b> Circulate the slides outside of the meeting in relation to the Planned Care statistics.	Russell Caldicott	May 25	<b>Closed</b> Presentation from 16.01.25 Informal Board on Ibabs and in IM's Teams Channel
3	PF25/06.3	25.2.25	<b>Integrated Performance Report</b> Circulate the information from Denmark on Models of flow.	Carol Shillabeer	May 25	<b>Closed</b> Circulated 23.04.2025
4	PF25/08.1	25.2.25	<b>Corporate Risk Register</b> Review how the actions can be smarter and ensure these are highlighted in the cover paper and also include due dates where possible.	Pam Wenger Nesta Collingridge	May 25	<b>Closed</b> All risks are being reviewed as part of the risk cycle to ensure they are SMART
5	PF25/09.1	25.2.25	<b>Diabetes Service Performance Update</b> Jane and Justine to discuss the access to Primary Care data.	Jane Moore	May 25	<b>Closed</b> <b>17.04.25</b> Meeting arranged for Jane and Justine to discuss
6	PF24/105.1	29.10.24	<b>PF24/105 Draft minutes of the previous meeting held on 27.8.24 for approval</b> In response to Rhian Watcyn Jones' comments, it was agreed that the Secretariat would amend the minutes to more appropriately explain allocative efficiency and clarify that the Chief Executive gave assurance that Emergency and Unplanned Care would be reported to the next Board meeting.	Pam Wenger	December 2024  Revised timescale February 2025	<b>Closed</b> Minutes amended and Emergency and Unplanned Care was reported at the Board Meeting in November.
7	PF24/88.5	27.8.24	<b>Integrated Performance Report</b> Invite Russ to give an overview on how the Integrated Planning Framework is operating.	Russell Caldicott	February 2025	<b>Closed</b> Deferred to a future meeting with portfolio changes. February 2024  On forward work plan.

8	PF24/38	30.4.24	<b>Finance Report</b> Make arrangements to ensure PFIGC also sighted on Financial Efficiencies review being undertaken by Wales Audit	Pam Wenger	June 2024  Revised timescale February 2025	<b>Closed</b> To be provided once received by the organisation. No further update at this stage. <b>25.6.24</b> Arrange circulation to PFIGC members. <b>2.8.24</b> Audit Wales will be commencing this work shortly will circulated when more information is available. <b>13.2.25</b> Awaiting confirmation if this is complete? Has been discussed at PFIG Dev Session & Board in Jan. <b>23.4.25</b> Financial Efficiencies Review is no longer included in the Audit plan for 2025 – which was approved by the Audit Committee in March
9	PF24/63.7	25.6.24	Provide monthly updates in between PFIGC meetings to Committee members.	Russell Caldicott	November 2024  Revised timescale February 2025	<b>Closed</b> <b>20.10.24</b> Added to the Forward Plan for the Director of Performance and Commissioning to consider reporting frequency and updates Presentation from Cancer Division took place in October 2024
10	PF24/39.4	30.4.24	<b>Planning Independent Review</b>	Paolo Tardivel	December 2024	<b>Closed</b>

			schedule Planning within the Board Development programme and schedule the Review's action plan update to the August PFIGC meeting.			Initial session scheduled for July and further sessions to be included in the Board Development Plan. To be included on the forward work plans. <b>25.6.24</b> Committee requested to leave open until completed <b>20.10.24</b> Suggest add to the Forward Plan <b>23.04.25</b> This has not completed, this could be reviewed by PPHP rather than PFIG once finalised Agreed in the meeting to close this item as it had been transferred to PPHP.
11	PF24/133.2	23.12.24	<b>Matters Arising &amp; Action Log</b> Rhian Watcyn Jones highlighted the following actions that have not been included on the action log: An update on estates rationalisation and how we are moving to fill unfunded posts in Cancer services and an update on recruitment and retention strategies including those related to Cancer services.	Russell Caldicott	May 2025	<b>Closed</b> <b>25.02.25</b> It was agreed during the meeting that Estates Rationalisation will be added to the forward work plan and return to a future meeting. In relation to Cancer Services, it was noted that a paper on funding for Oncology services is included on the private agenda and an update on cancer staffing will be provided at the April meeting.  Item on Agenda for June 2025





<b>Teitl adroddiad:</b>	<b>2025-26 Month 2 (May) Finance Report</b>
<b>Report title:</b>	
<b>Adrodd i:</b>	Performance, Finance and Information Governance Committee (PFIG)
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Tuesday, 24 June 2025
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	This report provides a briefing on the financial position of the Health Board as at the end of Month 2 (May 2025). In addition, the report includes an update on delivery of the approved Capital Programme and Savings delivery against target.
<b>Executive Summary:</b>	<p><u>Finance Report</u></p> <p>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 will need to be prioritised to enable the key financial duty and the performance ask to be attained.</p> <p>Achieving the control target in 2024/25 has secured the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, conditions associated with retention recurrently of the funds for 2026/27 and beyond being:</p> <ul style="list-style-type: none"><li>➤ £40.0m Deficit Support Funding – Recurrent and non-conditional following submission and delivery of a financially balanced IMTP by the Health Board.</li><li>➤ £42.0m Performance &amp; 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.</li></ul> <p>In addition, Welsh Government have also confirmed that the £74.6m conditionally recurrent funding that the Health Board received in 2023/24 and 2024/25 has been included in the allocation as recurrent for 2025/26.</p> <p>The Month 2 (May 2025) financial position of the Health Board is reporting an in-month deficit of £2.4m, an improvement of £1.3m from previous month but is £0.7m higher than forecast deficit profiled for Month 2.</p> <p>Year to Date position is reporting a deficit of £6.2m, which is largely driven by £4.5m shortfall in undelivered savings to date, pressures associated with additional capacity areas remaining open and Healthcare Services provided by other NHS Bodies Contracts.</p>

The forecast is to deliver a balanced position in line with the financial plan for the year, however progress is required at pace to continue to identify savings opportunities, convert to green schemes and implement as soon as possible.

Focus will also need to continue on containing cost overruns and recovering the year to date deficit position. Grip and Control actions implemented in 2024/25 continuing into 2025/26.

The below table summarises monthly actual and forecast variance for 2025/26:

	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)	(1.4)	0.0	0.7	0.7	0.7	1.0	1.0	1.0	1.2	1.2	(6.2)	0.0	

### Savings

The Health Board's financial plan requires a savings target of £40.0m to be delivered in 2025/26. The £40.0m target plan is profiled on an equal twelfth's basis.

As at Month 2 (May) the Health Board has identified £12.8m Green saving schemes, an increase of £4.4m from Month 1. Of these savings, £9.3m is recurring with a full year effect of £13.0m and £3.7m identified as non-recurring savings. No Accountancy Gains have been reported in Month 2.

Full year plan value of Red Schemes totals £4.1m and the full year plan value of further pipeline opportunities totals £12.5m.

Savings delivered in Month 2 totalled £1.6m, of which £0.9m is recurring against a target of £3.3m.

It is important that identification and delivery of savings are progressed at pace, so as not to result in adverse performance in the early part of 2025/26 that will require recovery during the financial period.

### Capital Programme

The approved Capital Resource Limit (CRL) for 2025/26 is £48.0m and is forecast to be spent in full. Year to Date expenditure is £2.9m.

#### **Argymhellion:**

The Board is asked to:

#### **Recommendations:**

- **Receive**, and scrutinise this report

<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Russell Caldicott, Interim Executive Director of Finance.			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <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>	<b>Derbyniol</b> <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>	<b>Rhannol</b> <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>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>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:</b></p> <p><b><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></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.			
<b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></b>	Naddo N  Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.  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.			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>	BAF – Financial Stability			

<p><b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b></p>	<p>From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Financial implications as a result of implementing the recommendations</b></p>	<p>Not applicable.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Workforce implications as a result of implementing the recommendations</b></p>	<p>Not applicable</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p><b>Appendix A</b> <b>BAF risks</b> BAF SP14 – Estates &amp; 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><b>Link to Corporate Risk Register:</b> CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 25/26 Financial Plan</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b> <b>Implementation of recommendations</b></p>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <p>A - 2025/26 Finance Report – May (Month 2)</p>	



# Finance Report – Health Board May - Month 2 2025/26

**Russell Caldicott**  
**Executive Director of Finance**



# Executive Summary

<b>Objective</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	
<b>Statutory Financial Duties</b>	<b>Revenue</b>	<ul style="list-style-type: none"> <li>In-month deficit of £2.4m, an improvement of £1.3m from the previous months in-month position.</li> <li>Year to Date is reporting a deficit of £6.2m, of which £4.5m is due to unachieved savings.</li> <li>The forecast position is to deliver a balanced position, which is in line with the financial plan for the year.</li> </ul>
	<b>Cash</b>	<ul style="list-style-type: none"> <li>Closing Cash Balance as at 31st May 2025 was £7.3m, including £5.2m for Revenue and £2.1m 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.</li> </ul>
	<b>Savings</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Month 2 delivered savings of £1.6m, £1.7m under the in month target of £3.3m. Year to Date Savings total £2.2m, of which £1.2m is recurring.</li> <li>Full year savings value of Green Schemes total £12.8m (including £12.7m Savings and £0.1m Income Generation). Of these, £9.3m are recurring, with a full year effect of £13.0m, and £3.5m non-recurring. Additional red schemes and opportunities of £16.6m are under review.</li> </ul>
	<b>Capital</b>	<ul style="list-style-type: none"> <li>Approved Capital Resource Limit (CRL) for 2025/26 is £48.0m.</li> </ul>
	<b>PSPP</b>	<ul style="list-style-type: none"> <li>PSPP Performance to be reported from end of Quarter 1.</li> </ul>
<b>Key Messages</b>	<ul style="list-style-type: none"> <li>➤ 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 will need to be prioritised to enable the key financial duty and the performance ask to be attained.</li> <li>➤ Achieving the control target in 2024/25 has secured the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, conditions associated with retention recurrently of the funds for 2026/27 and beyond being:             <ul style="list-style-type: none"> <li>➤ £40.0m Deficit Support Funding – Recurrent and non-conditional following submission and delivery of a financially balanced IMTP by the Health Board.</li> <li>➤ £42.0m Performance &amp; Transformation Funding – Recurrent on de-escalation from Special Measures. Welsh Government having greater oversight and direction in use against Special Measures and Ministerial priorities.</li> </ul> </li> <li>➤ In addition, Welsh Government have also confirmed that the £74.6m conditionally recurrent funding that the Health Board received in 2023/24 and 2024/25 has been included in the allocation as recurrent for 2025/26 following attainment of the 2024/25 deficit control total.</li> <li>➤ The in-month position is reporting a deficit of £2.4m, an improvement of £1.3m from previous months in month position and £0.7m higher than forecast deficit profiled for Month 2.</li> <li>➤ Year to Date deficit is £6.2m, largely driven by a £4.5m shortfall in undelivered savings and pressures associated with Escalated Beds and Healthcare Services provided by other NHS Bodies Contracts.</li> <li>➤ Focus will need to continue on containing cost overruns and ensure the identification and delivery of savings is being progressed at pace, so as not to result in adverse performance in the early part of 2025/26 that will require recovery during the remainder financial period.</li> </ul>	

# Key Performance Indicators



## Month 2 Position

In Month: £192.0m against plan of £189.5m  
**£2.4m adverse**

Full Year: £382.2m against plan of £376.1m  
**£6.2m adverse**



## 2025/26 Full Year Position

**Forecast Balanced**

## YTD Divisional Variance

West IHC	£4.2m adverse
Central IHC	£5.7m adverse
East IHC	£6.9m adverse
Womens	£0.5m adverse
MH & LD	£3.2m adverse
Commissioning Contracts	£3.4m adverse
ICD Primary Care	£0.5m favourable
ICD Regional Services	£2.5m adverse
Support Functions	£1.3m adverse
Other Budgets	£21m favourable



## Savings

In-month: £1.6m against target of £3.3m

**£1.7m adverse**



## Full Year Savings Delivery

£12.8m against target of £40.0m

**£27.2m adverse** (Additional red schemes and opportunities of £16.6m are under review)



## COVID-19 Impact

£1.7m YTD Cost

£13.2m COVID funding allocation from WG



## Year to Date Income

£27.0m against budget of £26.6m

**£0.4m favourable**



## Year to Date Pay

£191.2m against budget of £180.7m

**£10.6m adverse**



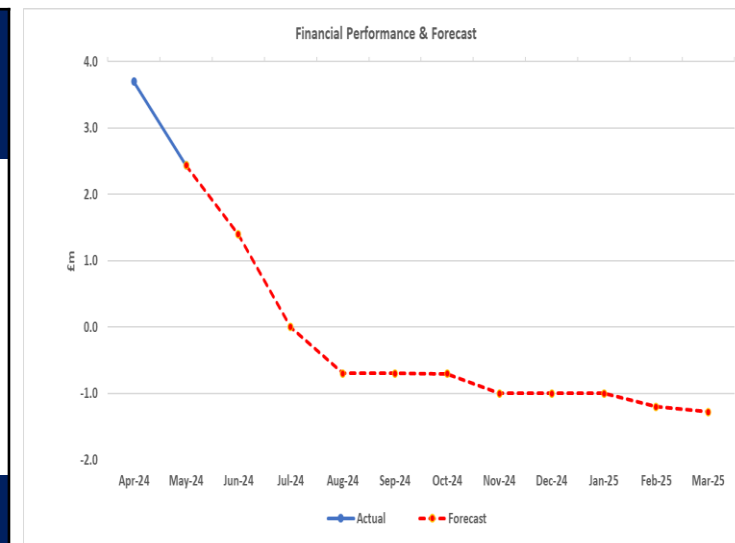
## Year to Date Non-Pay

£218.0m against budget of £222.0m

**£4.0m 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)	(190.7)	(187.5)	(187.8)	(188.6)	(188.9)	(188.6)	(189.9)	(190.3)	(187.7)	(189.9)	(376.1)	(376.1)	0.0	0.00	(2,265.9)
Miscellaneous Income	(13.4)	(13.6)	(13.4)	(13.4)	(13.4)	(13.4)	(13.4)	(13.4)	(13.4)	(13.4)	(13.4)	(14.2)	(26.6)	(27.0)	(0.4)	1.50%	(161.9)
Health Board Pay Expenditure	94.9	96.4	95.6	95.2	95.2	95.7	95.3	95.5	95.5	96.0	95.8	95.9	180.7	191.2	10.6	5.87%	1,146.7
Non-Pay Expenditure	108.8	109.2	110.0	105.7	105.2	105.6	106.4	105.6	106.8	106.8	104.2	106.9	222.0	218.0	(4.0)	-1.80%	1,281.1
<b>Total Deficit / (Surplus)</b>	<b>3.7</b>	<b>2.4</b>	<b>1.4</b>	<b>0.0</b>	<b>(0.7)</b>	<b>(0.7)</b>	<b>(0.7)</b>	<b>(1.0)</b>	<b>(1.0)</b>	<b>(1.0)</b>	<b>(1.2)</b>	<b>(1.3)</b>	<b>0.0</b>	<b>6.2</b>	<b>6.2</b>		<b>0.0</b>

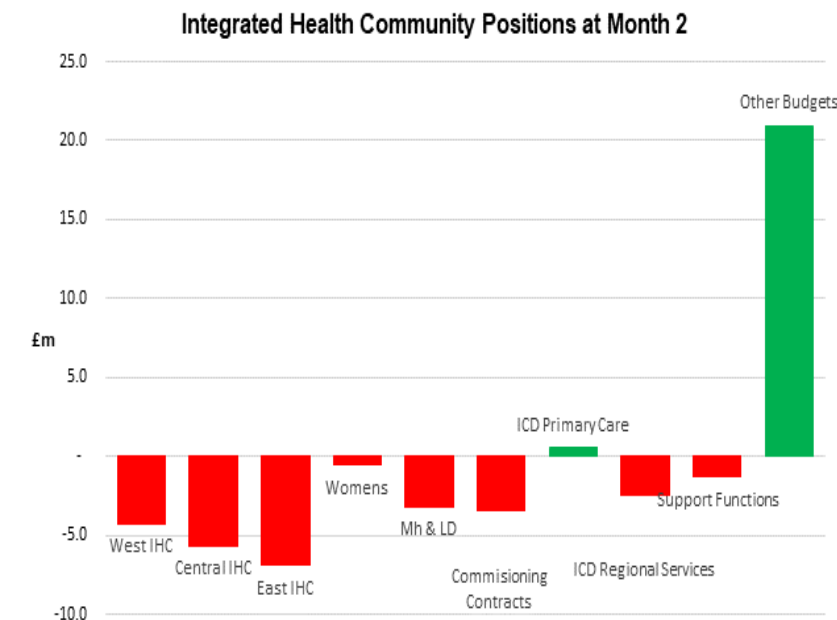


- The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Expenditure commitments will need to be prioritised to enable the key financial duty and the performance ask to be attained. Achieving the control target in 2024/25 has secured the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, 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.
- In addition, Welsh Government have also confirmed that the £74.6m conditionally recurrent funding that the Health Board received in 2023/24 and 2024/25 has been included in the allocation as recurrent for 2025/26.
- The in-month position is reporting a deficit of £2.4m, an improvement of £1.3m from previous months in-month position, however the in-month position is £0.7m higher than the forecast deficit profiled for month 2.
- Year to Date position is reporting a deficit of £6.2m which is largely driven by a £4.5m shortfall in undelivered savings to date, pressures associated with additional capacity areas remaining open and Healthcare Services provided by other NHS Bodies Contracts.



# Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £m
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	
<b>WG RESOURCE ALLOCATION</b>	(189.5)	(189.5)	0.0	0%	(376.1)	(376.1)	0.0	0%	0.0
<b>WEST INTEGRATED HEALTH COMMUNITY</b>	0.0	0.0	0.0						
Management	0.1	0.1	0.0		0.2	0.2	0.0		0.0
West Area	16.8	17.7	(0.9)		33.4	35.1	(1.7)		(8.7)
Ysbyty Gwynedd	11.0	12.3	(1.3)		21.8	24.1	(2.3)		(14.7)
Facilities	1.2	1.2	(0.1)		2.3	2.5	(0.2)		(1.5)
<b>Total West</b>	29.1	31.3	(2.2)	-8%	57.7	62.0	-4.2	-7%	(24.8)
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>									
Management	0.2	0.2	(0.0)		0.3	0.3	(0.0)		(0.2)
Central Area	22.2	22.4	(0.2)		43.7	45.1	(1.4)		(13.6)
Ysbyty Glan Clwyd	13.7	15.6	(1.9)		27.2	31.2	(4.0)		(23.2)
Facilities	1.3	1.4	(0.1)		2.6	2.9	(0.2)		(2.0)
<b>Total Central</b>	37.4	39.7	(2.3)	-6%	73.9	79.6	(5.7)	-8%	(39.0)
<b>EAST INTEGRATED HEALTH COMMUNITY</b>									
Management	0.1	0.1	0.0		0.2	0.2	0.0		(0.0)
East Area	24.4	26.1	(1.7)		48.5	52.3	(3.8)		(23.8)
Ysbyty Wrexham Maelor	11.9	13.5	(1.6)		23.7	26.5	(2.8)		(15.5)
Facilities	1.2	1.4	(0.2)		2.4	2.7	(0.3)		(1.8)
<b>Total East</b>	37.6	41.1	(3.5)	-9%	74.9	81.7	(6.9)	-9%	(41.2)
<b>Total Midwifery and Women's Services</b>	4.1	4.4	(0.3)	-6%	8.1	8.7	(0.5)	-7%	(3.1)
<b>Total Mental Health and LDS</b>	14.8	16.4	(1.5)	-10%	29.3	32.5	(3.2)	-11%	(17.4)
<b>Total Commissioning Contracts</b>	24.1	26.3	(2.2)	-9%	49.7	53.1	(3.4)	-7%	(18.2)
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>									
Covid Programmes	0.5	0.5	0.0		1.1	1.1	0.0		0.2
Dental North Wales	3.0	2.6	0.4		6.0	5.4	0.7		2.5
Community Dental Services	0.6	0.6	(0.0)		1.1	1.2	(0.0)		(0.4)
Other Primary Care	0.5	0.5	(0.0)		0.6	0.7	(0.1)		(0.6)
<b>Total Integrated Clinical Delivery Primary care</b>	4.6	4.2	0.4	8%	8.8	8.3	0.5	6%	1.8
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>									
Provider Income	(1.9)	(1.9)	0.0		(3.8)	(3.9)	0.1		0.5
Diagnostic and Specialist Clinical Support	6.9	7.5	(0.6)		13.9	15.0	(1.1)		(8.2)
Cancer Services	5.6	6.7	(1.1)		11.2	12.6	(1.5)		(8.5)
<b>Total Integrated Clinical Delivery</b>	10.6	12.3	(1.6)	-15%	21.2	23.7	(2.5)	-12%	(16.2)
<b>Total Service Support Functions</b>	13.2	13.8	(0.6)	-5%	26.7	28.0	(1.3)	-5%	(7.8)
<b>Total Other Budgets</b>	13.9	2.5	11.4	82%	25.7	4.8	21.0	81%	166.0
<b>Total Health Board Position</b>	0.0	(2.4)	(2.4)		0.0	(6.2)	(6.2)		0.0



- In-month position is reporting a deficit of £2.4m, an improvement of £1.3m from the previous in-month position and £0.7m higher than forecast deficit profiled for month 2. The forecast is to deliver a balanced outturn, which is in line with the financial plan for the year.
- Variable pay costs have increased in May by £0.5m from April driven by an increase of £0.3m in Bank and £0.2m in Agency.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.



# Expenditure – Pay & Non-Pay

Pay Costs	Actual		Forecast										Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	£m
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clinical	13.2	13.3	13.8	13.7	13.8	13.8	13.8	13.8	13.8	13.9	13.8	13.8	27.0	26.4	0.1	165.6
Medical & Dental	22.3	22.7	21.3	21.2	21.2	21.3	21.2	21.3	21.3	21.4	21.4	21.4	39.9	45.0	(5.1)	255.7
Nursing & Midwifery Registered	28.8	29.1	29.5	29.4	29.4	29.6	29.4	29.5	29.5	29.7	29.6	29.6	54.9	57.9	(3.0)	354.3
Additional Clinical Services	3.9	3.9	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.8	3.7	3.7	26.6	7.9	18.8	175.4
Add Prof Scientific & Technical	14.2	14.7	14.6	14.6	14.6	14.6	14.6	14.6	14.6	14.7	14.6	14.7	8.3	29.0	(20.7)	44.8
Allied Health Professionals	6.4	6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.4	6.3	6.4	11.9	12.7	(0.8)	76.0
Healthcare Scientists	1.7	1.7	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	3.4	3.5	(0.1)	19.0
Estates & Ancillary	4.3	4.4	4.6	4.5	4.5	4.6	4.5	4.6	4.6	4.6	4.6	4.6	8.5	8.7	(0.2)	54.7
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.0	1.1
<b>Health Board Total</b>	<b>94.9</b>	<b>96.3</b>	<b>95.6</b>	<b>95.2</b>	<b>95.2</b>	<b>95.7</b>	<b>95.3</b>	<b>95.5</b>	<b>95.5</b>	<b>96.0</b>	<b>95.8</b>	<b>95.9</b>	<b>180.7</b>	<b>191.2</b>	<b>(10.6)</b>	<b>1,146.7</b>
Other Services (incl. Primary Care)	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	5.6	6.3	(0.7)	37.5
<b>Total Pay</b>	<b>98.0</b>	<b>99.4</b>	<b>98.7</b>	<b>98.3</b>	<b>98.4</b>	<b>98.8</b>	<b>98.4</b>	<b>98.6</b>	<b>98.6</b>	<b>99.1</b>	<b>98.9</b>	<b>99.0</b>	<b>186.3</b>	<b>197.5</b>	<b>(11.2)</b>	<b>1,184.3</b>
Non-Pay Costs as per Monitoring Return Table	Actual		Forecast										Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	£m
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractor	20.8	20.5	20.4	20.5	20.6	20.6	20.5	20.7	20.8	20.8	20.7	20.9	41.1	41.3	(0.2)	247.8
Primary Care – Drugs and Appliances	10.9	10.9	10.8	11.4	11.0	11.4	11.4	10.7	11.6	11.3	10.2	11.5	19.5	21.8	(2.3)	133.0
Provider Services – Non Pay	18.6	18.3	16.6	16.6	16.4	16.7	17.3	17.3	17.5	17.7	17.4	17.3	53.3	36.9	16.4	207.9
Secondary Care - Drugs	8.4	9.4	9.0	9.0	9.0	9.0	9.0	9.0	8.8	8.8	8.6	9.0	14.5	17.8	(3.4)	107.1
Healthcare Services Provided by Other NHS Bodies	32.2	31.9	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	60.1	64.1	(4.0)	371.8
Continuing Care and Funded Nursing Care	11.5	11.6	11.3	11.6	11.6	11.3	11.6	11.3	11.6	11.6	10.7	11.6	22.0	23.1	(1.1)	136.9
Other Private & Voluntary Sector	2.7	2.8	7.3	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	4.3	5.5	(1.2)	31.0
Joint Financing and Other	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.5	0.6	(0.1)	3.9
Losses, Special Payments and Irrecoverable Dets	0.2	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.5	0.7	(0.2)	3.9
<b>Non-Pay Costs</b>	<b>105.7</b>	<b>106.1</b>	<b>106.8</b>	<b>102.5</b>	<b>102.0</b>	<b>102.5</b>	<b>103.2</b>	<b>102.4</b>	<b>103.6</b>	<b>103.6</b>	<b>101.0</b>	<b>103.8</b>	<b>215.7</b>	<b>211.7</b>	<b>4.0</b>	<b>1,243.2</b>
AME/DEL Depreciation	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	6.3	6.3	0.0	37.9
<b>Total Non-Pay</b>	<b>108.8</b>	<b>109.2</b>	<b>110.0</b>	<b>105.7</b>	<b>105.2</b>	<b>105.6</b>	<b>106.4</b>	<b>105.6</b>	<b>106.8</b>	<b>106.8</b>	<b>104.2</b>	<b>106.9</b>	<b>222.0</b>	<b>218.0</b>	<b>4.0</b>	<b>1,281.1</b>

## Health Board Pay:

- Month 2 Provider Services Pay increased by £1.4m (0.8%) from previous month.
- Overall variable pay costs have increased in May with an upward trend in agency, bank and overtime.
- Further detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.
- Forecast pay costs exclude the pay award which is anticipated to be fully funded.

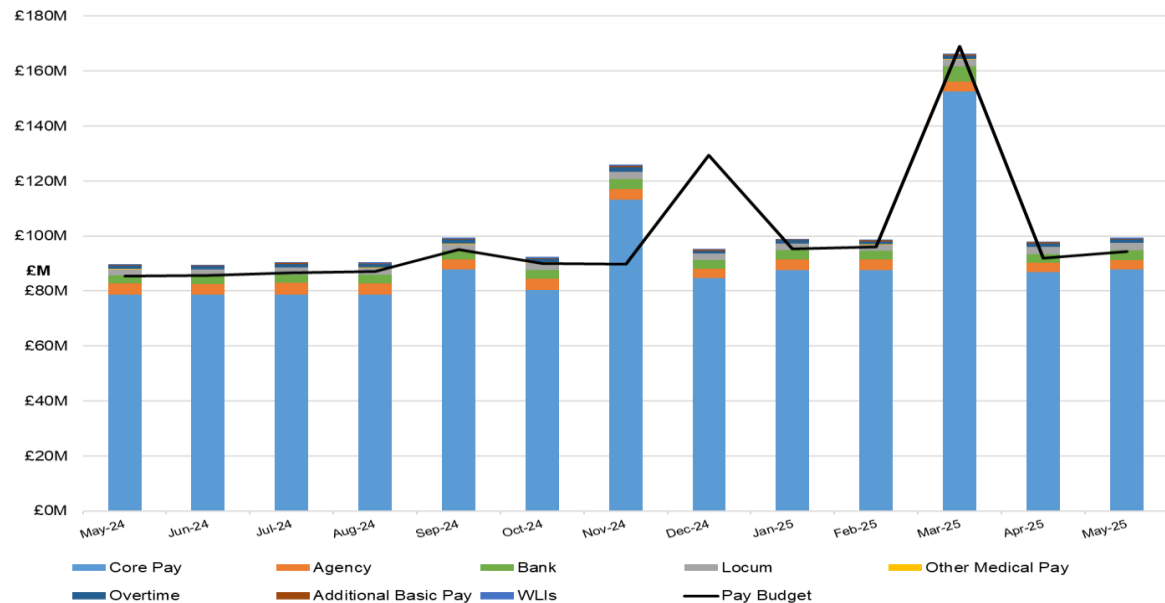
## Non-Pay Expenditure (excluding Depreciation):

- Total Non-Pay expenditure (excluding AME/DEL Depreciation) increased by £0.4m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

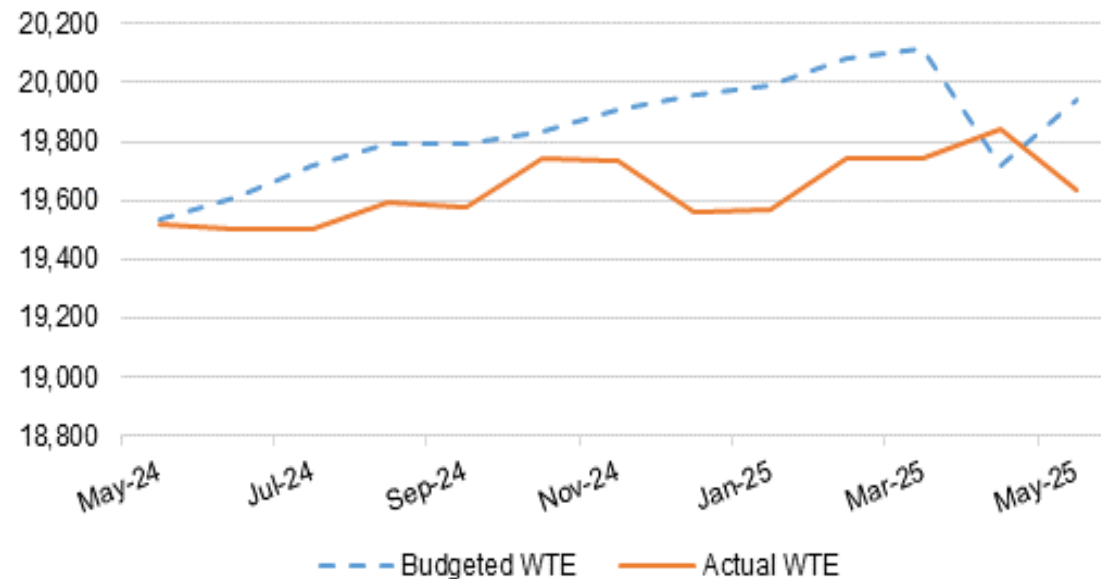


# Expenditure – Pay

### Pay Costs



### Pay-WTE



Variable Pay	Actual 2024-25							Actual 2025-26		Year to Date £m
	M06	M07	M08	M09	M10	M11	M12	M01	M02	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Agency	3.7	4.2	3.9	3.4	3.9	3.9	3.6	3.3	3.5	6.8
Overtime	1.4	1.2	1.7	1.0	1.0	1.1	1.3	1.1	1.1	2.2
Locum	2.4	2.8	2.6	2.3	2.6	2.4	2.5	2.6	2.7	5.4
WLIs	0.4	0.4	0.4	0.3	0.4	0.3	0.3	0.4	0.4	0.8
Bank	3.2	3.0	3.7	3.1	3.2	3.0	5.6	3.2	3.5	6.7
Other Non Core	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1
Additional Hours	0.3	0.4	0.5	0.4	0.3	0.4	0.4	0.4	0.3	0.8
<b>Total</b>	<b>11.6</b>	<b>12.1</b>	<b>12.8</b>	<b>10.5</b>	<b>11.5</b>	<b>11.2</b>	<b>13.8</b>	<b>11.2</b>	<b>11.7</b>	<b>22.9</b>

- May budget WTE has increased due to several funding streams being clarified – see next slide for additional detail.
- Variable Pay totals £11.7m for May, an increase of £0.5m from previous month driven by an increase of £0.3m in Bank and £0.2m in Agency.



# Pay - WTE

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Movement M2 V M1
<b>Budgeted WTE</b>	19,962	19,992	20,086	20,122	19,719	19,941	222
<b>Actual WTE</b>	19,562	19,571	19,745	19,745	19,839	19,635	(204)

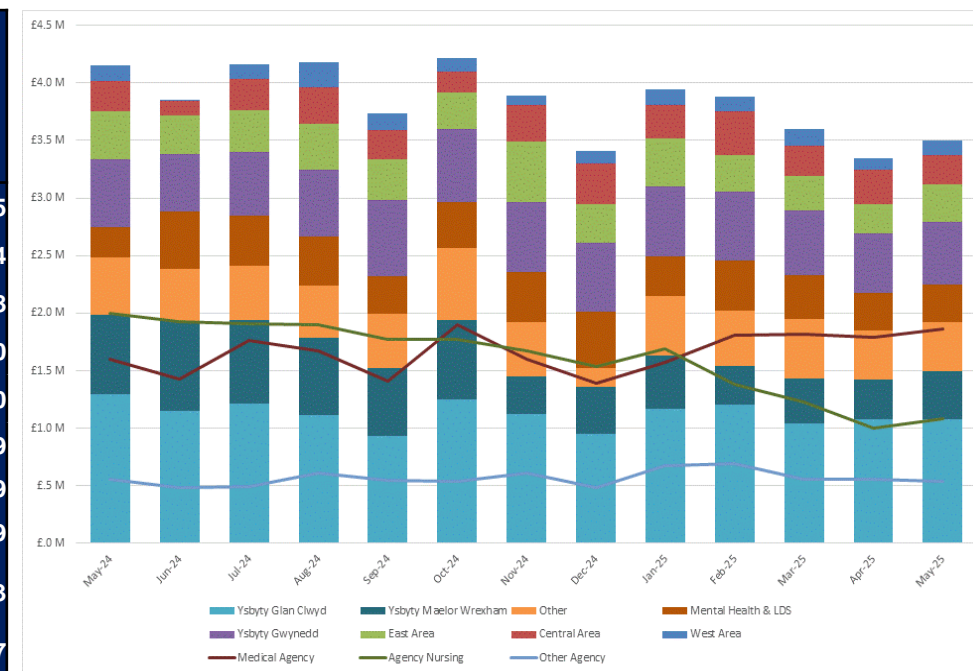
- Actual worked in May is 19,365, a decrease of 204 WTE since April.
- Budgeted WTE increased by 222 WTE between May and April, with the below providing detail of the budgetary increases:-

BUDGETED WTE	Dec WTE	Jan WTE	Feb WTE	Mar WTE	Apr WTE	May WTE	Movement M2 v M1	Explanation of Key movements
West IHC	3,724	3,715	3,715	3,724	3,570	3,610	40	West Area - 6WTE Community District Nursing & SCP HEIW trainees, 28WTE Therapies Stroke funding, 4WTE Children SCBU (Transfer SURNICC funding from Centre 3WTE)
Centre IHC	4,878	4,857	4,861	4,862	4,688	4,750	62	39WTE Performance funding (Oncology Capacity Plan, Eye Care, Stroke, Discharge Lounge, NDIP, CAMHS Psychology), 9WTE SARC (Police & Crime Commissioner funding), 5WTE Early Years funding, 7WTE AHP Investment, 3WTE SURNICC (transfer to West), 3WTE Flying Start additional income
East IHC	4,608	4,610	4,674	4,674	4,673	4,706	33	East Area – 9WTE WG Funding from Early Years Help me Quit Services, 3WTE Dietetic Services, 15WTE HEIW Income Funded Schemes
COVID Response	137	137	139	139	149	150	1	
Dental GDS	14	14	14	14	14	14	0	
Dental CDS	172	172	172	172	167	167	0	
Womens	698	697	697	693	687	693	6	
Diagnostics	982	980	980	980	982	1,008	26	Removal of negative CRES
Cancer Services	419	417	417	417	416	416	0	
Mental Health & LDS	2,277	2,277	2,289	2,289	2,286	2,287	1	
Other Primary Care	15	15	15	15	15	15	0	
Corporate	2,041	2,101	2,116	2,025	1,958	2,009	51	DDaT 33WTE ePMA funding, 7WTE Nurse Education HEIW funding, Public Health 5WTE Health Protection allocation of new funding
Med Ed/R&D	0	1	0	118	115	116	1	
<b>TOTAL</b>	<b>19,965</b>	<b>19,992</b>	<b>20,086</b>	<b>20,122</b>	<b>19,719</b>	<b>19,941</b>	<b>222</b>	



# Pay Costs – Agency

	2025-26 Agency Spend £m												Full Year Expenditure £m
	Actual		Forecast										
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
West Area	0.1	01	0.1	0.1	0.1	0.1	.01	01	01	01	01	01	1.5
Central Area	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.4
East Area	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.8
Ysbyty Gwynedd	0.5	0.5	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	7.0
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	13.0
Ysbyty Maelor Wrexham	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	4.9
Mental Health & LDS	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.9
Womens	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.1	0.2	0.2	0.2	1.9
Other inc pan BCU Cancer Services and Corporate	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.3
<b>Total Agency</b>	<b>3.3</b>	<b>3.5</b>	<b>3.6</b>	<b>3.6</b>	<b>3.6</b>	<b>3.6</b>	<b>3.7</b>	<b>3.6</b>	<b>3.5</b>	<b>3.6</b>	<b>3.6</b>	<b>3.6</b>	<b>42.7</b>

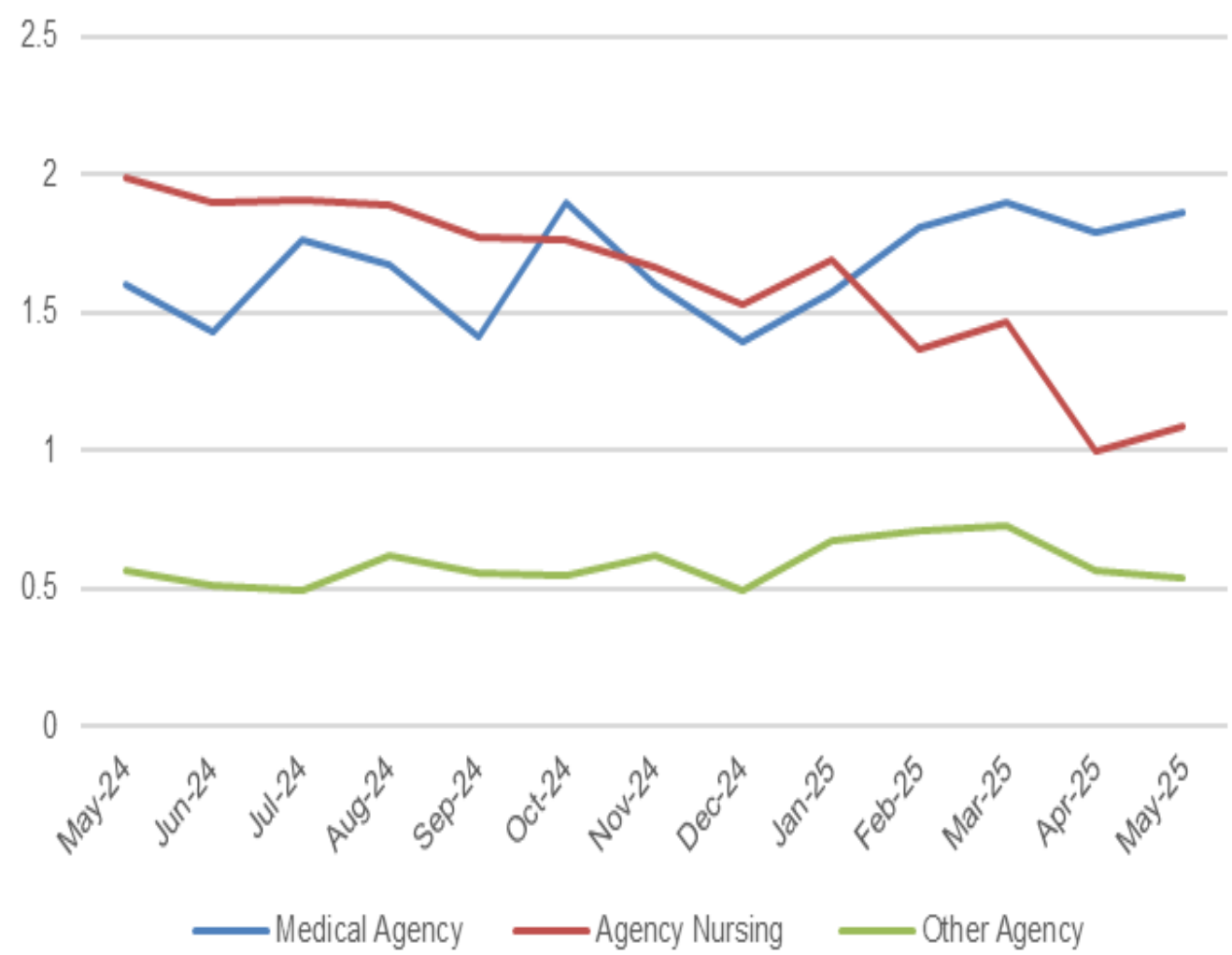


- Agency expenditure for May (Month 2) is £3.5m representing 3.5% of total pay, an increase of £0.2m compared to last month's spend. Whilst this shows an improvement on the monthly average spend in 2024/25 of £3.9m, it remains an area of continued focus, with several initiatives under review to further drive down these costs.
- Month 2 Medical Agency expenditure is £1.9m, an increase of £0.1m from previous month spend. The monthly average medical agency expenditure for 2024/25 was £1.6m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.7m), Ysbyty Gwynedd (£0.4m), Mental Health (£0.2m), covering Medical vacancies and sickness.
- Nurse agency costs totalled £1.1m for the month, an increase of £0.1m from previous month spend. Month 2 Nurse Agency spend is £0.6m lower than the 2024/25 monthly average costs of £1.7m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.4m), Ysbyty Maelor Wrexham (£0.2m), Ysbyty Gwynedd (£0.2m). Agency Nurses have been used to staff escalated beds and cover ward vacancies to ensure the Nurse Staffing Act ward staffing levels are maintained.
- Other agency costs totalled £0.4m in Month 2, a decrease of £0.1m from previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.4m) with the remaining £0.1m being reported across Admin & Clerical, Professional Scientific & Technical, Additional Clinical Services and Healthcare Scientists.

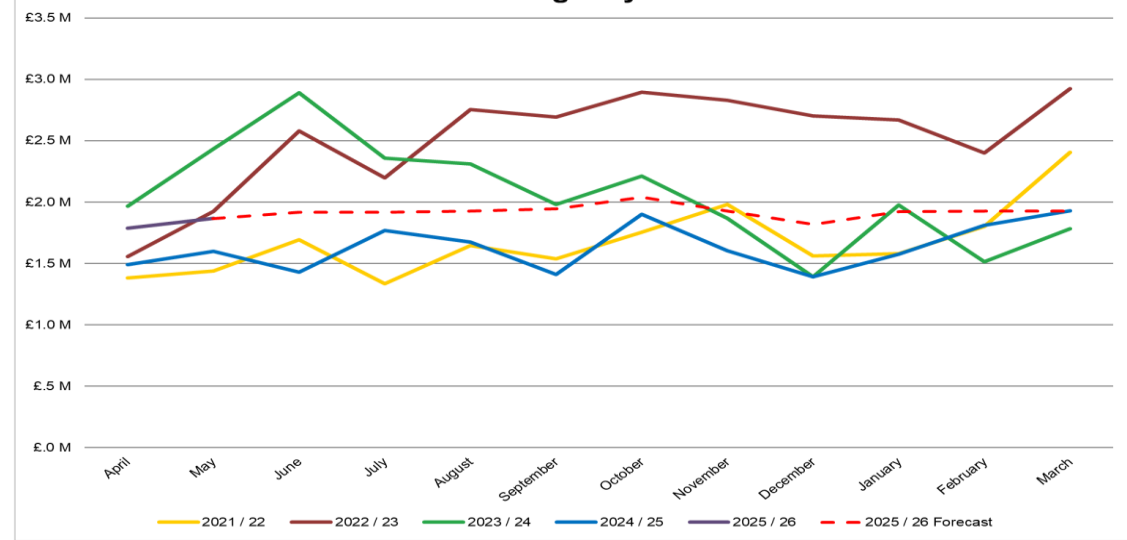


# Pay Costs – Agency

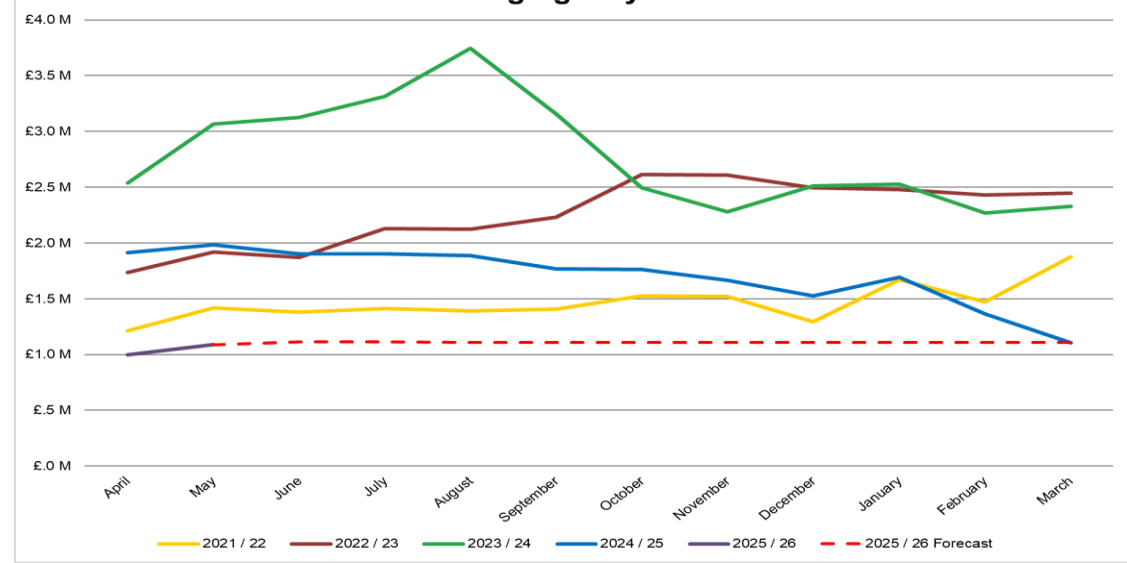
## Agency Costs



## Medical Agency Costs

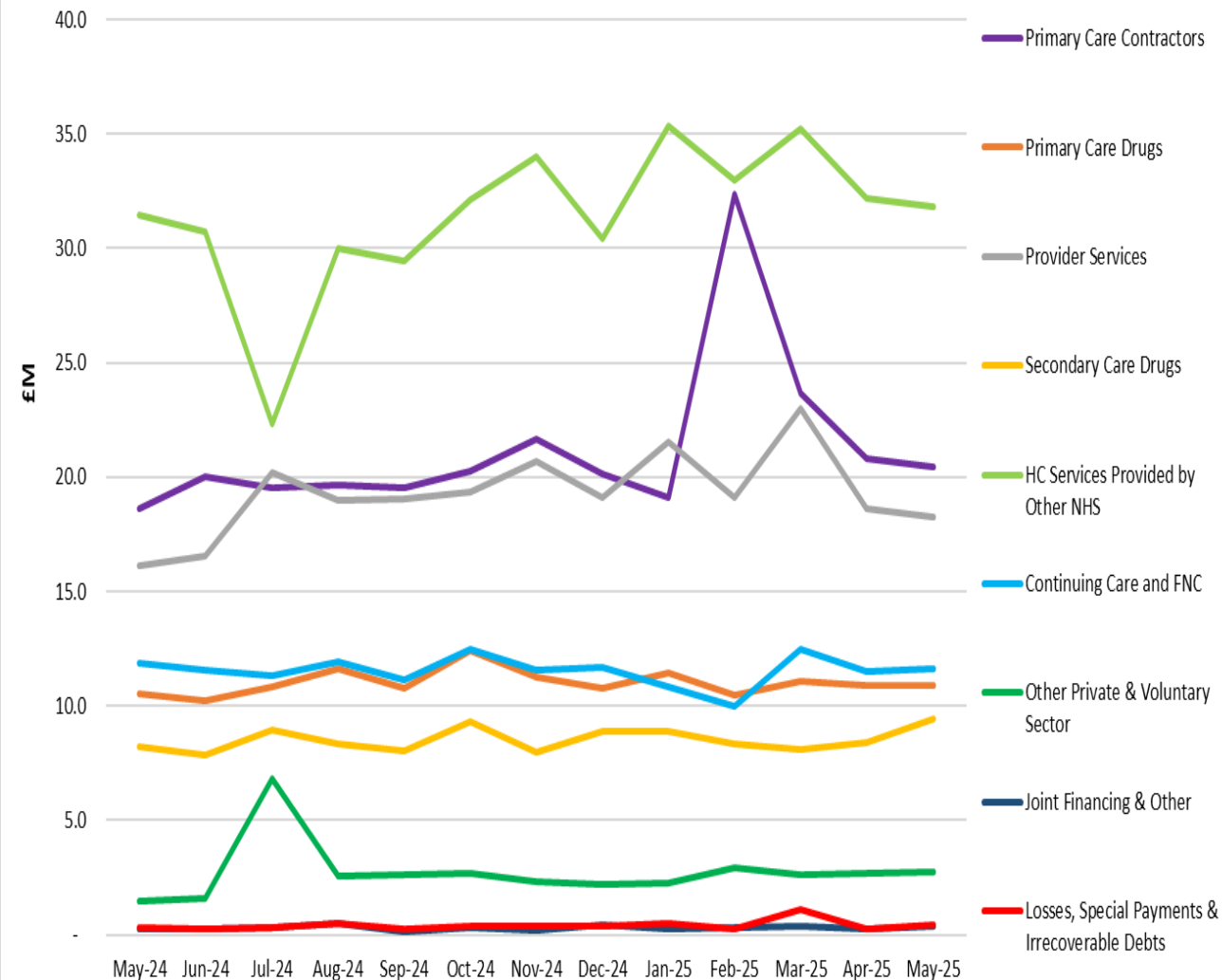


## Nursing Agency Costs



# Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** April expenditure is £0.4m (1.8%) less than previous month. An in-month improvement of £0.3m was reported against General Dental Services (GDS) and £0.1m improvement in General Medical Services (GMS).
- Primary Care Drugs:** Expenditure is in line with previous month and £0.1m less than forecast for the month.
- Provider Services Non-Pay:** Expenditure reported an in-month improvement of £0.4m (2.0%) from April, of which External consultancy fees decreased by £0.2m and General Services & Supplies also decreased by £0.2m.
- Secondary Care Drugs:** Expenditure increased by £1.0m (12.4%) higher than previous month, with the pressures being predominantly reported within Cancer Services due to one-off high cost of Haemophilia patient blood products, cost pressure of outsourcing pembrolizumab due to broken isolator and catch up of Cancer Services Drugs Aseptic costs reported in Month 2
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £0.4m (1.1%) less than previous month due to a reduction from 7 CAMHS Out of Area Placements to 2. Pressures are starting to emerge relating to the JCC contract and these are under review with a view to contain these pressures.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £0.2m (1.4%) higher than previous month. Whilst care package numbers have remained consistent in comparison to previous month, there has been a slight increase in Mental Health care package costs.
- Other Private & Voluntary Sector:** Expenditure relates to a variety of providers, including Hospices, Mental Health organisations and planned care activity providers. Spend increased by £0.1m (2.0%) from previous month due to additional planned care activity outsourcing costs.



# Allocations

Description	£m
Allocations Received	2,146.1
<b>Total Allocations Received</b>	<b>2,146.1</b>
Description	£m
<b>Allocations anticipated</b>	
AME Non Cash Depreciation – Donated Assets	1.5
Removal of IFRS-16 Leases (Revenue)	-4.3
Real Living Wage (Care Homes)	2.8
Substance Misuse	6.3
IM&T Refresh Programme	2.5
Six Goals	2.7
Pay Award 24/25	68.6
Real Living Wage funding	4.1
Prevention and Early Years Fund Allocation 2025/26	1.2
Dental Contract 6% Pay Award 2024-25	2.0
WG Anticipated National Insurance funding	26.0
All Ages Mental Health Digital Solution 25/26	2.2
ePMA 25/26	3.2
WRP top slice for 25/26 as per IMTP	-6.8
RIF MAS Dementia NR Funding 25/26	0.7
DoLS & MCA 25/26	0.5
RIF Dementia Action Plan	2.2
RIF Integration and Rebalancing Capital Fund (IRCF)	0.5
NWJCC Contracts English Inflation	0.8
Other	3.0
<b>Total Allocations Anticipated</b>	<b>119.8</b>

- 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 £2,265.9m.
- Confirmed allocations to date are £2,146.1m. This includes £13.2m allocation for COVID-19, with £0.9m of COVID income profiled into May.
- Further anticipated allocations in year total £119.8m as detailed in the table.

	£m
Total Allocations Received	2,146.1
Total Allocations Anticipated	119.8
<b>Total Welsh Government Income</b>	<b>2,265.9</b>

# Risks and Opportunities (not included in position)

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

	Risks	£m	Level
1	Mitigation of Inflationary Cost Impact – Costs over funded levels	10.0	Medium
2	Mitigation of cost – Additional bed capacity & drug costs	12.0	Medium
3	NI Funding shortfall (14% as per article on public sector shortfall)	3.6	Medium
4	Under delivery against Savings Target (Balance, less 50% opportunities, pipeline and red)	19.1	Medium
5	Joint Commissioning Committee Performance	10.0	Medium
	<b>Total Quantifiable Risks</b>	<b>54.7</b>	

	Opportunities / Mitigations for the identified risks	£m	Level
1	In year VAT Opportunity (shown separate as requested by WG)	0.6	High
	<b>Total Opportunities</b>	<b>0.6</b>	



- Balance Sheet Position to be reported from Month 3, in line with Monthly Monitoring Return (MMR) Requirements.
- The closing cash balance as at 31<sup>st</sup> May 2025 was £7.3m, which included £5.2m cash held for revenue expenditure and £2.1m 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.
- The cashflow forecast does not currently include the impact of the 2025-26 pay awards due to be made from August 2025 onwards, which will be added once the anticipated resource requirements have been included within the Resource Limits.



# Capital

- The approved Capital Resource Limit (CRL) for 2025/26 is £48.0m and is forecast to be spent in full. Year to Date expenditure is £2.9m.

## BUDGET 2024/25

1) Capital Resource Limit 2024/25	£m	Brief Overview / Update The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).
WG Discretionary Capital	14.2	
All Wales Scheme	33.8	
Total CRL	48.0	

CAPITAL PROGRAMME 2024/25	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	3.4	0.7	3.2	0.2	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	0.0	1.7	-	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	0.0	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.
<b>WG Discretionary Capital</b>	<b>14.2</b>	<b>0.9</b>	<b>14.0</b>	<b>0.2</b>	<b>Under Commitment</b>



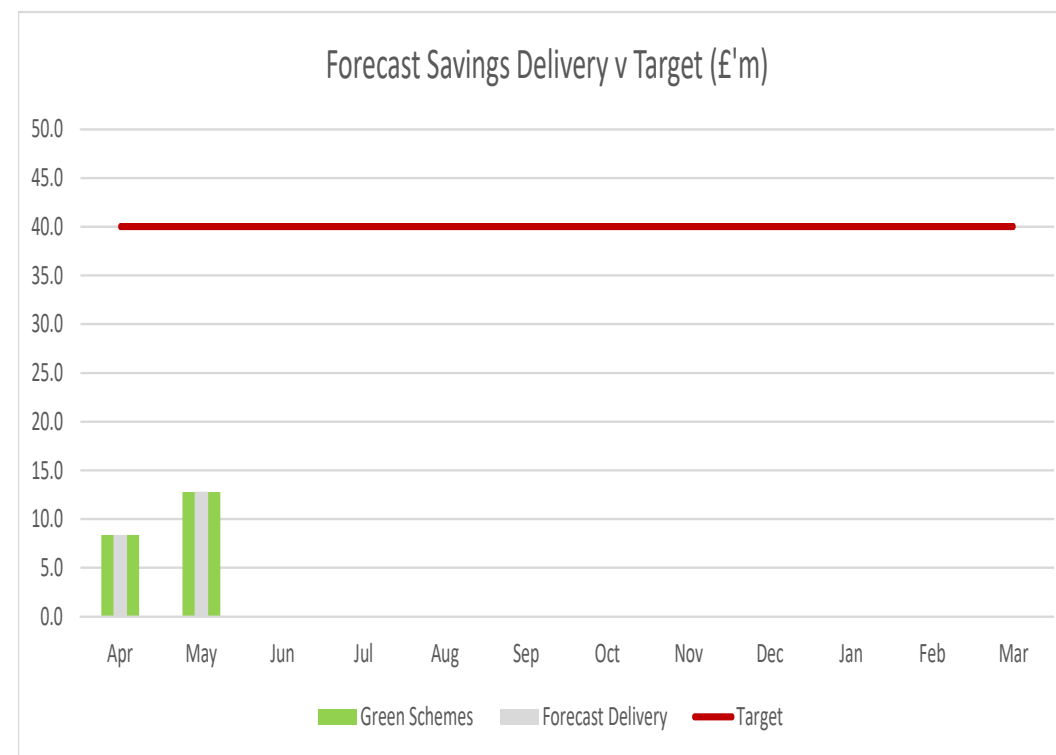
# Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Substance Misuse Building, Llandudno	1.7	0.0	1.7	- 0.0	The forecast outturn reflect completion of the project in 2026/27. The contract build is due to start in July 2025.
Regional Orthopaedic Hub, Llandudno Hospital	11.7	2.0	11.9	- 0.2	The project is progressing with completion forecasted by the end of the calendar year.
Year End Funding – October 2024	0.5	0.0	0.5	-	Funding includes a couple of project that includes Digital Radiology Rooms and Endoscopy. All project will complete in year.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	9.1	0.0	8.8	0.2	The project is programmed over the next 2 years. The contractor is due to start imminently.
TEF - Fire	2.4	0.0	2.4	-	The TEF funding is across a number of projects. Business cases has been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Infrastructure	3.1	0.0	3.1	-	The TEF funding is across a number of projects. Business cases has been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Decarbonisation	0.2	0.0	0.2	-	Project is now completed and final account is being agreed.
TEF – Mental Health	2.0	0.0	2.0	-	The TEF funding is across a number of projects. Business cases has been approved with allocation.
TEF – Infection Prevention Control	0.8	0.0	0.8	-	The TEF funding is across a number of projects. Business cases has been approved with allocation.
TEF - Decontamination	0.8	0.0	0.8	-	The TEF funding is across a number of projects. Business cases has been approved with allocations. All works will progress to achieve the CRL by year end.
IRCF - Conwy & Llandudno Junction Health & Social Care Centre	0.6	0.0	0.9	- 0.2	The project is in the design phase with submission of the FBC in this financial year.
IRCF - Caledfryn, Denbigh Health and Wellbeing Hub – acquisition costs and related fees	0.3	0.0	0.3	0.0	The current CRL reflects the design costs which is profile to spent in year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	-	The hardware will be produced in 2025/26.
<b>All Wales Capital</b>	<b>33.8</b>	<b>2.0</b>	<b>34.0</b>	<b>-0.2</b>	<b>Over commitment</b>
<b>Total Capital Funding Available</b>	<b>48.0</b>	<b>2.9</b>	<b>48.0</b>	<b>0.0</b>	

# Savings Performance against Target

- The Health Board's financial plan has set a target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable savings, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £16.6m.
- Full year savings delivered value of Green Schemes totals £12.8m (including £12.7m Savings and £0.1m Income Generation). Of these, £9.3m have been identified as recurring, with a full year effect of £13.0m, and £3.5m are non-recurring savings.
- In-month delivery includes Savings of £1.6m and £0m Income Generation, against a £3.3m Target

Service Performance against Target	Annual			Year to Date		
	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	1.7	6.2	1.3	0.3	1.0
Central Integrated Health Community	10.0	1.8	8.2	1.7	0.4	1.3
East Integrated Health Community	10.0	2.5	7.5	1.7	0.5	1.2
MHLD	3.9	2.5	1.3	0.6	0.3	0.4
Womens Services	1.2	0.0	1.2	0.2	0.0	0.2
Diagnostic and Specialist Clinical Support	1.8	0.2	1.6	0.3	0.1	0.2
Cancer Services	1.5	1.4	0.2	0.3	0.2	0.1
Community Dental Sevices	0.1	0.0	0.1	0.0	0.0	0.0
Corporate & Support Services	3.6	2.6	1.0	0.6	0.5	0.1
<b>Saving Total</b>	<b>40.0</b>	<b>12.8</b>	<b>27.2</b>	<b>6.7</b>	<b>2.2</b>	<b>4.5</b>
Accountancy Gains		0.0	0.0		0.0	0.0
<b>Total</b>		<b>12.8</b>	<b>27.2</b>	<b>6.7</b>	<b>2.2</b>	<b>4.5</b>



# Savings Performance by Category

Savings - V&S Performance against Target (£'m)	Target £m	Forecast Delivery									Delivery v Target (+ve = adverse) £m
		V&S Board Categories									
		Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other - Commissioning £m	Other - Primary Care £m	Income £m	Total £m	
Service / Area											
West Integrated Health Community	7.9	0.3	1.1	0.3	0.0	0.0	0.0	0.0	0.0	1.7	6.2
Central Integrated Health Community	10.0	0.1	1.5	0.2	0.0	0.0	0.0	0.0	0.0	1.8	8.2
East Integrated Health Community	10.0	0.7	1.5	0.3	0.0	0.0	0.0	0.0	0.0	2.5	7.5
MHLD	3.9	0.5		0.0	2.0					2.5	1.3
Womens Services	1.2			0.0						0.0	1.2
Diagnostic and Specialist Clinical Support	1.8	0.0		0.1					0.1	0.2	1.6
Cancer Services	1.5	0.1	1.2	0.0						1.4	0.2
Community Dental Services	0.1	0.0		0.0						0.0	0.1
Corporate & Support Services	3.6	0.2	0.0	2.4	0.0	0.0	0.0	0.0	0.0	2.6	1.0
<b>Total Cash Releasing Savings</b>	<b>40.0</b>	<b>2.0</b>	<b>5.3</b>	<b>3.4</b>	<b>2.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.1</b>	<b>12.8</b>	<b>27.2</b>
Accountancy Gains										0.0	0.0
<b>Total</b>		<b>2.0</b>	<b>5.3</b>	<b>3.4</b>	<b>2.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.1</b>	<b>12.8</b>	<b>27.2</b>

Recurring Performance against Target	Annual			Year to Date		
	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
R	40.0	9.3	30.7	3.3	1.2	2.1
NR	0.0	3.5	-3.5		1.0	-1.0
<b>Total</b>	<b>40.0</b>	<b>12.8</b>	<b>27.2</b>	<b>3.3</b>	<b>2.2</b>	<b>1.1</b>



# Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Cancer	Biosimilar switching	R	36,024	21,014	-15,010	6,004	3,002	-3,002
Cancer	Enhanced Recruitment Controls Savings	NR	102,277	138,401	36,124	26,788	26,788	0
Cancer	National agreed contracts for secondary care drugs	R	45,408	45,408	0	7,568	22,321	14,753
Cancer	Outsourcing savings (homecare)	R	125,004	125,004	0	20,834	29,348	8,514
Cancer	Switch from brand to generic medicine, hospital contract	R	1,242,456	1,028,250	-214,206	155,678	84,276	-71,402
Corporate	Enhanced Recruitment Control Savings	NR	210,781	210,781	0	72,939	72,939	0
Corporate	Non-renewal-Compellent Network Storage-YG	R	17,263	17,263	0	2,877	2,877	0
DSCS	EBME syringe pumps	NR	96,432	96,432	0	96,432	96,432	0
DSCS	Enhanced Recruitment Controls Savings	NR	48,408	48,408	0	9,356	9,356	0
Estates	Enhanced Recruitment Control Savings	NR	15,203	15,203	0	5,068	5,068	0
MH&LDS	Enhanced Recruitment Control Savings	NR	89,221	89,221	0	38,223	38,223	0
MH&LDS	Reduction in nursing and HCSW Agency spend	R	198,448	198,448	0	29,672	42,065	12,394
MH&LDS	Reduction in Unfunded Posts within MHL D	R	226,356	226,356	0	37,726	37,726	0
MH&LDS	Right Care Programme	R	2,000,000	2,000,000	0	333,333	166,592	-166,741
Primary Care	Enhanced Recruitment Control Savings	NR	34,496	34,496	0	22,997	22,997	0
Centre IHC	Blood glucose and ketone testing strips switch	R	35,000	35,000	0	0	6,690	6,690
Centre IHC	Brands to generic Value & Sustainability basket	R	30,000	30,000	0	5,000	2,500	-2,500
Centre IHC	Decision support software	R	349,992	349,992	0	58,332	29,166	-29,166
Centre IHC	DOAC switch - edoxaban to rivaroxaban or apixaban	R	120,000	120,000	0	0	20,680	20,680
Centre IHC	Dressings and Appliances	R	19,992	19,992	0	3,332	1,666	-1,666
Centre IHC	Enhanced Recruitment Control Savings	NR	78,708	78,708	0	52,472	52,472	0
Centre IHC	Low value Prescribing Value & Sustainability basket	R	2,400	2,400	0	400	200	-200
Centre IHC	Medicines optimisation work	R	450,000	450,000	0	75,000	71,053	-3,947
Centre IHC	Novorapid to Trurapi insulin switch	R	7,000	7,000	0	0	0	0
Centre IHC	Outsourcing savings (homecare)	R	107,004	107,004	0	17,834	6,397	-11,437
Centre IHC	Price decrease, National agreed contracts for secondary care drugs	R	40,068	40,068	0	6,678	15,240	8,562
Centre IHC	Repatriate drug spend back to external contract	R	300,000	300,000	0	50,000	71,555	21,555
Centre IHC	Switch from brand to generic medicine, hospital contract (cardiology)	R	4,062	4,062	0	0	1,507	1,507
Centre IHC	Switch from brand to generic medicine, hospital contract (HIV)	R	14,064	14,064	0	2,344	4,332	1,988
Centre IHC	Switching from parent compound to biosimilar	R	57,027	57,027	0	0	0	0
East IHC	Blood glucose and ketone testing strips switch	R	30,000	30,000	0	0	0	0
East IHC	Decision support software	R	350,000	320,834	-29,166	58,332	29,166	-29,166
East IHC	Dietetic feeds reviews	R	30,000	30,000	0	0	0	0
East IHC	Discontinuation of Theatre Cataract packs in Ophthalmology	R	12,740	12,740	0	0	0	0
East IHC	DOAC switch - edoxaban to rivaroxaban or apixaban	R	225,000	225,000	0	0	0	0



# Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
East IHC	Dressings and Appliances	R	50,000	45,834	-4,166	8,332	4,166	-4,166
East IHC	Enhanced Recruitment Control Savings	NR	111,180	111,180	0	72,871	72,871	0
East IHC	Medicines optimisation work	R	540,000	540,000	0	90,000	94,201	4,201
East IHC	Nurse Agency Reduction	R	516,000	595,447	79,447	86,000	165,447	79,447
East IHC	Optimising treatment choice in patient pathway	R	5,700	5,700	0	950	950	0
East IHC	Outsourcing savings (homecare)	R	109,992	109,992	0	18,332	18,332	0
East IHC	Price decrease, National agreed contracts for secondary care drugs	R	30,744	30,744	0	5,124	5,124	0
East IHC	Reduction in medical gases costs	R	100,000	103,387	3,387	16,667	20,054	3,387
East IHC	Reduction in spend on Admin & Clerical Agency	R	15,000	15,000	0	2,500	2,500	0
East IHC	Switch from brand to generic medicine, hospital contract (cardiology & renal)	R	5,730	5,730	0	400	400	0
East IHC	Switch from brand to generic medicine, hospital contract (HIV)	R	7,200	7,200	0	1,200	1,200	0
East IHC	Switching from parent compound to biosimilar	R	108,000	108,000	0	0	0	0
West IHC	Blood glucose and ketone testing strips switch	R	35,000	35,000	0	0	0	0
West IHC	Brands to generic Value & Sustainability basket	R	19,992	19,992	0	3,332	3,332	0
West IHC	Decision support software	R	210,000	210,000	0	35,000	35,000	0
West IHC	DOAC switch - edoxaban to rivaroxaban or apixaban	R	120,000	120,000	0	0	0	0
West IHC	Dressings and Appliances	R	19,992	19,992	0	3,332	3,332	0
West IHC	Enhanced Recruitment Control Savings	NR	31,957	31,957	0	21,305	21,305	0
West IHC	Low value Prescribing Value & Sustainability basket	R	2,400	2,400	0	400	400	0
West IHC	Medicines optimisation work	R	399,996	399,996	0	66,666	94,078	27,412
West IHC	Novorapid to Trurapi insulin switch	R	7,000	7,000	0	0	0	0
West IHC	Optimisation of treatment pathway for iron deficiency anaemia	R	4,050	4,050	0	0	0	0
West IHC	Outsourcing savings (homecare)	R	50,004	50,004	0	8,334	11,517	3,183
West IHC	Pharmacy Aseptics Unit Sterile Wipes (Ysbyty Gwynedd)	R	22,386	22,386	0	3,731	3,731	0
West IHC	Price decrease, National agreed contracts for secondary care drugs - Renal	R	14,784	14,784	0	2,464	9,629	7,165
West IHC	Procurement savings (rheumatology)	R	19,020	15,850	-3,170	3,170	0	-3,170
West IHC	Reduction in bank and agency locum - Children's	R	246,580	223,643	-22,937	41,097	18,160	-22,937
West IHC	Removal of lease for ACCTS Modular Office	R	89,981	89,981	0	14,997	14,997	0
West IHC	Review of Consultant intensity banding - Children's	R	14,289	14,289	0	0	0	0
West IHC	Service Relocation - Estates rationalisation - Parc Menai	R	67,285	67,285	0	10,105	10,105	0
West IHC	Switch from brand to generic medicine, hospital contract (cardiology)	R	1,830	1,830	0	0	262	262
West IHC	Switch from brand to generic medicine, hospital contract (HIV)	R	14,412	12,010	-2,402	2,402	0	-2,402
West IHC	Switching from parent compound to biosimilar - AMD	R	186,654	186,654	0	0	0	0
<b>Subtotal</b>			<b>9,927,993</b>	<b>9,755,895</b>	<b>-172,098</b>	<b>1,713,928</b>	<b>1,583,726</b>	<b>-130,202</b>
<b>Procurement</b>			<b>2,843,293</b>	<b>3,043,832</b>	<b>200,539</b>	<b>399,756</b>	<b>623,859</b>	<b>224,103</b>
<b>Total</b>			<b>12,771,286</b>	<b>12,799,727</b>	<b>28,441</b>	<b>2,113,684</b>	<b>2,207,585</b>	<b>93,901</b>





<b>Teitl adroddiad:</b>  <b>Report title:</b>	Integrated Quality & Performance Report, Month 2 2025/2026																														
<b>Adrodd i:</b>  <b>Report to:</b>	Performance, Finance & Information Governance Committee																														
<b>Dyddiad y Cyfarfod:</b>  <b>Date of Meeting:</b>	Wednesday, 25 June 2025																														
<b>Crynodeb Gweithredol:</b>  <b>Executive Summary:</b>	<p>The Health Board endorsed the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023. It is one of a three frameworks intended to drive the strategic objectives of the Health Board. The other frameworks being the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF).</p> <p>The three Frameworks support the Board Assurance Framework (BAF) and will align with the Quality Surveillance Strategy as it is developed. The purpose of Our Framework is to integrate key performance indicators (KPIs) from: -</p> <ol style="list-style-type: none"> <li>1. Key deliverables from the Annual Plan (IMTP)</li> <li>2. NHS Wales Performance Framework (Quadruple Aims)</li> <li>3. Key deliverables in response to WG, HIEW and other formal recommendations including Special Measures.</li> </ol> <p>There are 90 measures included in this report, 38 of which are locally defined or do not have a specified monthly target rate. Of the remaining measures, 14 (16%) are on target and 38 (42%) are off target. As indicated within the below graphic;</p> <div data-bbox="475 1308 1406 1870" data-label="Figure"> <table border="1"> <caption>Performance Metrics Summary</caption> <thead> <tr> <th>Section</th> <th>Failing Target</th> <th>Achieved Target</th> <th>No Target</th> <th>No Data</th> </tr> </thead> <tbody> <tr> <td>All Sections</td> <td>35</td> <td>19</td> <td>34</td> <td>0</td> </tr> <tr> <td>Quality, Safety, Effectiveness &amp; Experience Performance</td> <td>8</td> <td>9</td> <td>20</td> <td>0</td> </tr> <tr> <td>Access &amp; Activity Performance</td> <td>26</td> <td>8</td> <td>2</td> <td>0</td> </tr> <tr> <td>People &amp; Organisational Development Performance</td> <td>1</td> <td>2</td> <td>6</td> <td>0</td> </tr> <tr> <td>Financial Performance</td> <td>0</td> <td>0</td> <td>6</td> <td>0</td> </tr> </tbody> </table> </div> <p>The Framework supports the delivery of better outcomes for our patients and our staff, and ensure that all stakeholders understand their roles, responsibilities, and accountabilities.</p>	Section	Failing Target	Achieved Target	No Target	No Data	All Sections	35	19	34	0	Quality, Safety, Effectiveness & Experience Performance	8	9	20	0	Access & Activity Performance	26	8	2	0	People & Organisational Development Performance	1	2	6	0	Financial Performance	0	0	6	0
Section	Failing Target	Achieved Target	No Target	No Data																											
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Quality, Safety, Effectiveness & Experience Performance	8	9	20	0																											
Access & Activity Performance	26	8	2	0																											
People & Organisational Development Performance	1	2	6	0																											
Financial Performance	0	0	6	0																											

	<p>The Framework supports performance improvement through articulation of key performance indicators and articulation of opportunities for improvement (utilising available industry benchmarks to assess performance) and builds on the commitment for all levels of the organisation to improve. Our Framework is firmly based on our values: -</p> <ul style="list-style-type: none"> <li>• Put patients first</li> <li>• Work together</li> <li>• Value and respect each other</li> <li>• Learn and innovate</li> <li>• Communicate open and honestly</li> </ul> <p>The Framework reflects the Health Board’s current level of performance escalation with Welsh Government. The Framework implementation approach will be subject to review should escalation levels change.</p> <p>The Framework requires the production of an Integrated Quality &amp; Performance Report (IQPR) and is presented at this committee (Appendix 1). The Performance &amp; Commissioning Directorate has been working with our partners across the organisation, including the Executive and the Integrated Performance Executive Delivery Group (IPEDG) in developing our IQPR.</p> <p>The Committee should note the framework is continuing to be developed. Future reports will also outline the implementation and engagement arrangements for embedding the IPF and IQPR at various levels across the Health Board. These arrangements include putting in place formal and informal accountability review structures and escalation/ de-escalation mechanisms.</p> <p>The structure of our IQPR is based upon the Quadruple Aims as per the Welsh Government’s healthier Wales paper, the NHS Wales Performance Framework 2025-26 and identifies where metrics fall within the Special Measures Framework for BCUHB or within the Ministerial Priorities. Performance is RAG rated against the targets set within the NHS Wales Performance Framework 2025-26, or as set by Welsh Government in the Special Measures Framework for BCUHB or outlined in the Ministerial Priorities. However, where appropriate, BCUHB’s internal improvement trajectories as submitted and agreed by Welsh Government have also been included</p> <p>Key areas of escalation are identified within the ‘Escalated Performance Measures’ section at the beginning of the report, with the Executive identifying within a one-page summary and further detailed escalation reports key performance within the four quadrants of workforce, quality, performance and finance.</p> <p>Statistical Process Control (SPC) charts have been included where appropriate, with the cover report including reference to theatres utilisation, in future reporting these measures will be included (with improvement trajectories) within the main IQPR for members as reported local metrics.</p>
<p><b>Argymhellion:</b></p> <p><b>Recommendations:</b></p>	<p>The Committee is asked to:</p> <p>Review the contents of the report and propose any actions arising from the report, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.</p>

<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Stephen Powell, Director of Performance & Commissioning			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Ed Williams, Deputy Director of Performance & Commissioning			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <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 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>
<b>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:</b>				
<b><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></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	The performance measures included in this report are from the NHS Wales Performance Framework 2024-25.			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	This report will be available to the public once published for Performance, Finance and Information Governance Committee			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>	N  The Report has not been Equality Impact Assessed as it is reporting on actual performance.			

<p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>N</p> <p>The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></b></p>	<p>There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022.</p> <p>References to Corporate Risks have been made in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning  24-05 Financial Sustainability  24-10 Urgent and Emergency Care  24-11 Planned Care  24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology)  24-13 Timely Diagnostics</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></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><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>The delivery of the performance indicators within our IQPR will directly/ indirectly impact on our current and future workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>This report has been reviewed by Executive Team.</p> <p>The full report has been reviewed by the Director of Performance &amp; Commissioning</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> (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>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b>  <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b>  <b>Implementation of recommendations:</b> 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 &amp; Performance Report will undergo further development into 2025-26 to reflect both the Health Board's strategic priorities and the NHS Wales Performance Framework 2025-26, as published in January 2025.</p>	
<p><b>Rhestr o Atodiadau:</b>  <b>List of Appendices: 2</b>  1: Summary of Report  2: Integrated Performance Report in PDF</p>	

## **Appendix 1          Summary of Report**

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

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

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

### **1.      Introduction**

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

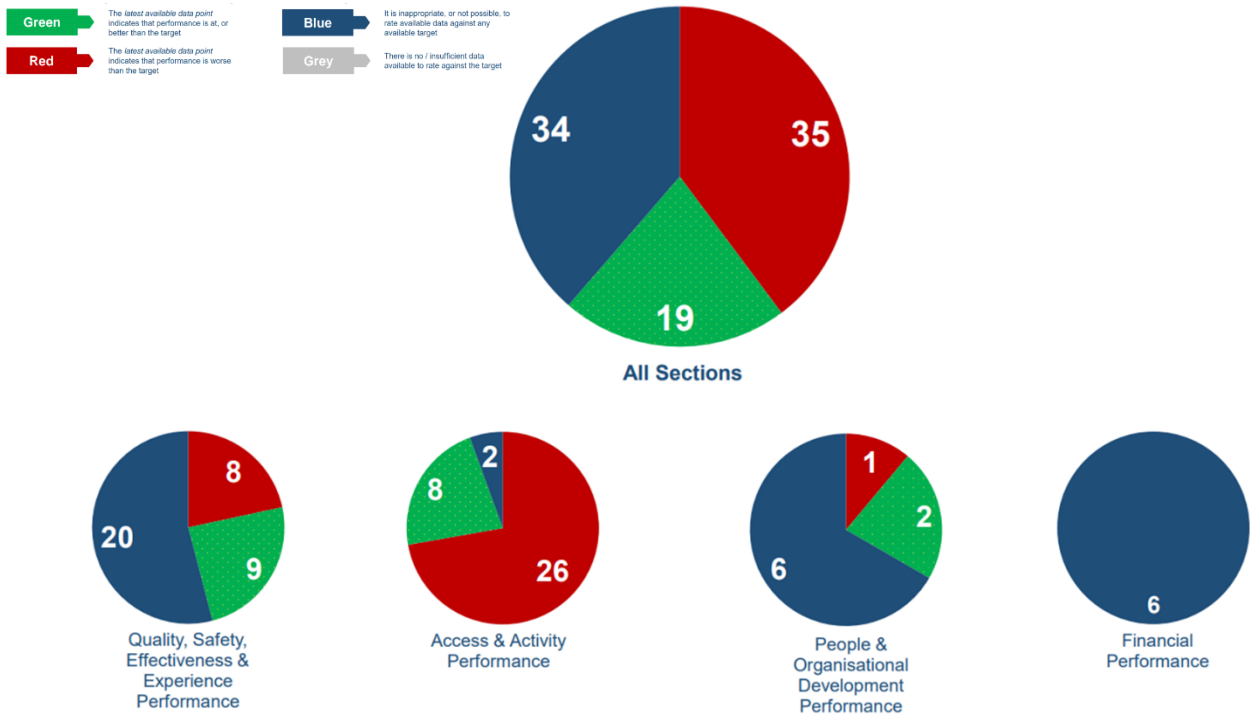
- Quality (Safety, Effectiveness & Experience) Performance
- Access & Activity Performance
- People & Organisational Development Performance
- Financial Performance

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

This report reflects performance against the NHS Wales Performance Framework for 2025-26. Furthermore, it includes several locally defined metrics within the Quality and People & Organisational Development domains.

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

## 2. Overall Summary



Of the measures from the NHS Wales Performance Framework included in the report, 19 are on target, 35 are off target. Although this is an improvement on the previously reported position, it remains clear that there continues to be significant risks to delivery on a number of key metrics for which the attached report at Appendix I, gives further detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic.

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

### 3. Key outputs from oversight of Performance

#### 3.1 People & Organisational Development

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

(Corporate Risk 24-1 Leadership / Special Measures)

##### The key areas highlighted centre upon:-

The monthly turnover rate of nursing and midwifery staff returned to 0.5% having been at a 0.9% in March but circa 0.3% - 0.4% in previous six months. As this measure is calculated as monthly rather than rolling the in-month increase can be attributed to retirements usually seen at the end of a financial year.

Sickness absence continues to decrease at 5.4% in May following a period of higher percentage absence over winter months. The peak in December at 6.8% was in line with seasonal increase and replicating prior year rates. Stress and other mental health issues continue to be the main reason for sickness absence. The % rate of agency spend as a proportion of total pay bill has increased in Q1 of 2025/26, however work is underway to recover the position within Q2.

As the Performance and Commissioning Directorate continues to improve upon the Integrated Quality & Performance Report (IQPR), there will be some locally defined metrics regarding workforce and organisational development included within this report from July 2025.

#### 3.2 Access & Activity Performance

(Corporate Risk 24-11 Planned Care)

(Corporate Risk 24-12 Areas of Clinical Concern)

(Corporate Risk 24-13 Timely Diagnostics)

This quadrant contains the greatest number of measures within the report, with the 36 measures within this section requiring oversight through PFIG. It is noted that based on latest information BCUHB is not achieving the target for 26 (71.4%) of these measures. This is almost a 10% improvement upon the previously reported position (81%).

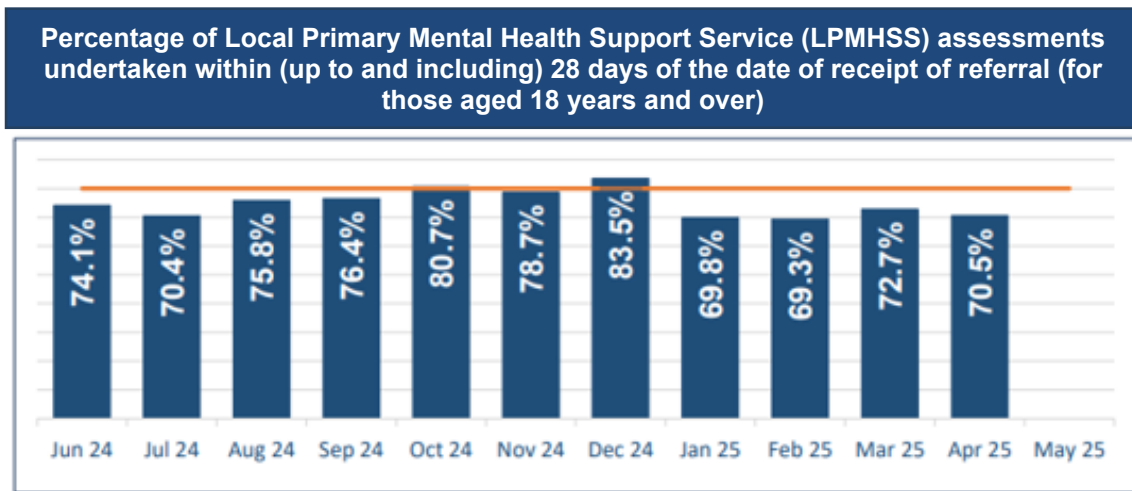
The Health Board has key areas of challenge, centred upon;

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

##### 3.2.1 Adult Mental Health Measures Performance

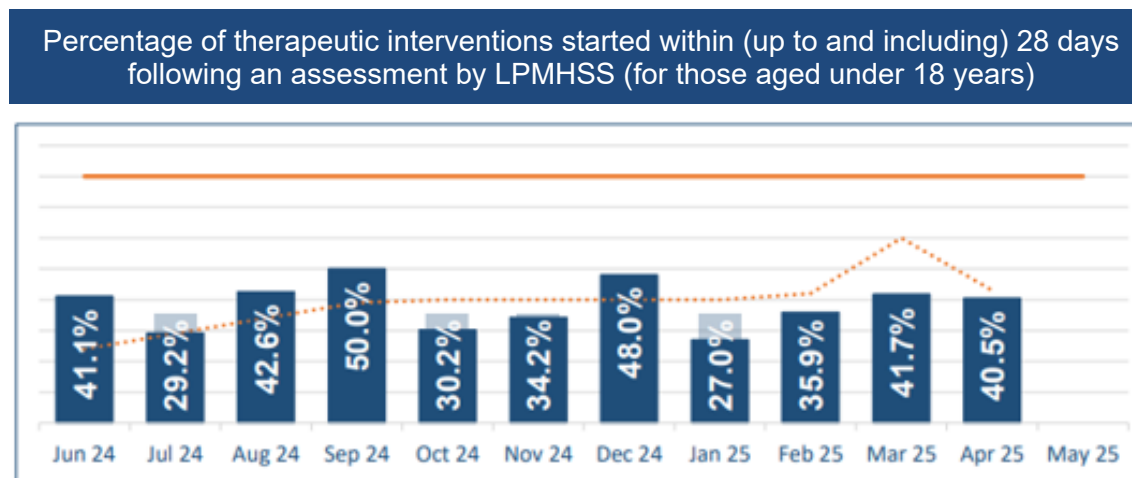
Performance against the assessment target remained below target level of 80% with a performance of 67.9% in April 2025. The Health Board has continued to reduce waiting times for assessments and in April removed another 263 assessments addressing long waiters and 78 first interventions undertaken addressing long waiters for interventions. The Division has trajectories to achieve Part 1a target by the end of Quarter 2 and Part 1b by the end of Quarter 1. As part of this focus is required on equity of service across the individual areas of North Wales with Denbighshire and Anglesey having been outlier areas during 2024/25.

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



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

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



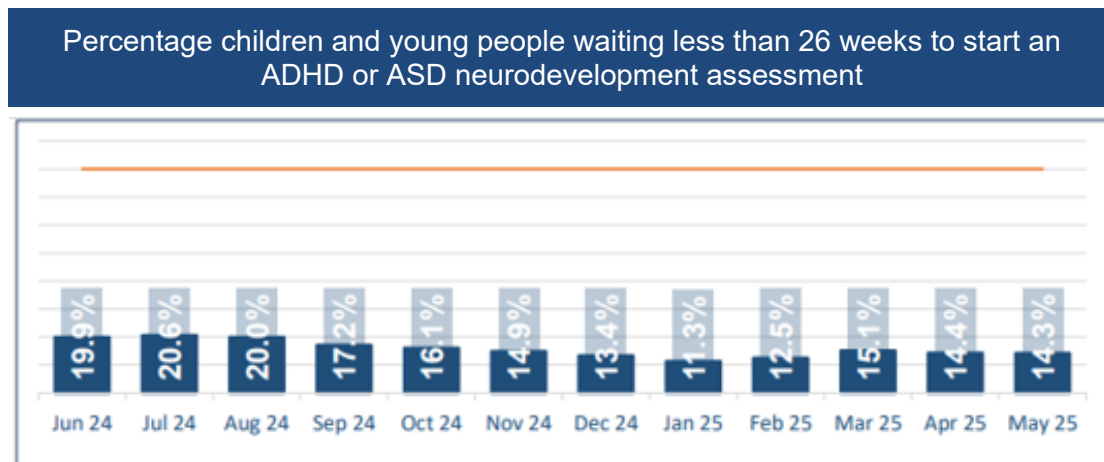
Recovery actions include: -

- Focus on and support aligned to team with longest waiting times with senior clinical review of cases with numerous appointments.

- Review of psycho-education offer in line with Part 1b compliance, meeting arranged in mid-April with other Health boards to learn about their offer.
- Commencement of programme of groups including CBT group, Getting Started, Anxiety and Endings (to support step down/discharge)

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

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

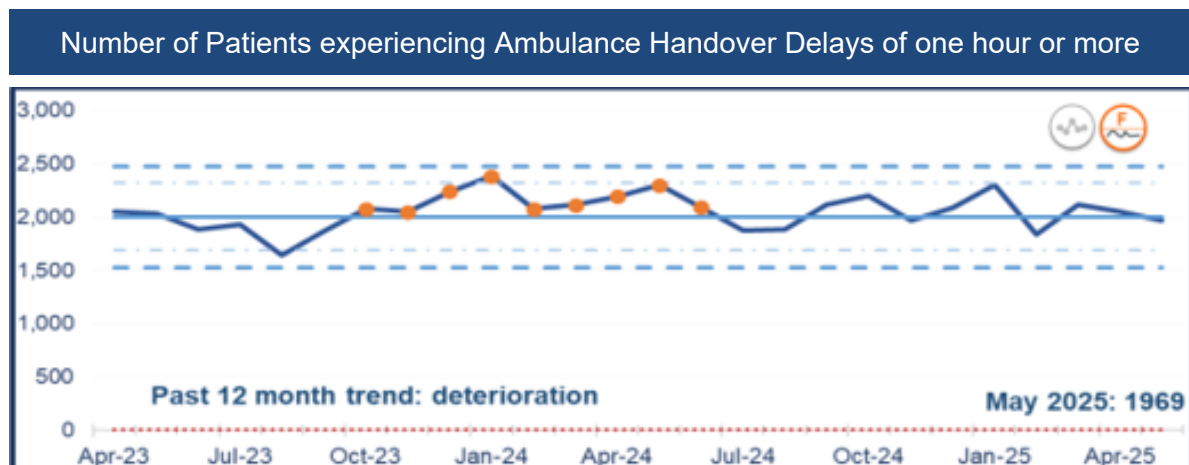


### 3.2.3 Urgent & Emergency Care Performance

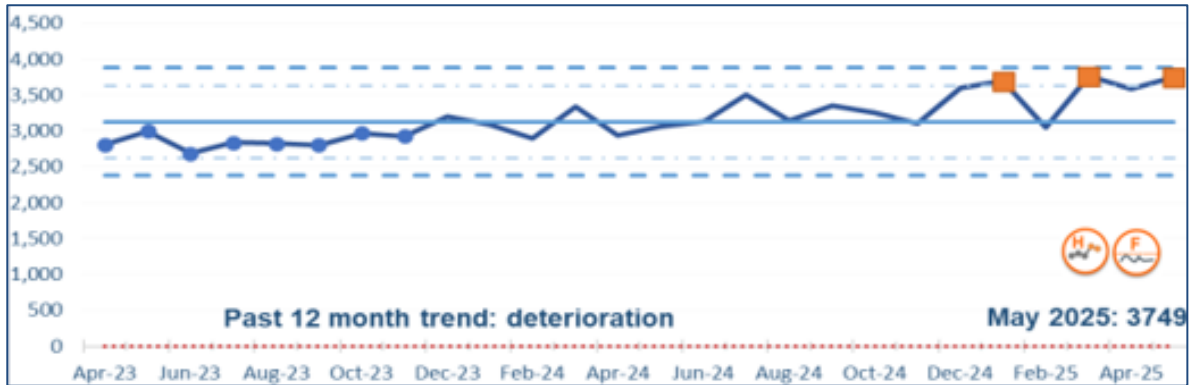
(Corporate Risk 24-10 Urgent and Emergency Care)

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

- Patients waiting greater than 1 hour for ambulance handover
- Patients waiting greater than 12 hours in the Emergency Department



## Number of patients experiencing waits in Emergency Departments of 12 hours or more



Performance against both Ministerial Priority metrics remains below expected standards, with a continued decline observed across the majority of Urgent and Emergency Care indicators during the first 2 months of 2025/26.

Where improvements are within the gift of the Emergency Departments themselves, there has been improvements, such as median time to triage, median time to clinical decision maker. It should be noted that, since April there has been a demonstrable reduction in ambulance handover delays at Ysbyty Glan Clwyd as renewed focus and processes are embedded.

As part of the UEC Improvement Programme which has four workstreams, actions are ongoing to avoid unnecessary ambulance conveyance and related admissions, increase capacity at the wider front door including Same Day Emergency Care (SDEC) and Acute Front Door Frailty Services/Units to deliver the required improvement against these key performance metrics. However, the impact of these initiatives will take time to surface within the performance figures as we progress through 2025/26.

As stated in previous reports, until the issues with flow and in particular delayed pathways of care have been resolved it is highly unlikely that we will see any significant improvement in this area.

### 3.2.3 Planned Care Performance

(Corporate Risk 24-11 Planned Care)

(Corporate Risk 24-12 Areas of Clinical Concern)

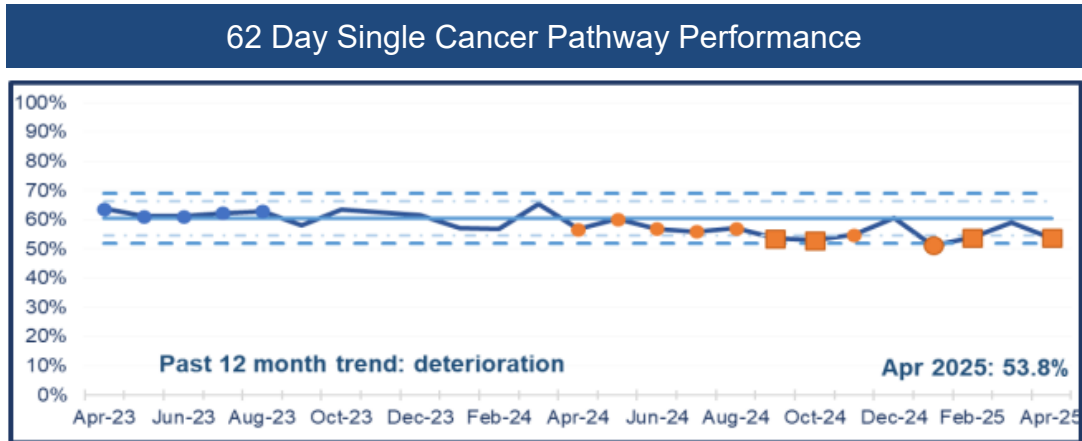
(Corporate Risk 24-13 Timely Diagnostics)

#### i. Single Cancer Pathway

The performance against the single cancer pathway (SCP) target remains fragile. The number of patients treated in target fell from 59% in March to 54% in April. This drop in performance was anticipated due to the significant volume of long waiting dermatology patients seen and treated in April. It is encouraging to see the volume of long waiting dermatology patients reduce but the increase

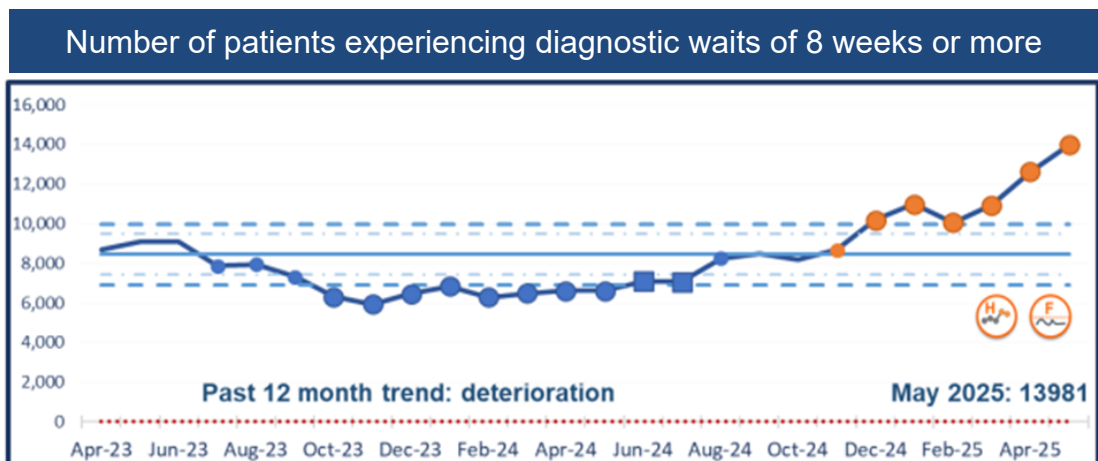
in treatments after day 62 will continue to impact on overall performance until the dermatology backlog is cleared completely.

- Delays to endoscopy continue to impact colorectal performance, leading to 18 breaches in month.
- Almost half of the urology breaches continue to be due to diagnostic delays, primarily delays to prostate biopsy (33).



## ii. Diagnostics

The number of patients waiting over 8 weeks for a diagnostic test increased further in in April and May with just under 14,000 patients experiencing waits of 8 weeks or more. This increase has been, in part driven by a significant increase in demand.



Whilst everything possible is being done to prioritise cancer and urgent patients, the delays in diagnostics are impacting upon delivery and treatment of cancer patients, in particular those requiring a diagnostic endoscopy.

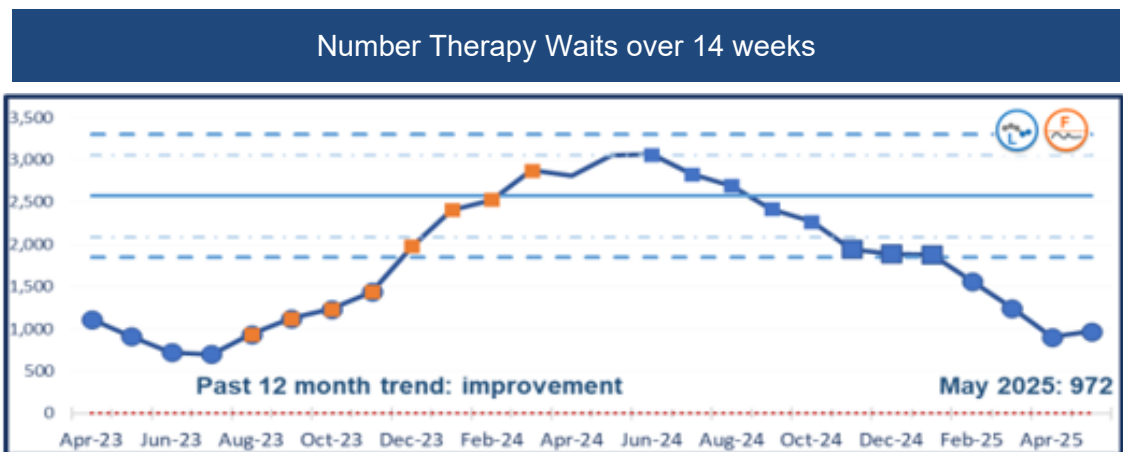
For 2025-26, insourcing contracts for endoscopy and radiology have been renewed, with both intended to deliver increased activity over 2025-26 through extended operating times for the full 12 months. External contracts will also be

sought for the key breach areas in endoscopy, cardiology and neurophysiology. Close monitoring through the planned care board will provide early warning of performance against the forecast trajectory, triggering escalation and recovery / remedial responses.

### iii. Therapies

After a year of consistent reductions in the number of patients experiencing waits over 14 weeks for therapy interventions. May 2025 saw the first rise at 972. Main pressures remain in Physiotherapy and include high number of vacancies, accommodation capacity in Central and East and increased demand.

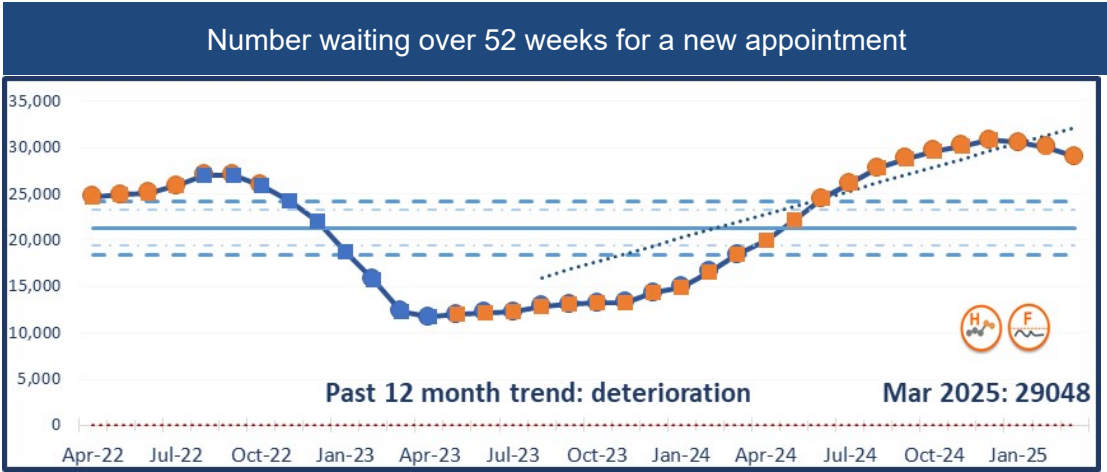
The service has reviewed models deployed through other Health Boards and has developed models that will positively impact performance. However, it will take some time before the impact of these initiatives are visible in the performance figures.



### iv. Referral to Treatment (RTT)

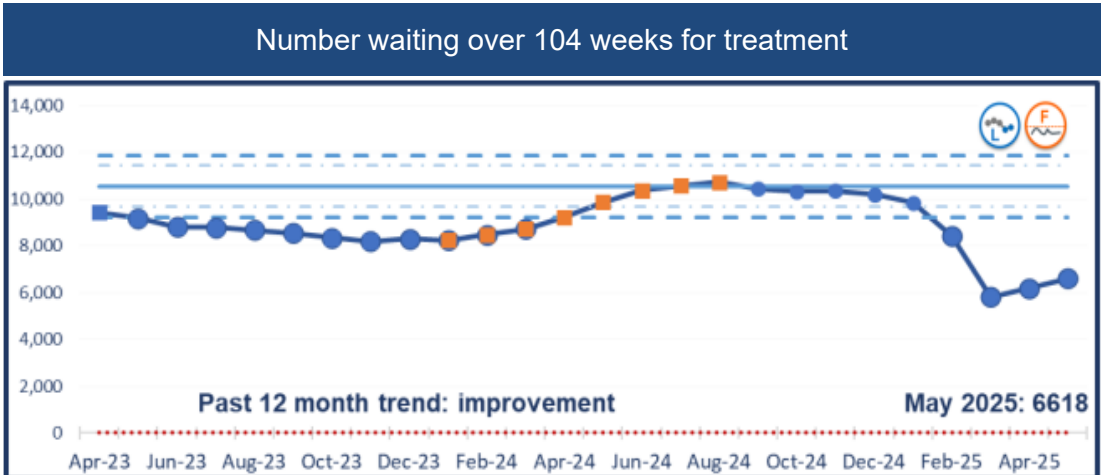
There was a small reduction in the total volume of patients waiting over 52 weeks for a new outpatient appointment during quarter 4 with a year-end position of 29,048. However, through the first 2 months of quarter 1 of 2025/26 there has been an increase to over 31,000. This increase is expected with intense focus of planned care resources going into reducing extreme long waits for treatment, i.e., those waiting over 2 years.

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



Throughout 2023-24 and 2024-25 there has been a substantial amount of work undertaken to place focus upon longer waits. 208 weeks waits have been eradicated apart from tip-ins, which are being managed. However, in May 2025 there was a 'pop-up' patient that is reported as a genuine 208 week waiter due to a correction of the record as part of the work on data quality. The patient has been treated in June and at the time of reporting there are no patients waiting over 208 weeks.

Patients waiting over 156 weeks and 104 weeks have been the main focus through the second part of 2024/2025 and there has been a significant reduction in both cohorts. As we progress through 2025/26, intense focus and support and substantial resources are being applied to further reduce the number of patients waiting more than 2 years and to clear the remaining 512 patients that have been waiting over 3 years.



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

- Contracts have been mobilised for key specialties
- Review key specialties to understand case-mix risk (including Ophthalmology and Orthopaedics)
- Continued focus on treat in turn
- Review of Interventions Not Normally Undertaken (INNU)s

**v. Follow Up Backlog over 100% of clinical review due date**

The total number of patients that are overdue their clinical follow up date stands at 170,584 (25% of the North Wales population) Of these, the number of patients waiting beyond 100% of their due clinical follow up has, since October 2024, increased month on month and now stands at over 95,700 (Just under 15% of the North Wales population). The three specialties with the highest volume of patients waiting beyond 100% are Ophthalmology, Gastroenterology and Urology which combined account for c37% of the total. There is clearly a significant clinical risk within this cohort and Follow Up pathway is one of the key workstreams within Planned Care during 2025/26.

### **3.2.5 Summary**

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

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

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

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

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

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

### **3.3 Financial Performance**

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

The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Expenditure commitments will 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 secured the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, 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.
- 

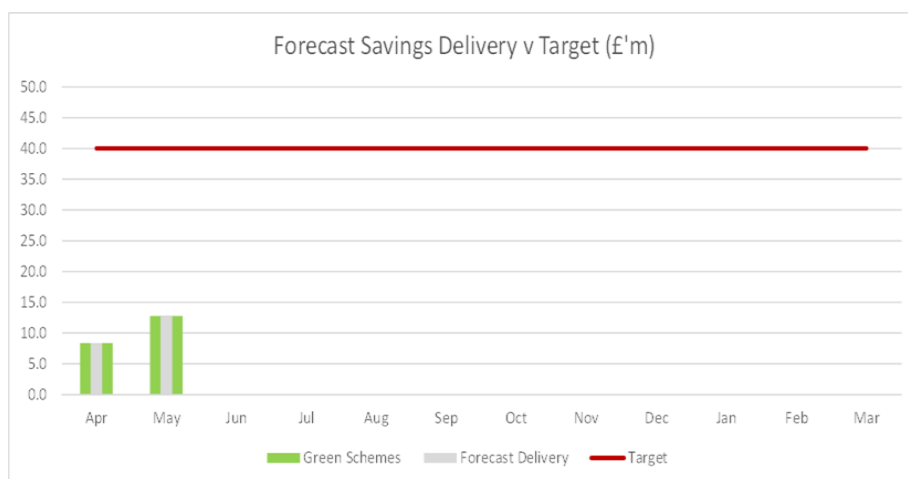
In addition, Welsh Government have also confirmed that the £74.6m conditionally recurrent funding that the Health Board received in 2023/24 and 2024/25 has been included in the allocation as recurrent for 2025/26.

The in-month position is reporting a deficit of £2.4m and the year to date position is £6.2m deficit, largely driven by £4.5m shortfall in undelivered savings and pressures associated with escalated beds and Healthcare Services provided by other NHS Bodies Contracts.

#### Financial Position for 2025/26

	Actual Position		2025/26 Forecast Position											
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Total £m	
Surplus/ (deficit)	(3.7)	(2.4)	(1.4)	0.0	0.7	0.7	0.7	1.0	1.0	1.0	1.2	1.3	0.0	

## Savings



The Health Board's financial plan has set a savings target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis.

Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable savings, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £16.6m.

Full year forecast values of Deliverable Schemes total £12.8m (including £12.7m Savings and £0.1m Income Generation). Of these, £9.3m have been identified as recurring, with a full year effect of £13.0m and £3.5m are non-recurring savings. In-month delivery includes Savings of £1.6m against a £3.3m Target.

#### **4. Overall Summary**

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

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

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

#### **5. Appendix**

Appendix 1 – Integrated Quality & Performance Report – to 31.03.2025



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Integrated Performance Report

Reporting Period: to 31.05.2025

Presented to

**Performance, Finance & Information**

**Governance Committee**

**Wednesday, 25<sup>th</sup> June 2025**

Title	Page	Title	Page
<b>Cover</b>	<b>1</b>	<b>Summary of Integrated Quality &amp; Performance Report</b>	<b>114</b>
<b>Table of Contents</b>	<b>2</b>	<b>Section 1: Access &amp; Activity Performance</b>	<b>16</b>
<b>Performance Escalations Report</b>	<b>3</b>	<b>Section 2: People &amp; Organisational Development Performance</b>	<b>30</b>
Four Quadrant Escalation Summary	4	<b>Section 3: Financial Performance</b>	<b>34</b>
Urgent & Emergency Care	5	<b>About this Report</b>	<b>40</b>
Cancer	6	<b>Additional Information</b>	<b>48</b>
Planned Care	7	<b>Updates on Actions from last meeting</b>	<b>50</b>
Mental Health & Learning Disabilities (Adult)	10	<b>Appendix</b>	<b>55</b>
CAMHS	11		
Workforce and Organisational Development	12		
Finance	13		



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University Health Board

# Performance Escalations Report

# A Summary of Escalated Performance Measures

## Quality, Safety & Experience Performance

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

- **Learning from Events Reports:** Progress made during Q4 in reducing number of overdue LFERs reducing from 64 at end of Q4 to 43 at end of Q4. Continued focus is required to address the timely completion and recovery of the overdue position.
- **Clinical Coding Compliance** will remain a significant risk during 2025-26, however trajectories indicate improvement towards the end of 2025-26. Position stabilised and showing signs of improvement. Measure will be kept in escalation for assurance.
- Percentage of **patients offered an index colonoscopy within 4 weeks of booking their Specialist Screening Practitioner assessment** appointment has fallen to 3.2% against a 90% target. All Wales performance at latest benchmark point is 15.2%

## People & Organisational Development Performance (Corporate Risk 24-01 People, Culture and Wellbeing) (Corporate Risk 24-1 Leadership/Special Measures)

- At **80.7%**, **PADR** rate continues within normal variation but remains below the 85% target.
- At **5.4%**, **Sickness absence rate** has seen a continuous decrease in trend over recent months, in line with seasonal change.
- At **0.5%**, **Turnover rate** for nursing staff leaving BCUHB increased in month. Focus continues on national and local retention work.
- At **3.5%**, **agency spend** has shown an increasing trend during the first 2 months. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

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

### Performance within the planned care space remains poor when compared to Access Standards

- **Referral to Treatment (RTT):** After the improvements seen in the numbers of extreme waits during 2024/25, it may be concerning to see the number of 104 weeks waits rising again in Q1 2025/26. However, solutions are in place which will see a significant reduction in these by the end of June 2025 as detailed on slide 7.
- **Cancer** - Performance against single cancer pathway target remains fragile with a rate of **53.8%** at end of April 2025 as forecast previously. However, the focus on dermatology backlog has seen a significant decrease in the backlog although the rate of reduction has slowed in Q1 of 2025/26.
- **Diagnostics waits over 8 weeks:** At the end of May 2025, there were just under **14,000** patients experiencing waits of over 8 weeks for diagnostic tests. The delays are mainly in radiology and endoscopy. The delays in endoscopies are impacting on our ability to improve our cancer 62 day position. **(Corporate Risk 24-13 Timely Diagnostics)**
- **Percentage of Ophthalmology R1 patients seen within 25% of their clinical due date** remains significantly adverse to target and due to the potential irreversible nature of conditions that some patients in this cohort have, is of concern. Urgent harm reviews for assurance is recommended.
- **The number of patients that are 100% overdue their clinical review date** is of increasing concern and continues to increase with latest position over 95,700. This will be a key area of focus during 2025/26.

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

**Performance within the urgent & emergency care space continues to deteriorate and shows no significant signs of improvement.** With **3,749** waiting over 12 hours and **1,741** waiting over 24 hours. Further, ambulance handover delays of 4 hours or more remains over **640** per month on average, however significant improvements are evident at Ysbyty Glan Clwyd. There has been no statistically significant change in the number of delayed pathways of care at **337**.

## Our Finance (Corporate Risk 24-05 Financial Sustainability)

The in-month position is reporting a deficit of £2.4m and the year to date position is £6.2m deficit, largely driven by £4.5m shortfall in undelivered savings and pressures associated with escalated beds and Healthcare Services provided by other NHS Bodies Contracts.

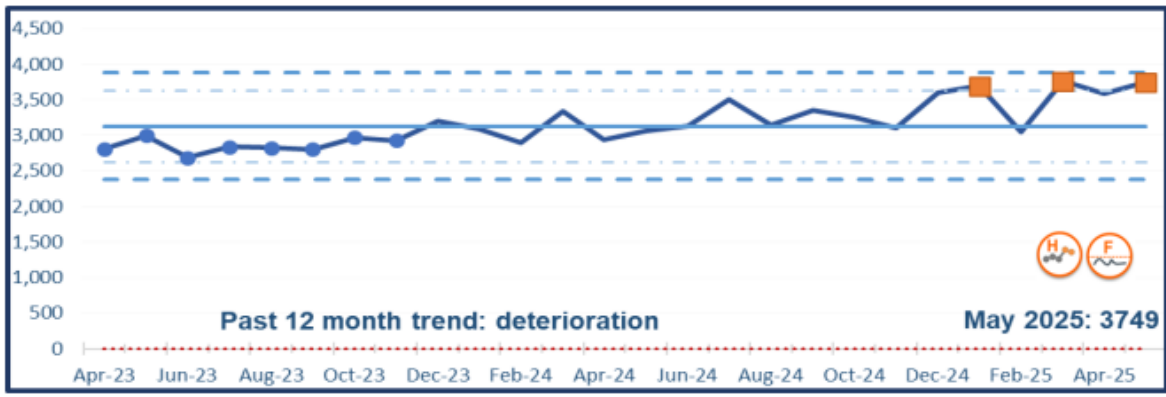
The Health Board's financial plan has set a savings target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis. Full year forecast values of Deliverable Schemes total £12.8m (including £12.7m Savings and £0.1m Income Generation). Of these, £9.3m have been identified as recurring, with a full year effect of £13.0m and £3.5m are non-recurring savings. In-month delivery includes Savings of £1.6m against a £3.3m Target.

# Access & Activity: Escalated Performance Measures

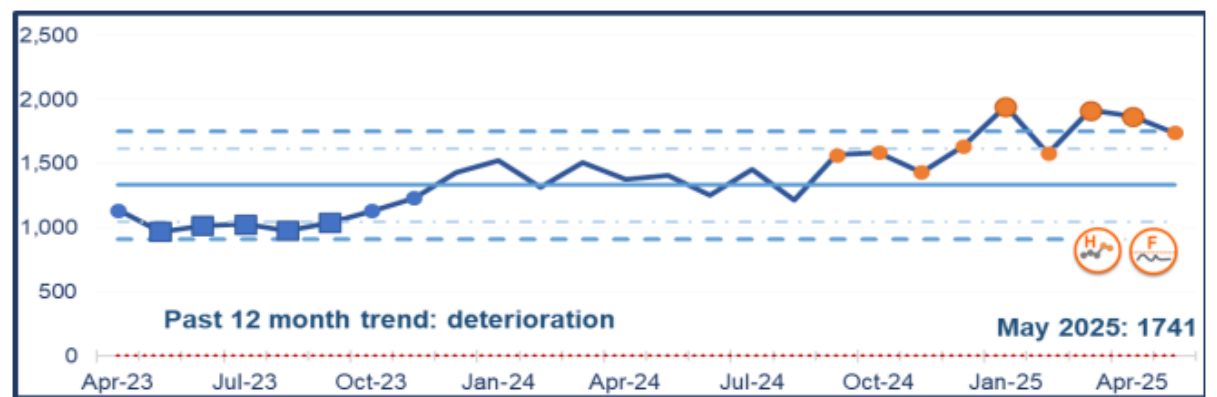
## Urgent & Emergency Care

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

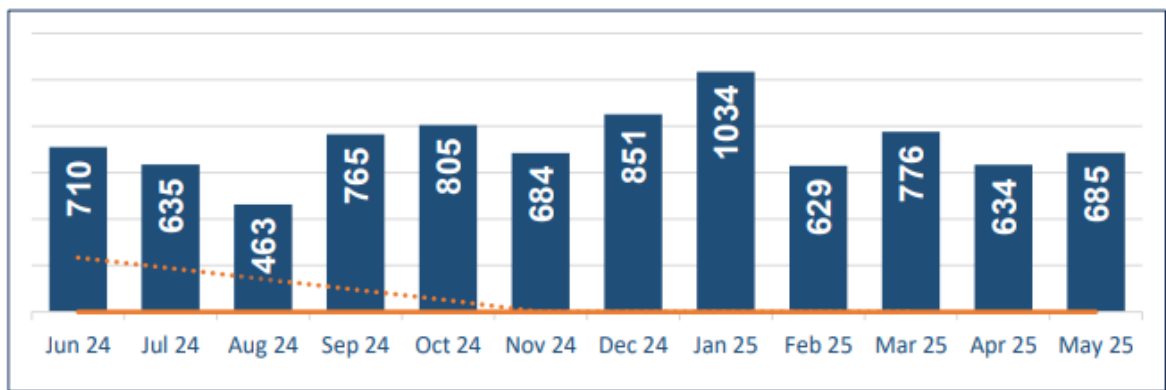
### Number of 12 Hour Emergency Department Waits



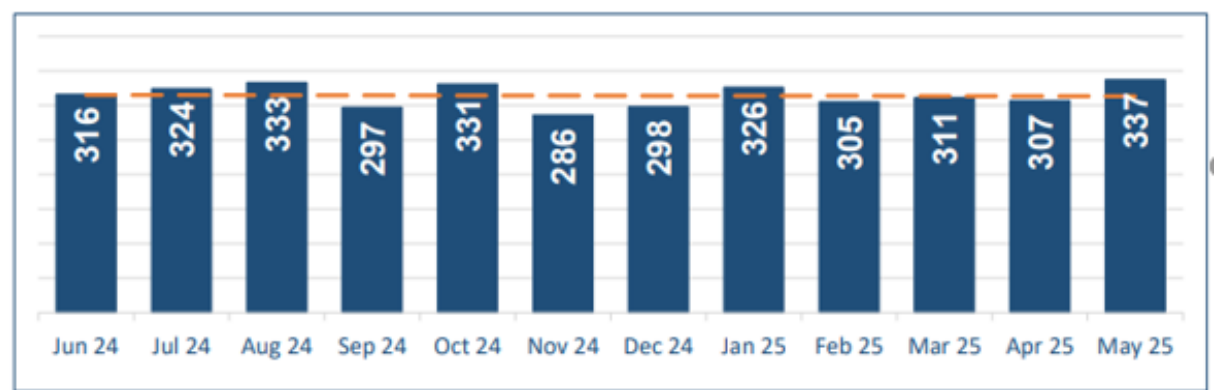
### Number of 24+ Hour Emergency Department Waits



### Number of 4+ Hour Ambulance Handover Breaches

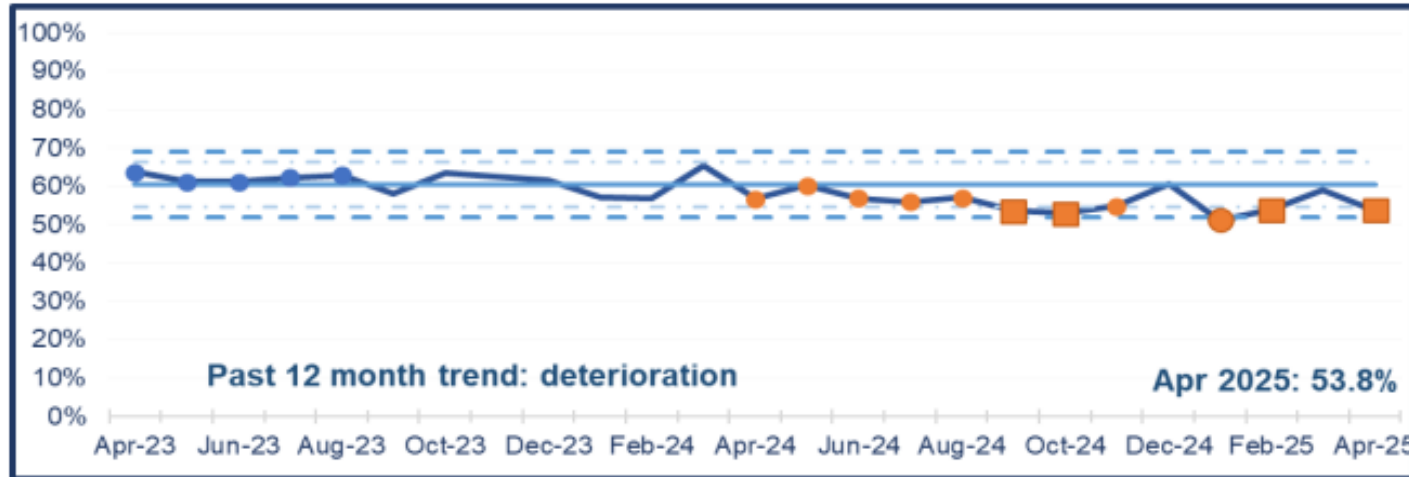
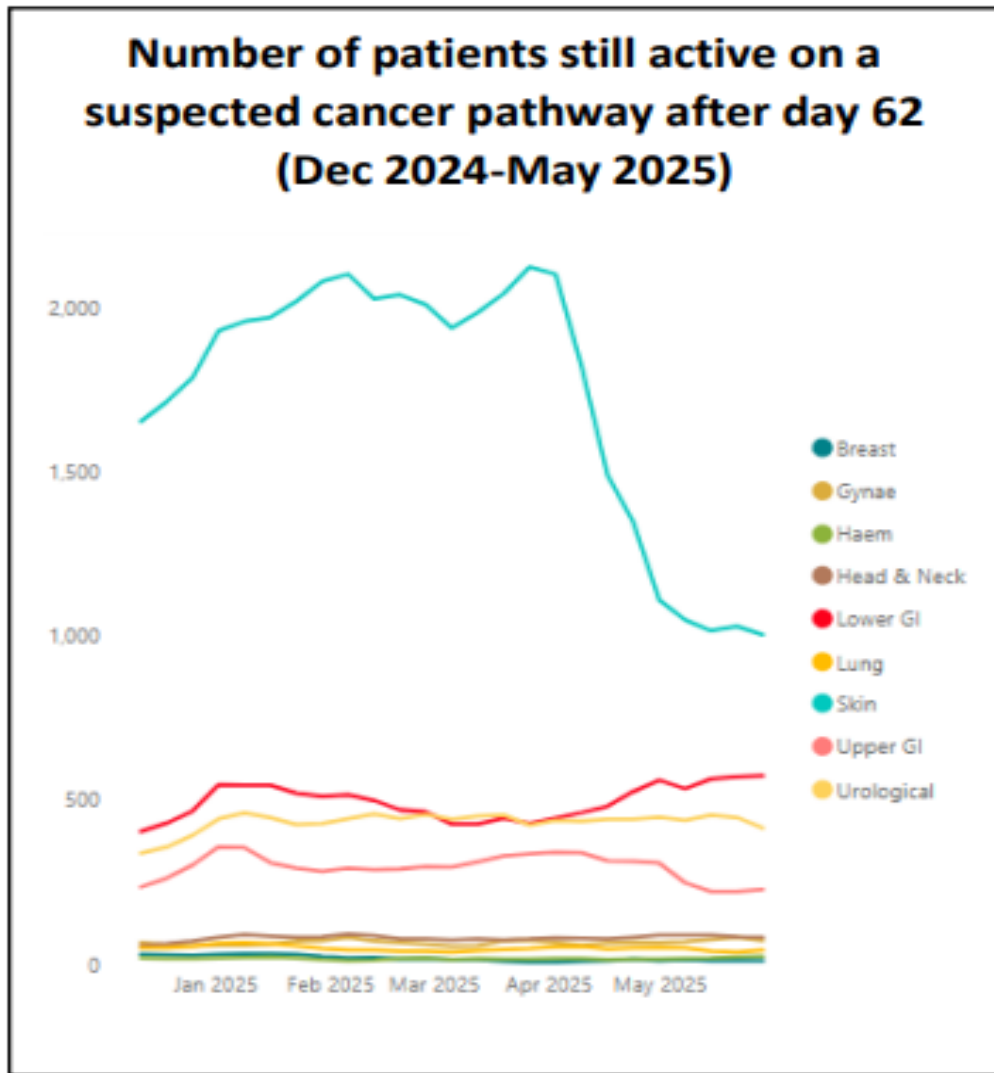


### Number of Delayed Pathways of Care



# 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)

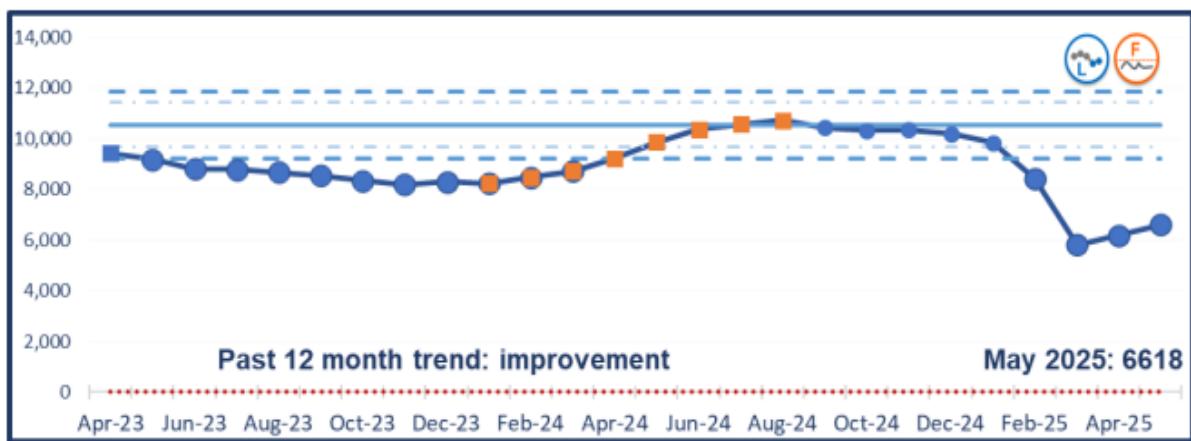


The number of patients treated in target fell from 59% in March to 54% in April. This drop in performance was anticipated due to the significant volume of long waiting dermatology patients seen and treated in April. It is encouraging to see the volume of long waiting dermatology patients reduce but the increase in treatments after day 62 will continue to impact on overall performance until the dermatology backlog is cleared completely – see graph on right to show the impact of the additional clinics in April (skin figures in light blue).

- Delays to endoscopy continue to impact colorectal performance, leading to 18 breaches in month.
- Almost half of the urology breaches continue to be due to diagnostic delays, primarily delays to prostate biopsies (33).

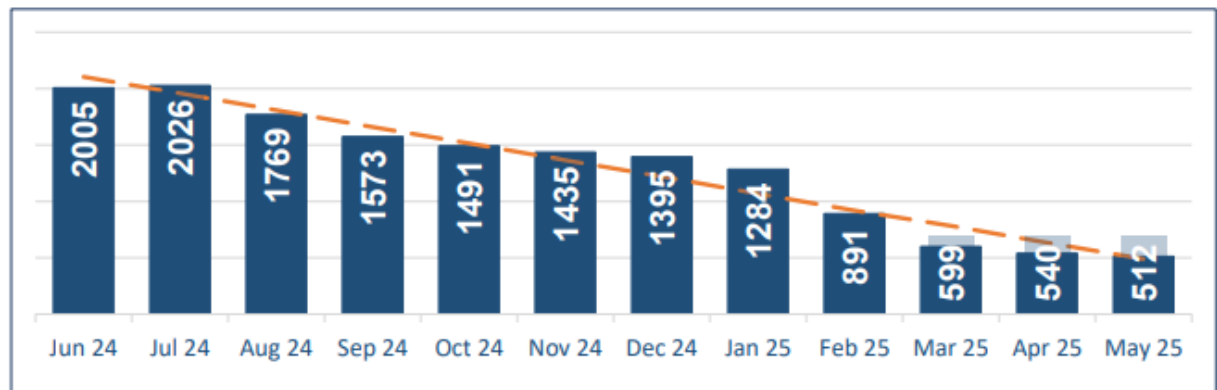
# Access & Activity: Escalated Performance Measures

## Number 104+ Weeks RTT



- After significant improvements seen in Q4 of 2024/25, performance so far in Q1 of 2025/26 has seen a month on month increase in the number of patients waiting over 104 weeks for treatment.
- The Health Board have a target to reduce the 104+ week wait position to less than 5,000 by the end of Q1 2025/26 with key focus on utilisation of core capacity as well as deployment of additional contracts being key in delivery plans to meet this trajectory. At the time of reporting, we have line of sight to deliver 4,950, however, this is not without potential risks to delivery.
- No patients were waiting in excess of 4 years at the end of May 2025, with continued, but slow improvement seen in the number of patients waiting in excess of 3 years for RTT reducing from only about 80 between the end of March and the end of May 2025.
- Performance against the 52 week wait for a new appointment remains challenging and further focus will be required on this area in terms of component wait reductions as we move into 2025/26 to support the total pathway of care trajectory.

## Number 156+ Weeks RTT



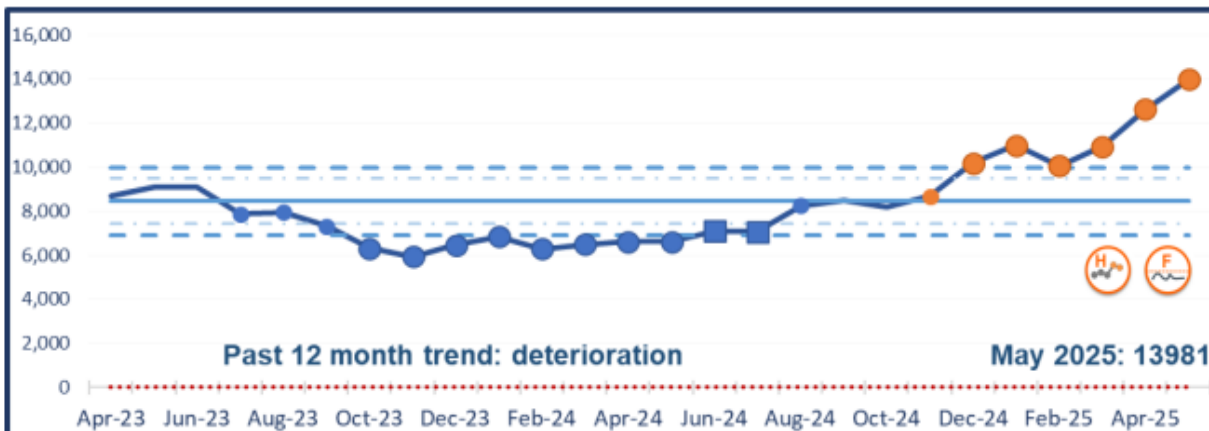
## Number waiting over 52 weeks for a new appointment



# Access & Activity: Escalated Performance Measures

## Diagnostics and Therapy Waits

### Number Diagnostic Waits over 8 Weeks



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

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

Close monitoring through the planned care board will provide early warning of performance against the forecast trajectory, triggering escalation and recovery / remedial responses.

Whilst everything possible is being done to prioritise cancer and urgent patients, the delays in diagnostics are impacting upon delivery and treatment of cancer patients, in particular those requiring an endoscopy.

### Number Therapy Waits over 14 Weeks

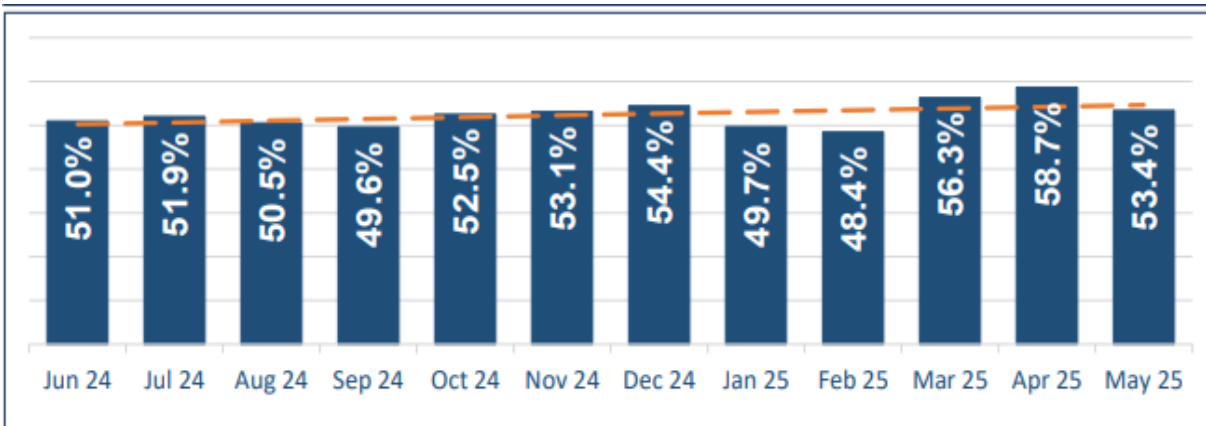


The consistent decrease in the number of patients waiting over 14 weeks for therapies ended in May 2025 as we saw the first increase since May 2024. Nearly all delays are within Physiotherapy, due to staffing and estates. There is also remains a growing number of breaches within the Dietetics specialty in East.

# Access & Activity: Escalated Performance Measures

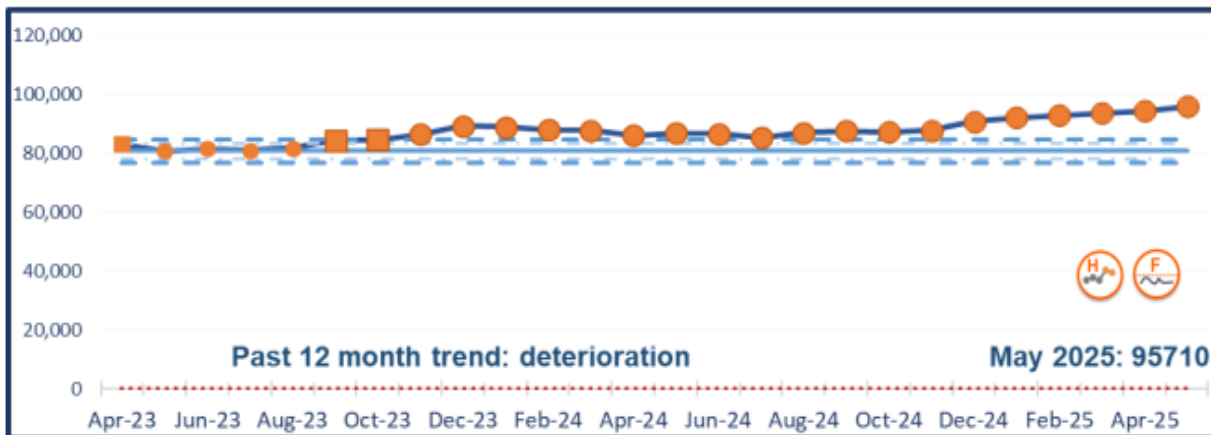
## Ophthalmology R1 and Follow-up Backlog

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



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

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



The Follow-up Backlog position shows a deteriorating trend over the previous 2 years.

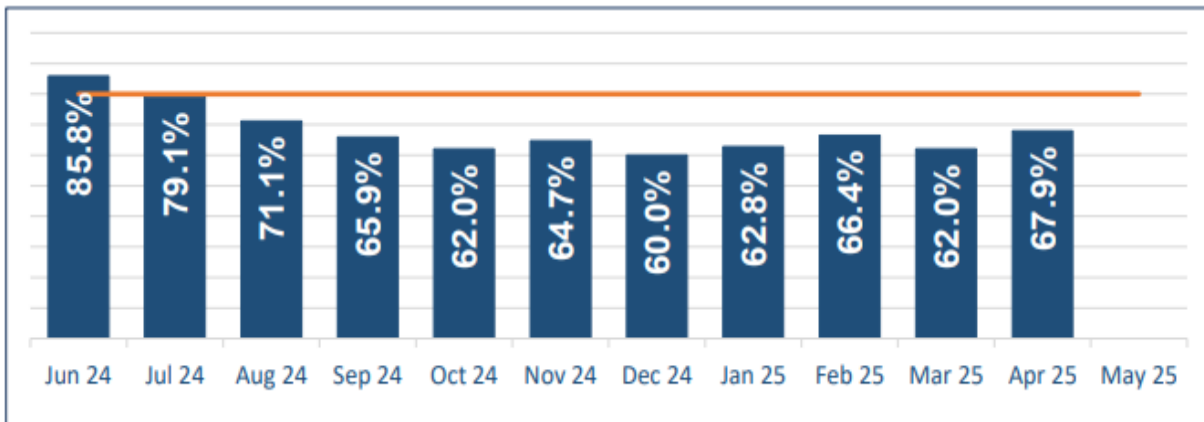
There is a specific workstream relating to Follow up within the Planned Care section of the Integrated Medium Term Plan (IMTP). Delivery priorities in this area include

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

# Access & Activity: Escalated Performance Measures

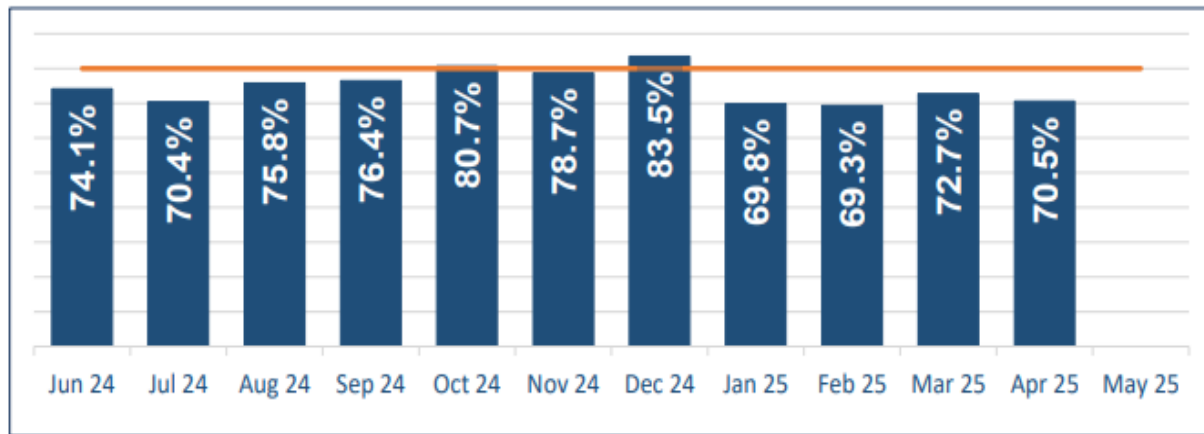
## Adult Mental Health

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

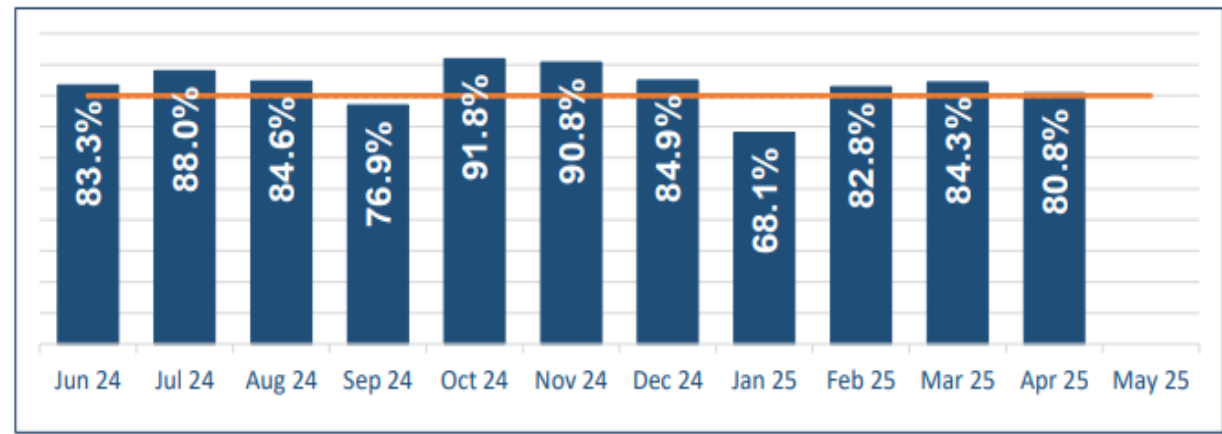


**Psychological Therapies** – Two of the IHC areas have benefited from recent successful recruitment and this is reflected in improvement in month in local figures. The overall Health Board figure is impacted by long term sickness and a full time vacancy which is currently out to recruitment. Some resource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

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



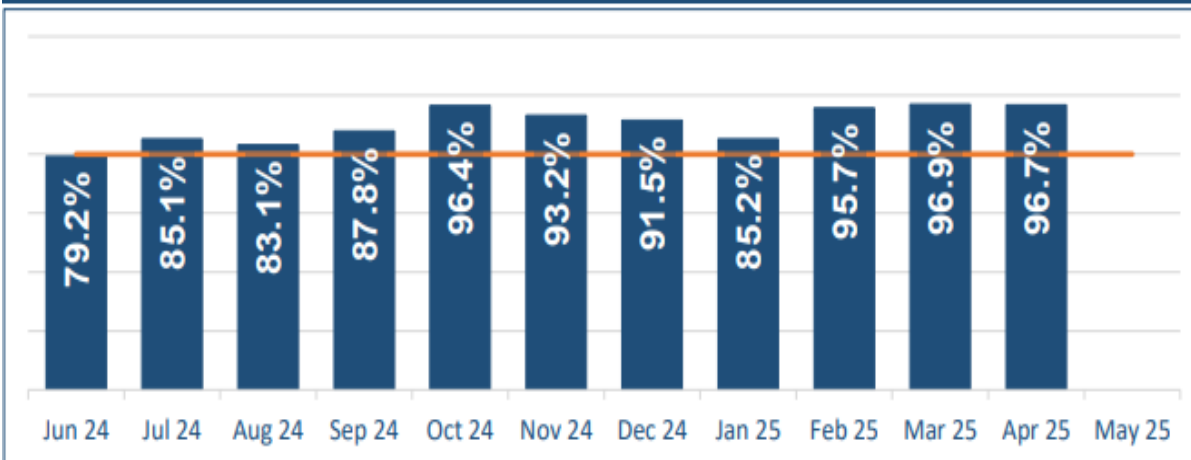
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)



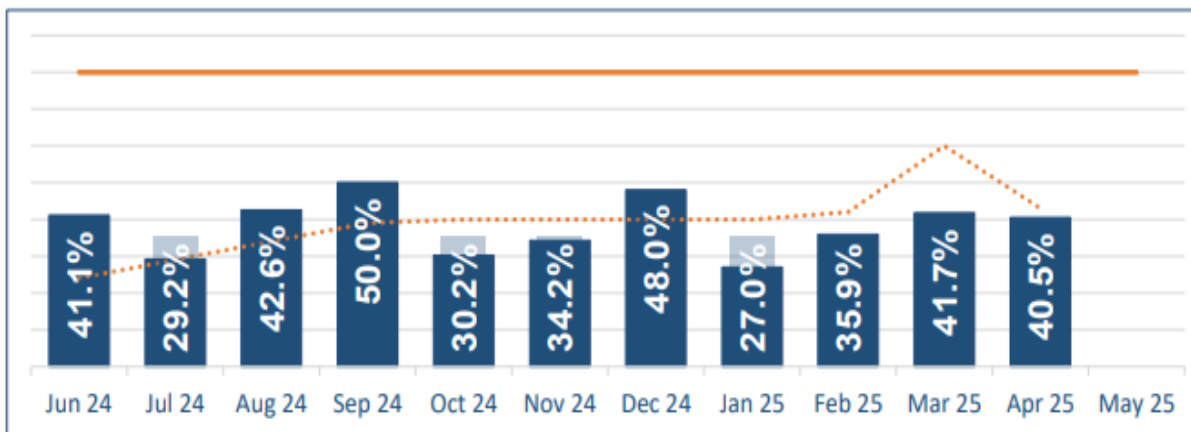
# Access & Activity: Escalated Performance Measures

## CAMHS and Neurodevelopment

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



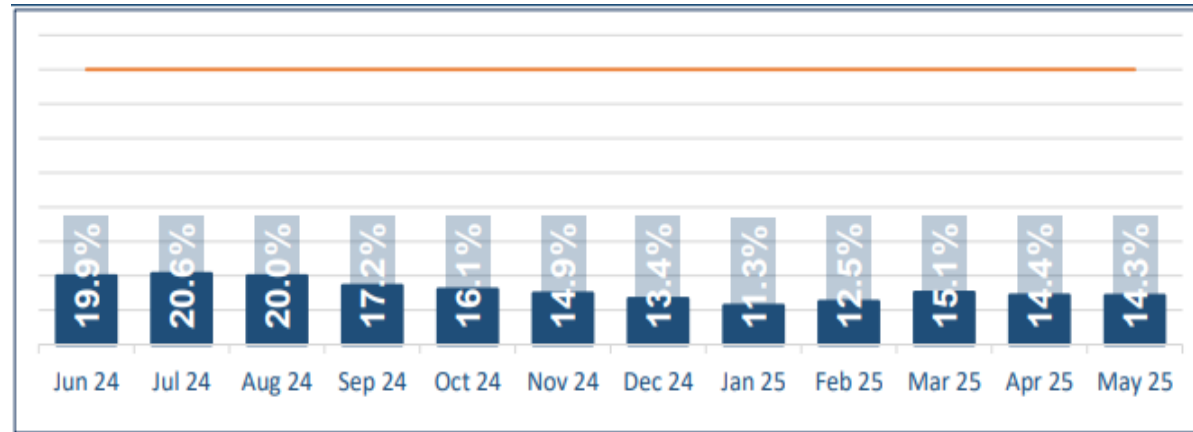
**Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)**



Performance against the measures remains variable. The forecast trajectory for the interventions metric was to increase performance to 60% by end of March 2025 – this wasn't met in year. Improvement actions have been developed moving into 2025-26 including continuation of validation of lists, review of longest waiters and undertaking workforce profile to review capacity and skill mix across Integrated Health Community (IHC) teams.

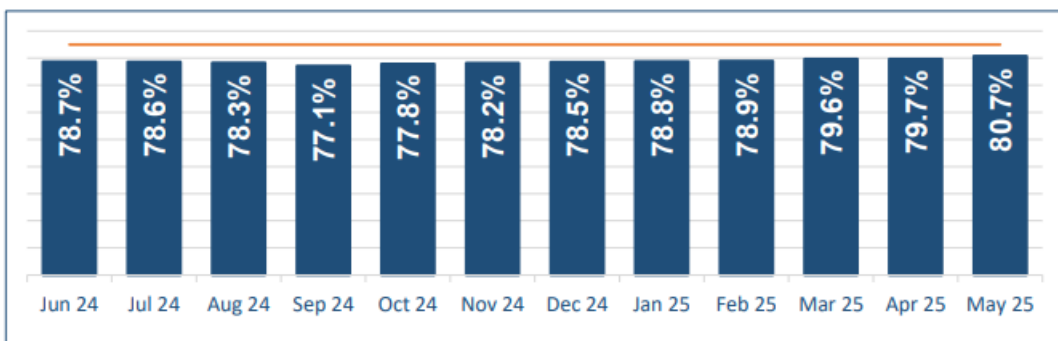
Neurodevelopment waiting times remain a concern, with the health board currently ranked as 6th of 7 in Wales. The All Wales latest performance is 24% as at March 2025. None of the Health boards are achieving the target, although one Health Board has seen consistent improvement and now achieving over 80%.

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



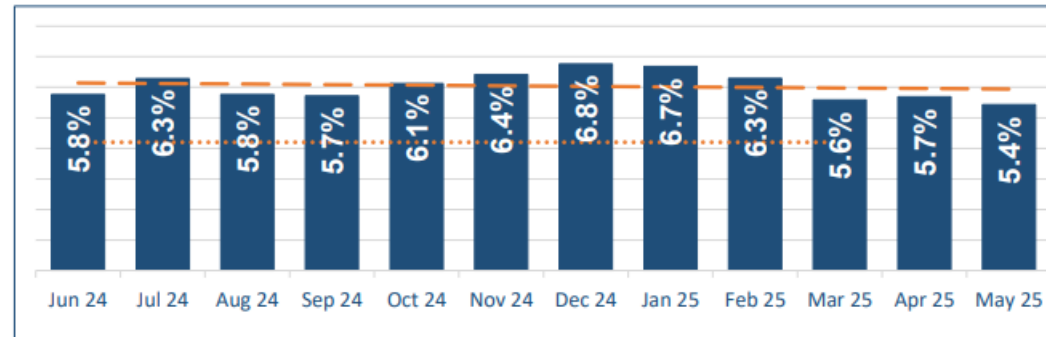
# People & OD: Escalated Performance Measures

% of headcount who have had PADR in previous 12 months



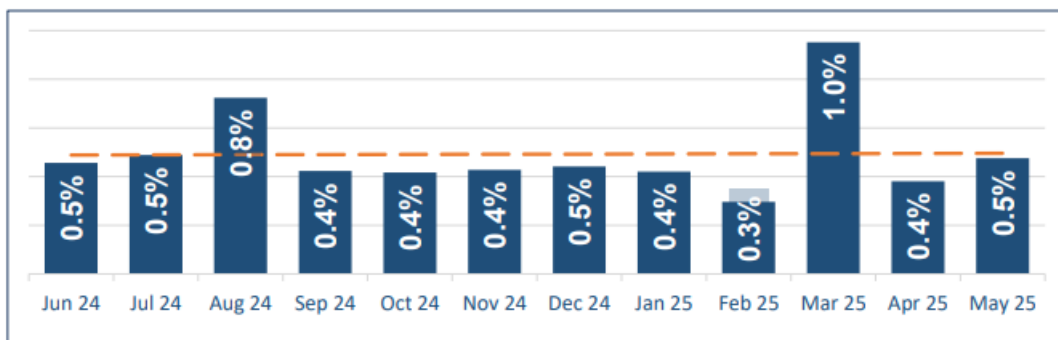
Although remaining within normal variation, performance remains below the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

% of sickness absence rate of staff



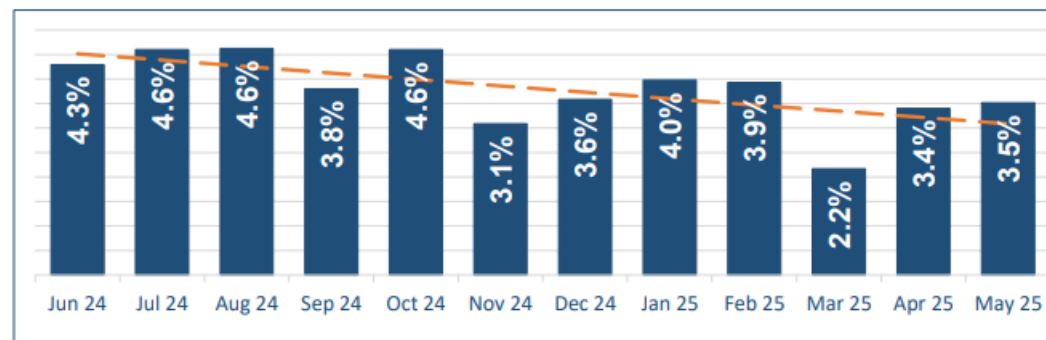
Sickness absence decreased to 5.4% in March following a period of higher percentage absence over winter months. Stress and other mental health issues continue to be the main reason for sickness absence.

Turnover rate for nurse and midwifery register staff leaving BCU HB



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

Agency Spend as % of pay bill



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

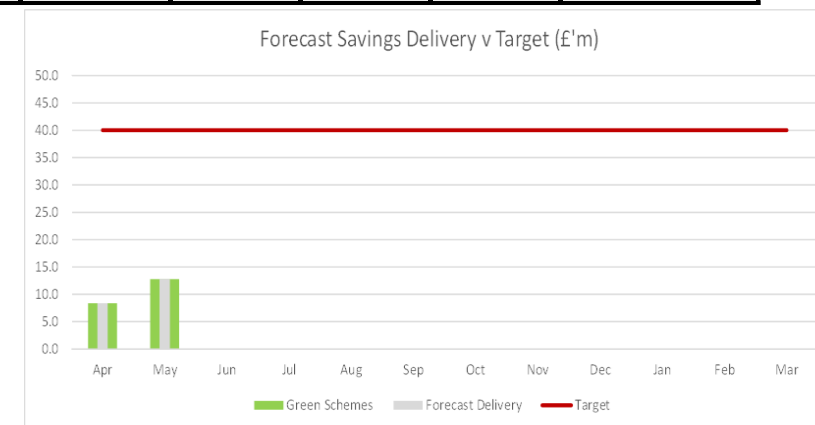
# Finance: Escalated Performance Measures

- The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Expenditure commitments will 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 secured the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, 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.
- In addition, Welsh Government have also confirmed that the £74.6m conditionally recurrent funding that the Health Board received in 2023/24 and 2024/25 has been included in the allocation as recurrent for 2025/26.
- The in-month position is reporting a deficit of £2.4m and the year to date position is £6.2m deficit, largely driven by £4.5m shortfall in undelivered savings and pressures associated with escalated beds and Healthcare Services provided by other NHS Bodies Contracts.

## Financial Position for 2025/26

	Actual Position		2025/26 Forecast Position										
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Total £m
<b>Surplus/ (deficit)</b>	<b>(3.7)</b>	<b>(2.4)</b>	<b>(1.4)</b>	0.0	0.7	0.7	0.7	1.0	1.0	1.0	1.2	1.3	<b>0.0</b>

- The Health Board's financial plan has set a savings target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable savings, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £16.6m.
- Full year forecast values of Deliverable Schemes total £12.8m (including £12.7m Savings and £0.1m Income Generation). Of these, £9.3m have been identified as recurring, with a full year effect of £13.0m and £3.5m are non-recurring savings. In-month delivery includes Savings of £1.6m against a £3.3m Target.





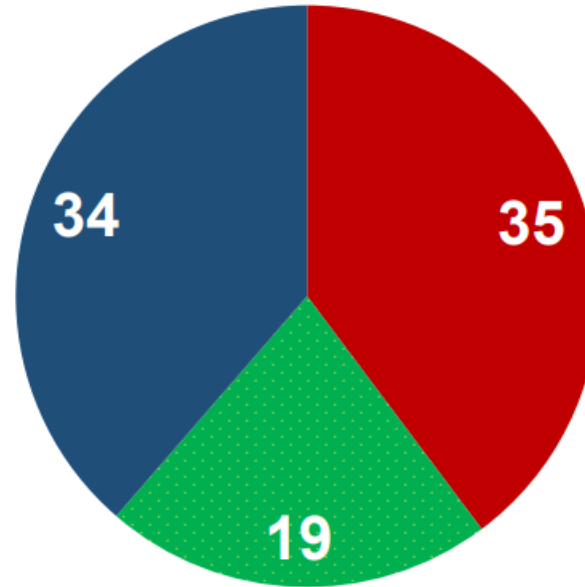
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

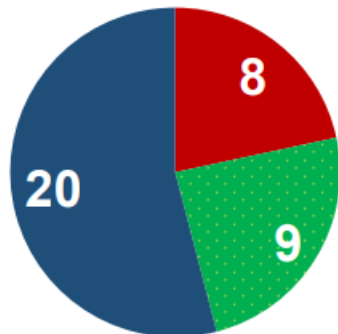
# Integrated Quality & Performance Report

**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

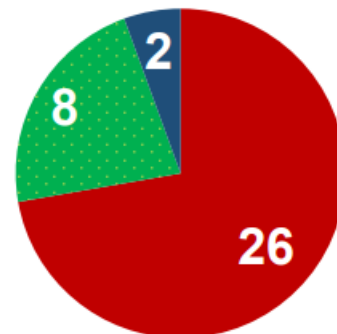
**Blue** → It is inappropriate, or not possible, to rate available data against any available target  
**Grey** → There is no / insufficient data available to rate against the target



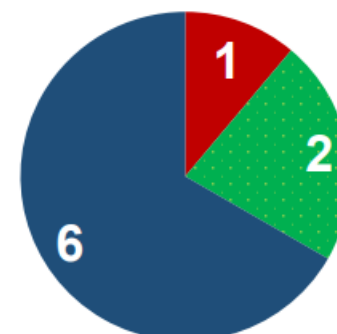
All Sections



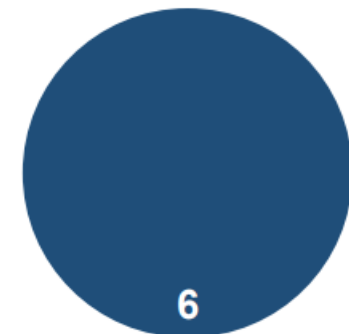
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



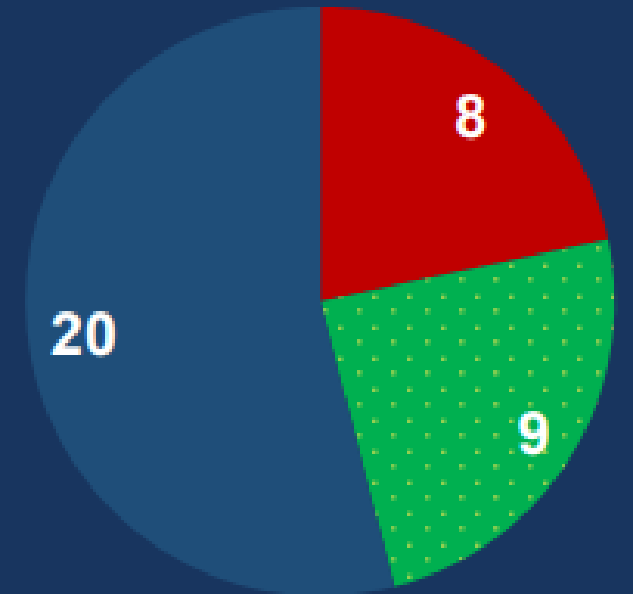
People & Organisational Development Performance



Financial Performance

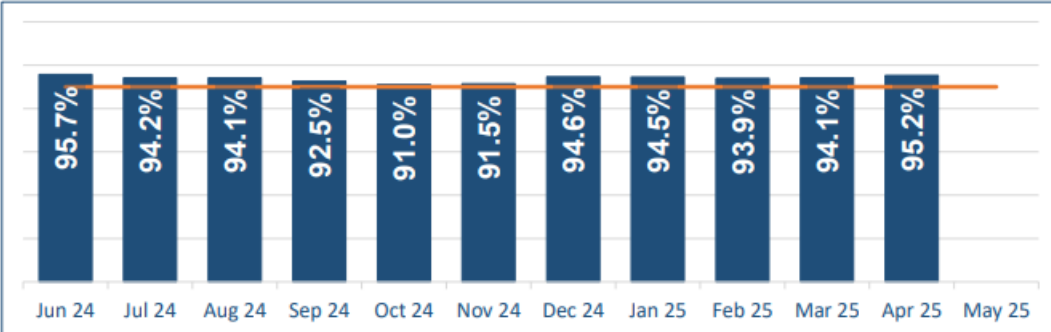
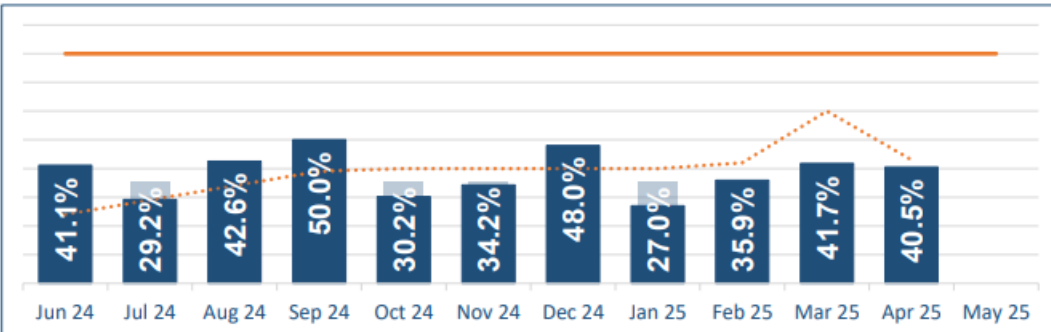
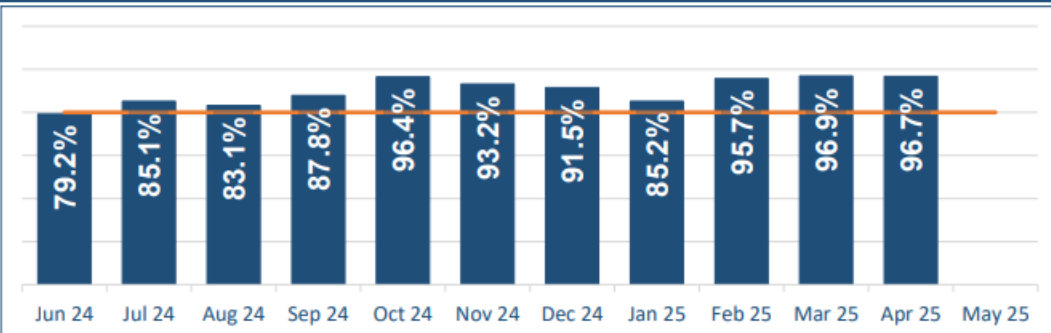
# Section 1

## Access & Activity Performance

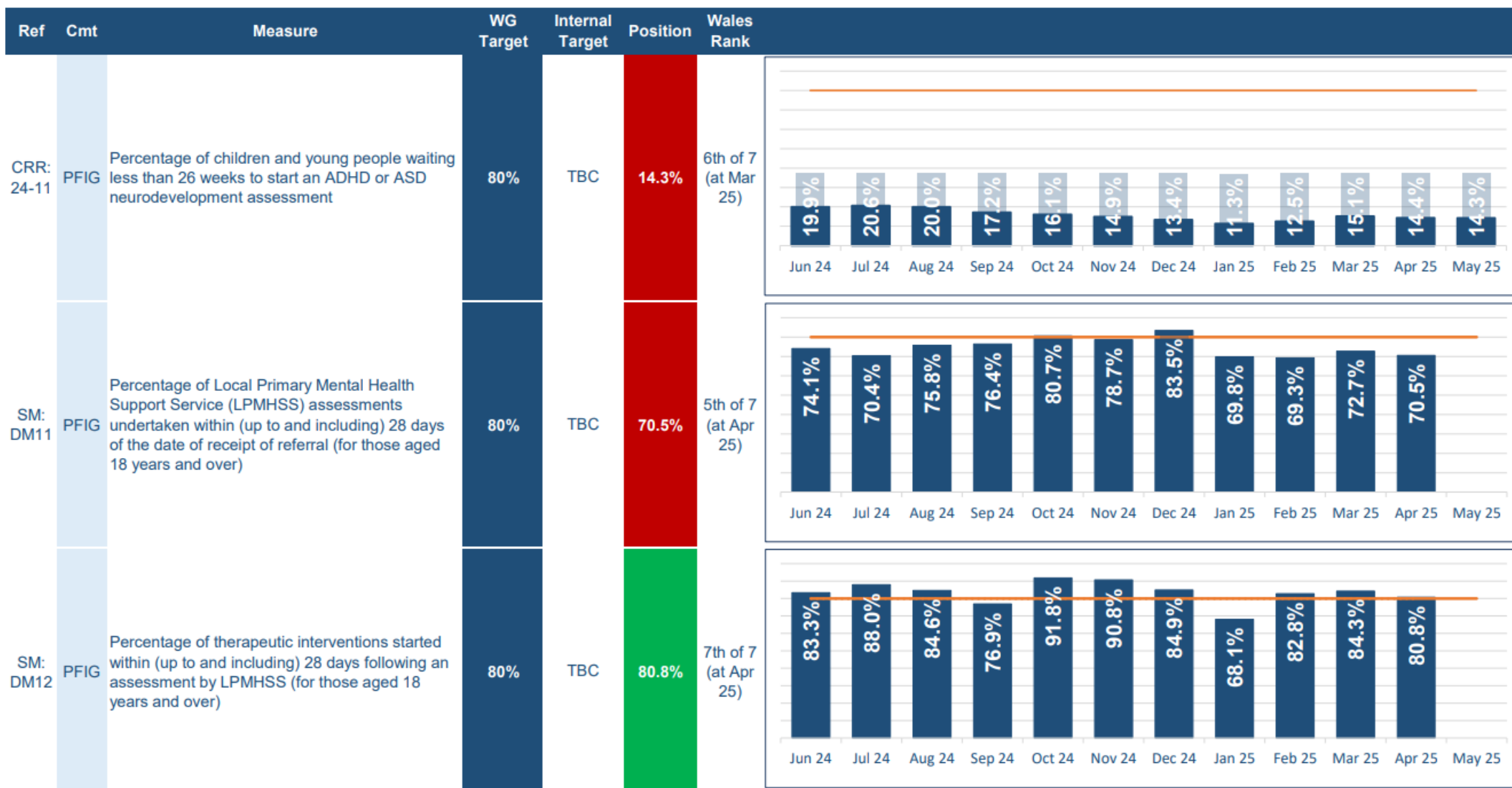


# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
SM: DM16	PFIG	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)	80.0%	TBC	96.7%	4th of 7 (at Apr 25)
SM: DM15	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80.0%	TBC	40.5%	6th of 7 (at Apr 25)
SM: DM16	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	TBC	95.2%	5th of 7 (at Apr 25)



# 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	82.2%	5th of 7 (at Apr 25)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	67.9%	3rd of 7 (at Apr 25)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	96.88%	

Month	Percentage
Jun 24	86.2%
Jul 24	86.7%
Aug 24	86.0%
Sep 24	86.8%
Oct 24	86.5%
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	-

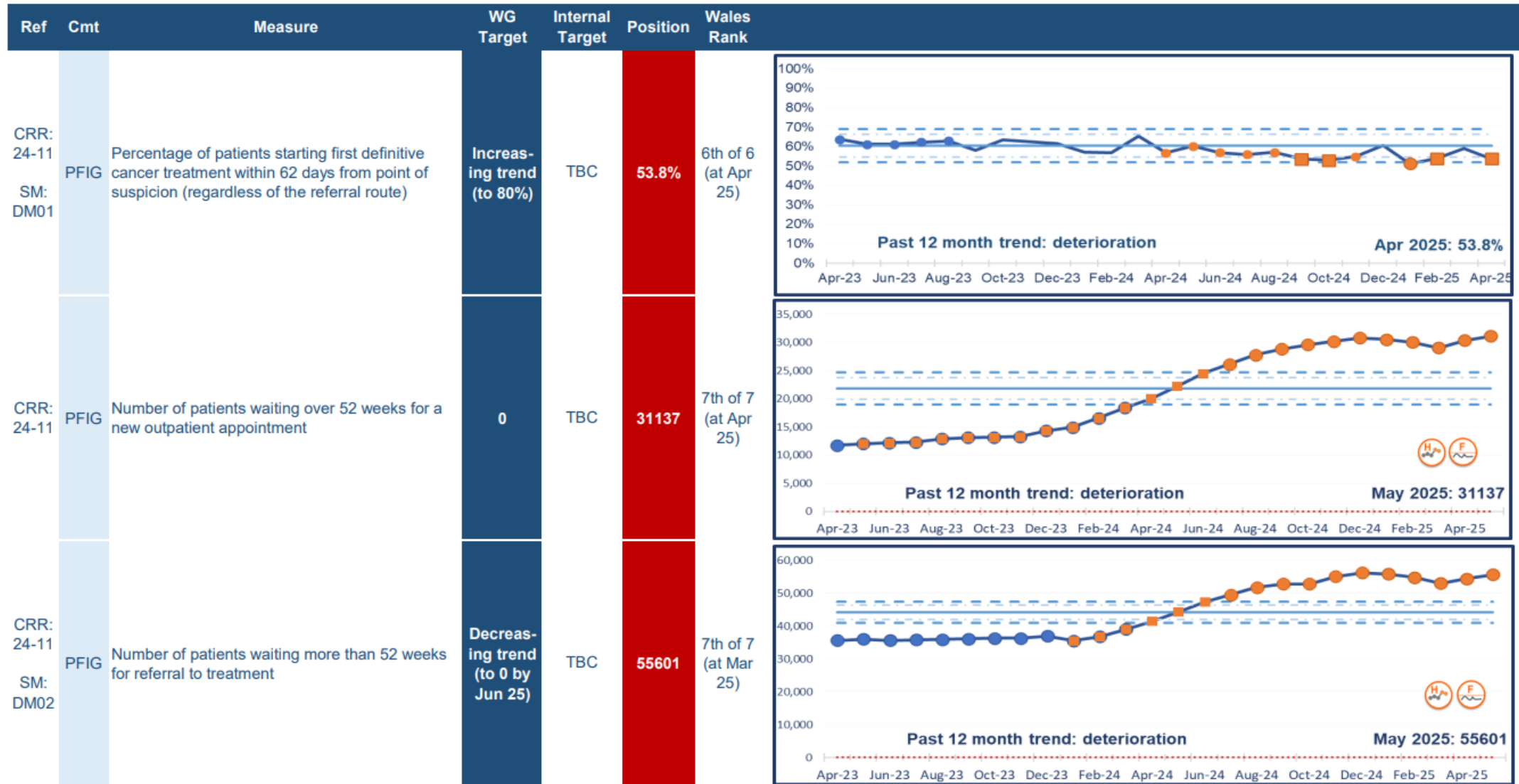
  

Month	Percentage
Jun 24	85.8%
Jul 24	79.1%
Aug 24	71.1%
Sep 24	65.9%
Oct 24	62.0%
Nov 24	64.7%
Dec 24	60.0%
Jan 25	62.8%
Feb 25	66.4%
Mar 25	62.0%
Apr 25	67.9%
May 25	-

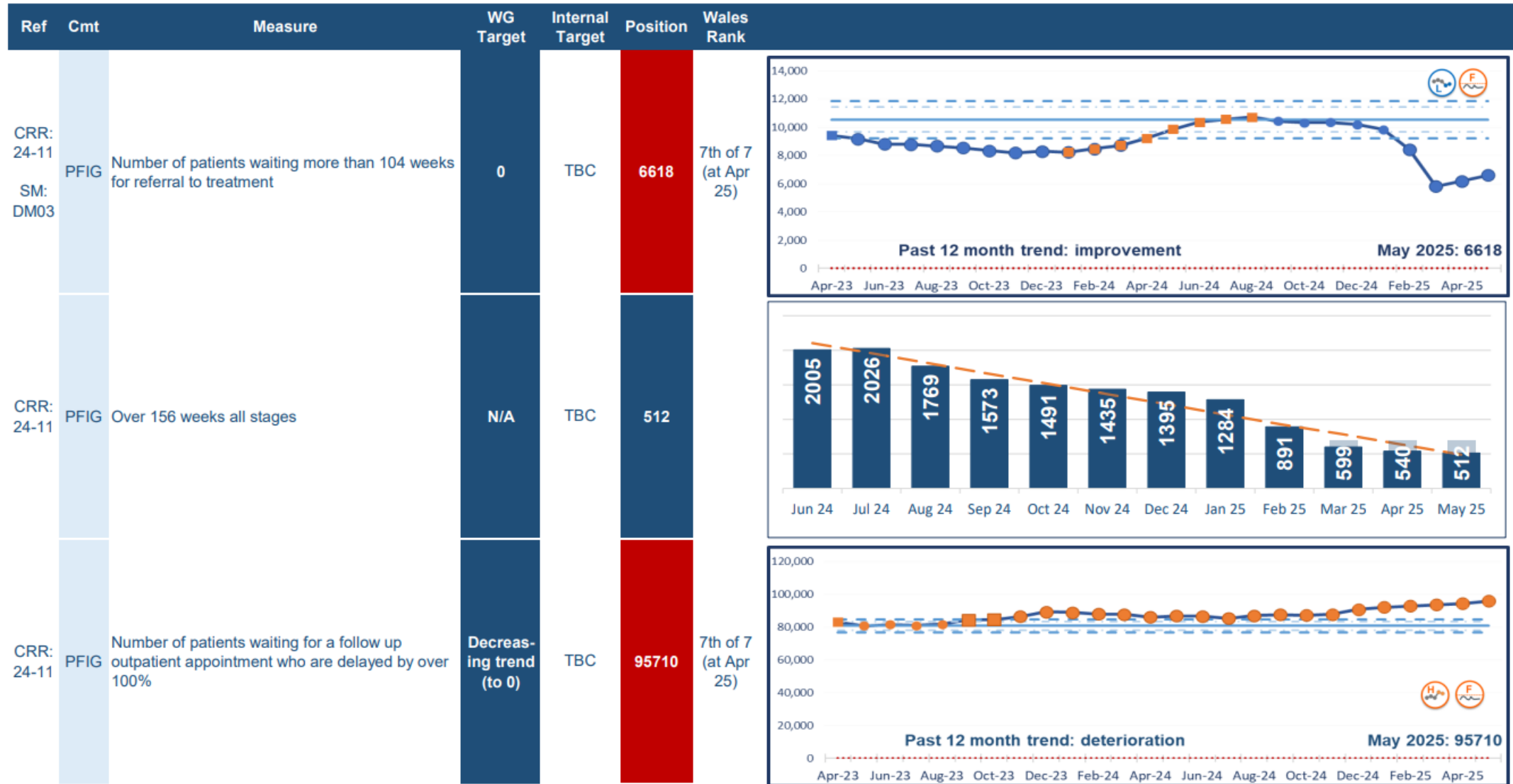
  

Quarter	Percentage
Q1 24/25	94.8%
Q2 24/25	96.9%
Q3 24/25	96.9%
Q4 24/25	-

# Access & Activity: Performance

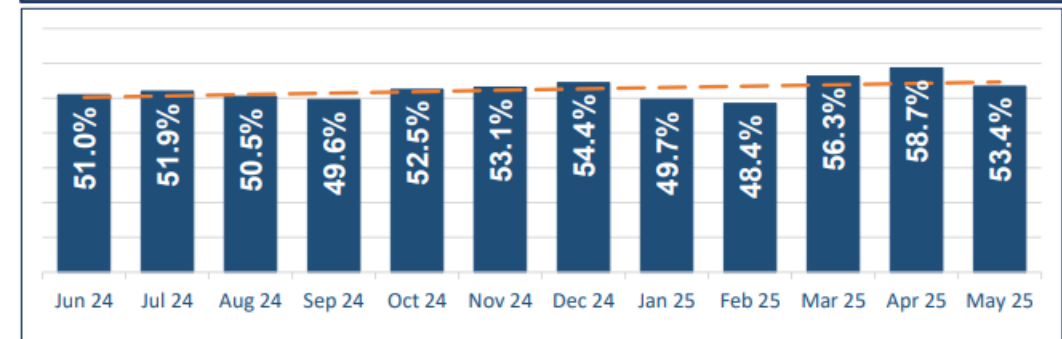
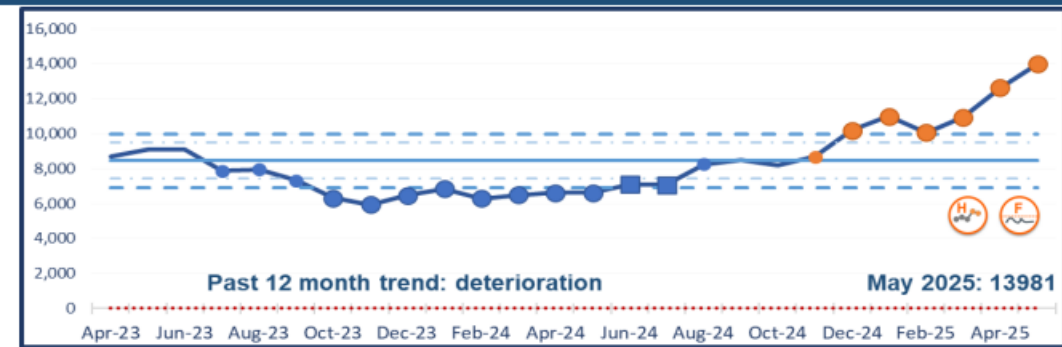


# Access & Activity: Performance



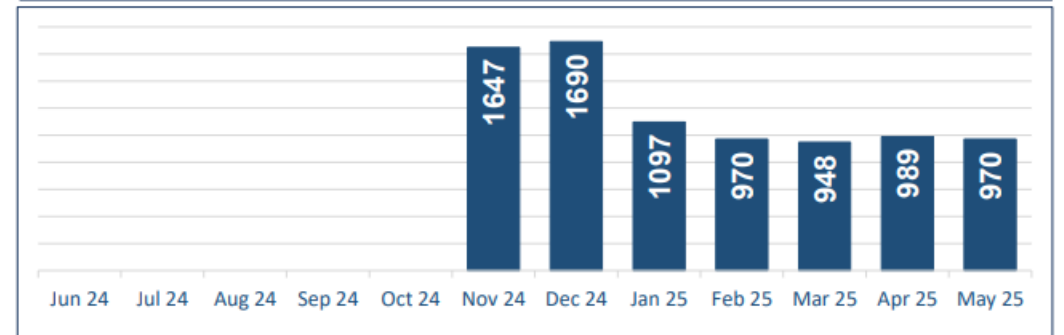
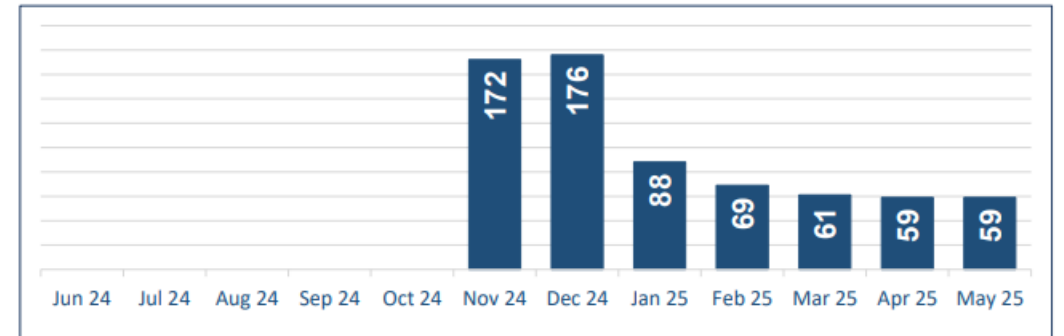
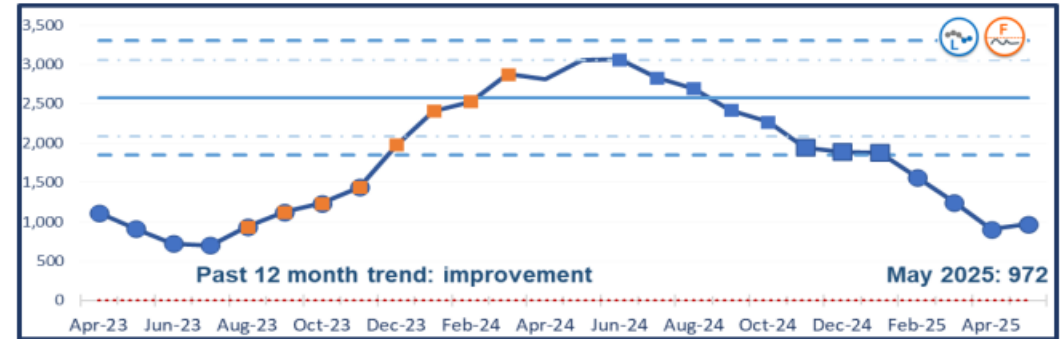
# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-13 SM: DM04	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	TBC	13981	6th of 7 (at Apr 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	53.4%	5th of 7 (at Apr 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)	100.0%	TBC	98.4%	4th of 7 (at Apr 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	972	6th of 7 (at Apr 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	59	
-	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	970	



# 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	Theatre utilisation (Capped)	85.0%	TBC	73.7%	
-	PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	46.4%	

Month	Value
Jun 24	2.1
Jul 24	2.2
Aug 24	2.2
Sep 24	2.0
Oct 24	2.1
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

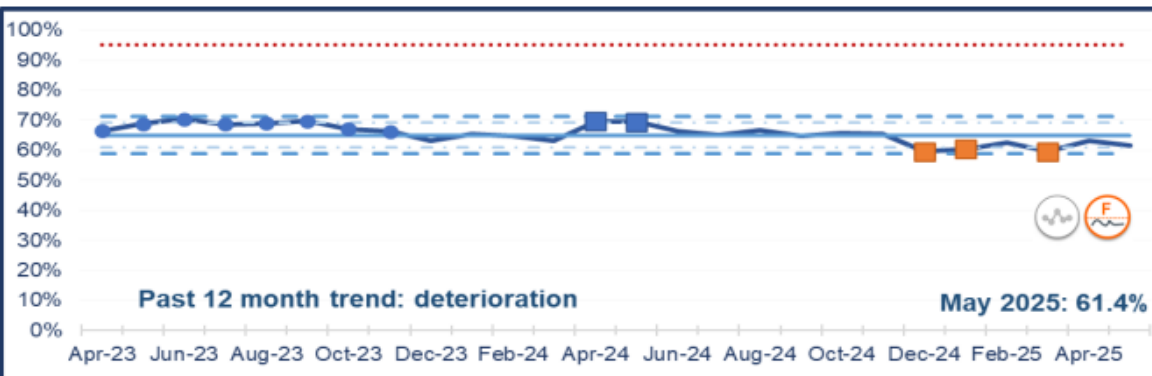
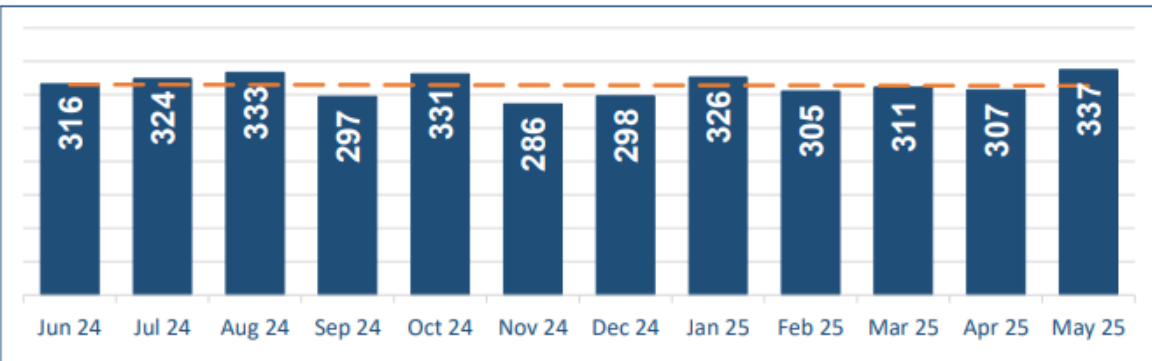
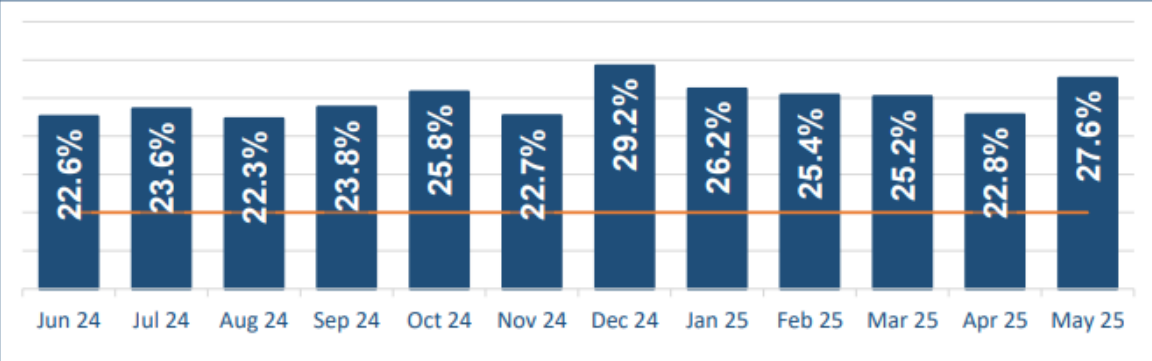
Month	Value
Jun 24	74.3%
Jul 24	73.2%
Aug 24	71.8%
Sep 24	72.4%
Oct 24	71.5%
Nov 24	72.7%
Dec 24	70.9%
Jan 25	71.1%
Feb 25	72.6%
Mar 25	73.5%
Apr 25	75.2%
May 25	73.7%

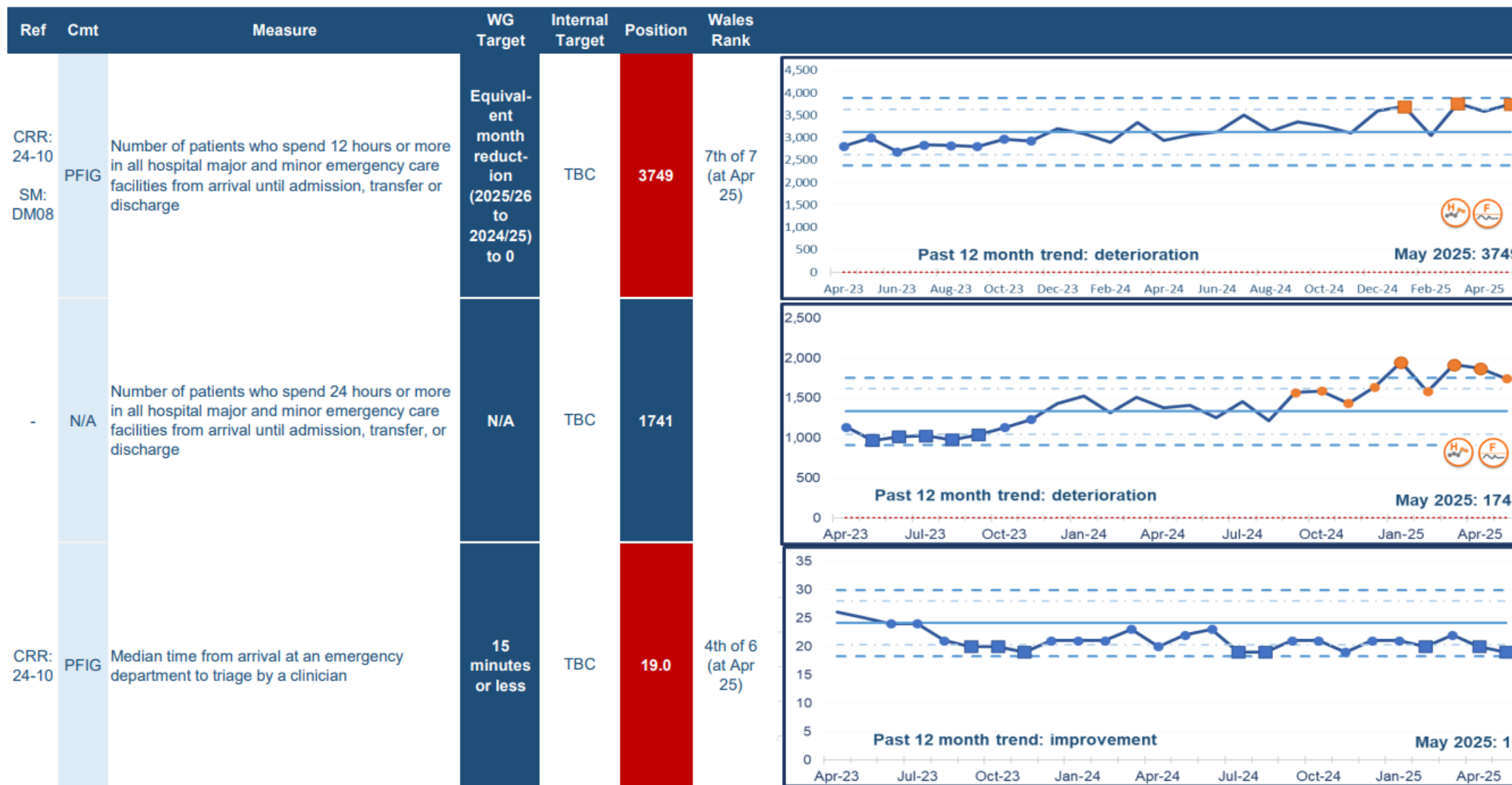
Month	Value
Jun 24	48.8%
Jul 24	45.7%
Aug 24	53.4%
Sep 24	51.2%
Oct 24	48.0%
Nov 24	49.1%
Dec 24	44.9%
Jan 25	50.0%
Feb 25	46.8%
Mar 25	46.4%
Apr 25	43.2%
May 25	46.4%

# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	27.6%	
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	337	8th of 8 (at May 25)
CRR: 24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2025/26 to 2024/25) to 95%	TBC	61.4%	7th of 7 (at Apr 25)

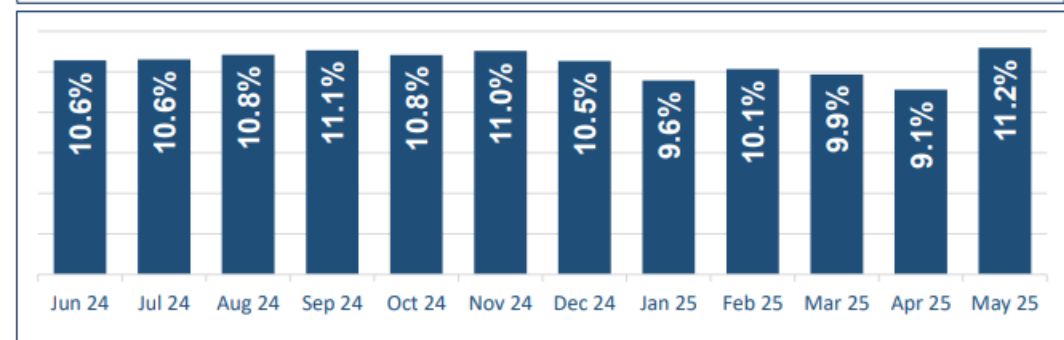
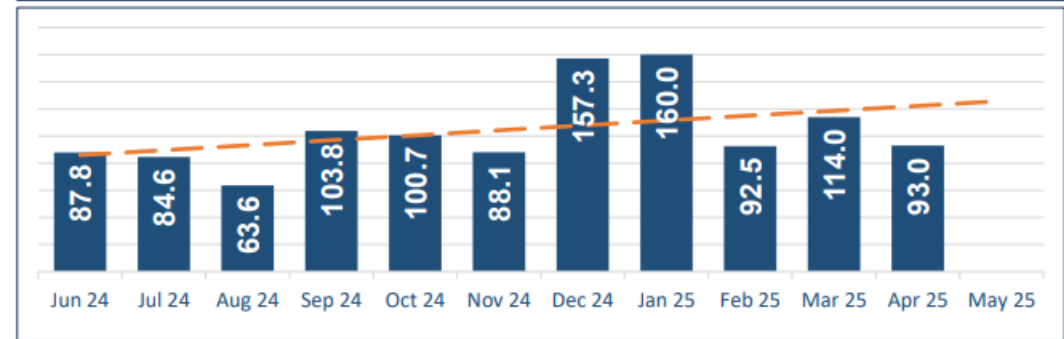
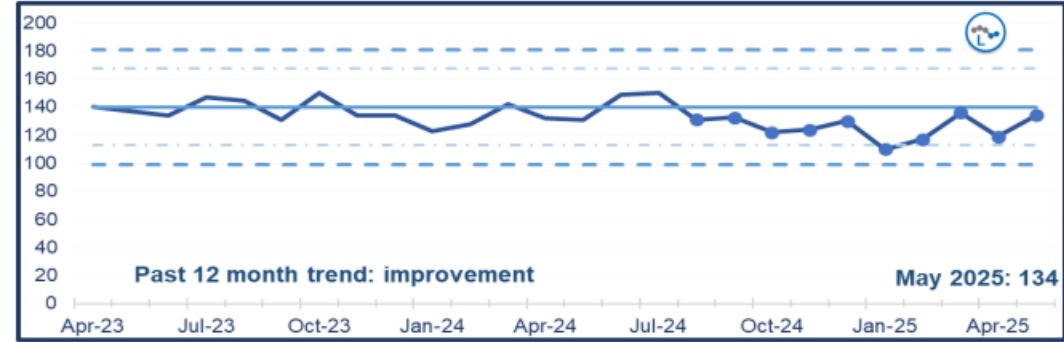


# Access & Activity: Performance



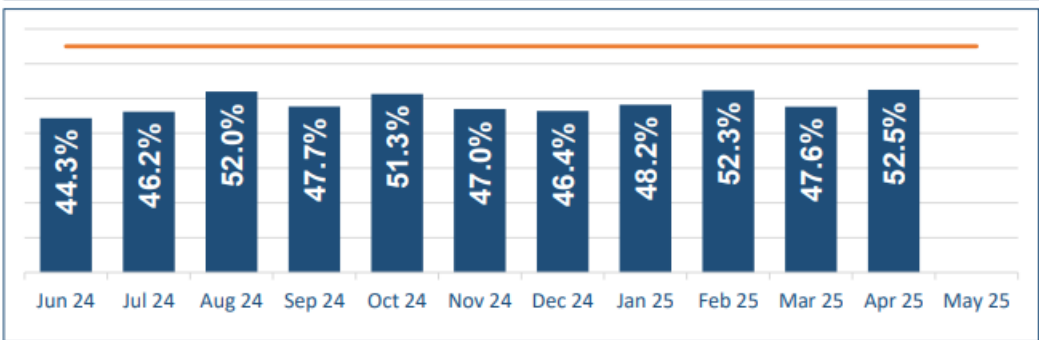
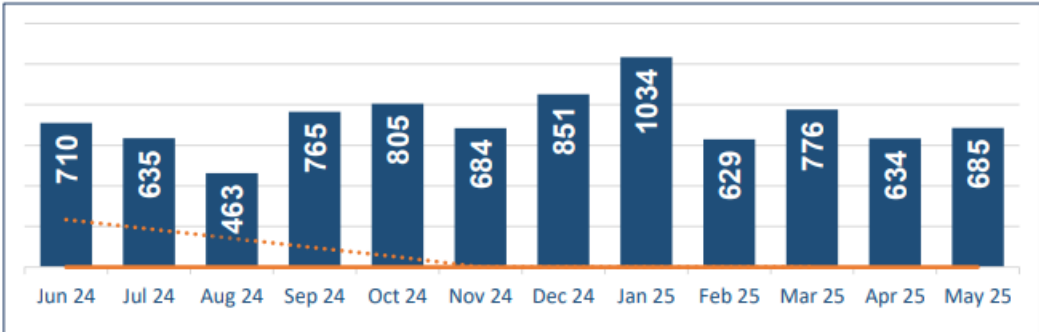
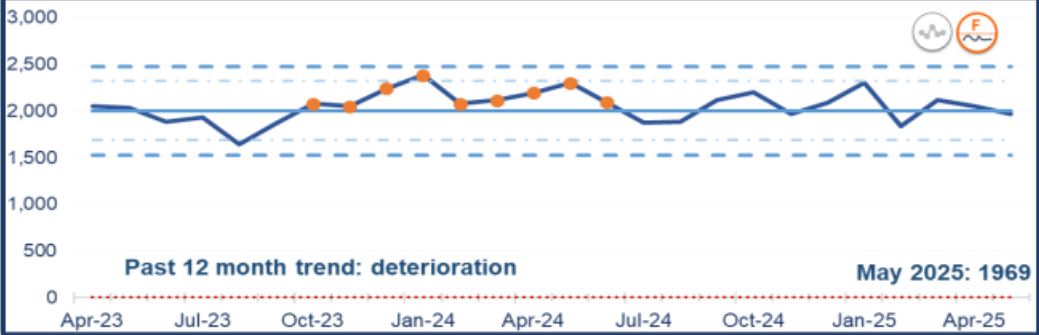
# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10 SM: DM07	PFIG	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	134.0	6th of 6 (at Apr 25)
CRR: 24-10	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	93.0	2nd of 7 (at Apr 25)
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2025/26 to 2024/25) to 100%	TBC	11.2%	



# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	TBC	1969	6th of 6 (at May 25)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	TBC	685	
CRR: 24-10	PFIG	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65.0%	TBC	52.5%	2nd of 7 (at May 25)



# Access & Activity: Activity versus Plan

Patient Type	Area	Values				Central Plan	Actual	Diff	% Diff	East Plan	Actual	Diff	% Diff	Total Plan	Total Actual	Total Diff	Total % Diff
	West Plan	Actual	Diff	% Diff													
Emergency Inpatients	4,640	4,426	-214	-5%	5,359	5,354	-5	0%	5,475	5,955	480	9%	15,474	15,735	261	2%	
Elective Daycases	2,879	2,968	89	3%	1,658	1,366	-292	-18%	2,083	3,441	1,358	65%	6,620	7,775	1,155	17%	
Elective Inpatients	607	629	22	4%	691	819	128	19%	577	701	124	21%	1,875	2,149	274	15%	
Endoscopies	1,861	1,761	-100	-5%	1,136	977	-159	-14%	676	99	-577	-85%	3,673	2,837	-836	-23%	
MOPS (Cleansed DC)	322	41	-281	-87%	39	9	-30	-77%	79	7	-72	-91%	440	57	-383	-87%	
Regular Day Attenders	893	142	-751	-84%	253	779	526	208%	3,181	1,760	-1,421	-45%	4,327	2,681	-1,646	-38%	
Well Baby	201	246	45	22%	206	271	65	32%	242	308	66	27%	649	825	176	27%	
New Outpatients	14,018	14,847	829	6%	19,137	19,241	104	1%	0	17,747	0	0%	0	51,835	0	0%	
Review Outpatients	18,947	22,231	3,284	17%	31,244	30,017	-1,227	-4%	33,810	35,138	1,328	4%	84,001	87,386	3,385	4%	
Pre-Op Assessment	0	1,499	0	0%	1,544	1,672	128	8%	1,585	1,619	34	2%	0	4,790	0	0%	
New ED Attendances	12,597	12,911	314	2%	15,208	15,840	632	4%	10,518	12,498	1,980	19%	38,323	41,249	2,926	8%	
Review ED Attendances	305	500	195	64%	821	1,004	183	22%	469	539	70	15%	1,595	2,043	448	28%	
<b>Grand Total</b>	<b>0</b>	<b>62,201</b>	<b>0</b>	<b>0%</b>	<b>77,296</b>	<b>77,349</b>	<b>53</b>	<b>0%</b>	<b>0</b>	<b>79,812</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>219,362</b>	<b>0</b>	<b>0%</b>	

Please note : East's, Nephrology Regular Day Attenders figures are obtained from a manual source and are a month in arrears - May 2025 activity is missing from the above figures.

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

## In summary

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

### Under

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

**Regular Day Attendances** shows a 7% variance to plan

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

### Over

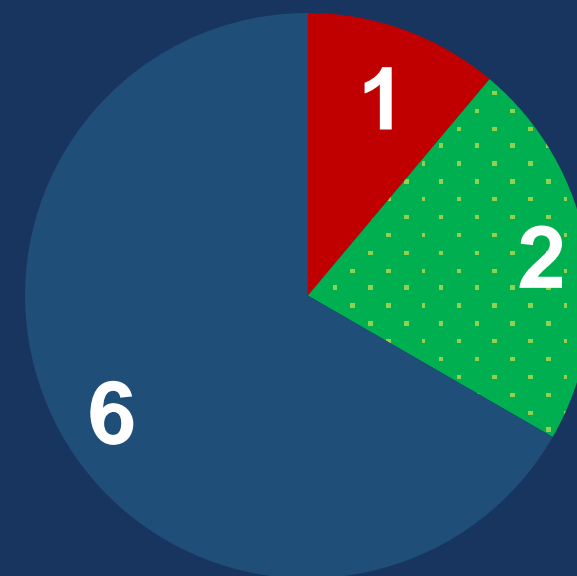
**Emergency Department** attendances up 5,221 (3%)

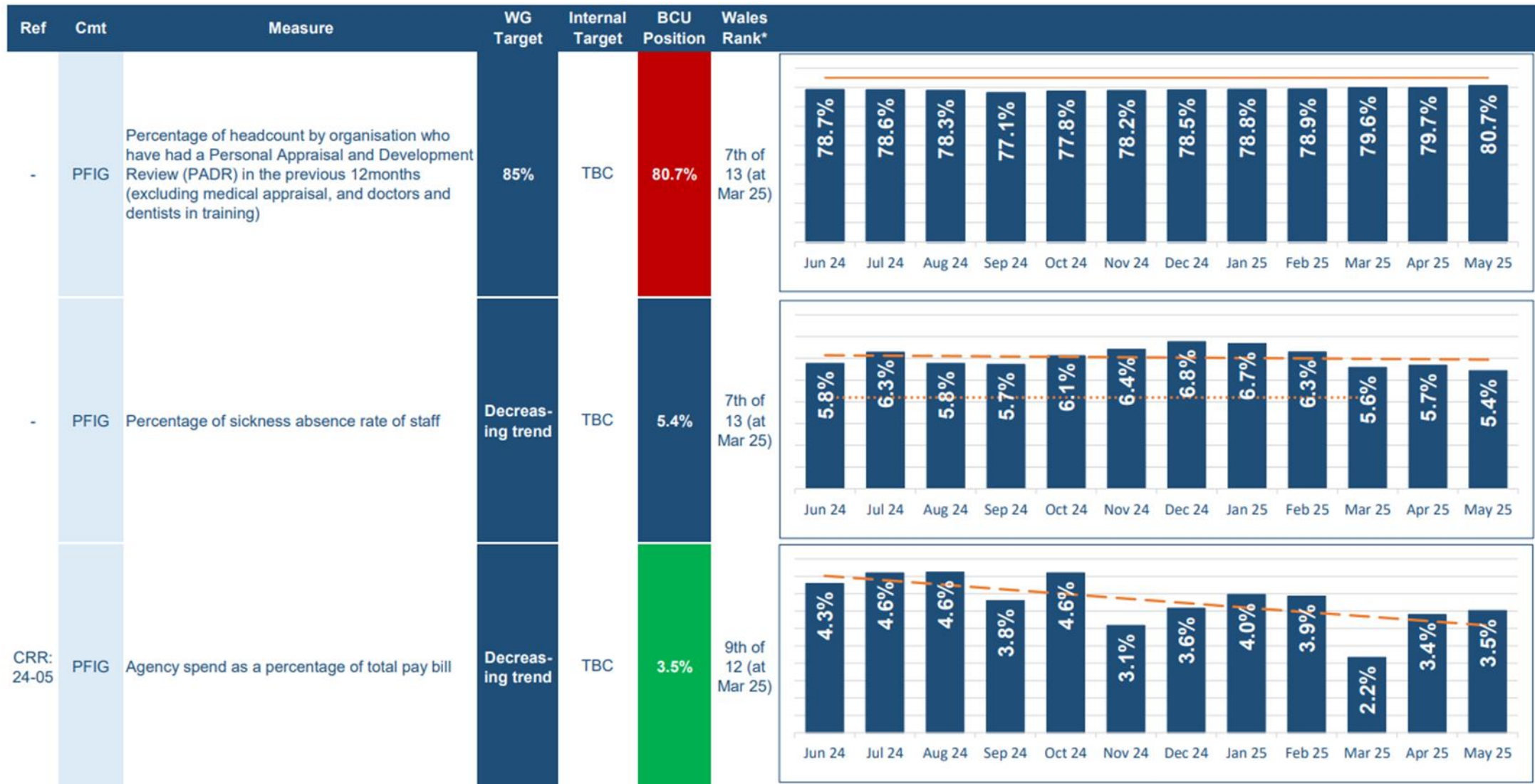
**Outpatient Follow-up appointments** up 14,978 (4%)

**New Outpatient Attendances** up 7,860 (4%)

# Section 2

## People & Organisational Development Performance





Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales (HEIW data)	Decreasing trend against 2019/20	TBC	8.8%	
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	N/A	TBC	0.5%	
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	7.90%	

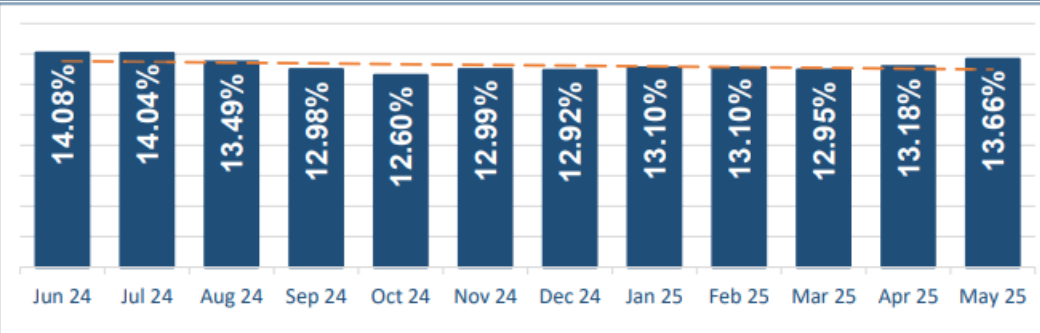
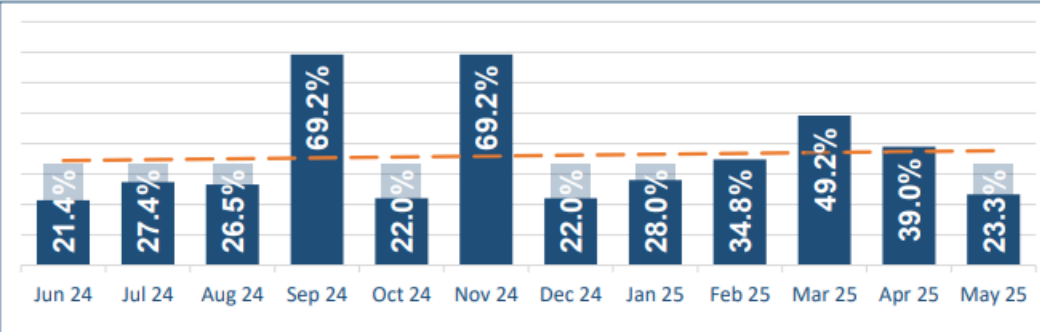
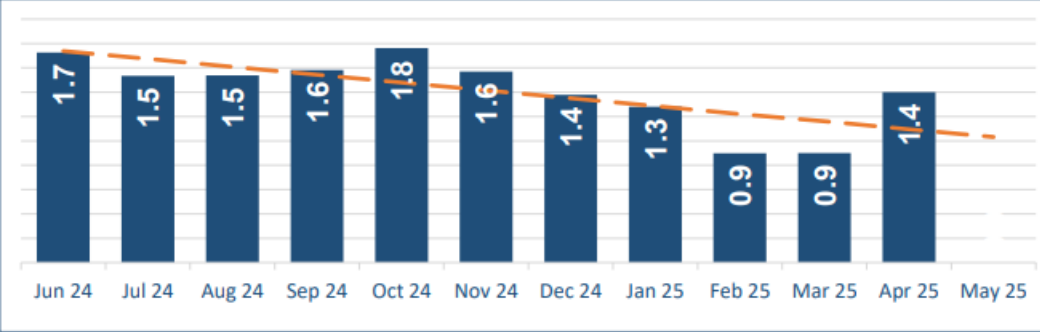
Month	Turnover Rate (%)
Jun 24	9.2%
Jul 24	9.1%
Aug 24	9.1%
Sep 24	8.9%
Oct 24	8.8%
Nov 24	8.8%
Dec 24	8.9%
Jan 25	8.8%
Feb 25	8.8%
Mar 25	8.8%
Apr 25	-
May 25	-

Month	Turnover Rate (%)
Jun 24	0.5%
Jul 24	0.5%
Aug 24	0.8%
Sep 24	0.4%
Oct 24	0.4%
Nov 24	0.4%
Dec 24	0.5%
Jan 25	0.4%
Feb 25	0.3%
Mar 25	1.0%
Apr 25	0.4%
May 25	0.5%

Month	Turnover Rate (%)
Jun 24	8.4%
Jul 24	8.3%
Aug 24	8.3%
Sep 24	8.1%
Oct 24	8.0%
Nov 24	8.0%
Dec 24	7.9%
Jan 25	7.9%
Feb 25	7.9%
Mar 25	7.9%
Apr 25	8.0%
May 25	7.9%

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
-	PFIG	Staff turnover rate for those who had less than 1 year service	N/A	TBC	13.66%	 <table border="1"> <caption>Staff turnover rate for those who had less than 1 year service</caption> <thead> <tr><th>Month</th><th>Rate (%)</th></tr> </thead> <tbody> <tr><td>Jun 24</td><td>14.08%</td></tr> <tr><td>Jul 24</td><td>14.04%</td></tr> <tr><td>Aug 24</td><td>13.49%</td></tr> <tr><td>Sep 24</td><td>12.98%</td></tr> <tr><td>Oct 24</td><td>12.60%</td></tr> <tr><td>Nov 24</td><td>12.99%</td></tr> <tr><td>Dec 24</td><td>12.92%</td></tr> <tr><td>Jan 25</td><td>13.10%</td></tr> <tr><td>Feb 25</td><td>13.10%</td></tr> <tr><td>Mar 25</td><td>12.95%</td></tr> <tr><td>Apr 25</td><td>13.18%</td></tr> <tr><td>May 25</td><td>13.66%</td></tr> </tbody> </table>	Month	Rate (%)	Jun 24	14.08%	Jul 24	14.04%	Aug 24	13.49%	Sep 24	12.98%	Oct 24	12.60%	Nov 24	12.99%	Dec 24	12.92%	Jan 25	13.10%	Feb 25	13.10%	Mar 25	12.95%	Apr 25	13.18%	May 25	13.66%
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-	PFIG	Roster compliance	N/A	TBC	23.3%	 <table border="1"> <caption>Roster compliance</caption> <thead> <tr><th>Month</th><th>Rate (%)</th></tr> </thead> <tbody> <tr><td>Jun 24</td><td>21.4%</td></tr> <tr><td>Jul 24</td><td>27.4%</td></tr> <tr><td>Aug 24</td><td>26.5%</td></tr> <tr><td>Sep 24</td><td>69.2%</td></tr> <tr><td>Oct 24</td><td>22.0%</td></tr> <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> </tbody> </table>	Month	Rate (%)	Jun 24	21.4%	Jul 24	27.4%	Aug 24	26.5%	Sep 24	69.2%	Oct 24	22.0%	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%
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-	PFIG	Open disciplinary cases per 1000 staff	N/A	TBC	1.4	 <table border="1"> <caption>Open disciplinary cases per 1000 staff</caption> <thead> <tr><th>Month</th><th>Cases</th></tr> </thead> <tbody> <tr><td>Jun 24</td><td>1.7</td></tr> <tr><td>Jul 24</td><td>1.5</td></tr> <tr><td>Aug 24</td><td>1.5</td></tr> <tr><td>Sep 24</td><td>1.6</td></tr> <tr><td>Oct 24</td><td>1.8</td></tr> <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>1.4</td></tr> </tbody> </table>	Month	Cases	Jun 24	1.7	Jul 24	1.5	Aug 24	1.5	Sep 24	1.6	Oct 24	1.8	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	1.4
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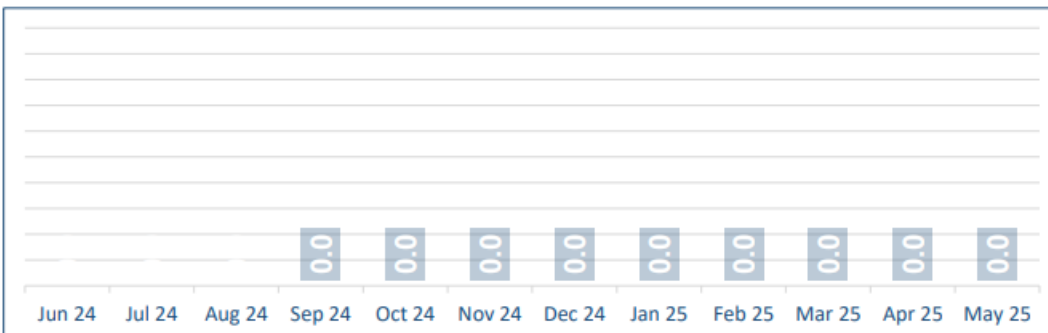
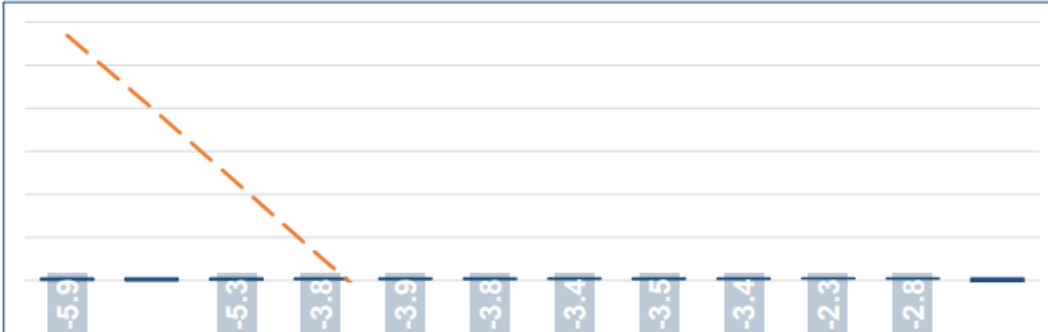


GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Section 3

# Financial Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank																										
CRR: 24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	 <table border="1"> <caption>Forecast outturn (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Sep 24</td><td>0.0</td></tr> <tr><td>Oct 24</td><td>0.0</td></tr> <tr><td>Nov 24</td><td>0.0</td></tr> <tr><td>Dec 24</td><td>0.0</td></tr> <tr><td>Jan 25</td><td>0.0</td></tr> <tr><td>Feb 25</td><td>0.0</td></tr> <tr><td>Mar 25</td><td>0.0</td></tr> <tr><td>Apr 25</td><td>0.0</td></tr> <tr><td>May 25</td><td>0.0</td></tr> </tbody> </table>	Month	Value	Sep 24	0.0	Oct 24	0.0	Nov 24	0.0	Dec 24	0.0	Jan 25	0.0	Feb 25	0.0	Mar 25	0.0	Apr 25	0.0	May 25	0.0						
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CRR: 24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-4459.0	 <table border="1"> <caption>Year to date savings delivery against target (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jun 24</td><td>-5.9</td></tr> <tr><td>Jul 24</td><td>-</td></tr> <tr><td>Aug 24</td><td>-5.3</td></tr> <tr><td>Sep 24</td><td>-3.8</td></tr> <tr><td>Oct 24</td><td>-3.9</td></tr> <tr><td>Nov 24</td><td>-3.8</td></tr> <tr><td>Dec 24</td><td>-3.4</td></tr> <tr><td>Jan 25</td><td>-3.5</td></tr> <tr><td>Feb 25</td><td>-3.4</td></tr> <tr><td>Mar 25</td><td>-2.3</td></tr> <tr><td>Apr 25</td><td>-2.8</td></tr> <tr><td>May 25</td><td>-</td></tr> </tbody> </table>	Month	Value	Jun 24	-5.9	Jul 24	-	Aug 24	-5.3	Sep 24	-3.8	Oct 24	-3.9	Nov 24	-3.8	Dec 24	-3.4	Jan 25	-3.5	Feb 25	-3.4	Mar 25	-2.3	Apr 25	-2.8	May 25	-
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CRR: 24-05	PFIG	Year to date deficit against plan (£million)	N/A	TBC	6.2	 <table border="1"> <caption>Year to date deficit against plan (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jun 24</td><td>7.9</td></tr> <tr><td>Jul 24</td><td>7.0</td></tr> <tr><td>Aug 24</td><td>8.6</td></tr> <tr><td>Sep 24</td><td>8.9</td></tr> <tr><td>Oct 24</td><td>9.9</td></tr> <tr><td>Nov 24</td><td>10.6</td></tr> <tr><td>Dec 24</td><td>8.3</td></tr> <tr><td>Jan 25</td><td>5.8</td></tr> <tr><td>Feb 25</td><td>2.3</td></tr> <tr><td>Mar 25</td><td>-1.0</td></tr> <tr><td>Apr 25</td><td>3.7</td></tr> <tr><td>May 25</td><td>6.2</td></tr> </tbody> </table>	Month	Value	Jun 24	7.9	Jul 24	7.0	Aug 24	8.6	Sep 24	8.9	Oct 24	9.9	Nov 24	10.6	Dec 24	8.3	Jan 25	5.8	Feb 25	2.3	Mar 25	-1.0	Apr 25	3.7	May 25	6.2
Month	Value																															
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Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank																										
CRR: 24-05	PFIG	In month variance to plan (£million)	N/A	TBC	6.2	 <table border="1"> <caption>In month variance to plan (£million)</caption> <thead> <tr><th>Month</th><th>Variance</th></tr> </thead> <tbody> <tr><td>Jun 24</td><td>2.1</td></tr> <tr><td>Jul 24</td><td>-0.9</td></tr> <tr><td>Aug 24</td><td>1.6</td></tr> <tr><td>Sep 24</td><td>0.3</td></tr> <tr><td>Oct 24</td><td>1.0</td></tr> <tr><td>Nov 24</td><td>0.7</td></tr> <tr><td>Dec 24</td><td>-2.2</td></tr> <tr><td>Jan 25</td><td>-2.6</td></tr> <tr><td>Feb 25</td><td>-3.4</td></tr> <tr><td>Mar 25</td><td>-3.3</td></tr> <tr><td>Apr 25</td><td>3.7</td></tr> <tr><td>May 25</td><td>6.2</td></tr> </tbody> </table>	Month	Variance	Jun 24	2.1	Jul 24	-0.9	Aug 24	1.6	Sep 24	0.3	Oct 24	1.0	Nov 24	0.7	Dec 24	-2.2	Jan 25	-2.6	Feb 25	-3.4	Mar 25	-3.3	Apr 25	3.7	May 25	6.2
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CRR: 24-05	PFIG	Forecast savings delivery against target (£million)	N/A	TBC	-27.2	 <table border="1"> <caption>Forecast savings delivery against target (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jun 24</td><td>-21.5</td></tr> <tr><td>Jul 24</td><td>-21.5</td></tr> <tr><td>Aug 24</td><td>-10.6</td></tr> <tr><td>Sep 24</td><td>-6.5</td></tr> <tr><td>Oct 24</td><td>-5.7</td></tr> <tr><td>Nov 24</td><td>-4.4</td></tr> <tr><td>Dec 24</td><td>-4.2</td></tr> <tr><td>Jan 25</td><td>-4.3</td></tr> <tr><td>Feb 25</td><td>-3.5</td></tr> <tr><td>Mar 25</td><td>-2.3</td></tr> <tr><td>Apr 25</td><td>-31.6</td></tr> <tr><td>May 25</td><td>-27.2</td></tr> </tbody> </table>	Month	Value	Jun 24	-21.5	Jul 24	-21.5	Aug 24	-10.6	Sep 24	-6.5	Oct 24	-5.7	Nov 24	-4.4	Dec 24	-4.2	Jan 25	-4.3	Feb 25	-3.5	Mar 25	-2.3	Apr 25	-31.6	May 25	-27.2
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CRR: 24-05	PFIG	In year capital expenditure against plan (£million)	N/A	TBC	0.4	 <table border="1"> <caption>In year capital expenditure against plan (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jun 24</td><td>0.0</td></tr> <tr><td>Jul 24</td><td>0.6</td></tr> <tr><td>Aug 24</td><td>1.6</td></tr> <tr><td>Sep 24</td><td>4.6</td></tr> <tr><td>Oct 24</td><td>5.9</td></tr> <tr><td>Nov 24</td><td>4.0</td></tr> <tr><td>Dec 24</td><td>1.2</td></tr> <tr><td>Jan 25</td><td>5.3</td></tr> <tr><td>Feb 25</td><td>9.1</td></tr> <tr><td>Mar 25</td><td>0.4</td></tr> <tr><td>Apr 25</td><td>0.0</td></tr> <tr><td>May 25</td><td>0.0</td></tr> </tbody> </table>	Month	Value	Jun 24	0.0	Jul 24	0.6	Aug 24	1.6	Sep 24	4.6	Oct 24	5.9	Nov 24	4.0	Dec 24	1.2	Jan 25	5.3	Feb 25	9.1	Mar 25	0.4	Apr 25	0.0	May 25	0.0
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BCU Wide and Divisional Positions (Red = overspend against plan)			
	April £m	May £m	YTD £m
West IHC	(2.0)	(2.2)	(4.2)
Central IHC	(3.4)	(2.3)	(5.7)
East IHC	(3.4)	(3.5)	(6.9)
Womens	(0.3)	(0.3)	(0.5)
MH & LD	(1.6)	(1.5)	(3.2)
Commissioning Contracts	(1.2)	(2.2)	(3.4)
ICD Primary Care	0.2	0.4	0.5
ICD Regional Services	(0.8)	(1.6)	(2.5)
Support Functions & Other Budgets	8.9	10.8	19.7
<b>BCU Wide</b>	<b>(3.7)</b>	<b>(2.4)</b>	<b>(6.2)</b>

Service Performance against Target	Annual			Year to Date		
	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	1.7	6.2	1.3	0.3	1.0
Central Integrated Health Community	10.0	1.8	8.2	1.7	0.4	1.3
East Integrated Health Community	10.0	2.5	7.5	1.7	0.5	1.2
MHLD	3.9	2.5	1.3	0.6	0.3	0.4
Womens Services	1.2	0.0	1.2	0.2	0.0	0.2
Diagnostic and Specialist Clinical Support	1.8	0.2	1.6	0.3	0.1	0.2
Cancer Services	1.5	1.4	0.2	0.3	0.2	0.1
Community Dental Services	0.1	0.0	0.1	0.0	0.0	0.0
Corporate & Support Services	3.6	2.6	1.0	0.6	0.5	0.1
<b>Saving Total</b>	<b>40.0</b>	<b>12.8</b>	<b>27.2</b>	<b>6.7</b>	<b>2.2</b>	<b>4.5</b>
Accountancy Gains		0.0	0.0		0.0	0.0
<b>Total</b>		<b>12.8</b>	<b>27.2</b>	<b>6.7</b>	<b>2.2</b>	<b>4.5</b>

# Finance: Agency / Locum Spend Performance

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	105	51	116	109	106	101	105	113	115	130	119	117	181	1,312
2	Medical & Dental	1,787	1,797	1,915	1,915	1,924	1,944	2,037	1,924	1,819	1,920	1,926	1,926	3,653	22,903
3	Nursing & Midwifery Registered	999	1,087	1,112	1,112	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	2,086	13,174
4	Prof Scientific & Technical	15	14	8	8	8	8	8	8	8	8	8	8	23	103
5	Additional Clinical Services	2	4	0	0	0	0	0	0	0	0	0	0	37	37
6	Allied Health Professionals	424	410	426	428	420	422	420	405	405	405	405	405	827	4,968
7	Healthcare Scientists	16	16	20	20	20	20	20	20	20	20	20	20	36	236
8	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	<b>TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE</b>	<b>3,348</b>	<b>3,379</b>	<b>3,597</b>	<b>3,592</b>	<b>3,586</b>	<b>3,603</b>	<b>3,698</b>	<b>3,578</b>	<b>3,475</b>	<b>3,591</b>	<b>3,586</b>	<b>3,584</b>	<b>6,843</b>	<b>42,733</b>
11	Agency/Locum (premium) % of pay	3.4%	3.5%	3.6%	3.7%	3.6%	3.6%	3.8%	3.6%	3.5%	3.6%	3.6%	3.6%	3.5%	3.6%

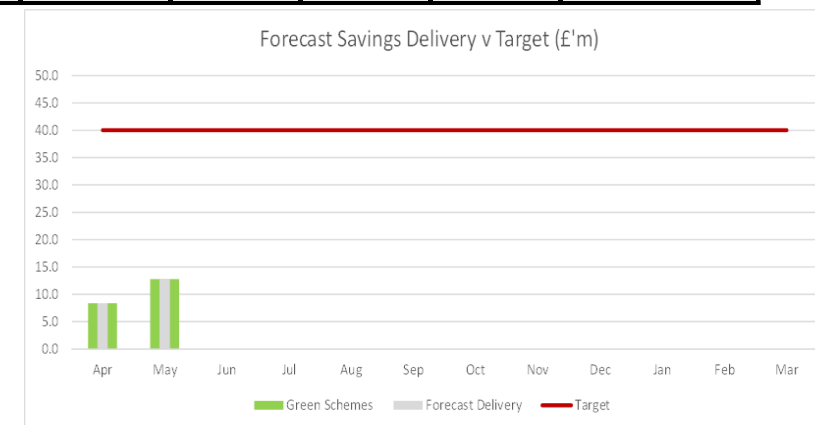
# Finance: Escalated Performance Measures

- 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 will 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 secured the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, 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.
- In addition, Welsh Government have also confirmed that the £74.6m conditionally recurrent funding that the Health Board received in 2023/24 and 2024/25 has been included in the allocation as recurrent for 2025/26.
- The in-month position is reporting a deficit of £2.4m and the year to date position is £6.2m deficit, largely driven by £4.5m shortfall in undelivered savings and pressures associated with escalated beds and Healthcare Services provided by other NHS Bodies Contracts.

## Financial Position for 2025/26

	Actual Position		2025/26 Forecast Position										
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Total £m
<b>Surplus/ (deficit)</b>	<b>(3.7)</b>	<b>(2.4)</b>	<b>(1.4)</b>	0.0	0.7	0.7	0.7	1.0	1.0	1.0	1.2	1.3	<b>0.0</b>

- The Health Board's financial plan has set a savings target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable savings, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £16.6m.
- Full year forecast values of Deliverable Schemes total £12.8m (including £12.7m Savings and £0.1m Income Generation). Of these, £9.3m have been identified as recurring, with a full year effect of £13.0m and £3.5m are non-recurring savings. In-month delivery includes Savings of £1.6m against a £3.3m Target.





GIG  
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WALES

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Betsi Cadwaladr  
University Health Board

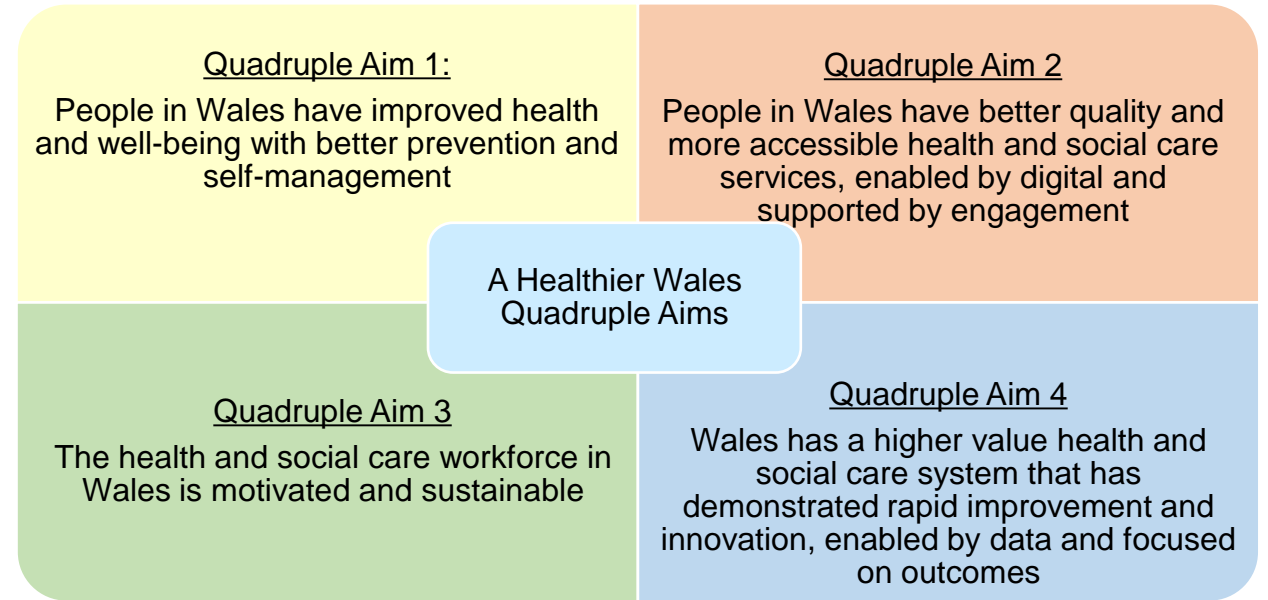
# About the Integrated Performance Report

# NHS Wales Performance Framework 2024-25

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

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

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



## Integrated Quality & Performance Report

Quality, Safety, Effectiveness & Experience Performance

Access & Activity Performance

People & Organisational Development Performance

Financial Performance

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

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

# About this report: Rating System

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



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



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



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



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

## Exception

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

### Criteria of an exception

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

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

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

## Escalation

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

### Criteria for escalation

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








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

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

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





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

## Variance

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

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

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

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

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

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

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

# 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 28<sup>th</sup> 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.

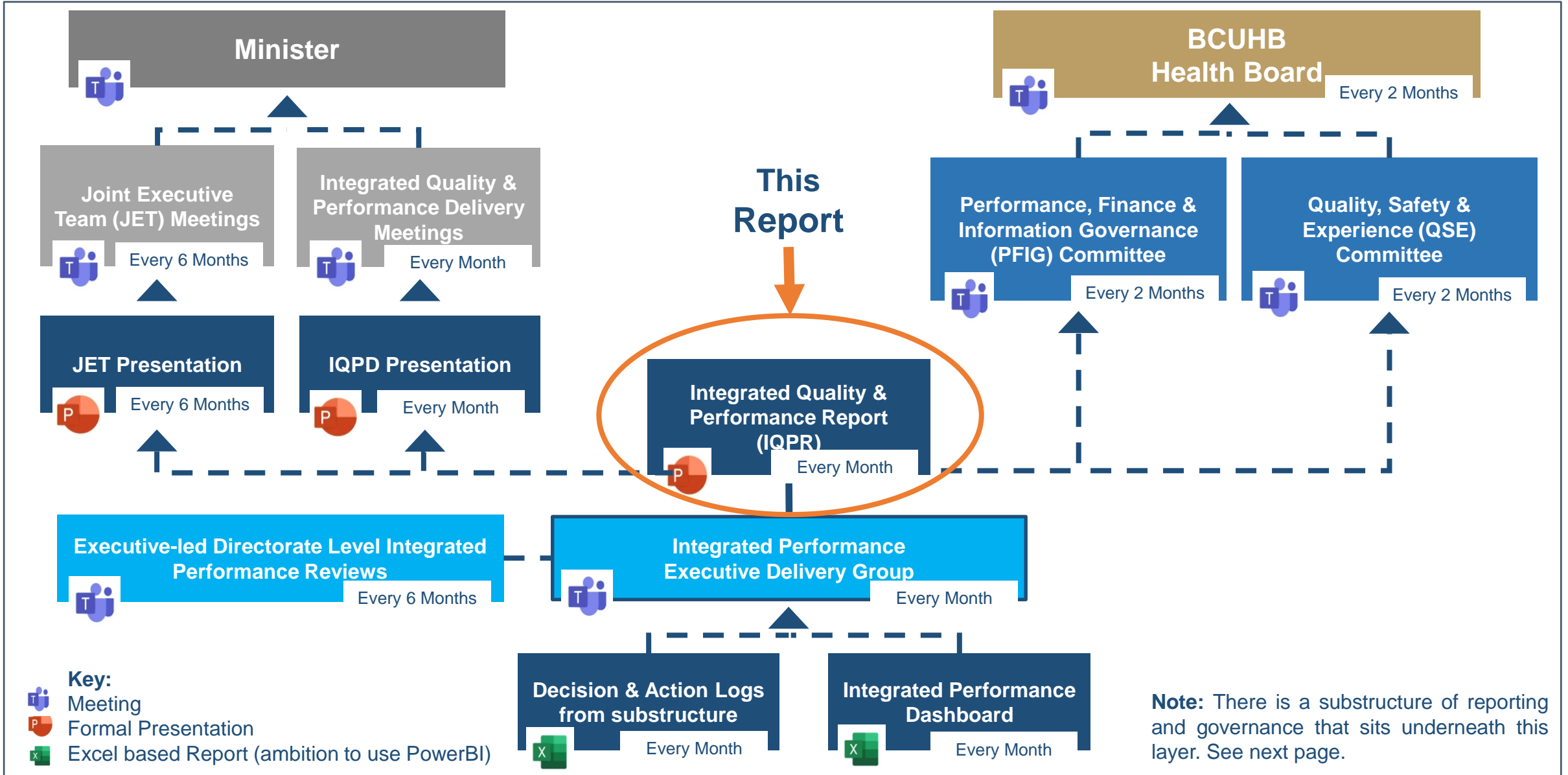
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28<sup>th</sup> September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring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

## Where does the IPR feature within the Performance Governance Structure

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

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

# The Integrated Performance Reporting & Governance Superstructure

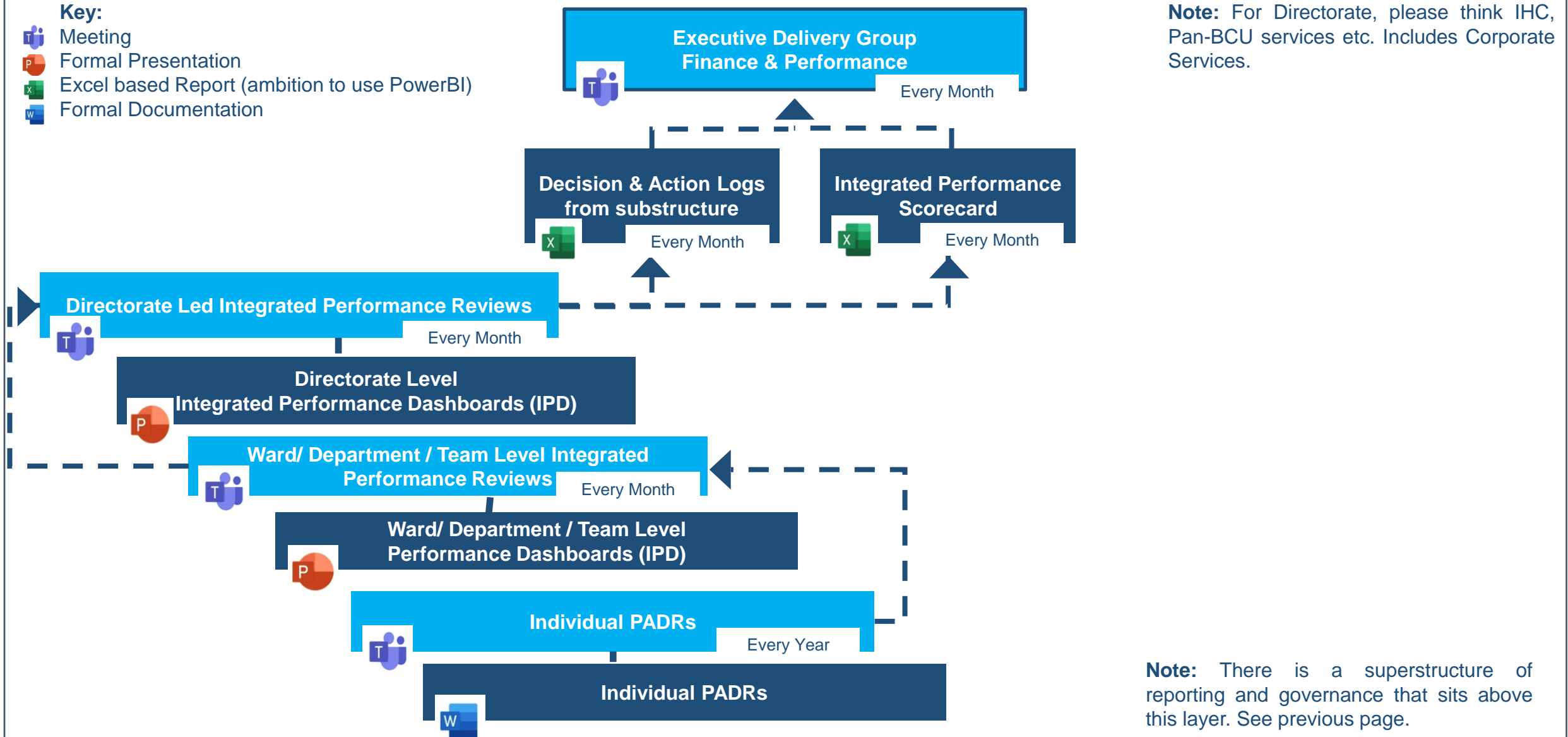


# The Integrated Performance Reporting & Governance Substructure

**Key:**

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

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



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

## Integrated Performance Reports



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

## Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

## Integrated Performance Dashboards



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

## Deep Dive Reports



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

## Ad-hoc Reports



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

# Additional Information

## Update on Patient Access & Booking Centre (PABC) and Validation

### PABC

We have a centralised management structure and since this time:

- We have identified variation in PABC support provision to the IHC's
- We have identified variation in the booking approach pan BCU (in the IHC's)
- We have identified a mixture of skill sets (and training and education)

What are we doing:

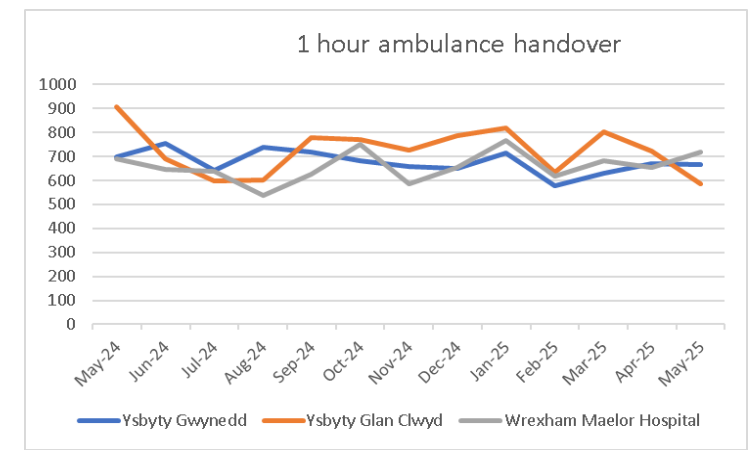
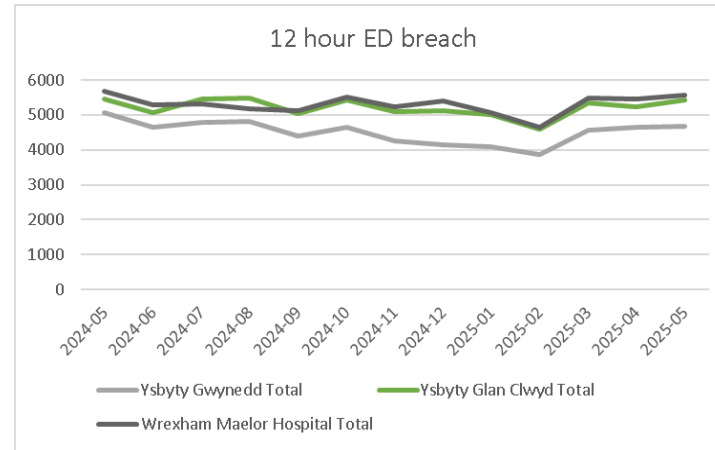
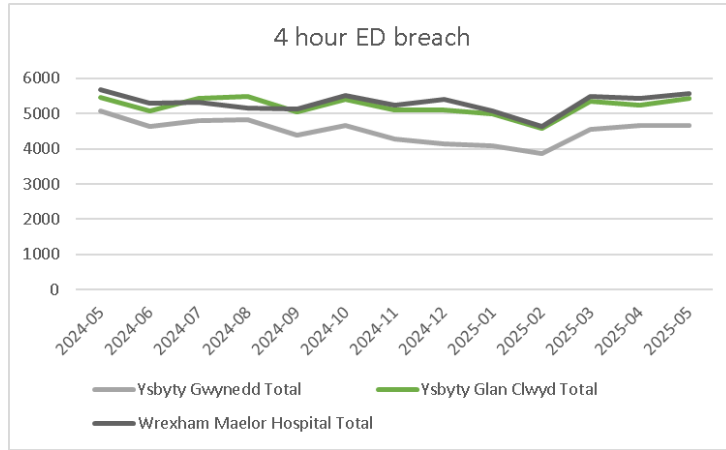
- We are assessing the inclusion of the same PABC provision across the IHC's
- We are working to ensure that the Direct Booked booking process is embedded across BCU (with some exceptions e.g. cardiac physiology)
- We are concluding PACE (Patient Administration Centre of Excellence) this ensuring staff have met the required competences to undertake their role and responsibilities
- We are looking at DNA mitigation in regards to DNA reduction and booking to mitigate against DNA/CNA lost capacity and the booking of these

### Validation

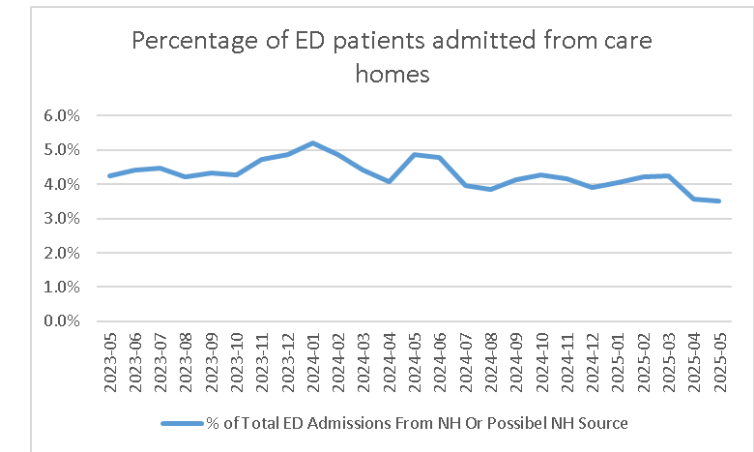
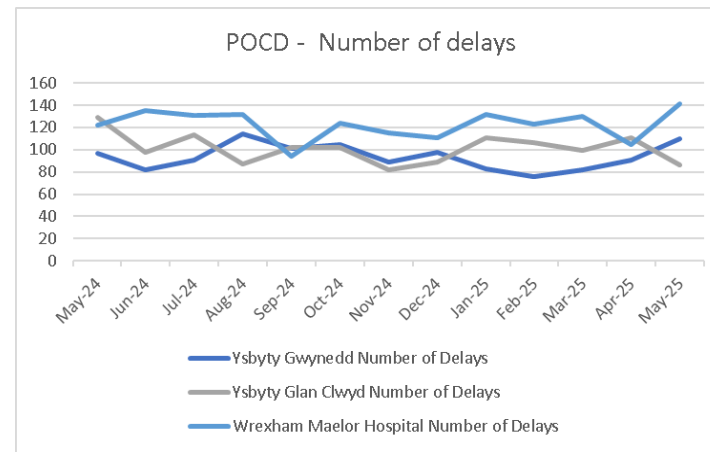
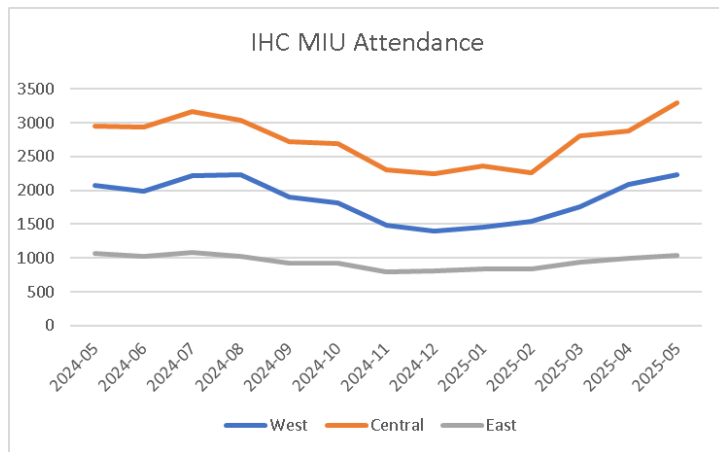
- Each IHC has pathway trackers and validators
- Clinical validation underway
- We have a Corporate team (with a manager and validation clerks) that support a transformational approach to validation, one of these being Chatbot validation that went live to a cohort of patients last week in T&O
- The Cooperate team are also supporting IHC's in targeted validation identification and execution
- We have developed tools to monitor validation is being undertaken e.g. administration validation in a 12 week cycle

# Update on Actions from previous PFIG Meeting

## Urgent & Emergency Care Performance by Integrated Health Communities



## Percentage Admissions from Care Homes



# Update on Actions from previous PFIG Meeting

View of activity contracted from NHS England organisations: Number on Waiting Lists by Provider.

**Table 1 - English Providers Waiting Lists (split by Provider)**

Provider Name	December 2024	January 2025	February 2025	March 2025	April 2025
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	4,999	4,905	5,088	5,181	5,196
Countess of Chester Hospital NHS Foundation Trust	3,159	3,171	3,292	3,429	3,508
The Walton Centre NHS Foundation Trust	3,530		3,334		3,208
Liverpool University Hospitals NHS Foundation Trust	1,030	1,050	1,034	1,047	989
Mersey and West Lancashire Teaching Hospitals NHS Trust	732	711	705	745	734
Liverpool Heart and Chest Hospital NHS Foundation Trust	570	530	531	534	523
Manchester University NHS Foundation Trust	303	284	264	286	284
Alder Hey Children's NHS Foundation Trust					808
Shrewsbury and Telford Hospital NHS Trust		257	246	284	
Other Providers	374	271	466	456	431
<b>Total</b>	<b>14,697</b>	<b>11,179</b>	<b>14,960</b>	<b>11,962</b>	<b>15,681</b>

## View of activity contracted from NHS England organisations: Number on Waiting Lists by Specialty

**Table 2 - English Providers Waiting Lists (by Specialty)**

Treatment Name	December 2024	January 2025	February 2025	March 2025	April 2025
Trauma & Orthopaedics	4,161	4,115	4,142	4,120	4,122
Neurology	2,737	34	2,528	41	2,420
General Medicine	1,083	1,041	1,209	1,285	1,321
Plastic Surgery	842	791	790	844	824
Ophthalmology	665	711	730	776	768
Neurosurgery	763	4	795	7	763
Cardiology	589	586	606	610	597
ENT	502	519	502	518	505
Gynaecology	338	381	410	447	386
Dermatology	219	246	259	276	281
Colorectal Surgery	265	263	285	312	273
General Surgery	260	289	295	296	256
Urology	250	238	246	270	256
Maxillo-Facial Surgery	204	215	242	254	255
Gastroenterology	247	284	276	274	250
Allergy Service	171	165	162	181	197
Respiratory Medicine	139	140	146	144	148
Cardiac Surgery	180	151	144	142	148
Paediatric Plastic Surgery				1	114
Vascular Surgery	92	92	112	112	105
Paediatrics	62	77	91	90	101
All other specialties (less than <100 patients in April 2025)	928	837	990	962	1,591
<b>Total</b>	<b>14,697</b>	<b>11,179</b>	<b>14,960</b>	<b>11,962</b>	<b>15,681</b>

# Update on Actions from previous PFIG Meeting

## View of activity contracted from NHS England organisations: Number by Specialty and Waiting times

**Table 3 - English Providers Waiting Lists (April 2025 - by week wait band)**

Treatment Name	0-25	26-35	36-51	52-103	104-155	156-207	208+	Grand Total
Trauma & Orthopaedics	1,826	596	687	925	71	12	5	4,122
Neurology	1,522	374	421	103				2,420
General Medicine	1,048	228	36	9				1,321
Plastic Surgery	512	119	145	48				824
Ophthalmology	588	103	63	14				768
Neurosurgery	591	84	66	22				763
Cardiology	438	77	60	22				597
ENT	273	85	105	42				505
Gynaecology	223	70	59	34				386
Dermatology	174	31	45	31				281
Colorectal Surgery	176	36	47	14				273
General Surgery	145	37	51	23				256
Urology	159	40	48	8	1			256
Maxillo-Facial Surgery	156	41	34	24				255
Gastroenterology	168	40	35	7				250
Allergy Service	164	18	15					197
Respiratory Medicine	132	8	5	3				148
Cardiac Surgery	115	14	15	4				148
Paediatric Plastic Surgery	67	20	26	1				114
Vascular Surgery	72	14	14	5				105
Paediatrics	91	8	2					101
All other specialties (less than <100 patients in April 2025)	1,156	209	201	25				1,591
<b>Grand Total</b>	<b>9,796</b>	<b>2,252</b>	<b>2,180</b>	<b>1,364</b>	<b>72</b>	<b>12</b>	<b>5</b>	<b>15,681</b>
<b>% by Weeks band</b>	<b>62.5%</b>	<b>14.4%</b>	<b>13.9%</b>	<b>8.7%</b>	<b>0.5%</b>	<b>0.1%</b>	<b>0.0%</b>	<b>100.0%</b>

# Our Integrated Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance for further details regarding this report. And further information on our performance can be found online at:

- Our website [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

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



follow @bcuhb



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



# Appendix

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

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

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

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

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

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

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



<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Services Benchmarking with other Welsh Health Boards.																
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee (PFIG)																
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Wednesday, 25 June 2025																
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The Health Boards of Wales are set up to provide services in different configurations, which leads to difficulty in comparison owing to costs being known and Foundations for the Future has potential to impact upon residual establishments. However, this report seeks to confirm cost comparison benchmarking information in relation to Corporate Services in regard to;</p> <ul style="list-style-type: none"> <li>• How budget and wte have moved over the financial years</li> <li>• The other Welsh Health Boards.</li> </ul> <p>Based on BCUHB's month 12 Board Reports, the total expenditure on Corporate Services expenditure, excluding estates and utilities, has increased from 4.32% of Revenue Resource Allocation in 2019/20 to 5.17% in 2024/25 (with the revenue resources increasing substantially over this time.</p> <table border="1" data-bbox="491 1039 1425 1249"> <thead> <tr> <th>Description</th> <th>Percentage movement</th> <th>Total baseline</th> <th>Total spend £'s</th> </tr> </thead> <tbody> <tr> <td>2019/20</td> <td>4.32</td> <td>£1.493 billion</td> <td>£ 65 million</td> </tr> <tr> <td>2024/25</td> <td>5.17</td> <td>£2.321 billion</td> <td>£120 million</td> </tr> <tr> <td colspan="3">Value increase (part driven by pay award) up 85%</td> <td>£ 55 million</td> </tr> </tbody> </table> <p><i>Appendix A shows how the WTE has moved in this period by function.</i></p> <p>The information within this paper on 'other' Health Boards is received from the 'Financial Planning and Delivery Unit' in Welsh Government, with workforce data is taken from ESR in September 2024 and September 2019 to include all staff on Agenda for Change grade (including senior managers at band 8 and 9) and Executive Directors, though excludes Clinical staff.</p> <p>It is of note that it is challenging to locate suitable benchmark information, the ability to validate like for like service models and therefore enable appropriate comparison difficult (so this is a signal to look further rather than an accurate representation of the difference between the services configured across all Health Boards.</p> <p>The areas where further exploration is warranted, such as BCU being above the All-Wales Health Board average in Digital, Data and Analytics, Human Resources and Clinical Governance. A further detailed review is to be undertaken in conjunction with the Workforce workstream of the Health Board's Value &amp; Sustainability Program, to ascertain if opportunity exists for improved efficiencies and improvement.</p>	Description	Percentage movement	Total baseline	Total spend £'s	2019/20	4.32	£1.493 billion	£ 65 million	2024/25	5.17	£2.321 billion	£120 million	Value increase (part driven by pay award) up 85%			£ 55 million
Description	Percentage movement	Total baseline	Total spend £'s														
2019/20	4.32	£1.493 billion	£ 65 million														
2024/25	5.17	£2.321 billion	£120 million														
Value increase (part driven by pay award) up 85%			£ 55 million														
<b>Argymhellion:</b>	<i>The Committee is asked to:</i>																

<b>Recommendations:</b>	Note the contents of the paper and further work to be undertaken within 'Foundations for Future' and the Value & Sustainability program (Workforce) in determining opportunity to deliver improvement and/or efficiencies			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Russell Caldicott, Executive Director of Finance			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Michelle Jones, Head of Financial Reporting			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	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"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	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 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><b>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:</b></p> <p><b><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></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	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.			
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	The achievement of the savings target assists the Health Board in meeting its statutory and mandatory requirements.			
<b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</b>	No  The Health Board continues to assess the requirement for carrying out Equality Impact Assessments and Socio-Economic Impact Assessments on a project by project basis.			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	BAF – Financial Stability  The non-achievement of the savings target is a key risk to the achievement of the Health Board's Statutory Financial Duties.			

<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <i>Feedback, response, and follow up summary following consultation</i>	<p>(crynodeb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth)</p> <p>(summarise where the paper has been reviewed, the response and what changes have made due to feedback)</p>
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> <i>(or links to the Corporate Risk Register)</i>	CRR25 -06 Delivery of the 25/26 Financial Plan
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Amherthnasol  Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b>	
<b>Rhestr o Atodiadau</b> <b>List of Appendices;</b>	

# PERFORMANCE, FINANCE & INFORMATION GOVERNANCE COMMITTEE

## BENCHMARKING CORPORATE DEPARTMENTS

Date of Meeting - 25 JUNE 2025

Author       Michelle Jones (Head of Financial Reporting)  
Sponsor      Russell Caldicott (Executive Director of Finance)

### 1. Introduction

The Performance, Finance and Information Governance Committee (PFIG) has requested a paper in relation to the expenditure incurred by Corporate Departments compared to other Health Boards.

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

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

Based on BCUHB's month 12 Board Reports, the total expenditure on Corporate Services expenditure (excl estates and utilities) increased by 85% from 2019/20 at £65m to £120m per annum 2024/25 (though some of this will represent inflationary movements) and from 4.32% of Revenue Resource Allocation in 2019/20 to 5.17% in 2024/25, as shown in the table below:

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

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

### 2. Data used in further analysis

The benchmark of 'other' Health Boards information within this paper is from the 'Financial Planning and Delivery Unit' in Welsh Government, following a request by BCU. It uses Health Education and Improvement Wales (HEIW) data to break down

Admin and Clerical WTE by area of work. All the data is taken from ESR in September 2024 and September 2019 and includes all staff on A4C grade including senior managers at band 8 and 9 and Executive Directors (Clinical staff excluded).

### 3. General Analysis

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

### 4. Potential Issues

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

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

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

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

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

## 5. Finance

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

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

## 6. Human Resources

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

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

## 7. Digital, Data Information & Informatics

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

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

## 8. Corporate

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

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

## 9. Next Steps

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

This will include:

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

## 10. Financial Implications/ Risks

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



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

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

SERVICE SUPPORT FUNCTIONS	24 - 25		23-24		22-23		21-22		20-21		19-20	
	WTE	Mth 12 Actual Mth 12 £'s	WTE	Mth 12 Actual Mth 12 £'s	WTE	Mth 12 Actual Mth 12 £'s	WTE	Mth 12 Actual Mth 12 £'s	WTE	Mth 12 Actual Mth 12 £'s	WTE	Mth 12 Actual Mth 12 £'s
Chief Executive	15.21	3,235,180	24.73	3,658,750	13.00	3,574,591	14.00	2,393,141	13.80	2,816,946	13.80	2,370,518
Director of Integrated Services	163.26	11,244,987	86.95	10,210,042	49.56	6,066,138	11.60	3,752,372	10.60	2,738,234		
Finance Executive	144.71	9,401,436	147.60	10,430,085	175.72	10,157,363	173.65	9,292,330	133.71	9,260,345	134.64	7,481,682
Nursing Executive	253.03	17,338,145	286.13	18,287,540	288.57	16,028,372	288.43	16,512,585	245.96	13,070,890	206.30	11,695,532
Medical Executive	57.70	3,547,966	50.72	3,554,046	79.55	4,353,008	56.90	3,140,041	25.09	1,892,251	20.48	1,569,327
WF&OD Executive	223.41	21,004,731	234.88	22,677,443	211.80	17,421,368	185.88	20,827,011	193.68	15,247,412	168.22	12,022,332
Public Health Executive	67.43	4,444,740	58.74	3,547,676	65.76	3,873,723	13.80	2,022,002	15.24	1,824,957	11.76	1,263,339
Corporate Governance	49.61	3,350,389	26.23	1,476,981	12.62	1,261,308	24.38	1,417,593	22.33	1,033,653	39.07	2,172,788
Executive Director of Therapies	40.61	2,329,483	25.96	1,257,949	3.15	371,964	3.00	336,058	1.00	251,086	6.80	637,602
Transformation and Strategic Planning Executive	78.74	5,759,053	78.31	5,665,533	94.68	6,972,840			34.10	2,383,152	11.96	924,431
Director of Primary Care and Community Services							63.61	7,049,044	25.12	1,147,739	37.88	2,037,880
Director of Partnership,Engagement and Communications	20.89	1,318,968	25.92	1,247,230	20.60	1,179,217	20.80	1,053,744				
Chief Digital Information Officer	504.69	36,526,561	494.92	32,736,918	499.37	27,228,502	446.84	23,048,696	418.40	20,061,883	397.56	17,873,249
Director of Performance	7.00	499,598										
Director of Turnaround									13.81	882,704	19.33	4,482,883
<b>Total Service Support Functions</b> (excluding estates and energy)	<b>1,626</b>	<b>120,001,237</b>	<b>1,541</b>	<b>114,750,193</b>	<b>1,514</b>	<b>98,488,394</b>	<b>1,303</b>	<b>90,844,617</b>	<b>1,153</b>	<b>72,611,252</b>	<b>1,067.80</b>	<b>64,531,563</b>
<b>Month 12 Revenue Resource Allocation</b>		2,321,729,924		2,136,241,835		1,993,514,316		1,874,705,474		1,809,747,253		1,493,188,767
<b>Service Support Functions as a % of allocation</b>		<b>5.17%</b>		<b>5.37%</b>		<b>4.94%</b>		<b>4.85%</b>		<b>4.01%</b>		<b>4.32%</b>

**Notes/ Key Transfers between Directorates.**

Integrated Services Portfolio (recently renamed Chief Operating Officer (COO)) includes Office of the COO, Eye Care sustainability, Unscheduled Care, Planned Care, Patient booking services, Corporate Facilities Medicines Management and Primary Care Academy  
 Finance Executive includes Capital Planning in 2021/22 and 2022/23 but not other years. Until 2024/25 included Director of Performance portfolio, which was then transferred to a separate Portfolio.  
 Nursing Executive included legal services until 2024/25 when this transferred to Corporate Governance  
 Public Health Executive increased in 2022/23 due to the transfer in of local Public Health Teams from Public Health Wales.

<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Risk Register Report (May 2025)			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee (PFIG)			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Wednesday, 25 June 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register (May '25) to which the Committee has oversight.</p> <ul style="list-style-type: none"> <li>All 4 risks for which the Committee has overall accountability, currently have their risk score being above the tolerance set within the risk appetite.</li> <li>Risks have been reviewed and updated by the relevant service, with no proposed changes in risk scoring.</li> </ul> <p>Gaps in assurance for Corporate Risks at time of reporting:</p> <ul style="list-style-type: none"> <li><b>CRR24-11</b> 'Planned Care' – The committee is asked to note the lack of update and developments since the last iteration of the Corporate Risk. However, work has been progressing at pace in terms of the delivery of planned care targets and the Planned Care Programme, the Board received a detailed update on planned care in the Board in May 2025 and will consider a paper for assurance during the private meeting.</li> </ul>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>receive assurance</b> for the progression of the corporate risks to which the Committee has overall accountability.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <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>	<b>Derbyniol Acceptable</b> <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>	<b>Rhannol Partial</b> <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>	<b>Dim Sicrwydd No Assurance</b> <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>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>It is essential that the Health Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Not applicable for this report</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	<p>Not applicable for this report</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Individual Executive Sign off of CRR reports, Review at next Risk Scrutiny Group and subsequent Executive Team Meeting.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>See the individual risks for details of the related links to the Board Assurance Framework.</p>

<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable for this report</p>
<p><b>Camau Nesaf:</b></p> <p><b>Next Steps:</b></p> <ol style="list-style-type: none"> <li>1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.</li> <li>2. Submission of Corporate Risks to Board.</li> </ol>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <p>Appendix 1 – Corporate Risk Dashboard (May 2025)– Performance, Finance and Information Governance Committee (PFIGC)</p> <p>Appendix 2 – Corporate Risk Register Report (May 2025) – Performance, Finance and Information Governance Committee (PFIGC)</p>	



# Corporate Risk Register





## Corporate Risk Register Report

### 1.0 Purpose

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

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

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

### 2.0 Key Highlights

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

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

- **CRR24-05** 'Delivery of the Annual Financial Plan' – One action pending closure. Action pending closure as based on unaudited accounts, required outturn achieved (better by £1m), results subject to audit. Risk to be updated to reflect current Financial year for 2025/26.
- **CRR24-11** 'Planned Care' – The committee is asked to note the lack of update and developments since the last iteration of the Corporate Risk. However, work has been progressing at pace in terms of the delivery of planned care targets and the Planned Care Programme, the Board received a detailed update on planned care in the Board in May 2025 and will consider a paper for assurance during the private meeting.

### 2.1 Changes in Score

None

### 2.2 New Risks

None

### 2.3 Overdue/Delayed Actions

One action pending closure as based on unaudited accounts, required outturn achieved (better by £1m), results subject to audit. Risk to be updated to reflect current Financial year for 2025/26.

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

## 2.4 Risks above Health Board 24/25 appetite

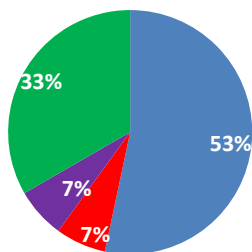
Four risks reported to committee score above the tolerance range set in the appetite.

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

## 2.5 Action Plan status of Corporate Risks

ACTION STATUS OF CORPORATE RISKS

■ Progressing      ■ Overdue  
■ New Action      ■ Completed



Out of the 4 corporate risks, 15 actions have been developed to mitigate the risks. 5 actions have been completed, 8 actions are progressing, with 1 action overdue (with no update from the service), and 1 new action identified.

### Next steps

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

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

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoF	CRR24-05	Financial Sustainability	4 x 5 = 20 ↔	12	Financial Open <16	Performance, Finance and Information Governance Committee	Risk score has remained at 20 since opened in March 2023, 1 action pending completion dependent upon audit outcome.  <b>Risk Score above tolerance set in risk appetite.</b>
DoE	CRR24-06	Suitability and Safety of Sites	4 x 5 = 20 ↔	12	Quality Open <16	Performance, Finance and Information Governance Committee	Opened March 24, 4 actions identified, 3 progressing and 1 completed action  <b>Risk Score above tolerance set in risk appetite.</b>
COO	CRR24-10	Urgent and Emergency Care	5 x 4 = 20 ↔	12	Quality Open <16	Performance, Finance and Information Governance Committee	Opened Feb 24, 5 actions identified, with 3 progressing, 1 completed and 1 new action.  <b>Risk Score above tolerance set in risk appetite.</b>
COO	CRR24-11	Planned Care	5 x 4 = 20 ↔	8	Quality Open <16	Performance, Finance and Information Governance Committee	Opened Feb 24, 5 actions identified, 3 progressing, with 2 action completed.  <b>Risk Score above tolerance set in risk appetite.</b>  <b>No update from the service.</b>

### Key:

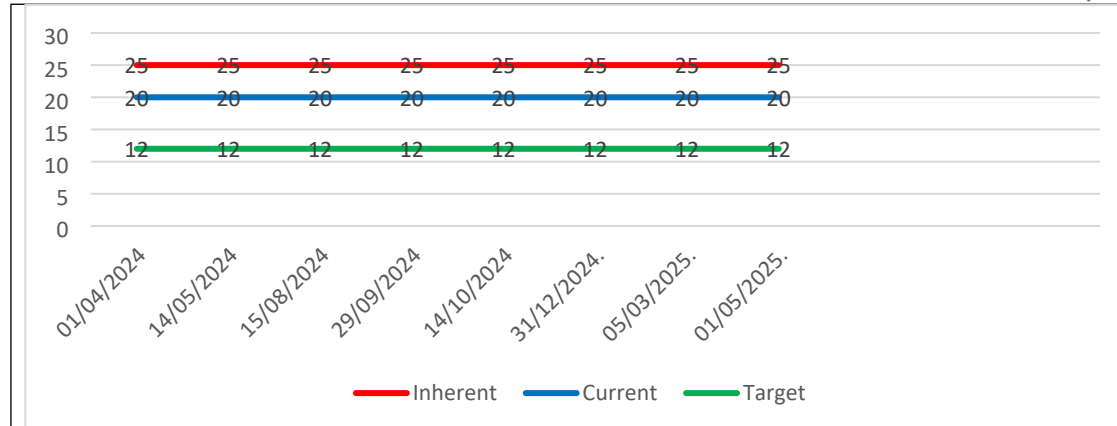
Executive	
Executive Director of Finance	EDoF
Director of Estates	DoE
Chief Operating Officer	COO

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

CRR 24-05	<b>Risk Title:</b> Delivery of the Annual Financial Plan		<b>Date Opened:</b> 01/04/2024
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 06/05/2025.
<b>Date Last Reviewed:</b> 01/05/2025	<b>Director Lead:</b> Executive Director of Finance	<b>Link to BAF:</b> BAF24-03	<b>Target Risk Date:</b> 31/03/2025
<p>There is a risk that the Health Board does not achieve the in year Financial Plan and Welsh Government control total (noting the key duty being to deliver break-even). Failure to achieve the financial plan could result in conditionally recurrent investment being withdrawn from the Health Board and central intervention to support attainment of the key financial duty in this or future financial years.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions have been issued and performance to be challenged at Integrated Performance Executive Delivery Group – chaired by the Chief Executive.</li> <li>2. Accountability Agreements issued to the budget managers for sign off in support of funding and deliverables required for each financial year. The signing off for these agreements monitored for review by Internal Audit and performance reported through Committees of the Health Board</li> <li>3. Value and Sustainability programme approach to 2024/25 savings has been endorsed by the Executive and Board. Executive Leads have been assigned and a flow chart issued setting out the governance process for sharing of costed savings opportunities and Divisional delivery.</li> <li>4. Continuation of the Enhanced Establishment Control Group (executive approval before advertising) to review all requests for A&amp;C posts and all Band 7+ posts , moratorium on requests for Permanent recruitment to Band 8D and above (non clinical posts) and minimising interim staff appointments.</li> <li>5. Cease use of non-patient facing agency with exceptionality process put in place through the enhanced establishment control process</li> <li>6. Non-Pay – all discretionary non-clinical expenditure to be directed to Executive Director of Finance for scrutiny and approval</li> <li>7. Internal scrutiny by Central Finance Team, of the Divisional financial assumptions, overspends and forecasts.</li> </ol>		<ol style="list-style-type: none"> <li>a. Welsh Government (WG) expectation to achieve financial balance, due to the financial settlement/allocations to Health Boards and to enter into financial stability.</li> <li>b. The 24/25 Annual Plan and forecast financial outturn based on a level of expenditure controls and savings delivery that the Health Board considers to be sufficiently challenging and deliverable, whilst maintaining quality and patient care.</li> <li>c. The Month 6 position showed a material deficit to date and therefore additional actions are required to control the run rate and recover the deficit above plan. These were endorsed for implementation through the Integrated Performance – Executive Delivery Group</li> <li>d. Performance is reported and scrutinised through the IP – EDG monthly meetings where officers are held to account for delivery and bi-monthly within the Performance, Finance and Information Governance Committee and Health Board.</li> <li>e. Escalation meetings where improvements are not realised are held with leadership teams by the Chief Executive. In these forums support is offered to improve performance and trajectories supported for improvement.</li> </ol>	



<p>8. Financial reporting to Welsh Government on a monthly basis, with the Monthly Monitoring Return (MMR).</p> <p>9. Regular communication with Welsh Government regarding £82m strategic funding with regards to making this recurrent.</p> <p>10. Early identification of emerging issues through horizon scanning and trends in run rate and alerting Operational Management to changes to regularity requirements.</p> <p>11. Monitoring the adequacy and effectiveness of internal control, accuracy and completeness of financial reporting and forecast, compliance with laws and regulations, and timely remediation of deficiencies.</p>				
Actions		Due Date	Progression Analysis	
<p>The Integrated Performance – Executive Delivery Group (IP-EDG) endorsed implementation of expenditure controls within the areas and directorates (from November 2024) as a measure to cease the run rate deterioration above plan and recover the year to deficit, to attain the forecast control total deficit for the financial year as agreed with Welsh Government. These measures were expanded to cover controls over expenditure discretionary expenditure (non-patient related) in January 2025 within IP-EDG.</p> <p>Enhanced ‘Check and Challenge’ discussions with Chief Finance Officers, on a monthly basis, to ensure the forecast expenditure is robust. Escalation of Out of Area Mental Health Placements, through the Chief Executive Officer. Maintain increased controls. Continued oversight and holding to account via the Integrated Performance Executive Delivery Group, and holding to account against expenditure control reductions identified for the remainder of the financial year.</p> <p>Action pending closure as based on unaudited accounts, required outturn achieved (better by £1m), results subject to audit. Risk to be updated to reflect current Financial year for 2025/26.</p>		31/03/2025	Completed (Pending)	
		Impact	Likelihood	Score
Inherent Risk Rating		5	5	25
Current Risk Rating		5	4	20
Target Risk Score		4	3	12
Risk Appetite		Financial		<16



### Position & Intended Outcome for Risk

M12 (unaudited) - Full yeart position is reporting a deficit of £7.61m, this is £1m belowthe full year £8.6m planned deficit. The deficit is driven by additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs .

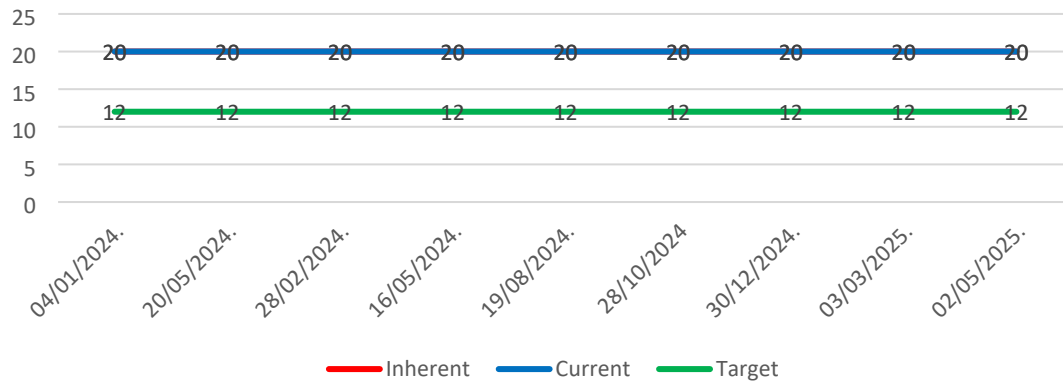
CRR 24-06	<b>Risk Title:</b> Suitability and Safety of Sites		<b>Date Opened:</b> 04/01/2024
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 06/05/2025
<b>Date Last Reviewed:</b> 02/05/2025	<b>Director Lead:</b> Director of Environment and Estates	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2026 (10 year capital investment requests aligns with the capital prioritisation form that will be submitted to Welsh Government – completion target date 2035).
<p>There is a risk that the suitability and safety of the estates and infrastructure across BCU could severely impact on service delivery, staff and patient safety. This could be caused by aging and unsuitable buildings, backlog maintenance issues, non-compliance with regulations, inadequate space capacity, and lack of capital funding. The impacts may include inability to meet service needs, reduced access to diagnostics and treatment, risks of infection, fire, asbestos, legionella and other hazards, increased costs, regulatory enforcement action, and significant reputational damage. This presents risks to the continuity of care, patient outcomes, staff wellbeing, and the Health Board's ability to provide safe, therapeutic environments across the region.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Estates Strategy developed and approved by the Health Board in January 2023.</li> <li>2. Internal Governance for capital allocation in place within the Health Board.</li> <li>3. Business Cases to Welsh Government to resolve major infrastructure issues in line with the Estates Strategy</li> <li>4. Priority bids against Welsh Government Estates Funding Advisory Board (EFAB) for the allocation and prioritisation of funding in relation to infrastructure funding, decarbonisation, fire and Mental Health and Learning Disability.</li> <li>5. Discretionary Capital Allocation of £12.448m for 24/25 approved by Welsh Government with an allocation of approximately £3.208m aligned to improvements within the Estates. Prioritisation is based on Operational Estates Risk Register</li> <li>6. Regular Welsh Government /Health Board Capital Meetings – which provides a direct link with Welsh Government to raise concerns regarding the funding available to effectively manage the condition of the estate and ensure safety of patients and staff.</li> </ol>		<ol style="list-style-type: none"> <li>a. 6 facet survey to be undertaken to obtain an updated report of the condition of the Estate' this will inform the risk status by site, which will be assessed against the controls currently in place. Additional mitigation or strengthening of controls will also be considered.</li> <li>b. Assurance around the Capital Prioritisation Plans that it is aligned with both the Estates strategy and the Clinical strategy.</li> <li>c. Business Case Review Group to be set up to review all business cases to provide scrutiny prior to submission to Executive team.</li> <li>d. Standardised approach by the Health Board in relation to management of Estates and Capital between the Integrated Health Community (IHC's) and other services and the Estates/Capital teams – linked to the changes to the Operating Model.</li> <li>e. Ensure that the Health Board has an Estates rationalisation programme in place that will support the capital prioritisation programme and reduce backlog maintenance.</li> </ol>	



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| <ol style="list-style-type: none"><li>7. Operational Estates Safety Groups in place to provide assurance, the safety groups are as detailed below and oversee risks relevant to the groups:<ol style="list-style-type: none"><li>a. Fire Management</li><li>b. Asbestos Management</li><li>c. Water Safety,</li><li>d. Ventilation Safety</li><li>e. Electrical Safety</li></ol></li><li>8. Welsh Government Capital Resource Meetings in place to provide route for escalation.</li><li>9. Estates and Facilities Performance Management System (EFPMS) reporting template and recording of backlog maintenance</li><li>10. Capital Allocation from Welsh Government – additional capital funding of £4.16M allocated to the Health Board to focus on Backlog Maintenance</li><li>11. The Health Board submitted the Major Capital prioritisation plan to Welsh Government (WG) to identify required investment. The end date is dependant of how much capital investment is provided to the Health Board from WG. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government.</li><li>12. Updated agreed protocol for use of Annual Discretionary Slippage in place for developing Business Justification Cases (BJC) for essential estates works and discretionary capital schemes that could be aligned with in-year additional Capital Funding provided by WG.</li><li>13. Capital Funding from Welsh Government – additional capital funding of £2M allocated to the Health Board in year for slippage bids.</li><li>14. Review of Reinforced Autoclaved Aerated Concrete (RAAC) completed by the Health Board's approved structural engineers – Curtins and a report will be presented at the Strategic Occupational Health and Safety Group</li></ol> | <ol style="list-style-type: none"><li>f. Internal Audit review of Fire Safety – Agreed Management Action Plan being implemented and being managed through the Fire Safety Management Group</li><li>g. Timely progression of major Capital Schemes which address Estates Safety such as Wrexham Maelor Continuity Plan – Phase</li></ol> |
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15. Targeted Estates Funding (TEF) approved by Welsh Government and allocation of £15.390m awarded over a 2-year period (2025-2026 / 2026/2027) to progress the national programme of capital schemes for Fire, Infrastructure, Decarbonisation, Mental Health, Infection Prevention Control and Decontamination				
<b>Actions</b>			<b>Due Date</b>	<b>Progression Analysis</b>
Undertake action to deliver a Health Board Estates Rationalisation Programme. Estates Rationalisation Programme being developed and in draft format. Document to be presented to the Capital Investment Group (CIG) on 12th June 2025. Estate's rationalisation plan is being reviewed and updated taking into account disposals that have been approved in 2024-2025 and opportunity for disposals in 2025-2026 as part of rationalisation of our estates that supports the Caledfryn Project.			30/06/2025	Progressing (revised date from 31/01/2025)
Undertake actions to deliver a 6 facet survey across the Health Board over the next 5 years. The 6 Facet survey contract is currently being procured through the SBS framework via mini-competition, the contract is due to be awarded by January 2025. A Phase 1 approach for the Acute Hospitals, is expected to be completed by 30/09/25. The completion of the full survey has been brought forward from the original 5 year time frame to a 1 year programme. A review of the 6 facet survey programme is to be undertaken with support from Director of Environment and Estates with a plan to adopt an All Wales approach to surveys which is being led by NWSSP Specialist Estates Services.			31/03/2026	Progressing
Review and update Capital Prioritisation Plans			31/03/2025	Complete
Develop a standardised Terms of Reference to be considered and endorsed by Capital Investment Group			31/05/2025	Progressing
		<b>Impact</b>	<b>Likelihood</b>	<b>Score</b>
		Inherent Risk Rating	4	5
				20



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

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

**Position & Intended Outcome for Risk**

Current Risk score of 20 aims to be reduced to a 12 by April 2035.

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

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

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

In addition, significant works have been undertaken on the fire project at Ysbyty Gwynedd which will result in approx £2M being invested and works completed by March 2025. Wrexham Resilience Programme has undertaken a risk-based approach to address key findings of the original Business Case. The

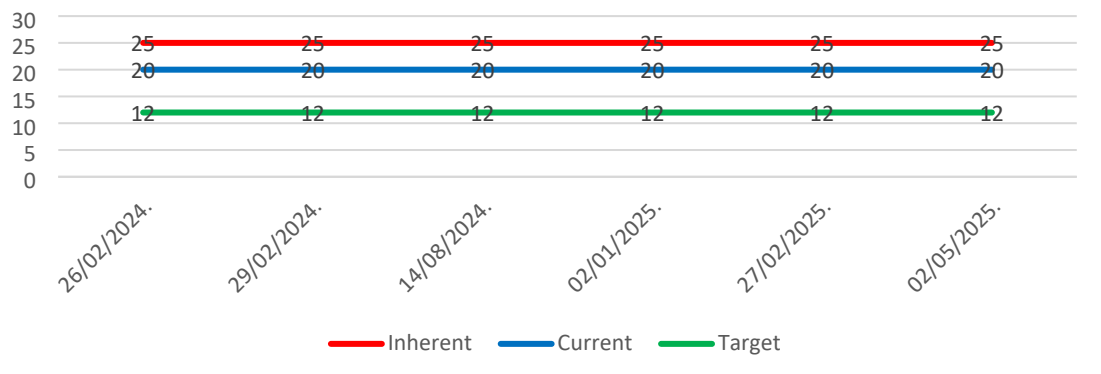
	<p>Health Board has disposed of 2 sites (Ala Road and Cilan) this financial year which were vacated as 'not being fit for purpose', approval has also been received to dispose of Rossett HC and Ruthin HC which have been vacated due to condition of the Estate and these are expected to progress to auction in early 2025.</p>
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CRR 24-10	<b>Risk Title:</b> Urgent and Emergency Care (UEC)		<b>Date Opened:</b> 26/02/2024
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 06/05/2025
<b>Date Last Reviewed:</b> 02/05/2025	<b>Director Lead:</b> Chief Operating Officer	<b>Link to BAF:</b> BAF24-07	<b>Target Risk Date:</b> 30/06/2026
<p>There is a risk of mortality in relation to <b>critically ill</b> patients being seen in a <b>timely</b> manner through unscheduled <b>care</b> routes. This may be caused by delayed dispatching of ambulances, ambulance queues at emergency departments, Out of Hours access and Emergency Departments (ED) and Urgent Treatment Centres (UTCs) being at capacity. This could impact on pressures for other services, reputation and litigation implications.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. System resilience hub introduced in December to ensure consistent approach to daily resilience calls BCUHB wide focused on prevention of and mitigating actions in response to reducing delays already in the system. Hospital full protocols reviewed and updated to support rapid de-escalation during peak periods of demand. Winter resilience plan, and festive period plans, developed to manage whole system pressures.</li> <li>2. Ambulance handover guidance shared and utilised as part of the system resilience calls. Ambulance escalation process to support peak periods of demand.</li> <li>3. UEC programme governance and reporting structure realigned into 4 workstreams (brings together all relevant improvement projects into a single improvement programme).</li> <li>4. Workstream 1 focused on the community wrap around care ensuring that care, wherever safe to do so, is delivered closer or at home to avoid unnecessary conveyance and admission.</li> <li>5. Single Integrated Clinical Advice Triage (SICAT) and GPOOHs services working together to provide 24/7 model across North Wales. Health Care Professional line available alongside review of the ambulance stack to avoid long waits.</li> <li>6. Workstream 2 focused on providing direct access to services as a safe alternatives to Emergency Departments (EDs)</li> <li>7. EDs working to the All-Wales ED quality statement; Same Day Emergency Care (SDEC) services at all acute sites for those emergency admissions that would have had an overnight stay to be managed and discharged home the same day. Direct access to SDEC is available to health care professionals including Primary Care, 111 and WAST.</li> </ol>		<ol style="list-style-type: none"> <li>a. A number of key roles within the UEC Improvement Programme remain as temporary / secondments and this will impact on the inability to drive the required system change.</li> <li>b. Fragility and gaps in social care assessment, delivery and social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds.</li> <li>c. Trusted assessors development, ongoing work for the last 18 months, support required to progress at pace.</li> <li>d. Get it Right First Time (GIRFT)/SEdit reports to support demand management across North Wales need to be implemented through</li> </ol>	



<p>8. Workstream 3 in place improving patient flow and therefore reducing overcrowding in EDs and subsequent ambulance handover delays at the front door</p> <p>9. Optimal Hospital Flow framework (OHFF) supported by daily board rounds to ensure every day is a green or value added day for the individual thereby avoiding delays in the patient pathway and reducing the time spent in hospital and deconditioning. <a href="#">Two OHFF facilitators commenced January 2025 through funding secured from national Six Goals programme to deliver training to front line staff.</a></p> <p>10. Regular reviews of long stay patients in acute &amp; community hospitals to reduce average length of stay.</p> <p>11. Workstream 4 in place (continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos).</p> <p>12. Review of Complex Care arrangements in place to improve system improvements and to reduce delays, managed each IHC's Clinically optimised weekly meetings.</p> <p>13. <a href="#">Discharge Improvement meetings across 3 x IHCs with membership from local authority partners, in place as real time feedback, ensure lessons learnt and build trust across organisations.</a></p> <p>14. Trusted Assessors (in 4 areas) reducing time for assessment.</p> <p>15. Workstreams are all in place focused on key areas within the patient pathway, with reporting of progress through the UEC programme structure and operational delivery groups at IHC level.</p>	<p>workstream 1 delivered by IHC operational teams</p> <p>e. All audit reports need to be reviewed to ensure all recommendations have been implemented and learning shared.</p>
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Actions	Due Date	Progression Analysis
<p>Review of all outstanding audit, Get It Right First Time (GIRFT) and Health Inspectorate Wales (HIW) reports to ensure that actions plans are captured and any outstanding actions delivered within the relevant workstreams and lessons learnt used to inform sustained improvement.</p> <p>Reports are being reviewed along with NHS Executive reports. A process is being established to ensure that all audit reports relating to UEC are managed through one central point to ensure recommendations are implemented and learning is shared. Improvement actions will sit within the relevant workstream.</p> <p><a href="#">Recommendations from GIRFT and discharge audit reports reviewed and completed. Awaiting key audit reports from NHS EXecutive; SDEC and front door improvements audit undertaken January 2025 and ambulance handover process undertaken March 2025.</a></p>	30/06/2025	Progressing (revised date from 31/03/2025)
<p>Annual plan narrative for 25/26 delivery drafted, awaiting planning guidance for 25/26, dues 23<sup>rd</sup> December 2024, to ensure that annual plan for UEC and subsequent workstream plans are aligned to the ministerial priorities for 25/26 and the de-escalation framework.</p>	31/03/2025	Completed

<p>Ministerial templates utilising planning guidance, which incorporates the national 6 goals planning framework, completed and out for review. Annual plan narrative to be reviewed to ensure alignment with changes in the planning framework. Draft 6 goals plan developed based on the above and submitted for feedback. UEC trajectories developed aligned to Ministerial Priorities, 6 goals expectations and de-escalation measures. <a href="#">UEC narrative for IMTP, annual plan and cabinet Secretary expectations all completed including trajectories against key performance indicators .</a></p>																																																					
<p>As part of workstream 4 a rapid improvement cycle 'Recovering What matters' was completed in February 2025. This focused on ensuring all patients D2RA pathway, PDD were in place within 24 hours and themes of constraints for complex patients were identified and escalated within the same day with LA colleagues. The final evaluation report is being completed and recommendations will be taken forward as part of workstream 4 to ensure that discharge pathways are efficient and the correct process/protocols in place for escalation when required.</p>	31/06/2025	Progressing																																																			
<p>New model for Single Point of Access to be developed through workstream 1 with implementation to be undertaken and supporting alternative pathways</p>	30/06/2025	Progressing																																																			
<p><a href="#">Implementation of the acute front door frailty framework will managed through workstream 2 focused on adopting Home First same day emergency care (SDEC) principles for for this cohort wherever possible with short stay acute units where an inpatient stay is required. This will be direct access for health care professionals reducing overcrowding and waits in ED for this cohort and reducing length of stay by adopting a targeted approach</a></p>	31/03/2026	New action																																																			
 <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Date</th> <th>Inherent</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>26/02/2024</td> <td>25</td> <td>20</td> <td>12</td> </tr> <tr> <td>29/02/2024</td> <td>25</td> <td>20</td> <td>12</td> </tr> <tr> <td>14/08/2024</td> <td>25</td> <td>20</td> <td>12</td> </tr> <tr> <td>02/04/2025</td> <td>25</td> <td>20</td> <td>12</td> </tr> <tr> <td>27/02/2025</td> <td>25</td> <td>20</td> <td>12</td> </tr> <tr> <td>02/05/2025</td> <td>25</td> <td>20</td> <td>12</td> </tr> </tbody> </table>	Date	Inherent	Current	Target	26/02/2024	25	20	12	29/02/2024	25	20	12	14/08/2024	25	20	12	02/04/2025	25	20	12	27/02/2025	25	20	12	02/05/2025	25	20	12	<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Current Risk Rating</td> <td>5</td> <td>4</td> <td>20</td> </tr> <tr> <td>Target Risk Score</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Risk Appetite</td> <td colspan="2">Quality</td> <td>&lt;16</td> </tr> <tr> <td colspan="4"><b>Position &amp; Intended Outcome for Risk</b></td> </tr> </tbody> </table>		Impact	Likelihood	Score	Inherent Risk Rating	5	5	25	Current Risk Rating	5	4	20	Target Risk Score	4	3	12	Risk Appetite	Quality		<16	<b>Position &amp; Intended Outcome for Risk</b>			
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GIG  
CYMRU  
NHS  
WALES

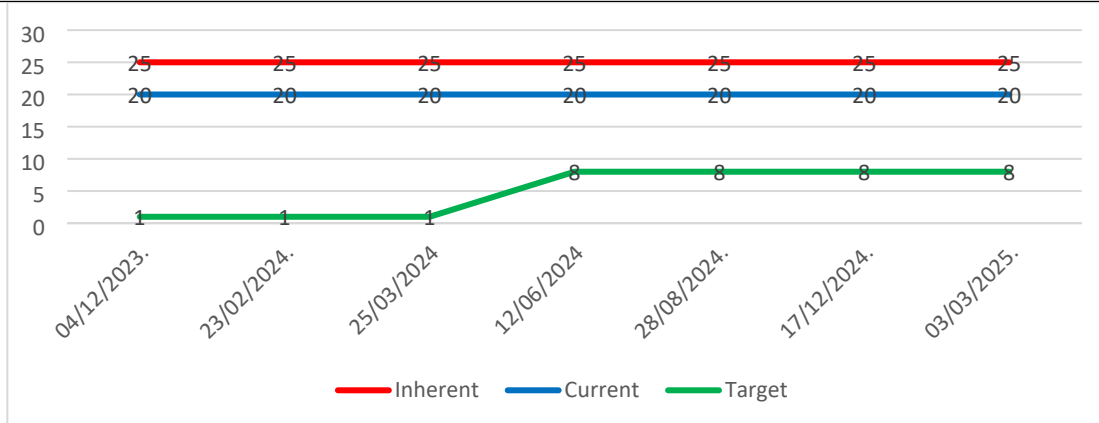
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

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



CRR 24-11	<b>Risk Title:</b> Planned Care		<b>Date Opened:</b> 04/12/2023	
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 25/02/2025	
<b>Date Last Reviewed:</b> 03/03/2025	<b>Director Lead:</b> Chief Operating Officer	<b>Link to BAF:</b> BAF24-07	<b>Target Risk Date:</b> 31/12/2025 (interim review)	
<p>There is a risk of further deterioration in patients' health, <b>harm</b>, mortality or need for more complex treatment in relation to planned care services with a, resulting in failure to meet national access targets. This could be caused by <b>long waits and delays</b> for planned care, insufficient <b>capacity</b>, staffing shortages, increasing demand, and backlogs exacerbated by COVID. This could cause worsening patient outcomes and experiences including avoidable harm, increased complaints, financial penalties for target breaches, and reputational damage.</p>				
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>		
<ol style="list-style-type: none"> <li>1. Routine prioritisation of patients by clinical risk according to national Referral to Treatment Time (RTT) guidance (Cancer &gt; Urgent &gt; Routine)</li> <li>2. Performance monitored via weekly corporate access meeting and locally via IHC weekly access meetings including long waits and clinical prioritisation.</li> <li>3. Clinical prioritisation and review of waiting lists ongoing.</li> <li>4. Validating waiting list cohorts.</li> <li>5. Joint Patient Admin and Booking Centre.</li> <li>6. <a href="#">Leadership, Chief Operating Officer now recruited for both interim and substantive.</a></li> </ol>		<ol style="list-style-type: none"> <li>a. Need a substantial in sourcing/outsourcing commissioning piece of work over a longer timeframe 2-3 years</li> <li>b. Capacity and demand modelling and trajectory tracking</li> <li>c. Clinically led development of sustainable service models to secure long term safe quality provision</li> <li>d. Implementation of GiRFT and wider recommendations from service review processes (including from Clinical Implementation networks nationally)</li> <li>e. Application of GiRFT and other performance improvement approaches (monitor progress of implementation via planned care board and performance outputs via access).</li> <li>f. The planned care funds require quicker mobilisation in future years</li> <li>g. Refresh and renew INNU policy to ensure referrals are appropriate.</li> </ol>		
<b>Actions</b>			<b>Due Date</b>	<b>Progression Analysis</b>
Recruiting clinical leads and project management capacity to support clinically led specialty programmes of work in order to secure successful design and delivery of sustainable models of care			30/06/2025	Progressing
Procurement for insourcing for endoscopy and diagnostics Insourcing endoscopy business case approval at Executive Team			01/11/2024	Completed
Ensure completion of demand and capacity analysis to inform forward looking activity and produce mitigations for shortfalls. Demand and capacity plan (in progress) completed to inform specialty level position for 2025/26 and targeted support where shortfalls identified			31/03/2025	Overdue

Planned Care Programme in place as the delivery plan to address the waiting list approved by the Board with additional outsourcing activity commissioned.		
Process to minimise escalation into elective capacity through UEC improvement programme. Monitoring and escalated impact on elective care will be BAU.	31/01/2025	Completed
Ensure specialty plans reflect sustained additional capacity to the existing baseline aligned to the demand and capacity outputs for 2025/26.	30/06/2025	Progressing



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

**Position & Intended Outcome for Risk**

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

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

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





<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>Summary of business considered in private session to be reported in public</b>			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Wednesday, 25 June 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The Finance, Performance and Information Governance Committee considered the following matters in private session at the meeting held on 6 June 2025:</p> <ul style="list-style-type: none"> <li>• Ty Glyder briefing - Community Dental Services</li> <li>• Llandudno Othopedic Hub</li> <li>• Recommission of the Substance Misuse Detoxification Service</li> <li>• Wheelchair Service and Repair</li> <li>• Endoscopy insourcing extension</li> <li>• PETCT tender approval</li> </ul>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Philippa Peake-Jones, Head of Corporate Affairs			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <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</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</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

	<i>existing mechanisms / objectives</i>	<i>mechanisms / objectives</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><b>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:</b></p>		
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b>Link to Strategic Objective(s):</b></p>		
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b>Regulatory and legal implications:</b></p>	<p>Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings</p>	
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b></p>	<p>Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.</p>	
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b></p>	<p>Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.</p>	
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b></p>	<p>Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.</p>	
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Financial implications as a result of implementing the recommendations</b></p>	<p>Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.</p>	
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Workforce implications as a result of implementing the recommendations</b></p>	<p>Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.</p>	
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>Not applicable</p>	
<p><b>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</b></p> <p><b>Links to BAF risks: (or links to the Corporate Risk Register)</b></p>	<p>Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.</p>	
<p><b>Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)</b></p>		

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