

## **Bundle BCU Performance, Finance & Information Governance Committee 28** **April 2026**

- 1 PRELIMINARY MATTERS
  - 1.1 09:30 - PF26.34 Welcome & Apologies  
*Gareth Williams, Chair*
  - 1.2 09:31 - PF26.35 Declarations of Interest  
*Gareth Williams, Chair*
  - 1.3 09:32 - PF26.36 Minutes of the Previous Meetings - 18 December 2025 & 24 February 2026  
*Gareth Williams, Chair*
    - 1.3.1 Unconfirmed Minutes 18.12.25 public
    - 1.3.2 Unconfirmed PFIG Minutes 24.02.26 public
  - 1.4 09:37 - PF26.37 Action Log  
*Gareth Williams, Chair*
    - 1.4 Action Log Public PFIG Committee
- 2 MAJOR PROGRAMMES & DEVELOPING STRATEGY & LONG-LASTING CHANGE
  - 2.1 09:42 - PF26.38 Planned Care  
*Tehmeena Ajmal, Chief Operating Officer*
    - 2.1 Planned Care PFIG April 2026
  - 2.2 10:12 - PF26.39 Urgent & Emergency Care  
*Tehmeena Ajmal, Chief Operating Officer*
    - 2.2 PFIG UEC Report
  - 2.3 10:27 - PF26.40 Foundations for the Future - Verbal Update  
*Russell Caldicott, Executive Director of Finance & Performance*
- 3 PLANNING, PERFORMANCE & STRATEGY
  - 3.1 10:42 - PF26.41 Finance Report  
*Russell Caldicott, Executive Director of Finance & Performance*
    - 3.1 Finance Report Coversheet Apr 26
    - 3.1 BCU 2025-26 M12 Finance Report
  - 3.2 10:52 - PF26.42 Integrated Performance Report  
*Russell Caldicott, Executive Director of Finance & Performance*
    - 3.2 IQPR PFIG Coversheet
    - 3.2 IQPR Report
  - 3.3 PF26.43 Contracts & Commissioning  
*Russell Caldicott, Executive Director of Finance & Performance*  
*Presentation to follow*
- 4 GOVERNANCE, RISK & ASSURANCE
  - 4.1 11:02 - PF26.44 Information Governance KPI Report  
*Justine Parry, Acting Director of Digital, Data and Technology*
    - 4.1.1 IG KPI Report Coversheet

#### 4.1.2 IG KPI report

- 4.2 11:12 - PF26.45 Board Assurance Framework  
*Matt Joyes, Deputy Director of Legal Services*
  - 4.2.1 BAF Coversheet
  - 4.2.2 BAF
- 4.3 11:22 - PF26.46 Corporate Governance Report  
*Pam Wenger, Director of Corporate Governance*
  - 4.3 Corporate Governance Report
- 4.4 11:27 - PF26.47 Corporate Services Financial Overview  
*Russell Caldicott, Executive Director of Finance & Performance*  
*Item deferred to the next meeting.*
- 5 11:37 - CLOSING BUSINESS
- 5.1 PF26.48 Agree Items for Referral to Board / Other Committees  
*Gareth Williams, Chair*
- 5.2 PF26.49 Review of meeting effectiveness  
*Gareth Williams, Chair*
- 5.3 PF26.50 Date of the Next Meeting - 23 June 2026  
*Gareth Williams, Chair*
- 5.4 PF26.51 Resolution to exclude the Press and Public  
*'Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960'*

**Betsi Cadwaladr University Health Board (BCUHB)**

**Unconfirmed Minutes of the Performance, Finance & Information Governance  
held in Public on 18 December 2025**

held in the Boardroom, Carlton Court, St Asaph and via teams

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Gareth Williams	Chair
Mike Larvin	Independent Member (via teams)
Tehmeena Ajmal	Via teams
Russell Caldicott	Executive Director of Finance
Nesta Collingridge	Head of Risk Management (part meeting)
Linda Dyson	Regional Risk Manager- Central
Nick Graham	Associate Director Workforce Optimisation
Dave Harris	Internal Audit
Emma Lea	Head of Business, Planning and Programmes
Justin Parry	Assistant Director of Compliance and Business Management
Pam Wenger	Director of Corporate Governance (via teams)
Ed Williams	Deputy Director Of Performance
<b>In Attendance</b>	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Minute Taker

**PRELIMINARY MATTERS**

**PF25.110 Welcome and Apologies**

Apologies were received for Rhian Watcyn-Jones, Jason Brannan, Dylan Roberts, Chris Lothian-Field, Clara Day, Paolo Tardivel, Stuart Keen.

**PF25.111 Declarations of Interest**

No declarations of interest were received.

**PF25.112 Unconfirmed Minutes of the Meeting held on 22 October 2025**

It was agreed that the minutes of the meeting held on 22 October 2025 were a true and accurate record.

**PF25.113 Matters Arising & Action Log**

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

- Action PF25.57: agreed to remain open to monitor.
- Action PF25.96.1: for action by the Executive Director of Finance.
- Action PF25.97.1: agreed to close as complete.

- Actions marked as “TBC” to be reviewed outside of meeting and updated as required.

It was resolved that the Committee:

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

## ITEMS FOR ASSURANCE

### PF25.114 Finance Report

The Director of Finance presented the item, and the following was highlighted.

- The Health Board is forecasting a year-to-date position of £17.3 million deficit.
- Cost pressures continue, including areas such as employee national insurance increases and out of area placements.
- Forecasting a breakeven position for end of year, with a £26 mil risk for delivery of breakeven position. £82 mil allocation is dependent on delivery of the financial plan.
- Looking to improve on 1% savings. Formed financial oversight group, requesting 1.5%. Risk is not yet mitigated entering Quarter 4. Further discussion required to bring in breakeven closing position. This equates to a saving of £20mil over the remaining months of 25/26. BCUHB currently monthly spend totals £210mil.
- BCUHB have been advised by Welsh Government that Welsh Risk Pool costs will be consumed, as well as the risk on staffing structured bow being sourced through Welsh Government for this financial year, which eliminates the risk of delivery.
- Discussion held in the last Board Development session, to identify and build savings for the next financial year. A joint PPHP and PFIG meeting is scheduled for January 2026 to discuss this further.
- £58.2mil allocated for BCU capital programme. Update on capital programmes to be received at the next meeting.

In discussing the item, the committee:

- Reviewed the trends and figures in relation to the main acute sites, the challenges faced, as well as proposed improvements that are being explored operationally.
- Were advised of the ongoing work of the Financial Oversight Group, and the current requirement of stricter financial controls. The Committee expressed some concern that this reinforces a disempowerment of organisational managers.
- Noted the cost pressures and risks to delivery of the financial plan. It was advised that there is an increased costs due to cross border charges. The relevant Health Board where a patient resides is charged directly by the Joint Care Commissioner (JCC) for any cross-border transfers of care. It was agreed for the total expenditure shares table for all Welsh Health Boards to be shared with Committee members.
- Highlighted the need for an Allied Health Professionals (AHP) bank, similarly to the Medical bank, especially in light of the hold on agency spending for the remainder of the financial year. It was clarified by Associate Director of Workforce Optimisation, that BCU currently has access to an AHP bank which is aligned with the medical bank. However, since the medical bank is now hosted “in house” within BCUHB, work is ongoing to establish an in house AHP bank, which will be progressed in 2026/27.

The following actions were agreed:

- **Action PF25.114.1:** total expenditure shares table for all Welsh Health Boards to be shared with Committee members.
- **Action PF25.114.2:** Update on the AHP bank to be received at the October 2026 meeting to review progress.

It was resolved that the Committee:

- **RECEIVED** the report.

### PF25.115 Integrated Performance Report

The Director of Performance & Commissioning presented the report. Highlights included:

- Further improvement is required in regard to Planned Care. Referral to Treatment Times (RTT) has halved since August 2025, but further improvement is needed.
- Decrease seen in patients waiting 104 weeks.
- An increase is seen in relation to the diagnostic wait times. Data currently available for November indicates a slight decrease in wait time.
- Concern regarding the number of 100% overdue follow up waiters. It was advised that a proportion of these are urgent ophthalmology referrals, which carries significant risk. This is to be raised with the Medical Director to ensure awareness. Validation work is ongoing in regard to these waiting lists to ensure accurate figures.

In discussing the item, the Committee:

- Clarified in regard to 100% overdue follow up waiters, that harm and risk is monitored through the committees. The Chair requested a paper is received at Quality, Safety and Experience Committee regarding this issue.
- Queried diagnostic rates, and discussed capacity across BCU specifically in relation to MRI waits. It was clarified that there are four main site MRI machines, two mobile, with potential use of an additional machine from Bangor University. This will be explored outside of the meeting.
- Advised that further improvement in performance is required.

The following actions were agreed:

- **Action PF25.115.1:** 100% overdue follow up waiting lists to be reviewed outside of meeting with Medical Director
- **Action PF25.115.2:** Paper on 100% overdue follow ups to be received at QSE Committee.
- **Action PF25.115.3:** The use of additional MRI machines to be discussed outside of meeting. The Director of Finance to link in with the Programme Director of Planned Care for update.

It was resolved that the Committee:

- **NOTED** the current position.

*[Emma Lea joined the meeting].*

### PF25.116 Information Governance KPI Report

The Assistant Director of Compliance and Business Management presented the item. Highlights included:

- Further review of Freedom of Information (FOI) statistics has taken place and found that those reported against Workforce and Organisation Development (WOD) were reported by the deadline, but elements from some other services were delayed.
- There has been a decrease in FOI compliance between Quarter 1 and Quarter 2 of 2025/26. Reminders and requested for further training have been received from leads, and compliance is hoped to improve in the next quarter.
- SARC compliance is satisfactory.
- Regarding incidents, there has been a decrease in breaches relating to external mail, however an increase regarding misfiling and prescription errors. Processes and improvement are being reviewed within effected services.
- One incident is outstanding from the Independent Commissioners Office.
- A section regarding lessons learnt will be included in future versions of the Information Governance KPI report starting from the next quarter.
- Continued improvement seen in Information Governance training compliance across the organisation – now 87% compliance.
- A reduction in NIAS notifications is noted.
- More information on use on the asset register system will be included in the next report.

It was resolved that the Committee:

- **NOTED** the current position.

## PF25.117 Update on Integrated Medium Term Plan Process and Emerging Priorities

*[Linda Dyson and Nesta Collingridge joined the meeting].*

The Head of Business Planning & Programme for Central IHC presented the item, and the following was highlighted:

- The paper provides update on the current IMTP progress, which builds upon the existing IMTP 2025-28. It was noted that whilst this was approved by the Board, it was not approved by Welsh Government.
- Key themes highlighted the requirement of starting the process early with clear identification of priorities, with key focus areas including shifting of resources, addressing of access and inequality issues, a narrative drive plan and shifting of care to the community.
- There is a focus on a continuous planning cycle, with steps in place to meet the March deadline.
- A “bottom-up” approach is being adopted for service level planning, whilst also recognising the need for a top-down drive to meet strategic recommendations within the 10-year strategy and clinical service plan.
- The Integrated planning framework was signed off at the November Board meeting. Guidance is being developed to ensure consistency of planning across BCU.
- There is ongoing engagement with key groups and the Board. An update will be provided ahead of finalisation of the plan.

In discussing the item, the Committee:

- Were advised that whilst feedback from last year's submission was limited, there has been a continuation to build on best practice, aligning with strategic and Board priorities.
- Highlighted the importance of understanding how resource allocation will delivery the required performance metrics, with the aim of reporting against internal performance trajectories moving forward.
- Queried the shift from five strategic objectives to four strategic intents, and concerns these aren't underlined by the BAF.
- Requested that clear objectives are set out at the front of each section of the IMTP document for clarity.

It was resolved that the Committee:

- **NOTED** the report.

### **PF25.118 Progress against Planned Care – Verbal Update**

*Russell Caldicott, Executive Director of Finance*

The Executive Director of Finance presented the item, and the following was highlighted:

- Significant improvement regarding outpatients' appointments
- As of December 2025, 286 patients are waiting 104 weeks. This figure was over 10,000 9-10 months ago.
- Work is ongoing with the improvement team.
- 19,000 patients currently waiting for an 8-week diagnostic. These referrals mainly relate to MRI, endoscopy and ultrasound. Target is to reduce to 4700 patients waiting but trying to reduce below this figure.
- Improvement required in regard to Cancer Services performance. Further work is ongoing to explore the areas and reasons for delay, and to give an accurate percentage split.
- Some additional resource has been committed by Welsh Government; however, this does not cover all preferred areas.
- A Grip and Control system is being adopted, with insourcing and outsourcing options being explored, with a focus on clinical leadership for decision making.

The following actions were agreed:

- **Action PF25.118.1:** Cancer Services performance to be reviewed for progress at the next Committee meeting.

It was resolved that the Committee:

- **NOTED** the current position.

### **PF25.119 Urgent and Emergency Care Programme Board**

The Chief Operating Officer presented the item, and the following points were highlighted:

- Operationally, Health are linked with Local Authority colleagues to enable communication to aid processes for patients. A shared system between Health and Local Authorities has been developed to provide a live update on a patient and their

pathway. This allows Local Authorities to “drill down” into a specific pathway, to see what is outstanding and to explore the care that is in place.

- Considerable work is progressing across all acute sites. Directors are linking with sites to understand current processes, and to determine how things can be improved or work differently.
- Significant work ongoing regarding patient discharges, which is making a significant difference to patient flow through sites and departments. Further work is still required regarding weekend discharges, as this can be an area with increased pressure, with potential for greater build up in departments.
- Half of care delays are thought to be related to Health, with others relating to Local Authority delays. Discussion is ongoing with Local Authorities on how processes and delays can be improved.

In discussing the item, the Committee:

- Noted the improvement seen in relation to discharges across hospital sites, and referenced data recently shared from WAST that highlighted this.
- Were advised of the multiple previous site visits, and an upcoming informal visit to Ysbyty Glan Clwyd later this week by the Emergency Care Improvement Support Team (ECIST), which will explore the use of a diagnostic tool as well as an opportunity for shared learning. KPI metrics will be outlined within a report by the Director of Corporate Governance. This report will go to Remuneration Committee, to ensure accountability and progress reporting.
- Referenced the ongoing strike of Resident Doctors in England, and the potential impact this may have on patient numbers, specifically in Emergency Departments for areas near to the border.
- The Director of Corporate Governance requested that the progress actions are included within the report at the next update to Board in January to provide assurance and accountability.
- Requested that narrative regarding discharges and historical data is referenced within future reports provide assurance of improvement.
- Emphasised the importance of ensuring fundamental changes are imbedded with service areas to ensure continued progress and improvement.

*[Tehmeena Ajmal left the meeting].*

It was resolved that the Committee:

- **NOTED** the current position.

### **PF25.120 Q2 Annual Delivery Plan Report**

The Head of Business Planning & Programme for Central IHC presented the item, and the following was highlighted:

- The report reflects the mid-year position, with a forward confidence rating in delivery for the end of financial year.
- Out of the five strategic objectives, objective four is seen as most challenging due to complexity of actions and the areas covered.



- Majority of areas have a high confidence in terms of delivery. Those with low confidence have support in place in order to deliver.

In discussing the item, the Committee:

- Queried the consequence for delivery being classed as “low”. It was advised that this rating was introduced in Quarter 3 and links with the IMTP development, but that this will be incorporated going forward and fed back to the team.
- Requested clarity on issues regarding patient flow due to resource constraints. The Executive Director of Finance agreed to follow this up with the Executive Director of Transformation and Strategic Planning.
- Emphasised the importance of ensure clear depiction of actions within the reports, to ensure they are actions appropriate, and are tracked for assurance.

*[Matthew Joyes joined the meeting].*

- Requested that the Q3 report is submitted to Board in January 2026 at requested of the Chief Executive and asked this includes an update on progress.
- Clarified in relation to values and behaviours, that whilst actions may be complete, embedding and impact of these actions is ongoing.

The following actions were agreed:

- **Action PF25.120.1:** Resource constraints relating to patient flow to be reviewed to assure consistency.

It was resolved that the Committee:

- Received **ASSURANCE** on the progress made.

*[Emma Lea left the meeting].*

### **PF25.121 Legal Services**

*Pam Wenger, Director of Corporate Governance*

The Deputy of Legal Services presented the item, and highlights included:

- A large number of changes were introduced in Quarter 3, due services now accessing legal advice through the BCU legal team only. This will therefore be covered in the next report covering Quarter 3 as the changes are embedded.
- A number of in-house lawyers will be joining the team in the new year, which will aid in reducing cost spend on external legal services.
- A new database is being created to hold all legal matters, which will enable identification of legal risk.
- A new process will be introduced in January 2026, LFERS, which currently sits around 15, which is significantly reduced on last year’s position. Support will be offered to effected services to try and reduce numbers.
- An update regarding redress has been received since this report was generated. New rates will come into place from April 2026, with claim limit increasing from £25k to £50k. This is expected to create an increase in workload, and this cost is

expected to be managed by BCU. National work is ongoing to explore the costing of redress and clinical negligence cases.

- There has been an increase in number of areas of procurement requiring legal supporting. This is thought to be due to the new procurement act and increased control measures that are in place. This is expected to continue to increase.

In discussing the item, the Committee:

- Were advised that the risk of increased need for LFERs has been escalated through Audit Committee.

It was resolved that the Committee:

- **NOTED** the current position.

*[Matthew Joyes left the meeting].*

## ROUTINE REPORTING

### PF25.122 Board Assurance Framework

*Nesta Collingridge, Head of Risk Management*

The Head of Risk Management presented the item. Highlights included:

- The Business Assurance Framework (BAF) remain aligned with the IMTP, but there are some delays with moving to the portal.
- The BAG will be linked to the strategic objectives within the long-term plan.
- Majority of risks have a March 2026 deadline.
- Discussion has been held with the Executive team to review and subsequent close of some low-level risks, following agreement at Audit Committee in December 2025.
- At the recent Executive Committee, it was requested that several risks are to be scored higher than initially updated. This will be amended and reviewed.
- Whilst the six-facet survey was not part of the budget for this financial year, it was in line with Health Board savings. It will need to be reviewed if included for 2026/27.

In discussing the item, the Committee:

- Congratulated the Risk Team on their recent award.
- Queried BAF 24.07 and its accuracy. This will be reviewed by the risk team and amended as required.
- Requested a formal update at the next Committee meeting regarding the six-facet survey, with an additional update provided ahead of submission of the BAF to the Board in January 2026.

The following actions were agreed:

- **Action PF25.122.1:** BAF 24.07 to be reviewed for accuracy and amended as required.
- **Action PF25.122.2:** Update on the six-facet survey to be received at the next meeting.

It was resolved that the Committee:

- **NOTED** the current position.

## FOR INFORMATION



### **PF25.123 Corporate Governance Report**

*Pam Wenger, Director of Corporate Governance*

The Head of Corporate Governance presented the report.

It was resolved that the Committee:

- **NOTED** the current position.

*[Nesta Collingridge and Linda Dyson left the meeting].*

### **CLOSING BUSINESS**

#### **PF25.124 Summary of Business to be reported from Private**

The following items were discussed in private at the previous Committee meeting:

- Contract briefing paper on Community Equipment with FCC and DCC.
- Business Case regarding Penrhos Care Home

#### **PF25.125 Agree Items for Referral to Board / Other Committees**

It was agreed that the following should be referred to the Committee / Board:

- Quality, Safety and Experience Committee to look at evidence of harm as a result of delays to follow up appointments.
- People and Culture Committee to consider how the establishment control process can be simplified given evidence that inability to recruit to posts within establishment in a timely manner is negatively impacting performance.

#### **PF25.126 Agree Items for Chairs Assurance Report**

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

1. There is a deficit of £17.3 million on the year to date and a financial risk of £26.0 million to achieving the plan to break-even: The Financial Oversight Group has agreed to a number of additional centralised control measures although it is recognised this reinforces some negative behaviours on the part of managers who have become unused to prioritising within their budgets.
2. There is little sign of any improvement in performance indicators relating to theatre utilisation which are key measures of our efficiency and productivity.
3. We have not succeeded in meeting our trajectory towards eliminating 104 plus waits for planned care which is a key target for the Welsh Government, while performance on cancer and breaches in respect of the eight-week target for diagnostics remain concerning.

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

1. It received the Information Governance KPI Reports for the first and second quarters of the year, and performance continues to be good.

2. There now appears to be a clear prioritised approach to improving Urgent and Emergency Care performance with some initial indications of real improvement.

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

1. There was evidence of some improvement with regard to Planned Care, particularly in respect of reducing the number of patients experiencing long waits for their initial consultant appointment, and in terms of therapies.
2. The Committee noted the report on implementation of the Annual Plan to 30 September but raised concerns around the number of red deliverables and asked for clarification in future papers as to include a narrative on any harm to patients due to these not being delivered on time.

#### **PF25.127 Review of Meeting Effectiveness**

It was agreed that:

- The Committee meeting ran well.

#### **PF25.128 Date of next meeting**

24 February 2026.

#### **Resolution to Exclude the Press and Public**

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

**Betsi Cadwaladr University Health Board (BCUHB)**

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

**held in Public on 24 February 2026**

**held in the Boardroom, Carlton Court, St Asaph and Microsoft Teams**

<b>In Attendance</b>	
<b>Name</b>	<b>Title</b>
Rhian WatcynJones	Independent Member (Chair for this meeting)
Tehmeena Ajmal	Chief Operating Officer
Russell Caldicott	Executive Director of Finance & Performance
Dr Clara Day	Executive Medical Director
Danielle Edwards	Programme Director - Planned Care (via teams)
Dyfed Edwards	Chairman (via teams)
Debbie Eytayo	Executive Director of Workforce & Organisational Development (via teams)
Fflur Jones	Audit Wales
Stuart Keen	Executive Director of Environment & Estates (via teams)
Mike Larvin	Independent Member (via teams)
Lois Lloyd	Chief Pharmacist
Chris Lothian-Field	Independent Member
Fiona Mash	Head of Organisational Portfolio Management Office.
Simon Monkhouse	Audit Wales
Justine Parry	Acting Director of Digital, Data and Technology
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Pam Wenger	Director of Corporate Governance
Neil Windsor	Programme Director
<b>Observing</b>	
Jody Evans	Assistant Head of Risk Management
Jane Farrel	Improvement Advisor
<b>Committee Support</b>	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Secretariat

<b>PRELIMINARY MATTERS</b>
<p><b>PF26.01 Welcome and Apologies</b></p> <p>Apologies were received from Dave Harries and Gareth Williams.</p>
<p><b>PF26.02 Declarations of Interest</b></p> <p>No declarations of interest were received.</p>
<p><b>PF26.03 Unconfirmed Minutes of the Meeting held on 18 December 2025</b></p> <p>The following amendments to the minutes were noted:</p>



- Item PF25.114: correction of “bow” to “now”.
- Item PF25.122: correction of “BAG” to “BAF”.
- Item PF25.122: Advised this was an award for Risk Management Team of the Year. Requested name of award to be added for clarity.

It was agreed for the minutes to remain as draft, and to be reviewed for approval outside of the meeting on the return of the Chair at the next Committee meeting.

### PF26.03 Matters Arising & Action Log

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

- **Action PF25.96.1:** due to come through on cycle of business as part of annual report. Agreed to close.
- **Action PF25.114.1:** this will be presented as part of the report in the future. Agreed to close.
- **Action PF25.115.1:** 100% overdue following up waiting list. This has been reviewed and referred onto QSE Committee. This is going through major programme for planned care.
- **Action PF25.92.1:** action to remain open whilst clarification is gained from the Executive Director of Environment & Estates.

The Committee discussed information that is circulated outside the meeting regarding actions or items. It was agreed for updates to be fed back through appropriate means, e.g. through the governance report and/or action, to ensure a trail for audit purposes and future reference if required, as well as consistency.

It was agreed for Action PF25.67.1 to be closed, and a new action opened to create a user-friendly integrated performance report.

- **Action PF26.3.1:** A new user-friendly Integrated Performance Report to be developed with aim for implementation from April 2026.

It was resolved that the Committee:

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

## MAJOR PROGRAMMES & LONG LASTING CHANGE

### PF26.05 Urgent & Emergency Care (UEC)

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

- Reference was made to the focus on the Six Goals programme.
- There is a strengthened leadership position with the appointment of a new Clinical Lead, and a new Programme Manager having started over the last few months.
- There is a focus on development of partnership working, with the aim of developing a more coherent UEC improvement and recovery team.
- Increased funding has been received relating to ongoing work regarding a Hospital Flow framework, which focuses on timely discharge and aiding flow through the hospital. A Multi Agency Discharge Event (MADE) has been undertaken on sites with actions as an outcome.

- Reference is made to Falls Prevention as a major opportunity for harm reduction and reduction in Emergency Department (ED) attendances.
- Single Point of Access (SPOA) requires clarity on the remit, and it was advised that an update will be due at the end of Quarter 1 of 2026/27.
- Regarding the Acute Fragility Service (AFS), a singular service model is being developed. An update will be brought to the Committee once timescales are agreed. Update is expected during Quarter 1 of 2026/27.
- An update is due to be received at Board regarding Urgent Emergency Care in March 2026.

In the discussing the item, the Committee:

- Referenced the need for improvement in ambulance handover delays and noted the importance of the role of the Committee to feed into themes for update to the Board, to gain assurance on delivery.
- Requested follow up reporting on UEC at the next meeting, with evidence alongside predicted actions and timescales to review progress.

The following actions were agreed:

- **PF26.05.01:** Update on Single Point of Access to be brought to June 2026 Committee meeting for update on progress from Q1
- **PF26.05.02:** Update on Acute Fragile Service to be brought to Committee at the end of Q1.
- **PF26.05.03:** Update to be received at the next Committee meeting on Urgent and Emergency Care, including evidence, predicted actions and timescales to review progress.

It was resolved that the Committee:

- **NOTED** the report.

*[Clara Day joined the meeting].*

## **PF26.06 Planned Care**

The Programme Director for Planned Care presented the item, and highlighted the following:

- Significant validation work has taken place, with over 11,500 patient pathways (waiting 104 weeks+) validated since December 2025. 1900 of these pathways were closed, through clerical or technical validation. Lessons learnt from the validation exercise is put into training, to aid improvement in future.
- Validation is utilised to ensure patients remain on the correct pathway, and ensure appointments are still required, as well as removing unnecessary duplicate pathways.
- Chatbot technology is being utilised for digital patient validation by a number of specialities. Outcomes from this work is being gathered currently.
- No patient is removed or pathway closed without clinical assurance, emphasising the importance of clinical safety.

The Executive Director of Finance & Performance updated further, highlighting:

- New outpatient activity has moved to a centralised booking system. Previously 30K patients were waiting over 52 weeks. This has seen a dramatic reduction, with now 7000 waiting over 52 weeks. Further reduction in this figure is expected before the end of the financial year.
- The number of patients waiting over 104 weeks (all stages), was previous over 10k patients 12 months ago. The trajectory target was met in December 2025, with the target of 2500 patients to be met by end of March 2026

In discussing the item, the Committee:

- Were advised that every health board is required to complete validation, and that a trial of the Chatbot validation was used previously in ENT and was well received. Validation via telephone is also available for patients if required or preferred.
- Queried the figures regarding validation, and if the closure rate was as expected or unchanged.
- Requested an update on Planned Care be given at every PFIG meeting going forward.
- Requested an update be brought to a future meeting on trend analysis, including validation, removal rates and patient outcomes.
- Emphasised the need to incorporate realistic timelines and outcome measures into future reports.
- Noted the significant reduction (68%) of new outpatient appointments, however emphasised the need for focus on sustainability beyond short term insourcing, and expressed concern regarding patient experience due to long waiting times.

The following actions were agreed:

- **Action PF26.06.01:** Planned Care update to be standing item on every PFIG meeting going forward, incorporating timelines and outcome measures.
- **Action PF26.06.02:** Trend analysis regarding Planned Care to be provided at a future PFIG meeting.

*[Danielle Edwards left the meeting].*

## PF26.07 Value & Sustainability

The Executive Director of Finance and Performance introduced the item, with the update being given by the Chief Pharmacist. The following points were highlighted:

- Regarding Medicines Management, the Value & Sustainability work relates to choosing the best value medicines available in terms of both cost and sustainability of use.
- In financial year 2025/26, there was a prescribing budget of £146m, with a £10.4m savings target identified. This is currently on track to deliver with £8.5m savings achieved year to date.
- Priority areas of work include Primary Care Pharmacy and Acute Pharmacy.
- Risk areas include workforce and increasing drug costs.
- Polypharmacy is a current focus, with work ongoing to understand how this can be commissioned, exploring potential outcomes and impacts.

In discussing the item, the Committee:

- Noted the good progress seen this year from medicines management with regard to the Value & Sustainability programme.
- Highlighted concerns regarding the large volumes of prescribed medication waste that can be produced, and what can be done to manage and reduce this where possible. The Committee was advised that work is ongoing with community pharmacy regarding this.
- Noted changes of procurement regulations, and how this poses risk to all Health Boards. Emphasis was made to ensure enablement changes are implemented as soon as possible to minimise risk to process and delivery.

It was resolved that the Committee:

- **NOTED** the report.

### PF26.08 Foundations for the Future

It was agreed for this item to be deferred to the April 2026 meeting to allow for discussion of the item at the Board Development session later this week.

The following action was agreed:

- **Action PF26.08.01:** Foundations for the Future update to be received at April 2026 PFIG meeting.

*[Lois Lloyd left the meeting].*

## PLANNING, PERFORMANCE & STRATEGY

### PF26.09 Urgent Suspected Cancer (USC) Performance

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

- It was clarified that the item is for public sharing, not private as stated on the published paper.
- De-escalation is 55% or above. This is a reduced target due to special measure status.

*[Stuart Keen left the meeting].*

- A deteriorating position has been seen in the last 2-3 years in regards to USC performance, with significant challenges seen in diagnostics, notably endoscopy, and tumour pathways.
- Several areas of outsourcing remain, and this is to be explored as to whether this can return to inhouse or is required to continue.
- A deep dive by the Board is scheduled for March 2026.

In discussing the item, the Committee:

- Noted a recent visit to the cancer centre by the Cabinet Secretary earlier this week.
- Was advised of immediate performance concerns and focus areas, including the need to ensure clear clinical pathways. Timescales for this work will be advised at the update to the Board in March.

- Was advised of validation taking place, with the aim to unpick the current process, specifically relating to USC pathways, due to the high referral to diagnosis rate (1-2% of referrals received), to ensure the most appropriate pathway available, as well as Capacity and Demand planning regarding incoming referrals and service capacity.
- Noted shared learning with other Planned Care teams nationally.
- Was advised that this work will be referenced in the updated Performance Report going forward that will be received by the Committee.
- Requested that relevant timeframes are included with the item for future updates received by the Committee.

The following action was agreed:

- **Action PF26.09.01:** relevant timeframes to be include in future updates

It was resolved that the Committee:

- **NOTED** the report.

*[Paolo Tardivel and Fiona Mash joined the meeting].*

### **PF26.10 Annual Development Plan Q3**

The item was presented jointly by the interim Executive Director of Transformation and Strategic Planning and the Head of Organisational Portfolio Management Office. The following points were highlighted:

- 35 sub-objectives have been reviewed, with approximately 75% of these on track for Quarter 4.
- Strong progress has been made in a number of areas, with specific improvement noted regarding cancer targets, with large amounts of validation work having taken place.
- The 10 sub-objectives rated red have been escalated to the Chief Executive for strengthening narrative. These will be reviewed through Executive Committee on 13 March, where an updated position will be presented at March Board, along with an update against the 16 sub-objectives rated amber.

In discussing the item, the Committee:

- Raised concerns regarding the areas that are not on track.
- Noted ongoing pressure in clinical areas with ongoing change, as well as the vacant role of a Primary/Community Director for the past 18 months.
- Noted the limited outcomes and timeframes detailed within the paper, emphasising the need to identify and include the impact of outcomes on the population within future papers.

It was resolved that the Committee:

- **NOTED** the report.

*[Paolo Tardivel and Fiona Mash left the meeting].*

## GOVERNANCE & RISK

### PF26.11 Finance Report

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

- The Health Board is reporting a £17.4 m year-to-date deficit. There is an aim to improve this position with implemented financial control mechanisms in place.
- The Health Board is currently headed for a 0.6% deficit position, with £82 mil at risk, dependent on delivery.
- The deficit is driven by National Insurance employee contribution (£4.2 m) and inflation not being cross matched (equating to approx. £9 m).
- A positive delivery on savings has been seen, with the Value & Sustainability programme taking place and delivery cost savings.
- Total Capital for 2025/26 equates to £59.2m with lease provision, with £30m spent as of end of month 10, with a further £29m remaining for spend before the end of March 2026. There can be no more than £500K underspend, and no overspend. Assurance is given in regard to this spend, with plans in place to manage risk.

In discussing the item, the Committee:

- Reviewed the KPI slides, and discussed workforce costs, including reduction on agency spend.
- Emphasised the need for effective use of staff at all levels, acknowledged difficulties experienced by a number of specialities in regard to staffing, noting a sustainable workforce plan is key to this work.

It was resolved that the Committee:

- **NOTED** the report.

### PF26.12 Integrated Performance Report

The Executive Director of Finance & Performance presented the report.

In discussing the item, the Committee:

- Raised concern on the many sections in “red” regarding national metrics.
- Was advised that an updated format of the report will be introduced for the Committee meeting in April 2026.

It was resolved that the Committee:

- **NOTED** the report.

### PF26.13 Information Governance KPI Report

The Acting Director of Digital, Data and Technology introduced the item, and advised regarding the following:

- It was noted that an incorrect version of the KPI report was received by the Committee in Q1 and Q2 of this financial year. This error was due to a new template being adopted, however not being correctly utilised at the time. The report for this meeting (covering Q3) is therefore not yet available for this meeting and will instead

come to the PFIG meeting in April, following the appropriate governance route to committee.

- It was agreed that due to the issues found, and assurance of the correction given, that updated reports for Q1 and Q2 would not be resubmitted to committee, but that amendments will be included within papers for accuracy.

The following action was agreed:

- **Action PF26.13.1:** Amended reports for Q1 and Q2 of 2025/26 to be updated and shared.

It was resolved that the Committee:

- **NOTED** the report.

### **PF26.14 Information Governance (IG) Annual Report**

The Acting Director of Digital, Data and Technology presented the report. The following points were highlighted:

- The IG Annual Report was not submitted to the October meeting due to late rescheduling of the meeting.
- The next annual report will come through Committee in August 2026.
- There has been updated standard requirements from DHCW (Digital Health & Care Wales). This poses a compliance risk for BCU in regard to one aspect relating to management of CCTV. Discussion is ongoing with the Executive Director of Environment and Estates with plans in place to ensure progress.
- No ICO (Information Commissioners Office) fines were received, however there were two settled claims (totalling £19k).
- Mandatory training compliance is maintained at 85%.
- A steady number of complaints is maintained, with a decreasing rate in ICO complaints received.
- Compliance audits completion is maintained, which are well received by services.
- One Health Board managed GP practice did not submit the IG toolkit. This is a mandatory requirement of the contract. The reason for this is being explored.
- Governance arrangements in regard to the use of artificial intelligence (AI) is being reviewed given current advancements.

The following actions were agreed:

- **Action PF26.14.1:** Update to be received at the next PFIG Committee regarding delay in IG toolkit completion.

The Committee thanked the team for their ongoing work and support.

It was resolved that the Committee:

- **NOTED** the report.

### **PF26.15 Corporate Governance Report**

The Committee emphasised the need to include an item regarding review of current business cases during April 2026 meeting.

The following action was agreed:

- **Action PF26.15.1:** Current Business Cases to be added as an item for April 2026 meeting.

It was resolved that the Committee:

- **NOTED** the report.

### **PF26.16 Corporate Risk Register**

The Director of Corporate Governance presented the report. The following points were highlighted:

- A number of Executive Committee sessions are planned to review and strengthen risk actions, with the aim of tighter mechanism and clearer processes.
- A simplified report is currently being explored with the aim of sharing with committee members for comment prior to implementation.

In discussing the item, the Committee:

- Queried the longevity of timeframe against a number of high-severity risks. It was clarified that work is ongoing to understand if these are “true risks” and if a revised, interim timescale can be implemented.
- Clarified that the Risk Scrutiny Group reports to the Executive Committee, and then onto Committee and the Board.

### **CLOSING BUSINESS**

#### **PF26.17 Agree Items for AAA Report**

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

1. A progress update on the single point of access initiative will return to the Committee at the end of quarter one (June).
2. Frailty Service Targets Development targets for the acute frailty service for 2026/27 will be shared with the Committee once the model is finalised. The plan is due to be signed off by the end of March 2026, which outlines implementation timescales.
3. Several areas remain at risk, including urgent and emergency care performance, planned care backlog, and workforce cost pressures. The committee noted ongoing challenges in achieving national targets, particularly in cancer and long-wait pathways.
4. Capital expenditure is behind profile, with a significant portion yet to be spent, raising concerns about year-end delivery.
5. Information governance compliance is at risk for CCTV management due to new national standards.

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

6. Validation processes in Planned Care are robust, with over 11,500 pathways validated and significant closures improving capacity. Patient validation is ongoing, supported by innovative chat bot technology.
7. Savings targets have been met, with the Value and Sustainability programme

delivering above plan. Medicines management is on track, with positive progress in value and sustainability workstreams.

8. Multi-agency discharge events and improved partnership with local authorities are driving better hospital flow and discharge outcomes.
9. Information governance training compliance remains above national target, and no financial penalties were incurred in the last year.

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

10. Measurable outcomes, timelines, and data collection to all improvement actions for urgent and emergency care and planned care, to be received at Committee to provide clearer assurance to the Board.
11. A reference system for documents and information shared outside meetings will be developed to improve accessibility and governance.
12. Regular progress updates on planned care, urgent and emergency care, and cancer pathways will come to each committee meeting to maintain oversight and assurance.
13. Workforce cost pressures are being addressed by focusing on productivity, skill mix, and reducing agency spend, aligned with IMTP workforce planning.
14. Information governance compliance risks are escalated to executive committee and Board, particularly regarding CCTV management and managed GP practices.

#### **PF26.18 Review of Meeting Effectiveness**

It was agreed that:

- The meeting ran well with constructive discussion and engagement.

#### **PF26.19 Date of next meeting**

**28 April 2026**

#### **PF26.20 Resolution to Exclude the Press and Public**

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

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

Updated 21.04.2026

Open Actions						
Actions to remain open						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PF25.114.2	18.12.25	<b>Finance Report</b> Update on the AHP bank to be received at the October 2026 meeting to review progress.	Nick Graham	October 2026	<b>Remain Open</b> Added to forward workplan.
2	PF26.3.1	24.02.26	<b>Integrated Performance Report</b> A new user-friendly integrated performance report to be developed, with aim to utilise from start if the next financial year.	Ed Williams Russell Caldicott	April 2026	<b>Remain Open</b> On track – a version to come to the IPR (or an update to be received at the April 2026 meeting)
3	PF26.05.01	24.02.26	<b>Urgent Emergency Care (UEC)</b> Update on SPOA to be brought to June 2026 Committee meeting for update on progress from Q1	Tehmeena Ajmal	June 2026	<b>Remain Open</b>  To be scheduled for June's meeting.
4	PF26.05.02	24.02.26	<b>Urgent Emergency Care (UEC)</b> Update on Acute Frailty Service (AFS) to be brought to Committee once timescales are agreed. Update expected through Q1.	Tehmeena Ajmal	June 2026	<b>Remain Open</b>  To be scheduled for June's meeting.
Proposed for Closure						

1	PF26.06.01	24.02.26	<b>Planned Care</b> Planned Care update to be standing item on every PFIG meeting going forward, incorporating timelines and outcome measures	Russell Caldicott / Tehmeena Ajmal	April 2026	<b>Proposed for closure</b> 18.03.26 – included on Committee cycle of business.
2	PF25.122.2	18.12.25	<b>Board Assurance Framework</b> Update on the six-facet survey to be received at future meeting.	Stuart Keen	April 2026	<b>Proposed for closure</b> Update to be provided by the Director of Estates and Environment at the April meeting.  18.03.26 – update added to draft agenda for April  24.03.26 - On Agenda – for update as part of BAF
10	PF26.09.01	24.02.26	<b>Urgent Suspected Cancer Performance</b> Relevant timeframes to be include in future updates	Tehmeena Ajmal	April 2026	<b>Proposed for closure</b> Paper went to Board March 2026
3	PF25.92.1	22.10.25	<b>Finance Report</b> Reprofile of capital expenditure plan to take place and update to be given at future PFIG meeting.	Russell Caldicott	February 2026	<b>Proposed for closure</b> To be added to Feb 26 agenda  19.01.26 – on Feb 26 agenda  24.02.26 – Remain open until update is received. Update to be requested.  Update went direct to Board March 2026

7	PF26.05.03	24.02.26	<b>Urgent Emergency Care (UEC)</b> Update to be received at the next Committee meeting on UEC, including evidence, predicted actions and timescales to review progress	Tehmeena Ajmal	April 2026	<b>Proposed for closure</b> 18.03.26 – UEC now standing item on agenda and will be received as part of the Strategic Programmes cycle to PFIG.
8	PF26.06.02	24.02.26	<b>Planned Care</b> Trend analysis regarding Planned Care to be provided at a future PFIG meeting	Russell Caldicott / Tehmeena Ajmal	April 2026	<b>Proposed for closure</b> On Agenda
9	PF26.08.01	24.02.26	<b>Foundations for the Future</b> Foundations for the Future update to be received at April 2026 PFIG meeting.	Russell Caldicott	April 2026	<b>Proposed for closure</b> On Agenda
11	PF26.14.1	24.02.26	<b>Information Governance</b> Update to be received at the next PFIG Committee regarding delay in IG toolkit completion.	Justine Parry	April 2026	<b>Proposed for closure</b> On Agenda

**Closed Actions (as agreed at meeting on 24.02.26)**

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PF25.96.1	22.10.25	<b>Shared Services Update</b> Future reports to include percentage savings of total spend on services by BCUHB through NWSSP.	Russell Caldicott	October 2026	Closed NWSSP in future reporting to include analysis of % of total spend on services by BCUHB  24.02.26 – due to come through on cycle of business as part of annual report. Agreed to close.
2	PF25.114.1	18.12.25	<b>Finance Report</b> Total expenditure shares table for all Welsh Health Boards to be shared with Committee members.	Russell Caldicott	February 2026	Closed All Wales performance shared with members by email.

						24.02.26 – this will be presented as part of the report going forward.
3	PF25.115.1	18.12.25	<b>Integrated Performance Report</b> 100% overdue follow up waiting lists to be reviewed outside of meeting with Medical Director	Russell Caldicott	February 2026	Closed Discussions have concluded and plans under development.  24.02.26 – this has been reviewed and referred onto QSE Committee. This is going through major programme for planned care.
4	PF25.115.3	18.12.25	<b>Integrated Performance Report</b> The use of additional MRI machines to be discussed outside of meeting. The Director of Finance to link in with the Programme Director of Planned Care for update.	Russell Caldicott	February 2026	Closed Discussions concluded with Operational teams and Executive (mobile units on site with software upgrades to existing machines)
5	PF25.120.1	18.12.25	<b>Q2 Annual Delivery Plan Report</b> Resource constraints relating to patient flow to be reviewed to assure consistency	Russell Caldicott	February 2026	Closed Plans developed to maintain flow within the Operational teams
6	PF25.122.1	18.12.25	<b>Board Assurance Framework</b> BAF 24.07 to be reviewed for accuracy and amended as required.	Nesta Collingridge	February 2026	Closed The Board Assurance Framework was updated before reporting to the Board in January 2026.
7	PF25.67.1	26.08.25	<b>Integrated Performance Report</b> Comments to be fed back to Ed Williams	Gareth Williams/Rhian Watcyn	February 2026	Closed Gareth Williams and Rhian Watcyn Jones have met Ed

				Jones/Russell Caldicott		Williams and work on a simpler summary report is ongoing.  19.01.26 – on Feb 26 agenda.  24.02.26 – agreed to open new action to work on and create a user friendly integrated performance report.
9	PF25.92.2	22.10.25	<b>Finance Report</b> The Chief Pharmacist to be invited to attend when Value & Sustainability is next on the agenda to ensure Medicines Management representation.	Chair	February 2026	Closed 19.01.26 – on Feb agenda. Chief Pharmacist invited to meeting.
10	PF25.115.2	18.12.25	<b>Integrated Performance Report</b> Paper on 100% overdue follow ups to be received at QSE Committee		March 2026	Closed 19.01.26 – transferred to QSE for March agenda.
11	PF25.118.1	18.12.25	<b>Progress against Planned Care</b> Cancer Services performance to be reviewed for progress at the next Committee meeting.	Russell Caldicott/Ed Williams	February 2026	Closed 19.01.26 – on Feb agenda

## Performance Finance & Information Governance Committee

### MEWNOSODWCH DEITL YR ADRODDIAD PLANNED CARE

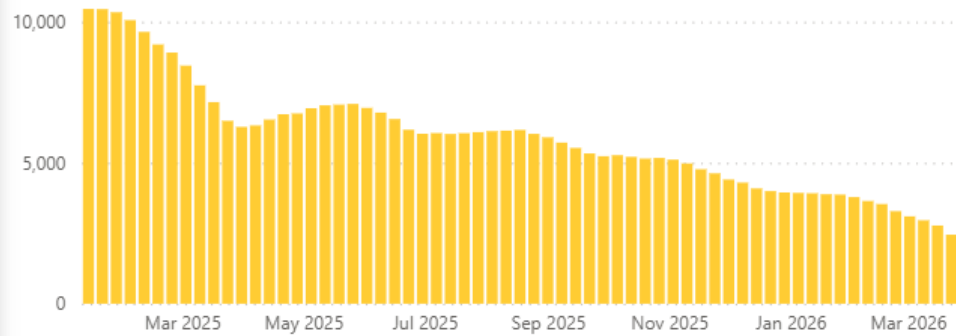
<b>Dyddiad y Cyfarfod</b> Date of Meeting	28 April 2026
<b>Statws Cyhoeddi</b> Publication Status	Open/ Public
	Not Applicable
<b>Enw a theitl Awdur(on) yr Adroddiad</b> Report Author name and title	Rhian Hulse
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol</b> Lead Executive Team Member name and title	Tehmeena Ajmal Chief Operating Officer
<b>Pwrpas yr Adroddiad</b> Report Purpose	For Noting

#### **Crynodeb Gweithredol** **Executive Summary**

The Health Board has delivered substantial improvements in Planned Care performance over the past fifteen months, with significant reductions in long waits across outpatient, diagnostic and treatment pathways. Patients waiting over 104 weeks have reduced by approximately 61%, falling from over 10,000 in January 2025 to 2,139 by March 2026, meeting the IMTP trajectory. Similarly, 52-week outpatient waits have reduced by around 80%, from over 30,000 to approximately 6,000.

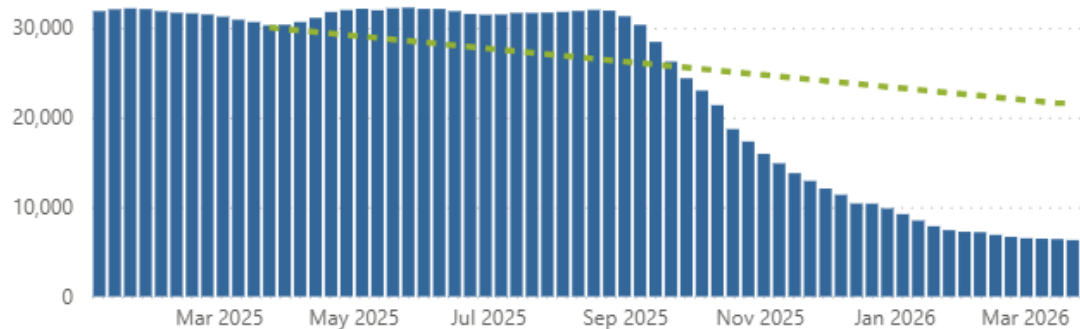


104 Week Actuals Vs Trajectory



Stage 1 52 Week Actuals Vs Trajectory

● Actual ● Total S1 2526



Despite this progress, the volume of 104-week waiters remains higher than acceptable, and further improvement is required to meet the IMTP expectation of 1,597 by the end of Q1 2026/27 and achieving zero by March 2027. Specialty-level constraints—particularly in Dermatology, Orthopaedics, Ophthalmology, Urology and Endoscopy—continue to limit throughput. Work is underway to strengthen capacity planning, improve equity of access across North Wales, and embed a new Standard Operating Procedure to support consistent waiting list management.

Cancer performance remains challenged, with Single Cancer Pathway compliance at 53% for February 2026. Key pressures include Skin, Breast, Urology and Endoscopy. While Dermatology backlogs have reduced significantly and Urology biopsy insourcing has commenced, further improvement is required to meet the IMTP target of 60% by Q4 2026/27. Diagnostic performance has also deteriorated slightly, with 13,779 patients breaching the 8-week standard, despite increased demand following national outpatient programme conversions.

To bridge the gap between internal capacity and demand, a series of commissioning actions have been approved, including extensions to Newmedica, Nuffield, Spire,





Dermatology insourcing, Endoscopy contracts and Radiology outsourcing. These measures will support short-term stability while internal productivity improvements—such as enhanced theatre utilisation, reduced late starts and cancellations, and GIRFT-aligned pathway optimisation—are implemented. However, current budgets for outsourcing and diagnostics will be fully utilised by August 2026, and further investment will be required to sustain progress.

Overall, the Health Board is on a positive trajectory, with clear evidence of improvement and a structured plan to address remaining challenges. Continued focus on operational delivery, productivity, validation, and targeted commissioning will be essential to achieving IMTP commitments and improving access to care for the population of North Wales.

**Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)**  
**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals</b>	<b>Dyddiad Date</b>	<b>Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data</b>
Not applicable for this report		

**Acronymau / Rhestr Termiau**  
**Acronyms / Glossary of Terms**

Not applicable for this report	
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## MEWNOSODWCH DEITL YR ADRODDIAD INSERT REPORT TITLE

### 1. Y SEFYLLFA SITUATION

- 1.1 The Health Board has significantly reduced long waits, including a drop from over 10k to 2,139 patients waiting over 104 weeks.
- 1.2 52-week outpatient waits reduced from 30k to around 6k.
- 1.3 Despite improvements, 104-week waits remain too high and must reach zero by March 2027.
- 1.4 Specialty-level challenges persist across Dermatology, Orthopaedics, Ophthalmology, Urology, and Endoscopy.
- 1.5 Cancer performance is at 53% with pressures in Skin, Breast, Urology, and Endoscopy.
- 1.6 Diagnostic 8-week performance shows 13,779 breaches.

### 2 Y CEFNDIR BACKGROUND

- 2.1 Improvements align with IMTP targets for 2026–2027.
- 2.2 Capacity and demand issues continue despite progress.
- 2.3 GIRFT and HVLC expectations require improved productivity.
- 2.4 Theatre inefficiencies include late starts, cancellations, and early finishes.
- 2.5 Additional commissioning is required to bridge capacity gaps.
- 2.6 Cancer and diagnostic pathways remain under pressure.

### 3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

- 3.1 Ability to meet Q1 2026/27 target of 1,597 104-week waiters and zero by March 2027.
- 3.2 Implementation of equitable access SOP across North Wales.
- 3.3 Strengthening validation processes.
- 3.4 Commissioning decisions including NewMedica, Dermatology, Nuffield, Spire, Endoscopy, Radiology, and planned care team extension.
- 3.5 Budgets will be fully utilised by August 2026, requiring further funding.
- 3.6 Cancer performance must reach 60% by Q4 2026/27.
- 3.7 Diagnostics must reach 80% by March 2027.
- 3.8 Fragile services require ongoing recovery work.

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






- 4.1 Failure to meet IMTP targets.
- 4.2 Insufficient internal capacity without outsourcing.
- 4.3 Theatre inefficiencies limiting productivity.

- 
- 4.4 Financial risks due to outsourcing costs and recurrent pressures.  
4.5 Cancer and diagnostic performance risks.  
4.6 Reputational risks from long waits and performance issues

## 5 **ARGYMHELLION RECOMMENDATIONS**

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

- **CEFNOGI/SUPPORT:**
- Endorse commissioning plan (NewMedica, Dermatology, Nuffield, Spire, Endoscopy, Radiology).
- Support operational improvements including SOP implementation and validation strengthening.
- Monitor cancer and diagnostic recovery plans.
- Ensure financial planning accounts for further commissioning needs beyond August 2026.

ASESIAD / ASSESSMENT	
<b>Cyswllt â'r Blaenoriaethau Strategol</b> <b>Link to Strategic Priorities</b>	     2. Enhance the Co-ordination of Care for People
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p> <p>Improve Access, Outcomes and Experience</p>
<b>Yr Egwyddorion Dylunio</b> <b>Design Principles</b>	Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<b>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd</b> <b>Corporate Risks and Board Assurance Framework</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) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)  CRR 25-01 BAF 24-07

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<b>Equality Act 2010 Public Sector Equality Duty:</b> <b>Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):</b> <a href="#">Public Sector Equality Duty [HTML]   GOV.WALES</a>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:  Not Applicable	
<b>Equality Act 2010 - Socio-economic Duty</b> <i>Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:  Not Applicable	

<p><i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> <a href="#">WP8a Template</a></p>	<p>Canlyniad/Outcome: Do/Yes:</p>	Naddo/No:
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:  Not Applicable</p>	
<p><b>Human Rights Act</b> <i>Have Human Right based concerns been addressed within WP8a</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	Naddo/No: <input checked="" type="checkbox"/>
	<p>Canlyniad/Outcome:  Not applicable</p>	
<p><b>Compliance to the Welsh Language requirements?</b> <i>Have you undertaken an Impact Assessment</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:  Not Applicable</p>	Naddo/No: <input checked="" type="checkbox"/>
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:  Not Applicable</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:  Not Applicable</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:  Not Applicable</p>	
<p><b>Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant</b> <i>Have the principles of the Armed Forces Covenant</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	Naddo/No: <input checked="" type="checkbox"/>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	

<i>been addressed within WP8a</i>	Not Applicable	
<p><b><u>Ansawdd</u></b> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i></p> <p><b><u>Quality</u></b> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	<p><b>Galluogwyr Ansawdd Enablers of Quality</b> Choose an item.</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p> <p>Not Applicable</p>	
<p><b><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></b></p>	Not Applicable	
<p><b>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</b></p>	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
<p><b>Asesiad o Effaith ar Ddiogelu Data</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i></p> <p><b>Data Protection Impact Assessment</b> <i>Have you undertaken a Data Protection Impact Assessment Screening?</i></p>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Not Applicable	
	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>

<b>Asesiad o Effaith ar Atal Twyll</b> <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> <b>Counter Fraud Impact</b> <i>Have you considered the counter fraud impacts</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:  Not Applicable	
<b>Cyfreithiol</b> <b>Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw Da</b> <b>Reputational</b>	Yes (Include further detail below) The Health Board is already under close oversight due to performance challenges. Failure to deliver quarterly and year end trajectories would impact the reputation of the Health Board and may further increase oversight and intervention.	
<b>Effaith ar Adnoddau</b> <i>(Pobl / Ariannol)</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## Performance Finance & Information Governance Committee

### RHAGLEN GOFAL BRYD AC ARGYFWNG URGENT & EMERGENCY CARE (UEC) PROGRAMME

<b>Dyddiad y Cyfarfod</b> <b>Date of Meeting</b>	28 April 2026
<b>Statws Cyhoeddi</b> <b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Enw a theitl Awdur(on) yr Adroddiad</b> <b>Report Author name and title</b>	Liz Wedley, Programme Director UEC
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol</b> <b>Lead Executive Team Member name and title</b>	Tehmeena Ajmal, Chief Operating Officer
<b>Pwrpas yr Adroddiad</b> <b>Report Purpose</b>	For Noting

#### **Crynodeb Gweithredol** **Executive Summary**

This paper provides assurance to the PFIG Committee on delivery of the UEC Major Change Improvement Programme, specifically the 90-day Improvement Plan for Q1 2026/27. The programme responds to sustained system pressure within Urgent and Emergency Care and aligns directly to Ministerial Priorities and UEC Enabling Actions.

The Plan prioritises system stabilisation and improvement across:

- Ambulance handover delays
- Emergency Department (ED) flow and exit block
- Delayed pathways of care
- Timeliness of senior clinical decision making

The Board is asked to note progress against agreed performance trajectories (P01–P06) and take assurance that:

- A robust delivery and governance framework is in place
- Improvement actions are being embedded into standard operating practice
- Risks are actively managed through daily, weekly and monthly performance grip

**Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)**  
**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data

**Acronymau / Rhestr Termau**  
**Acronyms / Glossary of Terms**

UEC	Urgent & Emergency Care
ED	Emergency Department
POCD	Pathways of Care Delays
D2RA	Discharge to Recover then Assess
SDEC	Same Day Emergency Care
SOP	Standard Operating Procedure
IMTP	Integrated Medium Term Plan

## RHAGLEN GOFAL BRYS AC ARGYFWNG (UEC) URGENT & EMERGENCY CARE (UEC) PROGRAMME

### 1. Y SEFYLLFA / SITUATION

- 1.1 Urgent and Emergency Care (UEC) services across Betsi Cadwaladr University Health Board (BCUHB) remain subject to operational risk, driven by sustained demand pressures, constrained system flow and delayed pathways of care. These risks are evidenced by continued breaches in ambulance handover times, prolonged Emergency Department (ED) waits, delayed senior clinical decision making and high levels of inpatient delay. Collectively, these factors present ongoing risks to patient safety, quality, experience, workforce sustainability and organisational reputation, with consequential impacts on system resilience.
- 1.2 In response, the Health Board has implemented a time-limited, 90-day UEC Improvement Plan for Q1 2026/27, designed to mitigate immediate operational risk and establish a stabilised performance trajectory into Q2 and Q3. The Plan is specifically targeted at the highest-risk failure points within the UEC Programme, namely ambulance offload, ED exit block, delayed discharge and early senior decision making. Clear performance expectations (P01–P06), baselines and Q1 exit positions have been defined to support transparent monitoring and Board assurance.
- 1.3 The Improvement Plan is structured to provide progressive risk control over three phases:
  - 1.3.1 **Days 1–30 (Stabilisation)** focus on restoring daily operational grip, clarifying accountability and reducing unwarranted variability at the front door and within ED flow.
  - 1.3.2 **Days 31–60 (Delivery and Acceleration)** focus on reducing the likelihood and impact of continued breaches through strengthened senior cover, improved specialty responsiveness and targeted discharge intervention.
  - 1.3.3 **Days 61–90 (Sustainability)** focus on mitigating the risk of improvement slippage by embedding effective interventions into standard operating practice and transitioning from reactive escalation to planned flow.
- 1.4 Assurance is provided through enhanced governance and performance oversight, including daily operational huddles, weekly UEC performance reviews against agreed trajectories and routine Executive and Board reporting. These arrangements enable rapid identification and escalation of risk, timely corrective action and sustained executive visibility. The Improvement Plan is being delivered within existing workforce and financial



parameters, reducing the risk of unintended financial risk while prioritising patient safety and system flow.

1.5 This paper seeks to assure PFIG that the principal UEC risks are clearly articulated, actively managed and subject to robust oversight, and that the Improvement Programme represents a proportionate and credible response to the current risk position.

## 2. Y CEFNDIR / BACKGROUND

2.1 The UEC Improvement Programme is supported by the Major Change Programme (UEC) and forms part of the Health Board’s recovery and transformation response for 2026/27.

2.2 The 90-day Improvement Plan:

2.2.1 Focuses on the most critical operational risks to patient safety and system flow.

2.2.2 Establishes a credible recovery trajectory into Q2 and Q3.

2.2.3 Aligns with established UEC Programme Board governance and Executive oversight arrangements.

2.3 This programme directly supports national UEC priorities and Ministerial expectations for system grip, flow and discharge performance.

2.4 The programme is being managed against six agreed performance expectations (P01–P06), with clear baselines and Q1 exit positions.

### 2.5 Performance Trajectories

ID	Performance Expectation	Baseline	Q1 Exit Position
P01	Reduce ambulance handovers >45 minutes	2,466	2,318
P03	Reduce 12-hour waits (majors and minors)	3,826	3,189
P04	Reduce median time to senior clinical decision in ED	180 mins	160 mins
P05	Reduce number of patients delayed in hospital	316	237
P06	Reduce total days delayed	14,180	10,635

2.5.1 Performance measures are clearly defined, baseline-assured and subject to routine review through established governance routes

#### <1 hour Ambulance handover

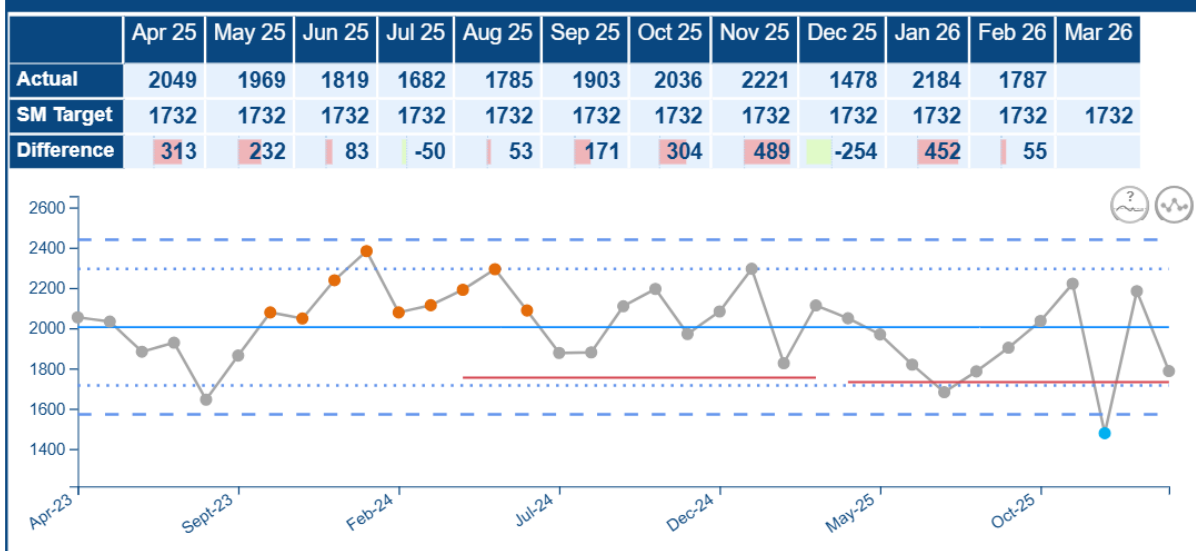
Whilst there have been some improvements noted on individual sites, this has not been sustained.

Across BCU, 68% of patients were not handed over within the 45 minutes target for January 2026. This is a decrease of 5% from the previous month.

The UEC Task group will ensure focus is on three key areas:

- Reducing avoidable admissions and ambulance conveyances to EDs
- Improving flow through the hospital including establishing an acuity-led discharge process and improved weekend flow
- Working with clinical and operational teams to strengthen system working.

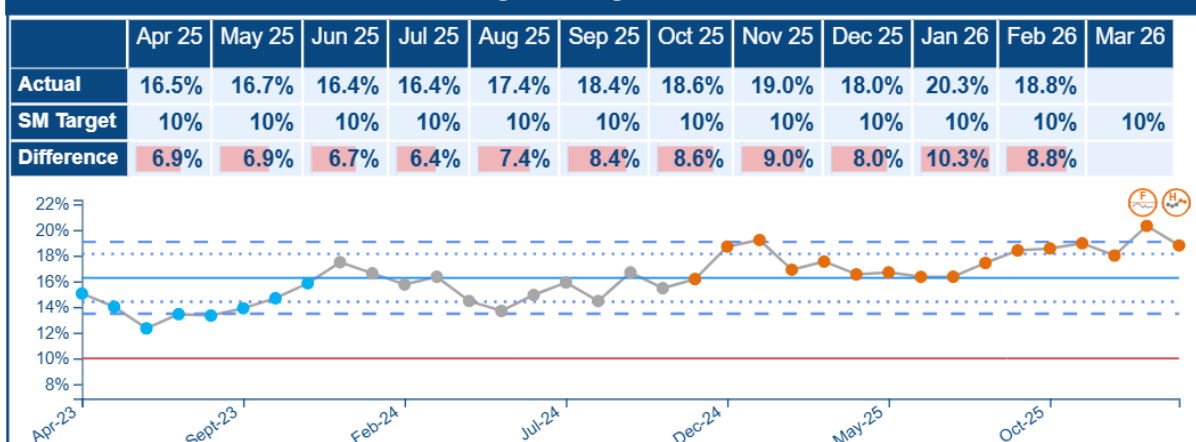
### Theme: Performance v Trajectory



#### <1 hour ambulance handover

##### 2.5.1.1 ED 12-hour breaches

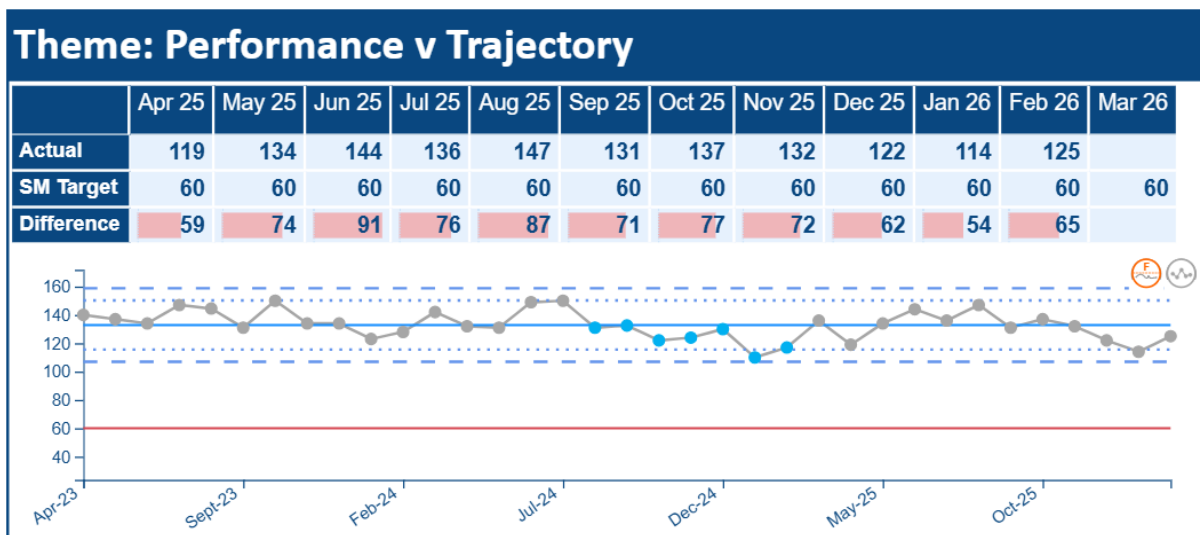
### Theme: Performance v Trajectory



#### 12-hour ED breaches

- Twelve hour waits in EDs fell 1.5% percent in February 2026, with 3,756 patients waiting over twelve hours.
- Senior clinical reviews and executive walkthroughs are shaping rapid actions to improve quality and safety across ED pathways., with specific focus on non-admitted breaches
- Targeted intervention work is assisting with calling out the inconsistencies pan BCU.
- Discharge practice and system flow are being strengthened, supported by a new data dashboard that highlights delays and drives joint work with local authorities, which is being utilised as part of the reset fortnight.

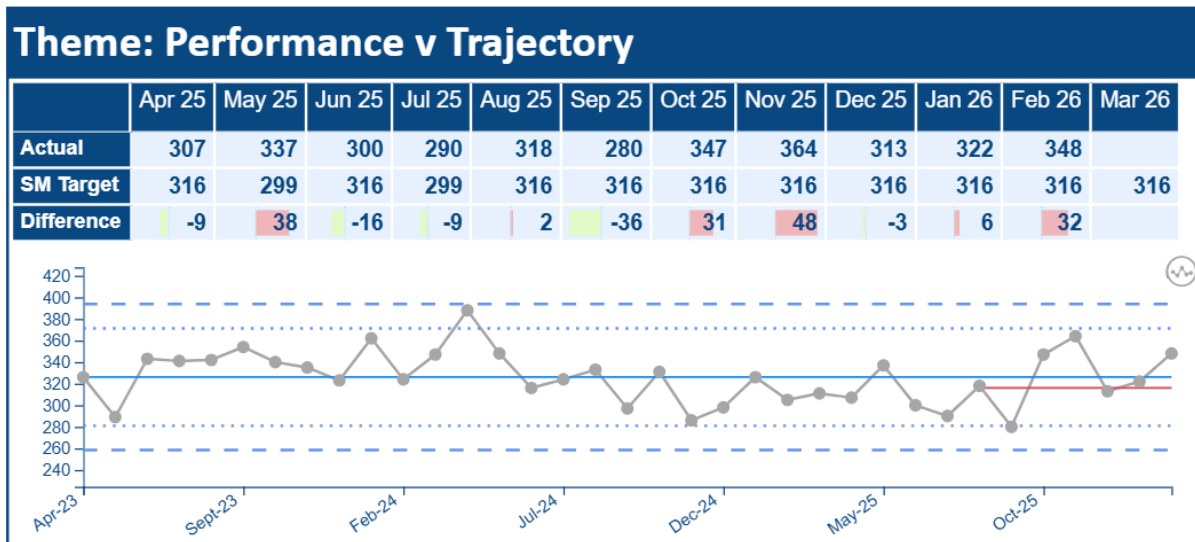
### 2.5.1.2 Median time to clinician



- Latest locally reported position 125 minutes for median time to triage for February 2026. This is a slight decrease in performance of 9 minutes from January 2026. The current national target is 60 minutes.
- Latest nationally reported position 135 minutes for median time to triage for January 2026. This is a slight improvement of 4 minutes from November 2025. The current National target is 60 minutes.



### 2.5.1.3 Pathway of care delays



#### Pathway of care delays (POCD)

POCDs have remained stable, however still above the required Special Measures target. Inconsistencies in the application of D2RA pathways have hindered progression. From the recent intervention work, the following was discovered after various improvement events and audits.

#### 2.6 Findings from MADE, 21-Day Length of Stay Reviews and 6As – March 2026

2.6.1 System reviews have identified a set of inter-related and persistent issues that are contributing to extended lengths of stay, delayed discharge, constrained flow, and sustained pressure across acute and community services.

2.6.2 There is no consistent, system-wide implementation of the Discharge to Recover and Assess (D2RA) / Home First model. Assessments are frequently undertaken before recovery has occurred, resulting in an over-reliance on Pathway 3 (24-hour bed-based care). This practice is not aligned with Welsh Government guidance, which anticipates that most patients (around 85%) should be supported to return home via Pathway 1 or short-term Pathway 2 services, with Pathway 3 reserved for only the most complex cases. Reviews of patients with a length of stay of 21 days or more demonstrate significantly higher than expected use of Pathway 3, highlighting the need to strengthen Home First decision-making and reduce avoidable bed-based care.

2.6.3 Inpatient processes are overly complex and inefficient, with patients often subject to multiple sequential assessments and delays in social work allocation, funding decisions, take-home medications, and completion of discharge documentation. Data quality remains a significant concern, with review teams identifying that between 57% and 75% of recorded delay codes were inaccurate, limiting effective oversight and management of delays.

- 2.6.4 Ownership and accountability for discharge remain fragmented. There is no standardised integrated discharge or transfer-of-care team model operating consistently across the system. Responsibilities for progressing individual patients are often unclear, and escalation processes are variable and insufficiently effective.
- 2.6.5 Discharge planning is frequently delayed and reactive, commonly commencing late in the inpatient stay. Expected discharge dates are not consistently used as an active management tool, and patients and families are often inadequately prepared for discharge. In addition, the system lacks a clear and accessible patient choice policy, contributing to high numbers of medically optimised patients remaining in acute and community hospital beds.
- 2.6.6 Community capacity and interface constraints continue to delay discharge, including limited availability of care packages, rehabilitation beds, and mental health support. These pressures are compounded by gaps in community services such as IV therapy, frailty pathways, and admission-avoidance provision.
- 2.6.7 Cultural and behavioural factors further reinforce prolonged hospital stays. Hospitals are widely perceived as places of safety, the term “social care admission” is commonly used, and risk-averse decision-making, permission-seeking behaviours, and late involvement of families reduce confidence in timely discharge.
- 2.6.8 There is also significant variation and lack of standardisation across sites and local authorities. Referral criteria differ, discharge processes are inconsistent, and fragmented digital systems hinder effective information sharing and coordination.
- 2.6.9 Finally, emergency admission avoidance remains under-developed. Senior clinical decision-making at the front door is limited, Same Day Emergency Care (SDEC) and ambulatory pathways are under-utilised, and there are few alternatives such as frailty units or rapid access clinics to prevent avoidable admissions.

### **3. MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION**

- 3.1 Delivery is structured across a 90-day improvement cycle, with distinct phases of stabilisation, acceleration and sustainability.

#### **Days 1–30: Stabilisation**

Key focus areas:

- Daily ambulance handover huddles with ED, site teams and ambulance liaison
- Consistent operational definition of “handover complete”
- Senior clinical presence at ED front door during peak periods
- Daily review and escalation of patients approaching ED time thresholds
- Executive-led validation and oversight of delayed patient lists

- 3.2 Immediate operational grip mechanisms are in place to reduce system variability and manage risk escalation

### 3.3 **Days 31–60: Delivery and Acceleration**

**Key focus areas:**

- Extended senior decision-making cover at weekends and peak demand periods
- Dedicated ambulance offload processes during high-pressure windows
- Cohorting of admitted patients to reduce ED exit block
- Standardisation of specialty response times
- Weekly system-wide discharge reviews focused on longest-stay patients

Delivery actions are explicitly designed to address the primary causes of flow failure and delayed discharge.

### 3.4 **Days 61–90: Sustainability**

**Key focus areas:**

- Embedding successful Q1 interventions into standard operating practice
- Reducing unwarranted variation across sites and days of week
- Transitioning from reactive escalation to planned flow
- Preparation of Q2 delivery plans and workforce alignment

Work is underway to ensure improvements are sustained rather than time-limited (which has been a trait previously). The intervention team will help with this significantly.

Delivery of the Q1 priorities is subject to several key risks, including demand continuing to exceed capacity, resulting in ambulance handover delays and ED exit block; delays in senior clinical decision-making during peak periods, and the risk that short-term improvements are not sustained beyond Q1. These risks are mitigated through strengthened daily operational grip as mentioned above.

Pathway of care delays (POCD's) and Discharge to recover and access (D2RA) are mitigated through cohorting of admitted patients, focused management of longest-stay patients and weekly system-wide discharge reviews. Sustainability risk is addressed by embedding effective interventions into standard operating practice and aligning Q1 actions with intervention work being undertaken and Q2 delivery and workforce plans. Collectively, these mitigations provide assurance that operational risks are actively managed and subject to clear escalation and executive oversight.



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

### 4.1 Key Risks and Mitigations (Assurance Summary)

Risk	Mitigation
Ongoing demand exceeding capacity	Daily escalation, senior clinical presence, real-time breach management
ED exit block	Cohorting, specialty response standards, strengthened discharge grip
Delayed discharges	Executive-led oversight, system-wide review of longest stays
Sustainability of improvement	Embedding actions into SOPs and Q2 planning

4.1.1 Risks are recognised, regularly reviewed and mitigated through active operational management

4.1.2 System grip is maintained through daily operational huddles, weekly UEC performance reviews against P01–P06 trajectories, and monthly Executive and Board reporting. These arrangements align with established UEC Programme Board and Health Board governance.

## 5 ARGYMHELLION / RECOMMENDATIONS

5.1 Gofynnir i'r Pwyllgor / The Committee is asked to:

5.1.1 **Note** that the 90-day plan for UEC Improvement alongside the IMTP and UEC plan for 2026/27.

5.1.2 **Support** the development of key programme deliverables in line with the national 6 goals framework and service improvement initiatives:

5.1.2.1 Accelerating discharge and reducing exit block (POCD)

5.1.2.2 Improvement of D2RA pathway utilisation

5.1.2.3 Support the progression of the 21-day review and 6 A's audit






5.1.2.4 Embedding sustainability of improvement

5.1.2.5 Reducing reliance on escalation-based measures

5.1.2.6 Strengthening utilisation of Same Day Emergency Care (SDEC) as a credible alternative to admission

5.1.3 **Endorse** the improvement plan and agree the 90-day planning cycle approach as recommended by the WG Escalation board.

5.1.4 **Acknowledge** that the plan may change as the fiscal year progresses, further quarters will be planned and reviewed as we move forward.

ASESIAD / ASSESSMENT	
<b>Cyswllt â'r Blaenoriaethau Strategol</b> <b>Link to Strategic Priorities</b>	     4. Improving quality, outcomes and experience
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<b>Yr Egwyddorion Dylunio</b> <b>Design Principles</b>	<b>Equity and Accessibility</b> Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<b>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd</b> <b>Corporate Risks and Board Assurance Framework</b>	BAF 24-07 Not Delivering Timely Access to Care CRR25-01 Timely Access to Safe Patient Care
<a href="#">Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</a>	A Resilient Wales
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<b>Cydraddoldeb</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Asesiad o'r Effaith Economaidd-gymdeithasol</b> <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> <b>Socio-Economic Impact Assessment</b>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

<i>Have you undertaken a Socio-Economic Impact Assessment</i>		
<p><b><u>Ansawdd</u></b> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i></p> <p><b><u>Quality</u></b> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p><b>Galluogwyr Ansawdd Enablers of Quality</b> Whole-systems Perspective</p>	<p><b>Meysydd Ansawdd Domains of Quality</b> All Apply</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><b><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></b></p>	<p><b>A Healthier Wales</b></p>	

<p><b>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</b></p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>No - Not Applicable</p>	
<p><b>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog</b> <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> <b>Armed Forces Covenant Due Regard Duty</b> <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i></p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
<p><b>Asesiad o Effaith ar Ddiogelu Data</b></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	

<p><i>A ydych chi wedi cynnal prawf Sgrinio o'r Aseiad o Effaith ar Ddiogelu Data?</i> <b>Data Protection Impact Assessment</b> <i>Have you undertaken a Data Protection Impact Assessment Screening?</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p><b>Asesiad o Effaith ar Atal Twyll</b> <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> <b>Counter Fraud Impact Assessment</b> <i>Have you considered the counter fraud impacts</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p><b>Cyfreithiol</b> <b>Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw Da</b> <b>Reputational</b></p>	<p>Yes (Include further detail below)</p>	
	<p>There is a reputational risk to the Health Board of the impact and outcomes for patients as a result of long delays across the whole urgent &amp; emergency care system.</p>	
<p><b>Effaith ar Adnoddau</b> <i>(Pobl / Ariannol)</i> <b>Resource Impact</b> <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

## Performance Finance & Information Governance Committee

### 2025-26 BCU Finance Report – Month 12 (March) DRAFT (Subject to Final Adjustments and Audit)

<b>Date of Meeting</b>	28 April 2026
<b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Report Author name and title</b>	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development
<b>Lead Executive Team Member name and title</b>	Russell Caldicott, Executive Director of Finance.

<b>Report Purpose</b>	For Noting
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#### Executive Summary

This report provides a briefing on the on the draft unaudited year-end financial position of the Health Board (subject to final WG allocation adjustments and audit) as at the end of Month 12 (March 2026). In addition, the report includes a draft year end update on delivery of the approved Capital Programme and Savings delivery against target (subject to final adjustments and audit).

#### Finance Report

The full year draft unaudited financial position of the Health Board is reporting a deficit of £17.3 as at 31<sup>st</sup> March 2026, driven by £25.4m local pressures (£5.2m JCC, £10.0m Capacity pressures, £6.9m Out of Area MHL D placements and £3.4m cost overruns including contracting pressures & CHC) plus £8.8m national pressures (£4.6m English tariff pressures above Cost Uplift Factor (CUF) methodology and £4.2m shortfall in Employers NIC funding), offset by £16.9m additional savings and mitigating actions.

£1.2m Accountancy Gains were identified by the Health Board in March. Year to date Accountancy Gains totals £17.9m.

The end of year financial position is subject to the closure and submission of the final accounts for 2025/26 and the subsequent audit by Audit Wales.

It is of note that the 2025/26 draft unaudited £17.3m full year deficit outturn position does not attain the key duty of the Health Board to have a balanced financial position.



The in-month (March 2026) position is reporting a balanced position, with the below table summarising monthly variance (subject to final adjustments and audit) for 2025/26:

	2025-26 Monthly & DRAFT Full Year Variance												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	DRAFT Full Year Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	0.0	(0.0)	(0.1)	0.0	(17.3)

As at Month 9 (December 2025), the forecast outturn position was revised to report a projected deficit of £17.4m, with additional financial controls implemented to seek to reduce underlying cost overruns and improve the outturn within the remaining months of the financial year ending 31<sup>st</sup> March 2026.

The movement from break-even to a forecast deficit was in part driven through the Health Board being unable to mitigate national pressures that materialised following submission of the plan, and the shortfalls in resource allocation for the Employers National Insurance uplift and Cost Uplift Factors (CUF) not matching the increased inflationary impact from provision of cross border services. In addition, the drivers of the financial deficit in year centre upon servicing additional capacity areas, Mental Health out of area placements and Continuing Healthcare (CHC).

Risks to delivery of the plan were highlighted in July 2025, with recommendations for implementation of enhanced controls developed by the Executive, the risk to delivery estimated at £20m. Initially a 1% cost improvement ask was levied to the Directorates, with further escalation to the August 2025 Health Board resulting in the formation of the Board-level Financial Oversight Group (first meeting in September 2025).

The Financial Oversight Group considered implementation of the additional controls, and whilst implementation of the approach was not supported as presented the Group requested services reduce expenditure by 1.5% from October 2025. This request shared with the wider leadership of the Health Board through the Integrated Performance – Executive Delivery Group and Operational Leadership Team forums.

Whilst this request generated some reductions, the proposals submitted were insufficient to bring the run rate within budget. As a result, in December 2025, the Financial Oversight Group agreed implementation of further centrally controlled

measures developed within the Executive, designed at minimum to prevent a further deterioration in the position whilst maintaining access and quality of services for the local population.

Additional areas of control implemented include:

- **Non-Pay Expenditure Controls** – Additional controls will be widened to all non-pay categories which do not directly impact clinical care, to include Travel Bureau requests and orders which are processed directly to Stores.
- **Procurement** – Review all pending requisitions in Oracle, cancelling any that are not critically urgent.
- **Pay** – With immediate effect, a freeze on all non-clinical external recruitment and further oversight for any clinical posts prior to recruitment, noting an escalation process to be in place through Executive Director to the Directorate of People Services and Organisational Development.
- **Temporary Workforce** – Additional oversight and scrutiny for use of temporary workforce through the relevant Clinical Executive leadership

### Savings

The Health Board has delivered the targeted savings of £40.0m contained within the financial plan for 2025/26. As at the end of March (Month 12), the Health Board identified £38.9m Green saving schemes and fortuitous Accountancy Gains of £17.9m, giving a combined total of £56.9m, an increase of £2.0m from previous month.

Of these savings, £26.8m are recurring schemes with a full year effect of £32.7m which exceeds the 2025/26 financial plan recurring target of £30m, but below the £40m stretch target allocated to IHC's. £30.1m savings were reported as non-recurring saving schemes.

The Value & Sustainability programme is now focusing upon identification of 2026/27 saving plans. It is important that the savings identified are progressed to delivery at pace, so as not to result in adverse performance in the early part of 2026/27 that will require recovery during the financial period.

### Capital Programme

The approved Capital Resource Limit (CRL) for 2025/26 is £59.1m, which includes £2.2m IFRS16 and £56.9m Capital. The Health Board also received Capital receipts of £0.135m in year and donated income of £0.797m.

2025/26 expenditure is £59.971m against a full year plan of £60.306, with an underspend of £0.065m.

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

Committee / Group / Individuals	Date	Outcome, Evidence and Data


**Acronyms / Glossary of Terms**

CHC	Continuing Healthcare
CUF	Cost Uplift Factor
IMTP	Integrated Medium Term Plan
CRL	Capital Resource Limit
FOG	Financial Oversight Group

**BCU 2025-26 M12 Finance Report DRAFT (Subject to Final WG allocations and Audit)**

*Please see Appendix A - BCU 2025/26 M012 DRAFT Finance Report – March 2026 (Subject to Final WG allocations and Audit)*

**ASSESSMENT**

<b>Link to Strategic Priorities</b>	
	<p>1. Building an effective organisation</p> <p>If more than one applies, please list below:</p> <p>This paper aligns to the strategic goal of attaining financial balance and supports a number of organisational priorities.</p>
<b>Design Principles</b>	<p>Wise Spending</p> <p>If more than one applies, please list below:</p>
<b>Corporate Risks and Board Assurance Framework</b>	<p>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p> <p><b>Appendix A</b> <b>BAF risks</b></p>



	<p><b>BAF SP14 – Estates &amp; Capital</b> <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>BAF24-03 – Value Delivery &amp; Financial Sustainability</b> <i>(There is a risk that the Health Board will be unable to secure current non-recurrent (one-off) allocations in future financial years, as these allocations are conditional on meeting agreed financial plans. Failure to secure this resource will require services to operate within a significantly reduced financial envelope. The objective is to achieve long-term financial sustainability or maximise value from its spending).</i></p> <p><b>Link to Corporate Risk Register:</b> CRR24-06 Suitability and Safety of Sites CRR25-06 Delivery of the 2025/26 Financial Plan</p>
<p><b><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></b></p>	A Resilient Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
<p><b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i></p>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Not applicable
	If no, please include rationale:	
<p><b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.
<p><b><u>Quality</u></b> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<b>Enablers of Quality</b> Data to Knowledge	<b>Domains of Quality</b> Effective
	If more than one applies, please list below:	If more than one applies, please list below:

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<a href="#"><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></a>	A Resilient Wales	



<b>Environmental /Sustainability Impact (5Rs)</b>	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
<b>Armed Forces Covenant Due Regard Duty</b> Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	No - Not Applicable
	If no, please include rationale:	
<b>Data Protection Impact Assessment</b> <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	No personal data included in the report.
	If no, please include rationale:	
<b>Counter Fraud Impact Assessment</b> <i>Have you considered the counter fraud impacts</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	
	If no, please include rationale:	
<b>Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Reputational</b>	Yes (Include further detail below)	
	Implications of deterioration of forecast to reputation.	
<b>Resource Impact (People / Financial)</b>	Yes (Include further detail below)	
	<p>The Health Board is in receipt of £82m of non-recurrent funding from Welsh Government that requires attainment of the 2025/26 plan (a) delivery of financial balance £40m and (b) de-escalation from Special Measures £42m for these funds to be received recurrently (available for future financial years).</p> <p>If the plan is not attained then the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models.</p>	



**Trugaredd  
Compassion**



**Agored  
Openness**



**Parch  
Respect**

# Finance Report – Health Board March - Month 12 2025/26 (DRAFT – Subject to Final Adjustments and Audit)

Russell Caldicott  
Executive Director of Finance

Executive Summary (Draft Subject to Final Adjustments and Audit)		
<b>Situation</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>Full Year Draft unaudited financial position of the Health Board is reporting a deficit of £17.3m, £0.1m under the revised forecast of £17.4m.</li> <li>Draft 2025/26 end of year financial position is subject to the closure and submission of the final accounts for 2025/26 and the subsequent audit by Audit Wales. It is of note that the 2025/26 £17.3m draft year-end deficit outturn position does not attain the key duty of the Health Board to report a balanced financial position, or the initial plan submission being to attain break-even performance.</li> <li>Full Year pressures include £25.4m local pressures (£5.2m JCC, £10.0m Capacity pressures, £6.9m Out of Area MHLD placements and £3.4m cost overruns, including contracting pressures &amp; CHC) plus £8.8m national pressures (£4.6m English tariff pressures above Cost Uplift Factor (CUF) methodology and £4.2m shortfall in ENIC funding), offset by £16.9m additional savings and mitigating actions.</li> </ul>
	<b>Cash</b>	<ul style="list-style-type: none"> <li>Closing Cash Balance as at 31st March 2026 was £8.0m, (£2.5m for Revenue expenditure and £5.5m for Capital projects).</li> </ul>
	<b>Savings</b>	<ul style="list-style-type: none"> <li>2025/26 Savings target of £40.0m to be delivered in 2025/26 profiled equally across the financial year.</li> <li>Full year value of Green Schemes totals £38.9m and £17.9m Accountancy Gains, giving a combined total of £56.9m.</li> <li>Of the total savings delivered, £26.8m is recurring, with a full year effect of £32.7m..</li> </ul>
	<b>Capital</b>	<ul style="list-style-type: none"> <li>Approved Capital Resource Limit (CRL) for 2025/26 is £59.1m (£2.2m IFRS16 and £56.9m Capital). The Health Board also received Capital receipts of £0.1m in year and donated income of £0.8m.</li> <li>2025/26 expenditure is £59.971m against a full year plan of £60.306m, with an underspend of £0.065m.</li> </ul>
	<b>PSPP</b>	<ul style="list-style-type: none"> <li>Quarter 4 PSPP for paying non-NHS invoices was 96.7% by number and 98.3% by value (Welsh Government target 95.0%).</li> </ul>
<b>Key Risks &amp; Matters for Escalation</b>	<ul style="list-style-type: none"> <li>➤ Draft 2025/26 position is subject to closure and submission of the draft accounts for 2025/26, and the subsequent audit by Audit Wales.</li> <li>➤ Final adjustments are pending potential final WG resource allocations from WG.</li> <li>➤ It is of note that the 2025/26 £17.3m draft year-end deficit outturn position does not attain the key duty of the Health Board to report a balanced financial position.</li> <li>➤ Risk to delivery of the financial plan was escalated from August 2025 onwards. In direct response, the Health Board established the Financial Oversight Group in September 2025. Subsequently, all areas were asked to reduce expenditure by 1.0% in September 2025,.</li> <li>➤ Implementation of additional controls identified from the Executive were considered by the Financial Oversight Group and whilst implementation of the approach was not supported as presented, the Group requested services reduce expenditure by 1.5% from October 2025, this ask shared with the wider leadership of the Health Board through the Integrated Performance – Executive Delivery Group and Operational Leadership Team forums.</li> <li>➤ In December 2025, the Financial Oversight Group supported implementation of further centrally controlled measures developed within the Executive, at a minimum to prevent a further deterioration in the position whilst maintaining access and quality of services for the local population.</li> </ul>	

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

## Month 12 DRAFT In-Month Position

In Month: £278.1m against plan of £278.1m

**Balanced**

## 2025/26 Full Year DRAFT Position

Full Year: £2,458.5m against plan of £2,441.2m

**£17.3m Deficit**  
**(£0.1m below the £17.4m forecast deficit)**

## Month 12 Divisional Variance

West IHC	£14.5m adverse
Central IHC	£13.2m adverse
East IHC	£22.3m adverse
Womens	£3m adverse
MH & LD	£20.4m adverse
Commissioning Contracts	£8.3m adverse
ICD Primary Care	£5.8m favourable
ICD Regional Services	£4.1m adverse
Support Functions	£0.9m adverse
Other Budgets	£63.3m favourable



## Savings

In Month: £5.1m against target of £3.3m

**£1.8m favourable**



## Full Year Savings Delivery

£56.9m against target of £40.0m

**Target Surpassed by £16.9m**  
**(including full year Accountancy Gains of £17.9m)**



## COVID-19 Impact

£11.3m Full Year Cost against £12.9m COVID funding allocation from WG

**£1.7m Slippage**



## Year to Date Income

£182.4m against budget of £168.7m

**£13.7m favourable**



## Year to Date Pay

£1,265.6m against budget of £1,218.6m

**£47.0m adverse**



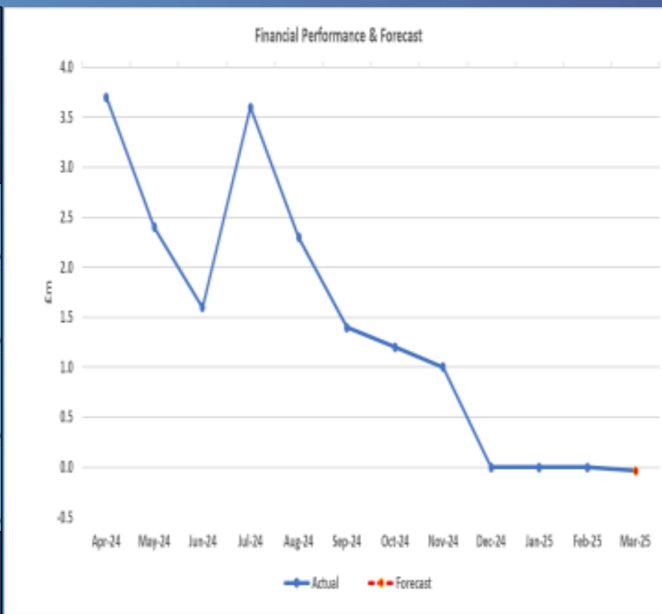
## Year to Date Non-Pay

£1,375.3m against budget of £1,391.3m

**£16.0m favourable**

# Revenue Position (Draft Subject to Final Adjustments and Audit)

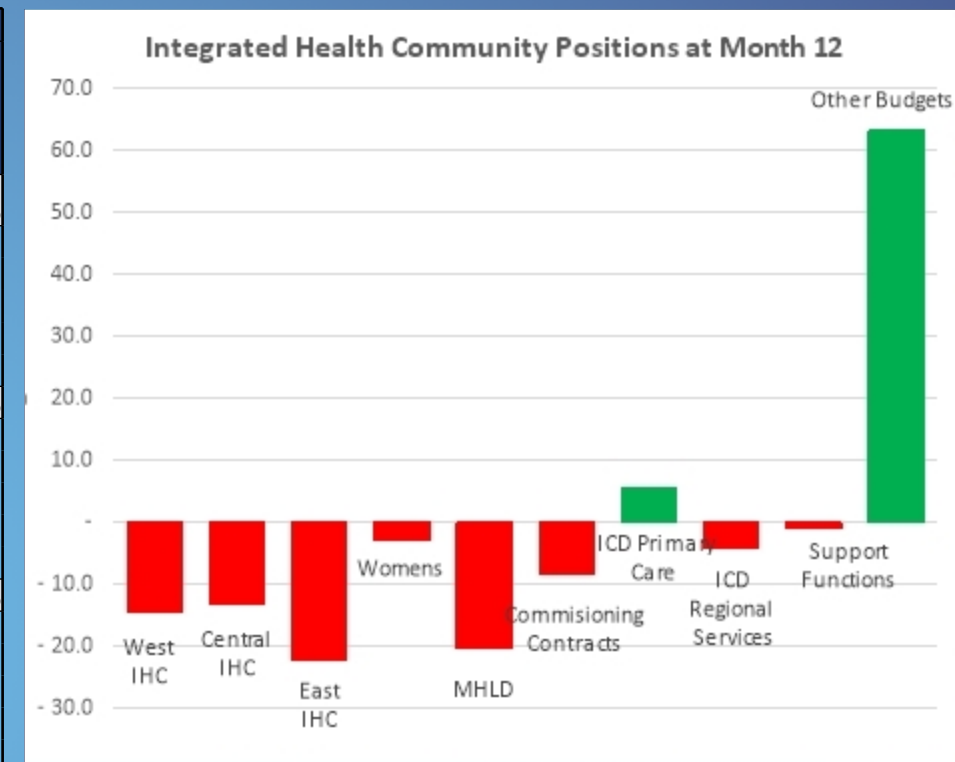
	Actual												2025/26 Cumulative against Plan			
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%
Revenue Resource Limit	(186.5)	(189.5)	(189.9)	(194.9)	(207.5)	(198.1)	(200.4)	(194.6)	(205.8)	(200.3)	(195.4)	(278.1)	(2,441.2)	(2,441.2)	0.0	0.0%
Miscellaneous Income	(13.4)	(13.6)	(13.9)	(13.9)	(14.7)	(14.6)	(13.4)	(16.4)	(18.0)	(15.7)	(13.2)	(21.6)	(168.7)	(182.4)	(13.7)	8.1%
Health Board Pay Expenditure	94.9	96.4	96.0	96.1	110.6	99.9	100.4	98.8	100.2	100.1	95.0	177.3	1,218.6	1,265.6	47.0	3.8%
Non-Pay Expenditure	108.8	109.2	109.4	116.2	113.8	114.3	114.6	113.3	123.6	116.0	113.7	122.5	1,391.3	1,375.3	(16.0)	-1.2%
<b>Total Deficit / (Surplus)</b>	<b>3.7</b>	<b>2.4</b>	<b>1.6</b>	<b>3.6</b>	<b>2.3</b>	<b>1.4</b>	<b>1.2</b>	<b>1.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>17.3</b>	<b>17.3</b>	



- Full year draft unaudited financial position of the Health Board is reporting a deficit of £17.3m, being £0.1m less than the £17.4m forecast deficit.
- Year end deficit position is largely driven by £25.4m local pressures (£5.2m JCC, £10.0m Capacity pressures, £6.9m Out of Area MHLD placements and £3.4m cost overruns, including contracting pressures & CHC) plus £8.8m national pressures (£4.6m English tariff pressures above Cost Uplift Factor (CUF) methodology and £4.2m shortfall in Employers NIC funding) offset by £16.9m additional savings and mitigating actions.
- Total Revenue Resource Limit (RRL) for the year is 2,441.2m. The increase in Month 12 WG Revenue Resource Limit and Health Board Pay expenditure includes the £74.5m year end adjustment in respect of the notional 9.4% additional employers superannuation adjustment fully funded by Welsh Government.
- Risk to delivery of the financial plan was escalated from August 2025 onwards. In direct response, the Health Board established the Financial Oversight Group in September 2025. Subsequently, all areas were asked to reduce expenditure by 1.0% in September 2025, which was later increased to 1.5% in October 2025.
- Additional centrally controlled measures implemented from December 2025, designed at minimum to prevent a further deterioration in the position include:
  - ❖ **Non-Pay Expenditure Controls** – Additional controls will be widened to all non-pay categories which do not directly impact clinical care or are covered by “reasonable adjustments” under H&S legislation. Controls are also extended to include Travel Bureau requests and orders which are processed directly to Stores.
  - ❖ **Procurement** – Review all pending requisitions in Oracle, cancelling any that are not critically urgent.
  - ❖ **Pay** – With immediate effect, a freeze on all non-clinical external recruitment and further oversight for any clinical posts prior to recruitment.
  - ❖ **Temporary Workforce** – Additional oversight and scrutiny for use of temporary workforce through the relevant Clinical Executive leadership.
- The above actions to support delivery of the 2025/26 financial plan are in addition to the Grip and Control actions implemented in 2024/25 that have been retained throughout 2025/26 and the additional mitigations implemented from August 2025.

# Divisional Positions (Draft Subject to Final Adjustments and Audit)

	In Month				Cumulative			
	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>	(278.1)	(278.1)	0.0	0%	(2,441.2)	(2,441.2)	0.0	0%
<b>WEST INTEGRATED HEALTH COMMUNITY</b>								
Management	0.1	0.1	0.0		1.4	1.3	0.1	
West Area	18.1	18.5	(0.3)		213.3	216.5	(3.2)	
Ysbyty Gwynedd	12.4	12.8	(0.3)		141.9	152.7	(10.8)	
Facilities	1.2	1.2	(0.0)		14.4	14.9	(0.5)	
<b>Total West</b>	<b>31.9</b>	<b>32.6</b>	<b>(0.7)</b>	<b>-2%</b>	<b>371.0</b>	<b>385.4</b>	<b>(14.5)</b>	<b>-4%</b>
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>								
Management	0.1	0.1	(0.0)		1.5	1.6	(0.1)	
Central Area	25.6	26.1	(0.5)		285.1	283.1	2.0	
Ysbyty Glan Clwyd	15.1	16.1	(1.0)		177.7	192.5	(14.8)	
Facilities	1.5	1.4	0.1		17.5	17.7	(0.2)	
<b>Total Central</b>	<b>42.3</b>	<b>43.7</b>	<b>(1.5)</b>	<b>-4%</b>	<b>481.8</b>	<b>495.0</b>	<b>(13.2)</b>	<b>-3%</b>
<b>EAST INTEGRATED HEALTH COMMUNITY</b>								
Management	0.1	0.1	0.0		1.2	1.1	0.1	
East Area	26.4	27.5	(1.1)		313.6	325.1	(11.6)	
Ysbyty Wrexham Maelor	12.9	13.5	(0.6)		153.2	164.0	(10.8)	
Facilities	1.4	1.4	(0.0)		16.5	16.5	0.0	
<b>Total East</b>	<b>40.9</b>	<b>42.5</b>	<b>(1.7)</b>	<b>-4%</b>	<b>484.5</b>	<b>506.7</b>	<b>(22.3)</b>	<b>-5%</b>
<b>Total Midwifery and Women's Services</b>	<b>4.4</b>	<b>5.0</b>	<b>(0.6)</b>	<b>-13%</b>	<b>52.3</b>	<b>55.2</b>	<b>(3.0)</b>	<b>-6%</b>
<b>Total Mental Health and LDS</b>	<b>15.3</b>	<b>19.0</b>	<b>(3.7)</b>	<b>-24%</b>	<b>183.6</b>	<b>203.9</b>	<b>(20.4)</b>	<b>-11%</b>
<b>Total Commissioning Contracts</b>	<b>32.2</b>	<b>30.9</b>	<b>1.3</b>	<b>4%</b>	<b>333.6</b>	<b>341.8</b>	<b>(8.3)</b>	<b>-2%</b>
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>								
Dental North Wales	3.1	2.7	0.4		37.4	32.3	5.1	
Community Dental Services	0.7	0.6	0.0		7.5	6.9	0.6	
Other Primary Care	0.1	(0.1)	0.2		1.5	1.4	0.1	
<b>Total Integrated Clinical Delivery Primary care</b>	<b>3.9</b>	<b>3.2</b>	<b>0.7</b>	<b>18%</b>	<b>46.5</b>	<b>40.7</b>	<b>5.8</b>	<b>12%</b>
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>								
Provider Income	(1.9)	(2.0)	0.0		(23.0)	(26.1)	3.1	
Diagnostic and Specialist Clinical Support	8.2	8.1	0.1		89.5	94.8	(5.3)	
Cancer Services	6.6	6.5	0.2		75.7	77.5	(1.8)	
<b>Total Integrated Clinical Delivery</b>	<b>12.9</b>	<b>12.7</b>	<b>0.3</b>	<b>2%</b>	<b>142.2</b>	<b>146.3</b>	<b>(4.1)</b>	<b>-3%</b>
<b>Total Service Support Functions</b>	<b>16.8</b>	<b>16.6</b>	<b>0.3</b>	<b>2%</b>	<b>178.7</b>	<b>179.6</b>	<b>(0.9)</b>	<b>0%</b>
<b>Total Other Budgets</b>	<b>77.6</b>	<b>71.9</b>	<b>5.7</b>	<b>7%</b>	<b>167.1</b>	<b>103.8</b>	<b>63.3</b>	<b>38%</b>
<b>Total Health Board Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>		<b>0.0</b>	<b>(17.3)</b>	<b>(17.3)</b>	



- In-month is reporting a balanced position. The full year draft unaudited financial position of the Health Board is reporting a deficit of £17.3m, being £0.1m less the revised forecast deficit of £17.4m.
- As at Month 9 (December) the forecast outturn position was revised to report a projected deficit of £17.4m, with additional financial controls implemented to seek to improve the outturn within the remaining months of the financial year ending 31<sup>st</sup> March 2026
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.

# Expenditure – Pay & Non-Pay (Draft Subject to Final Adjustments and Audit)

Pay Costs	2025-26												Cumulative		
	Actual														
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance
£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	13.2	13.3	13.3	13.3	15.2	13.8	13.8	13.7	13.8	13.6	13.9	25.6	182.4	176.4	6.0
Medical & Dental	22.3	22.7	22.2	23.0	26.7	23.7	24.1	23.3	24.2	23.8	19.0	39.5	269.7	294.6	(25.0)
Nursing & Midwifery Registered	28.8	29.1	29.2	28.9	33.6	30.1	30.4	29.7	30.0	30.4	30.1	54.8	365.0	385.2	(20.3)
Additional Clinical Services	14.2	14.7	14.6	14.4	16.2	14.8	14.8	14.6	14.6	15.0	14.7	27.1	180.8	189.9	(9.1)
Add Prof Scientific & Technical	3.9	3.9	3.9	4.0	4.8	4.1	4.2	4.3	4.2	4.1	4.3	6.9	57.4	52.7	4.7
Allied Health Professionals	6.4	6.3	6.4	6.4	7.5	6.8	6.7	6.7	6.7	6.7	6.6	11.8	83.0	85.1	(2.1)
Healthcare Scientists	1.7	1.7	1.7	1.7	2.0	1.8	1.8	1.8	1.8	1.8	1.8	2.9	23.5	22.8	0.6
Estates & Ancillary	4.3	4.4	4.5	4.3	4.7	4.5	4.4	4.4	4.5	4.5	4.5	8.5	55.8	57.4	(1.6)
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.1	0.1	0.2	1.2	1.3	(0.2)
<b>Health Board Total</b>	<b>94.9</b>	<b>96.3</b>	<b>96.0</b>	<b>96.1</b>	<b>110.7</b>	<b>99.9</b>	<b>100.4</b>	<b>98.8</b>	<b>100.2</b>	<b>100.1</b>	<b>95.0</b>	<b>177.3</b>	<b>1,218.6</b>	<b>1,265.6</b>	<b>(46.9)</b>
Other Services (Incl. Primary Care)	3.1	3.1	3.1	3.0	3.3	3.4	3.0	3.0	3.1	3.3	3.1	5.3	34.3	34.7	0.4
<b>Total Pay</b>	<b>98.0</b>	<b>99.4</b>	<b>99.1</b>	<b>99.2</b>	<b>114.0</b>	<b>103.3</b>	<b>103.4</b>	<b>101.8</b>	<b>103.3</b>	<b>103.3</b>	<b>98.1</b>	<b>182.6</b>	<b>1,252.9</b>	<b>1,300.3</b>	<b>(47.4)</b>

## Health Board Pay:

- Month 12 (March) Health Board Pay increased by £82.3m, of which £74.5m is the year end adjustment in respect of the notional 9.4% additional employers superannuation adjustment and provision for the Band 2/3 workforce realignment charged against Additional Clinical Services staff group funded by WG.

- Variable Pay totals £15.8m for March, an increase of £5.0m from previous month driven by an increase of £2.8m in Bank, £0.8m in Locum, and £0.8m in Agency.

- Further detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.

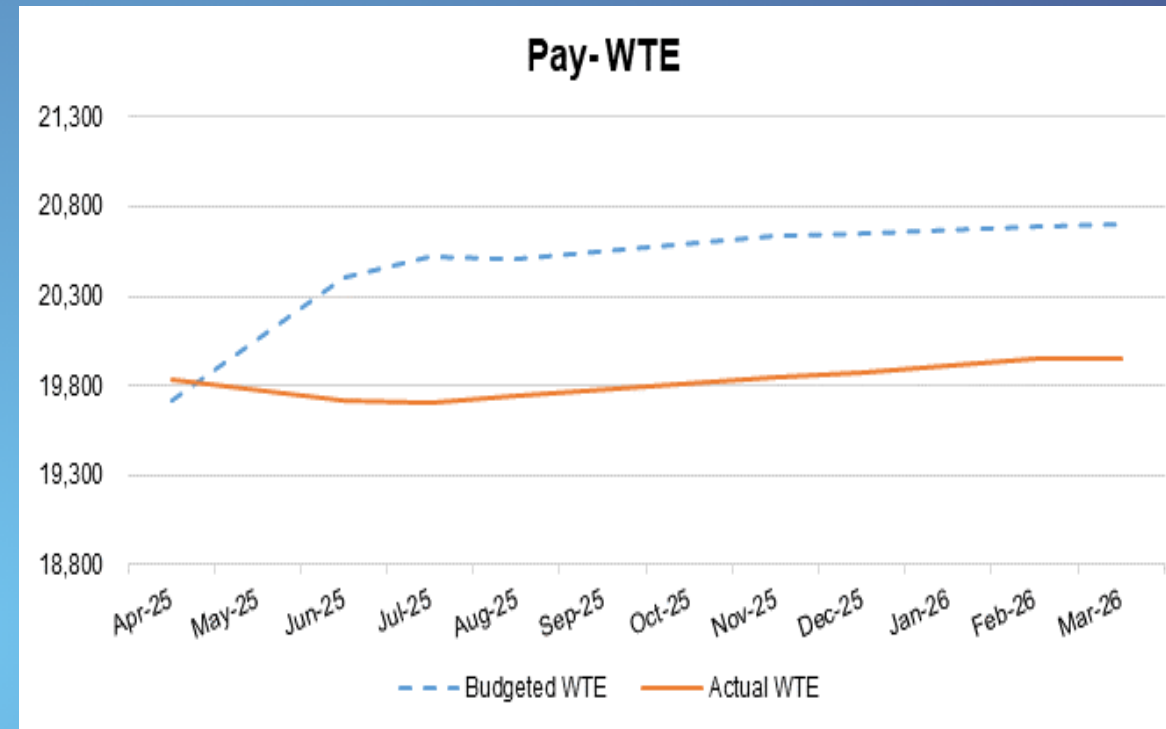
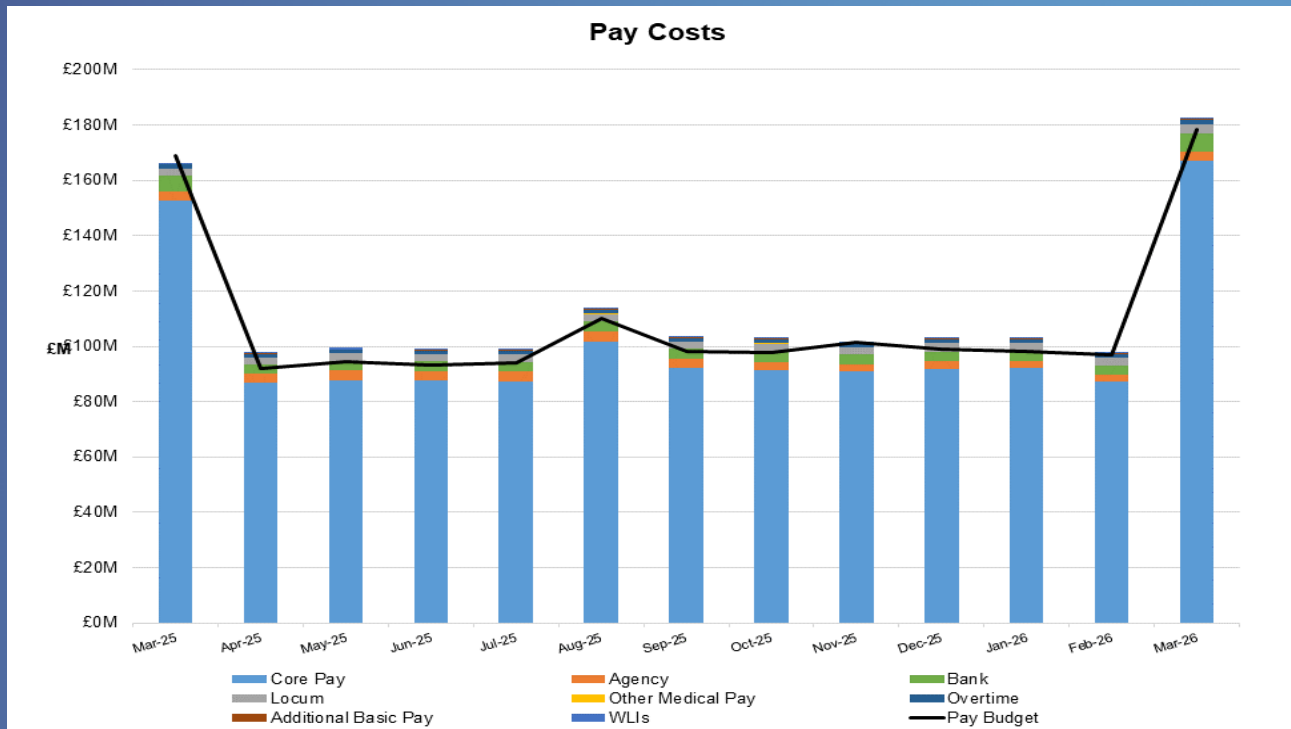
## Non-Pay Expenditure (excluding Depreciation):

- Total Non-Pay expenditure (excluding AME/DEL Depreciation) increased by £18.8m from previous month.

- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Non-Pay Costs as per Monitoring Return Table	2025-26												Cumulative		
	Actual														
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance
£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	20.8	20.5	21.1	20.6	20.5	20.4	19.6	20.9	27.2	20.9	20.5	24.2	263.9	257.2	6.7
Primary Care - Drugs & Appliances	10.9	10.9	10.8	11.5	11.6	11.8	11.3	11.0	12.2	11.9	11.0	11.2	132.2	136.1	(3.9)
Provider Services - Non Pay (excluding drugs & depreciation)	18.6	18.3	18.2	21.1	18.6	20.0	19.8	17.9	19.9	20.2	17.9	24.7	275.9	235.4	40.5
Secondary Care - Drugs	8.4	9.4	8.8	9.3	8.4	9.7	9.3	8.6	9.6	9.0	8.5	8.7	104.4	107.8	(3.4)
Healthcare Services Provided by Other NHS Bodies	32.2	31.9	31.1	33.5	34.4	32.9	33.1	34.1	30.9	33.1	36.2	35.7	389.7	399.1	(9.4)
Continuing Care and Funded Nursing Care	11.5	11.6	11.7	11.7	12.0	10.7	11.9	11.0	11.6	10.8	10.0	13.5	133.0	137.9	(4.9)
Other Private & Voluntary Sector	2.7	2.8	2.5	3.5	3.5	3.9	4.5	4.3	7.1	5.4	4.5	5.0	41.4	49.7	(8.3)
Joint Financing and Other	0.3	0.3	0.3	0.3	0.4	0.4	0.3	0.8	0.4	0.3	0.4	(0.1)	3.3	4.1	(0.9)
Losses, Special Payments and Irrecoverable Debts	0.2	0.4	0.2	0.6	0.3	0.4	0.5	0.4	0.4	0.0	0.3	5.0	8.2	8.9	(0.7)
<b>Non-pay costs</b>	<b>105.7</b>	<b>106.1</b>	<b>104.7</b>	<b>112.1</b>	<b>109.8</b>	<b>110.3</b>	<b>110.2</b>	<b>109.0</b>	<b>119.3</b>	<b>111.6</b>	<b>109.3</b>	<b>128.1</b>	<b>1,351.9</b>	<b>1,336.1</b>	<b>16.0</b>
AME/DEL Depreciation	3.2	3.2	4.7	4.0	4.0	4.0	4.3	4.3	4.3	4.3	4.3	(5.5)	39.3	39.3	0.0
<b>Total non-pay</b>	<b>108.8</b>	<b>109.2</b>	<b>109.4</b>	<b>116.2</b>	<b>113.8</b>	<b>114.3</b>	<b>114.6</b>	<b>113.3</b>	<b>123.6</b>	<b>116.0</b>	<b>113.7</b>	<b>122.6</b>	<b>1,391.3</b>	<b>1,375.3</b>	<b>16.0</b>

# Expenditure – Pay (Draft Subject to Final Adjustments and Audit)



Variable Pay	Actual 2025-26												YTD
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	2.3	2.9	2.6	2.3	3.1	36.6
Overtime	1.1	1.1	1.2	1.2	1.2	1.2	1.3	1.2	1.1	1.3	1.4	1.6	15.0
Locum	2.6	2.7	2.4	2.8	2.6	2.4	3.0	2.3	3.0	2.7	2.5	3.3	32.4
WLIs	0.4	0.4	0.5	0.4	0.5	0.1	0.6	0.6	0.5	0.5	0.4	0.4	5.4
Bank	3.2	3.5	3.6	3.4	3.9	3.6	3.7	3.8	3.6	3.8	3.7	6.5	46.0
Other Non Core	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.5	1.2
Additional Hours	0.4	0.3	0.4	0.4	0.4	0.4	0.4	0.5	0.4	0.4	0.4	0.4	4.8
<b>Total</b>	<b>11.2</b>	<b>11.7</b>	<b>11.3</b>	<b>11.8</b>	<b>12.1</b>	<b>11.1</b>	<b>12.2</b>	<b>10.7</b>	<b>11.6</b>	<b>11.2</b>	<b>10.8</b>	<b>15.8</b>	<b>141.5</b>

- March budgeted WTE increased by 12 WTE from February. See Slide 8 for further detail.
- Variable Pay totals £15.8m for March, an increase of £5.0m from previous month driven by an increase of £0.8m Agency, £2.8m Bank and £0.8m Locums, with the increase in Bank and Locum costs also impacted by the year end adjustment in respect of the notional 9.4% additional employers superannuation adjustment funded by Welsh Government.

# Pay - WTE

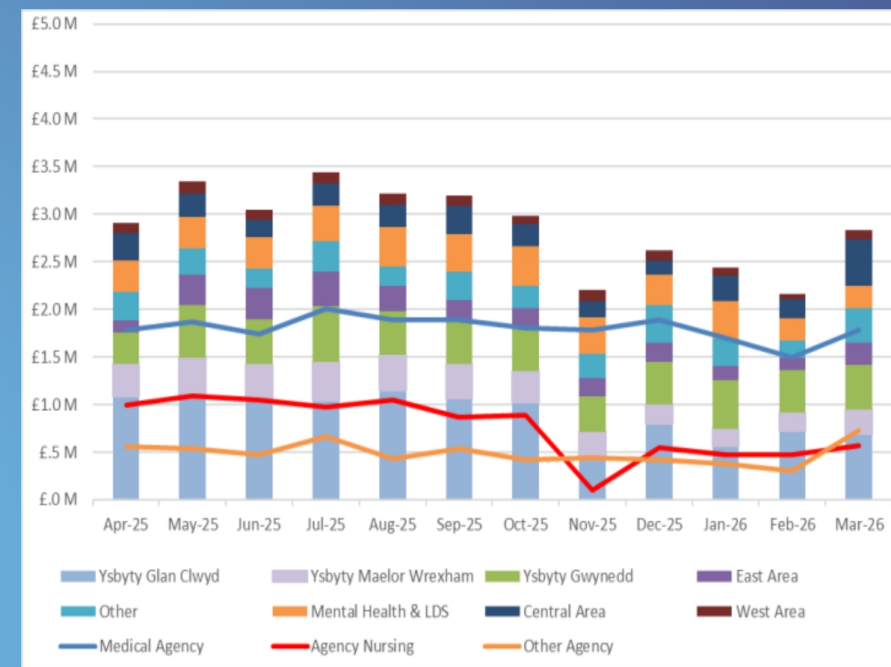
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Movement M12 V M11
<b>Budgeted WTE</b>	19,719	19,941	20,400	20,522	20,502	20,527	20,575	20,637	20,649	20,656	20,693	20,705	12
<b>Actual WTE</b>	19,839	19,635	19,720	19,708	19,741	19,822	19,907	19,844	19,869	19,767	19,952	19,951	-1

- Budgeted WTE increased by 12 WTE in March from previous month, with the below table providing further detail on Budgeted WTE movements.
- Actual worked in March is 19,951, a decrease of 1 WTE from February.

25/26															
	WTE Budget													In Month Movement	Explanation of in-month movements (>5WTE)
	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	M07 Oct	M08 Nov	M09 Dec	M10 Jan	M11 Feb	M12 Mar			
West IHC - Management	8	8	8	8	8	8	8	8	8	8	8	8	0	Correction of WTE for SLE posts	
West IHC - West Area	1,473	1,512	1,583	1,573	1,572	1,568	1,575	1,572	1,572	1,572	1,573	1,573	0		
West IHC - Ysbyty Gwynedd	1,721	1,722	1,812	1,815	1,814	1,829	1,839	1,838	1,840	1,841	1,846	1,855	9		
West IHC - Facilities	368	368	368	380	380	380	382	382	382	382	382	382	0		
Centre IHC - Management	7	7	7	7	7	7	8	8	8	8	14	14	0		
Centre IHC - Central Area	2,098	2,159	2,309	2,320	2,311	2,304	2,312	2,310	2,309	2,303	2,307	2,307	0		
Centre IHC - Ysbyty Glan Clwyd	2,174	2,176	2,237	2,235	2,231	2,239	2,241	2,243	2,245	2,245	2,248	2,250	2		
Centre IHC - Facilities	408	408	408	422	422	422	422	422	421	421	419	419	0		
East IHC - Management	10	10	10	10	10	10	10	10	10	10	10	10	0		
East IHC - East Area	2,439	2,466	2,464	2,467	2,468	2,466	2,476	2,483	2,485	2,481	2,485	2,484	-1		
East IHC - Ysbyty Wrexham Maelor	1,868	1,874	1,835	1,892	1,893	1,896	1,906	1,954	1,962	1,970	1,971	1,972	1		
East IHC - Facilities	356	356	365	365	365	365	365	365	365	365	365	366	1		
Midwifery & Womens Services	687	693	694	694	694	694	694	695	696	696	696	695	-1		
Mental Health & LDS	2,286	2,287	2,325	2,318	2,319	2,320	2,319	2,327	2,327	2,326	2,327	2,331	4		
COVID Programmes	149	150	151	0	0	0	0	0	0	0	0	0	0		
Dental GDS	14	14	14	14	14	14	14	14	14	14	14	14	0		
Dental CDS	167	167	167	168	169	169	168	168	167	165	165	165	0		
Other Primary Care	15	15	15	15	15	15	15	15	15	15	15	15	0		
Diagnostics & SCS	982	1,008	1,010	1,014	1,016	1,020	1,024	1,028	1,028	1,029	1,031	1,030	-1		
Cancer Services	416	416	423	423	425	424	423	423	423	424	423	423	0		
Corporate	1,958	2,009	2,079	2,265	2,250	2,255	2,251	2,249	2,249	2,255	2,269	2,265	-4		
Med ED/R&D	115	116	116	117	119	122	123	124	125	125	125	127	2		
<b>Health Board Total</b>	<b>19,719</b>	<b>19,941</b>	<b>20,400</b>	<b>20,522</b>	<b>20,502</b>	<b>20,527</b>	<b>20,575</b>	<b>20,637</b>	<b>20,650</b>	<b>20,656</b>	<b>20,693</b>	<b>20,705</b>	<b>12</b>		

# Pay Costs – Agency (Draft Subject to Final Adjustments and Audit)

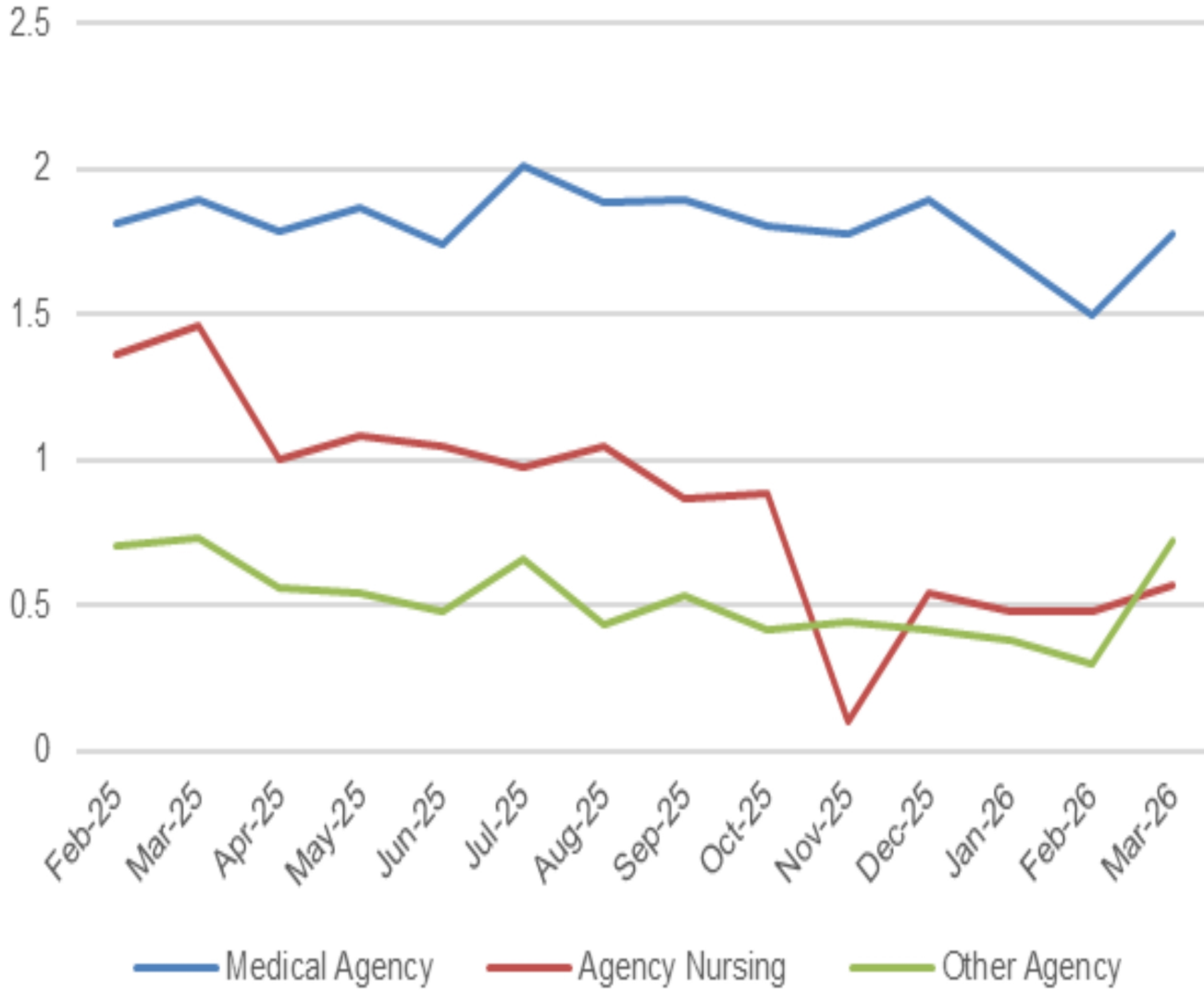
	2025-26 Agency Spend £m												Full Year Expenditure £m
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	1.2
Central Area	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.5	3.0
East Area	0.3	0.3	0.3	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.1	0.2	2.9
Ysbyty Gwynedd	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.4	0.4	0.5	0.5	0.5	5.7
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.0	1.2	1.1	1.0	0.5	0.8	0.6	0.7	0.7	10.8
Ysbyty Maelor Wrexham	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.2	0.2	0.2	0.2	0.3	3.6
Mental Health & LDS	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.4	0.2	0.2	4.1
Womens	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.2	1.9
Other incl pan BCU Cancer Servcies and Corporate	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.4	0.3	0.2	0.4	3.3
<b>Total Agency</b>	<b>3.3</b>	<b>3.5</b>	<b>3.3</b>	<b>3.6</b>	<b>3.4</b>	<b>3.3</b>	<b>3.1</b>	<b>2.3</b>	<b>2.9</b>	<b>2.6</b>	<b>2.3</b>	<b>3.1</b>	<b>36.6</b>



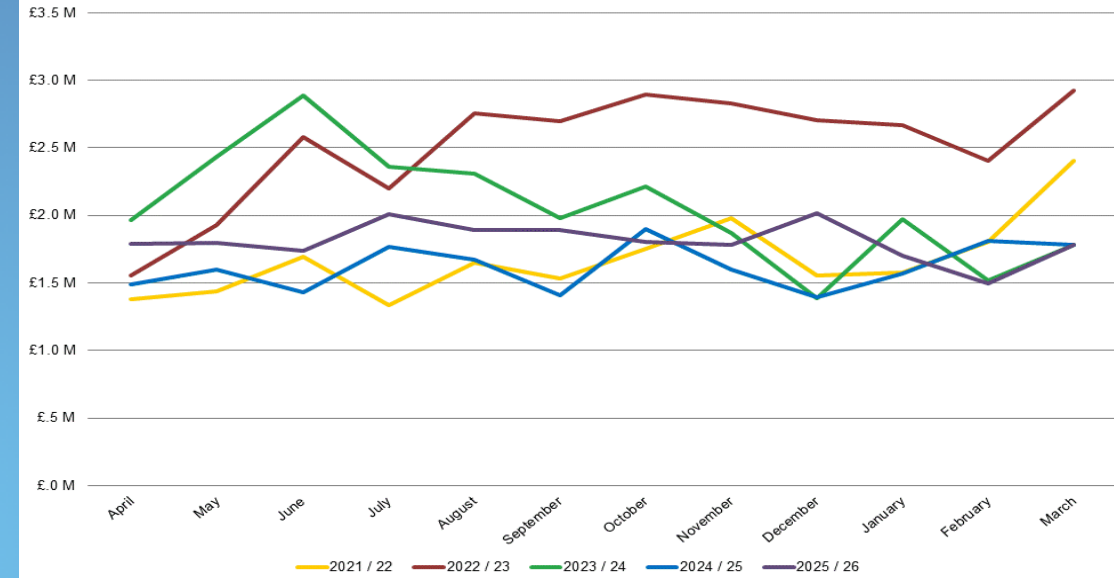
- Agency expenditure for March (Month 12) is £3.1m representing 1.7% of total pay, an increase of £0.8m from previous month. Monthly average spend in 2024/25 was £3.9m. 2025/26 Total full year Agency spend is £36.6m, an increase of £0.4m compared to the £36.2m annual forecast outturn reported in previous month.
- Month 12 Medical Agency expenditure is £1.8m, an increase of £0.3m from previous month. The monthly average medical agency expenditure for 2024/25 was £1.6m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.4m), Ysbyty Gwynedd (£0.4m), Womens (£0.2m), Mental Health (£0.2m), and Central Area (£0.1m), covering medical vacancies and sickness.
- Registered Nurse agency costs totalled £0.6m for the month, and is an increase of £0.1m from previous month spend. Agency Nurses are being used to staff unfunded escalated beds, low numbers of registered nurses available through the Nurse Bank and cover for ward vacancies to ensure Nurse Staffing Act ward staffing levels are maintained. In-month Nurse Agency spend is predominantly within Ysbyty Glan Clwyd (£0.2m), Ysbyty Maelor Wrexham (£0.1m), and Gwynedd (£0.1m).
- Work continues to support the Cabinet Secretary workforce enabling actions within the required areas. The Admin & Clerical Agency spend incurred from December to March 2026 is partly in relation to the EPMA WG funded scheme where approval has been provided by WG for the Admin & Clerical Agency spend.

# Pay Costs – Agency (Draft Subject to Final Adjustments and Audit)

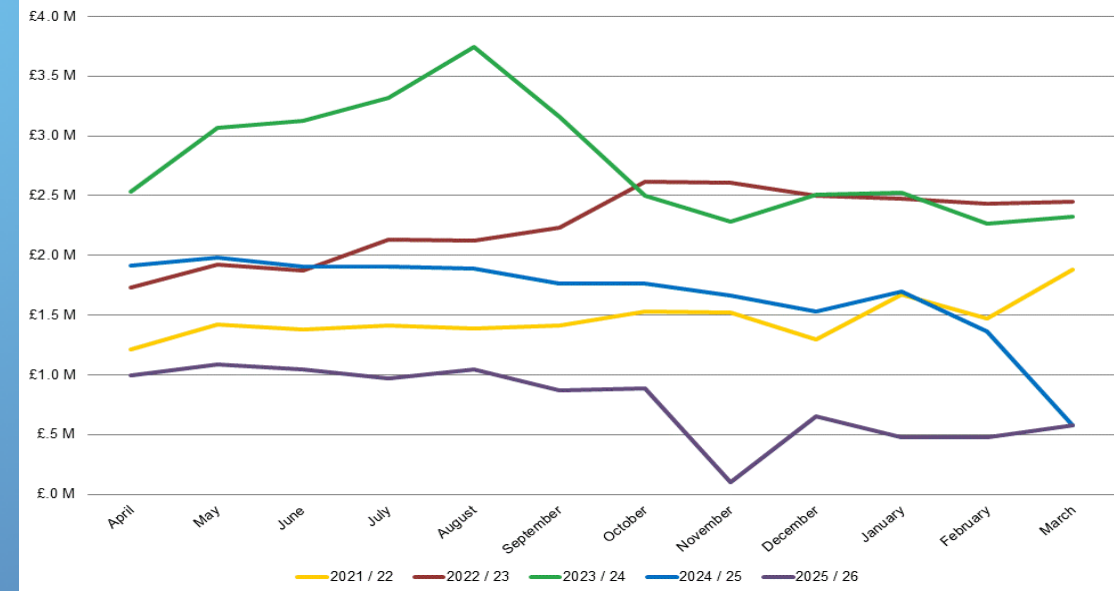
## Agency Costs



## Medical Agency Costs

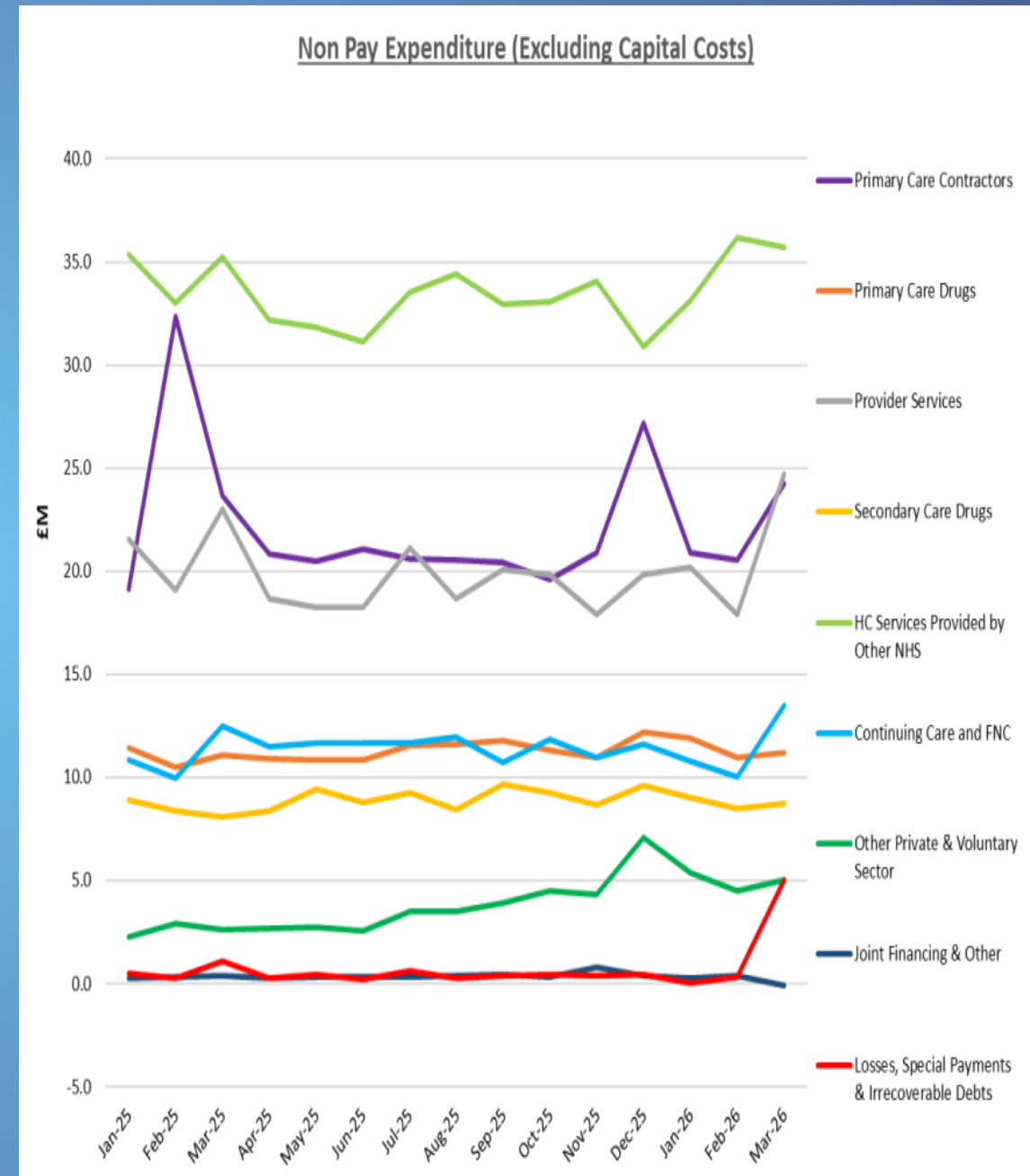


## Nursing Agency Costs



# Expenditure - Non-Pay (Draft Subject to Final Adjustments and Audit)

- Primary Care Contractor:** March expenditure is £3.7m (15.4%) higher than previous month and £2.1m higher than forecast for the month, of which £2.0m is the GMS element of the 9.4% employers' superannuation year end adjustment included within the March position.
- Primary Care Drugs:** Expenditure is £0.2m (2.1%) higher than previous month due to less prescribing days in February compared to March.
- Provider Services Non-Pay:** Spend is £6.8m (27.6%) higher than previous month driven by a £1.3m increase in Vaccines spend plus £4.5m increase in Month 12 RIF Neurodevelopment, Further Faster and HCF spend fully funded by WG. In addition, March Gas and Electricity costs also increased by £0.9m.
- Secondary Care Drugs:** Expenditure increased by £0.3m (2.9%) being predominantly due to Dermatology high-cost drugs new referrals, higher referral volumes in Rheumatology plus and a temporary Tyenne supply issue, which required short-term use of higher-cost Ro Actemra.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £0.5m (1.4%) less than previous month, due to an improvement in Liverpool Womens position and removal of JCC activity from local Manchester contract.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure increased by £3.5m (25.8%) from previous month, of which £2.1m is increase is MHLDC packages, with the remaining increase in care packages reported across East (£0.3m), West (£0.2m) and Centre Area (£0.8m). The in-month increase is also partly distorted by the £0.8m accountancy gain reported in previous month. When compared to previous months monthly average, March spend increased by £2.2m.
- Other Private & Voluntary Sector:** In month spend increased by £0.5m of which £0.3m is increase in commissioner contracts planned care costs being higher compared to previous month and a £0.2m increase in MHLDC Out of Area placements additional 1:1 support costs.



# Balance Sheet (Draft Subject to Final Adjustments and Audit)

	Opening Balance Beginning of Apr 25 £'m	Closing Balance End of Mar-26 £'m	Forecast Closing Balance End of Mar 26 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	740.2	812.0	812.0
Intangible assets	0.8	1.2	1.2
Trade and other receivables	119.7	185.3	185.3
<b>Non-Current Assets sub total</b>	<b>860.7</b>	<b>998.5</b>	<b>998.5</b>
<b>Current Assets</b>			
Inventories	20.5	21.7	21.7
Trade and other receivables	128.7	140.7	140.7
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	5.9	8.0	8.0
Non-current assets classified as held for sale	0.6	0.0	0.0
<b>Current Assets sub total</b>	<b>155.6</b>	<b>170.3</b>	<b>170.3</b>
<b>TOTAL ASSETS</b>	<b>1016.3</b>	<b>1168.8</b>	<b>1168.8</b>
<b>Current Liabilities</b>			
Trade and other payables	232.3	245.2	245.2
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	53.9	49.6	49.6
<b>Current Liabilities sub total</b>	<b>286.2</b>	<b>294.8</b>	<b>294.8</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>730.1</b>	<b>874.1</b>	<b>874.1</b>
<b>Non-Current Liabilities</b>			
Trade and other payables	23.9	21.2	21.2
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	120.9	185.8	185.8
<b>Non-Current Liabilities sub total</b>	<b>144.7</b>	<b>207.0</b>	<b>207.0</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>585.3</b>	<b>667.1</b>	<b>667.1</b>
<b>FINANCED BY:</b>			
<b>Taxpayers' Equity</b>			
General Fund	367.2	412.6	412.6
Revaluation Reserve	218.2	254.5	254.5
PDC (Trust only)	0.0	0.0	0.0
Retained earnings (Trust Only)	0.0	0.0	0.0
Other reserve	0.0	0.0	0.0
<b>Total Taxpayers' Equity</b>	<b>585.3</b>	<b>667.1</b>	<b>667.1</b>

- The closing cash balance as at 31<sup>st</sup> March 2026 was £8.0m, which included £2.5m cash held for revenue expenditure and £5.5m for capital projects.

# Capital (Draft Subject to Final Adjustments and Audit)

- The approved Capital Resource Limit (CRL) for 2025/26 is £59.1m which includes £2.2m IFRS16 and £56.9m Capital. The Health Board also had Capital receipts of £0.1m in year and donated income of £0.8m.
- 2025/26 expenditure is £59.971m against a full year plan of £60.306m, with an underspend of £0.065m.

BUDGET 2025/26					
<b>Capital Resource Limit 2025/26</b>	<b>£m</b>	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	42.7				
<b>CRL</b>	<b>56.9</b>				
<b>Other Income</b>					
Sale of asset	<b>0.1</b>				
Right of Use Assets	<b>2.2</b>				
Donated	<b>0.8</b>				
<b>Total CRL</b>	<b>60.0</b>				
<b>CAPITAL PROGRAMME 2025/26</b>	<b>Initial Programme (£m)</b>	<b>Year to Date (£m)</b>	<b>Forecast Outturn (£m)</b>	<b>Current Over/Under Commitment (£m)</b>	<b>Comments</b>
Divisions	3.4	4.1	4.1	0.7	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	1.7	1.7	(0.0)	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	4.7	4.7	1.1	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.0	2.4	2.4	(0.6)	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	1.0	0.1	0.1	(0.9)	Programmed planned works progressing supported by tenders/purchase orders.
All Wales funding brokerage to be re-provided from discretionary	1.5	0.0	0.0	(1.5)	Brokerage managed within the programme.
<b>WG Discretionary Capital</b>	<b>14.2</b>	<b>13.0</b>	<b>13.0</b>	<b>(1.2)</b>	<b>Under Commitment</b>

# Capital - (Draft Subject to Final Adjustments and Audit)

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Regional Orthopaedic Hub, Llandudno Hospital	15.7	17.4	17.4	1.7	The project is near complete with commissioning due early in the new financial year.
Year End Funding – October 2024	0.1	0.1	0.1	(0.0)	The project is complete.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	2.9	2.9	2.9	0.1	The project is on programme and managed over 2 years.
TEF - Fire	2.4	2.5	2.5	0.1	The TEF funding is across a number of projects and being delivered on over a 2 year programme.
TEF - Infrastructure	2.4	3.4	3.4	1.0	The TEF funding is across a number of projects and being delivered on over a 2 year programme.
TEF - Decarbonisation	0.2	0.1	0.1	(0.2)	The TEF funding is across a number of projects and being delivered on over a 2 year programme.
TEF - Mental Health	2.0	1.5	1.5	(0.6)	The TEF funding is across a number of projects and being delivered on over a 2 year programme.
TEF - Infection Prevention Control	0.8	0.5	0.5	(0.3)	The TEF funding is across a number of projects and being delivered on over a 2 year programme.
TEF - Decontamination	0.8	0.6	0.6	(0.2)	The TEF funding is across a number of projects and being delivered on over a 2 year programme.
IRCF - Conwy & Llandudno Junction Health & Social Care Centre	-0.2	0.0	0.0	0.2	It has been confirmed that the project will be deferred to 27/28 as part of the IRCF prioritisation.
IRCF - Caledfryn, Denbigh Health and Wellbeing Hub – acquisition costs and related fees	0.3	0.3	0.3	(0.0)	The current CRL reflects the design costs which has been spent in year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.6	0.6	0.0	The project is complete.
Nuclear Medicine Consolidation at YGC	0.7	0.5	0.5	(0.2)	The current CRL reflects the fees to progress to FBC.
Replacement Diagnostic and Treatment Equipment	6.9	6.6	6.6	(0.3)	The project is over two financial years with commissioning in 2026/27.
Non-Radiology Ultrasound Replacement	0.3	0.3	0.3	0.0	The project is complete.
Replacement Diagnostic and Treatment Equipment - Phase 2	3.9	3.4	3.4	(0.5)	All equipment delivered, majority of enabling works complete. Commissioning early in the financial year.
DPIF - RISP	0.2	0.3	0.3	0.1	The project is complete.
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)	0.4	0.7	0.7	0.3	The project is complete.
DPIF - Digital Maternity Cymru	0.1	0.1	0.1	0.0	The project is complete.
Mobile C-Arm/Image Intensifier Replacement	0.3	0.3	0.3	0.0	The project is complete.
Radiology Ultrasound Replacement	0.9	0.7	0.7	(0.2)	The project is complete.
End of Year Digital Funding 2025-26	0.6	0.7	0.7	0.1	The project is complete.
Trophon, Wrexham Maelor Theatre	0.0	0.0	0.0	0.0	The project is complete.
DPIF - Connecting Care	0.5	0.5	0.5	0.0	The project is complete.
Entonox cracking devices	0.0	0.0	0.0	(0.0)	The scheme has been deferred into the next financial year.
Commercial Research Delivery Equipment Call Funding	0.0	0.0	0.0	(0.0)	The scheme has been deferred into the next financial year.
Excess Treatment Costs to support delivery of the REMEDY Study	0.0	0.0	0.0	0.0	The project is complete.
<b>All Wales Capital</b>	<b>42.7</b>	<b>44.0</b>	<b>44.0</b>	<b>1.3</b>	
<b>Right of Use Assets</b>	<b>2.2</b>	<b>2.2</b>	<b>2.2</b>	<b>0.0</b>	
Donated	0.8	0.8	0.8	0.0	
Sale of Asset	0.1	0.0	0.0	-0.1	
<b>Total Capital Funding Available</b>	<b>60.0</b>	<b>60.0</b>	<b>60.0</b>	<b>-0.1</b>	

# Savings Performance against Target - (Draft Subject to Final Adjustments and Audit)

- The Health Board's financial plan has set a target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis with savings identification, reporting and monitoring developed through a Value and Sustainability thematic model.
- Full year value of Green Schemes is £56.9m (comprising of £37.3m Savings, £0.9m Income Generation, £0.7m Cost Avoidance and £17.9m Accountancy Gains), an increase of £2.0m from the Month 11 forecast. Of these, £26.8m have been identified as recurring, with a full year effect of £32.7m, and £30.1m are non-recurring savings.
- A series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This has generated a range of risk-assessed initiatives, where those identified as low risk have been implemented with immediate effect and where the criteria meet a savings definition these are reported as green savings schemes.
- In-month delivery includes Savings of £3.8m, £0.1m Income Generation/Cost Avoidance and £1.2m of Accountancy Gains, against a £3.3m Target.

Service Performance against Target	Annual				Year to Date		
	Target £m	Delivered £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	6.8	1.1	6.3	7.9	6.8	1.1
Central Integrated Health Community	10.0	7.9	2.1	5.4	10.0	7.9	2.1
East Integrated Health Community	10.0	10.0	-0.1	9.1	10.0	10.0	-0.1
MHLD	3.9	6.8	-2.9	9.1	3.9	6.8	-2.9
Womens Services	1.2	0.6	0.6	0.4	1.2	0.6	0.6
Diagnostic and Specialist Clinical Support	1.8	1.8	0.0	0.4	1.8	1.8	0.0
Cancer Services	1.5	1.6	0.0	2.0	1.5	1.6	0.0
Community Dental Sevices	0.1	0.0	0.1	0.0	0.1	0.0	0.1
Corporate & Support Services	3.6	3.5	0.1	0.2	3.6	3.5	0.1
<b>Saving Total</b>	<b>40.0</b>	<b>38.9</b>	<b>1.1</b>	<b>32.7</b>	<b>40.0</b>	<b>38.9</b>	<b>1.1</b>
Accountancy Gains		17.9	-17.9			17.9	-17.9
<b>Total</b>		<b>56.9</b>	<b>-16.9</b>	<b>32.7</b>	<b>40.0</b>	<b>56.9</b>	<b>-16.9</b>



## Performance Finance & Information Governance Committee

### INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR)

<b>Dyddiad y Cyfarfod</b> <b>Date of Meeting</b>	28 April 2026
<b>Statws Cyhoeddi</b> <b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Enw a theitl Awdur(on) yr Adroddiad</b> <b>Report Author name and title</b>	Ed Williams Dirprwy Cyfarwyddwr Perfformiad Deputy Director for Performance
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol</b> <b>Lead Executive Team Member name and title</b>	Russell Caldicott Cyfarwyddwr Gweithredol Cyllid Executive Director of Finance
<b>Pwrpas yr Adroddiad</b> <b>Report Purpose</b>	For Noting

#### **Crynodeb Gweithredol** **Executive Summary**

This paper provides an update on Access, Workforce and Financial performance for information and assurance with the full report included as an appendix and the key messages being;

Overall, performance in March 2026 saw improvement across the widest range of metrics for the first time in several years. Of the 23 metrics in escalation, March 2026 saw improvement in 17 of them.

- **Planned Care**

- Patients waiting 52 weeks or more for their first outpatient appointment:  
The Operational teams have utilised national funds to deliver substantial reductions in patients waiting, from 31,905 patients waiting over 52 weeks to reporting 5,858 (an improvement of over 80%)
- Patients waiting over 104 weeks for all stages of treatment  
The number waiting at the end of March 2026 was 2,161 (over 1,500 better than the planned end of March trajectory of 3,782).

○ **Cancer (national standard 75%)**

In February 2025 the Health Board treated 53.1% (213 out of 401) of patients within the targeted 62 days. Whilst performance against the target remains challenging, there has been a significant reduction in the number of patients waiting in dermatology and the length of waits. The targeted performance to move out of special measures being 55% for four quarters. Plans are in train to achieve this targeted delivery, noting the level one targeted performance to be 75%.

○ **Diagnostics**

Against the 8-week standard has significantly improved in February and March with a reduction of 9,000 patients from 21,800 to 13,778 in January 2026. Plans are being closely monitored to ensure delivery of sustained and continuous reduction of over 8 week waits throughout quarter 1 of 2026/27.

Concerns over non-Obstetric Ultrasound remain and are being closely monitored through operational teams.

○ **Urgent & Emergency Care**

The Minister has identified performance in relation to patients waiting in excess of 12 hours and ambulance handovers exceeding 45 minutes as two priority areas of concern. In March 2026, performance has improved in five out of the six measures in escalation. Performance was as follows:

- Ambulance handover delays over 45 minutes: 2,316 (65% of conveyances) with the longest delay over 26 hours.
- Number of patients waiting in excess of 12 hours: 3,631 (28% of attendances)
- Decrease in number of patients waiting in excess of 24 hours: 1,849 (15% of attendances)
- Decreased number of patients waiting in excess of 48 hours: 607 (6% of attendances)
- Increased number of patients that did not wait 1,632 (11%)
- Decreased number of patients with delayed pathways of care at 291

Whilst there are less patients experiencing pathways of care delays compared to the same period in 2025, the average number of days delayed remains higher at 44 compared to 35. However, it should be noted that the number of assessment delays has halved from 140 in March 2025 compared to 69 in March 2026.

Whilst plans are in place to support improvements, performance within the urgent and emergency care space, it will remain an area of concern and focus as we progress through 2026-2027.

○ **Finances**

The Health Board has implemented additional control measures and there is a £17.3m Deficit - 2025/26 DRAFT Full Year Financial Position subject WG final allocation and submission of the final accounts for 2025/26 and the subsequent audit by Audit Wales.

It is of note that the 2025/26 £17.3m draft year-end deficit outturn position does not attain the original planned break-even performance for the year contained within the Integrated Medium-Term Plan (IMTP) submitted to Welsh Government or the key financial duty of the Health Board to report a balanced financial position, but aligns to the revised financial forecast.

Members are asked to note the above and further that contained within this summary report that highlights key performance for the Health Board. The appendix to the report (appendix A – The Integrated Performance Report) identifying further the wider performance metrics.

**Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)  
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals</b>	<b>Dyddiad Date</b>	<b>Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data</b>
Not applicable for this report		

**Acronymau / Rhestr Termau  
Acronyms / Glossary of Terms**

A&E	Accident and Emergency
AB	Aneurin Bevan Health Board
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
BCU/BCUHB	Betsi Cadwaladr University Health Board
C&V	Cardiff and Vale University Health Board
CRR	Corporate Risk Register Reference
CTM	Cwm Taf Morgannwg University Health Board
ENT	

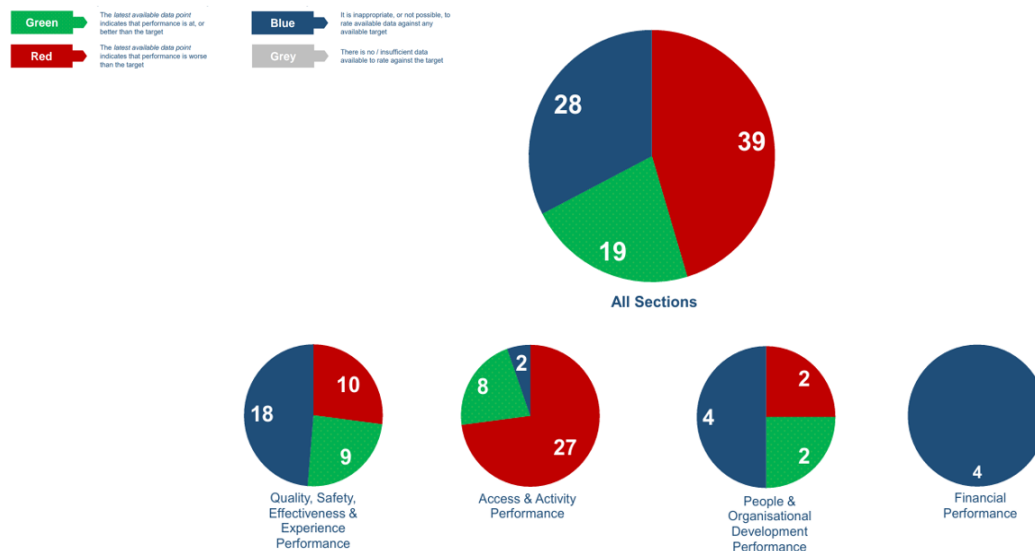


GDS	Ear, Nose, and Throat
GP	General Dental Services
HDda	General Practitioner
HEIW	Hywel Dda University Health Board
IHC	Health Education and Improvement Wales
LPMHSS	Integrated Health Community
MH&LD	Local Primary Mental Health Support Services
MMR	Mental Health and Learning Disabilities
NHS	Measles, Mumps and Rubella
NR	National Health Service
PADR	non-recurrent
PFIG	Performance Appraisal and Development Review
QSE	Performance, Finance, and Information Governance Committee
SB	Quality, Safety, and Experience Committee
SM	Swansea Bay University Health Board
WAST	Special Measures
WG	Welsh Ambulance Services NHS Trust
YTD	Welsh Government
	year to date

## INTERGRATED QUALITY & PERFORMANCE REPORT

### 1. Y SEFYLLFA SITUATION

#### 1.1



**1.2** Of the measures from the NHS Wales Performance Framework included in the report, 19 are on target, 39 are off target. This is the same as January's report. Whilst there has been improvements across the access and activity quadrant, 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.

**1.3** 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 quality, our access and activity, our people and our finance as seen within the Health Board.

**1.4** 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.

**1.5** Throughout 2025-26, plans are being implemented to support delivery priorities to substantially improve elective wait times, outpatients (new & follow up) cancer and 8-week diagnostic performance.

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**1.6** 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.

## **2 Y CEFNDIR BACKGROUND**

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

**2.2** Statistical Process Control Charts (SPC) will be the main vehicle to report performance (historical, current and future trends) ensuring movements in performance are understood. In January 2026, Welsh Government have indicated the use of 'Making Data Count' methodology within all formal reports which has already been adopted by BCUHB and will be strengthened further in coming months. It is essential the users of the reports can ascertain the impact of key actions expected for future performance, and importantly how this compares to that contained within our Integrated Medium-Term Plans (IMTP) and national expectations.

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

**2.3.1** Hierarchical reporting (the information tailored for the audience)

**2.3.2** Review of metrics used for assessment, ensuring relevance

**2.3.3** Engagement with Operational and Clinical teams, to ensure actions planned to improve performance are quantifiable and thus can be used to forecast delivery

**2.3.4** A refreshed 'Performance and Accountability Framework' that will enable areas and directorates that require additional support to be identified and escalated

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

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

**2.5.1** A one-page high level summary of matters to be highlighted to members.

**2.5.2** Then a page per quadrant, supporting a more focused view of the performance.

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

### **3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION**

**3.1** Of the measures from the NHS Wales Performance Framework included in the report, 19 are on target. It remains clear that there continues to be significant risks to delivery on a number of key metrics described within this report. In particular within the Urgent and Emergency Care space.

**3.2** The Health Board continues to face significant challenges in attainment of the performance targeted within the national and local plans and escalation continues in these areas as a consequence. However, it is of note that in a number of areas performance continues to improve, with members invited to review the detail contained within the summary and full performance report to assess areas of key challenge and improvement opportunity.

#### **3.3 Access and Activity Performance**

##### **3.3.1 Introduction to Planned Care Delivery**

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

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

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

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

### 3.3.2 Planned Care Performance

#### 3.3.2.1 Patients waiting over 52 weeks for a first outpatient appointment



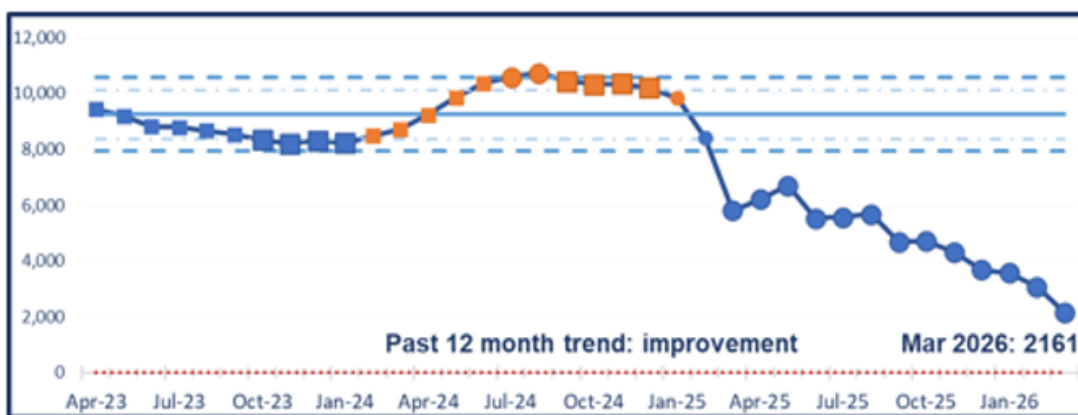
The introduction of a centrally managed booking service for first outpatient appointment and adoption of GIRFT recommendations for each speciality in regards to clinic bookings resulted in a stabilisation of deterioration in performance that had been experienced throughout the Health Board.

In addition, the national initiative of placement for insourcing to service patients first new outpatient appointments has seen over 2,000 patients per weekend seen. This additionality has dramatically reduced the numbers of patients waiting for first outpatient appointment by over 80%. Whilst this is a significant achievement, unfortunately, the target of zero patients waiting over 52 weeks for their first outpatient appointment was not achieved, with 5,858 patients still remaining.

Whilst the drive to reduce the number of patients awaiting over 52 weeks for their first outpatient appointment to zero by the 31<sup>st</sup> March 2026, it is important to note some of these patients will require further intervention and this will place pressure upon delivery of the diagnostic 8 weeks and 104-week performance

(a) cohort of the stage 1 outpatients requiring a procedure with some of these urgent or even Urgent Suspected Cancer and displacing current routine capacity to service patients currently waiting in excess of 104 weeks.

#### 3.3.2.2 Patients waiting greater than 104 weeks for all stages of care delivery



The Health Board had targeted zero patients waiting over 104 weeks by 31<sup>st</sup> March 2026. Whilst the Health Board has secured significant improvements in through 2025/26 with 2,161 (a 70% reduction in patients waiting over that period) patients remain waiting above 104 weeks for conclusion of their care and the trajectory to attain zero by 31<sup>st</sup> March 2026 was not achieved.

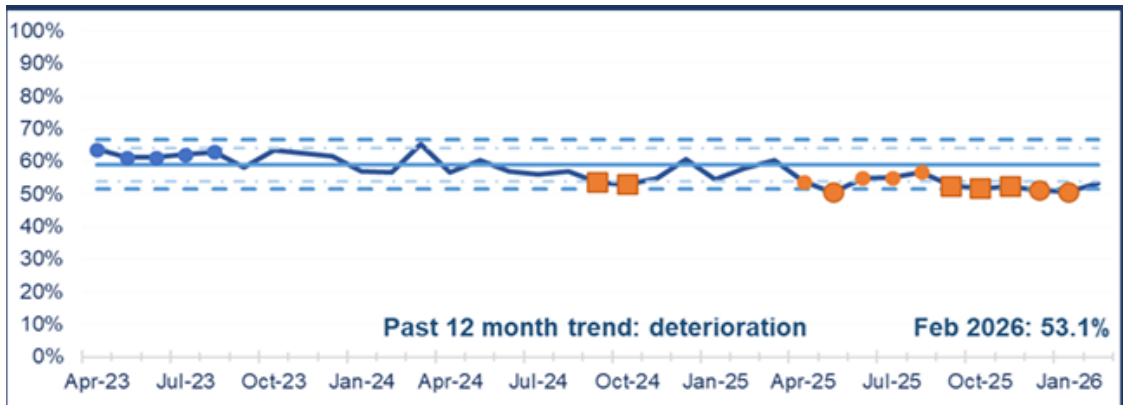
The Health Board continues to drive improvements alongside the commissioning of activity through the Planned Care Major Programme, improvements in theatre utilisation (early and late starts plus reducing cancellations at short notice or on the day) will support improvements in delivery to that currently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

### 3.3.2.3 Cancer Performance (national standard 75%)

In the first improvement seen since August 2025, in February 2026 the Health Board treated 53.1% (213 from 401) compared to (229 out of 447 in January) of patients within the targeted 62 days, as denoted within the below table;

	BCUHB Total	West	Central	East
Haematology	73% (19/26) ↓	86% (6/7)	64% (7/11)	75% (6/8)
Lung	68% (26/38) ↑	54% (7/13)	56% (5/9)	88% (14/16)
Upper GI	63% (17/27) ↓	50% (4/8)	67% (6/9)	70% (7/10)
Skin	59% (51/86) ↓	52% (13/25)	59% (19/32)	66% (19/29)
Colorectal	49% (20/41) ↑	44% (7/16)	50% (4/8)	53% (9/17)
Gynaecology	47% (9/19) ↑	17% (1/6)	60% (3/5)	63% (5/8)
Breast	43% (29/68) ↑	60% (15/25)	20% (4/20)	43% (10/23)
Urology	41% (29/71) ↓	38% (9/24)	42% (8/19)	43% (12/28)
Head & Neck	25% (4/16) ↓	20% (1/5)	20% (1/5)	33% (2/6)
<b>Total</b>	<b>53% (213/401) ↑</b>	<b>50% (67/133) ↓</b>	<b>49% (59/120) ↑</b>	<b>59% (87/148) ↑</b>

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

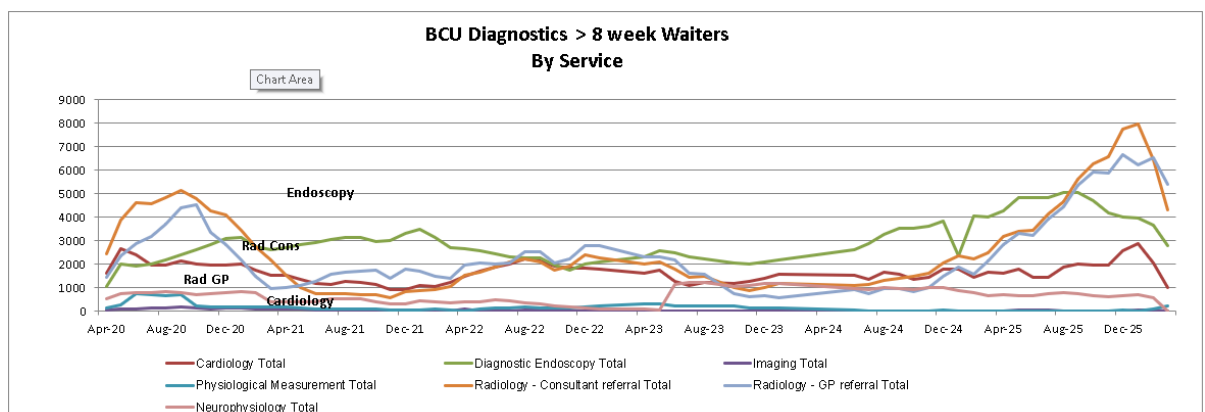


Performance across Wales on Cancer performance remains challenged, measures have been deployed to enhance delivery in Dermatology (skin) through insourcing contractual performance, Colorectal with additional endoscopy, Breast through a re-alignment of clinic capacity away from Mondays and additional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

### 3.3.2.4 Diagnostics (performance against the 8-week standard)

Whilst diagnostics performance against the 8-week standard has deteriorated over the past 12 months, predominantly a consequence of demand for Radiology, Magnetic Resonance Imaging (MRI), non-Obstetric Ultrasound and Endoscopy, there has been significant improvement in February and March, key information being;

- With 21,800 patients waiting in excess of 8 weeks at end of January 2026 reduced to 13,778 (47% reduction) at end of March 2026.
- Drivers being increase in insourced Endoscopy & Radiology capacity across all sites
- An allocation of £3.6m in year to improve the 8 weeks position at end of March 2026.



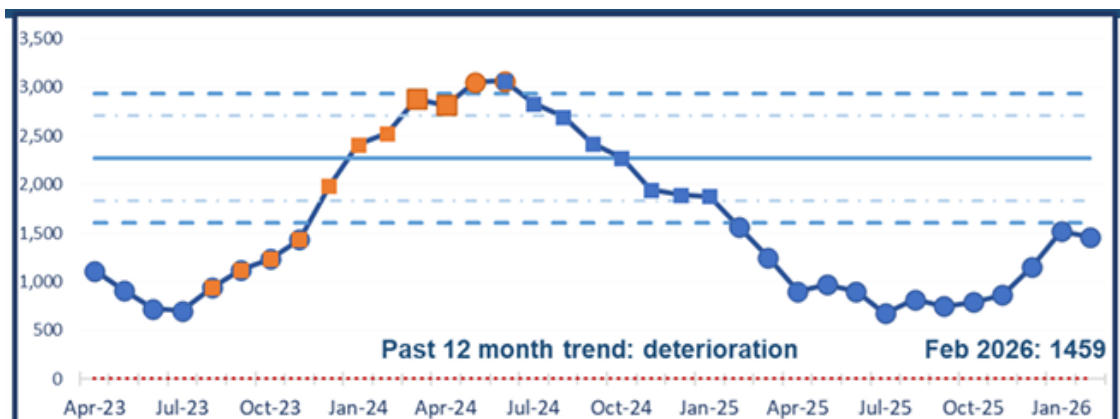
Key actions in the current quarter centring upon;

- Continuation of solutions (mobile MRI and mobile endoscopy suites on sites)
- Adoption of additional demand management measures

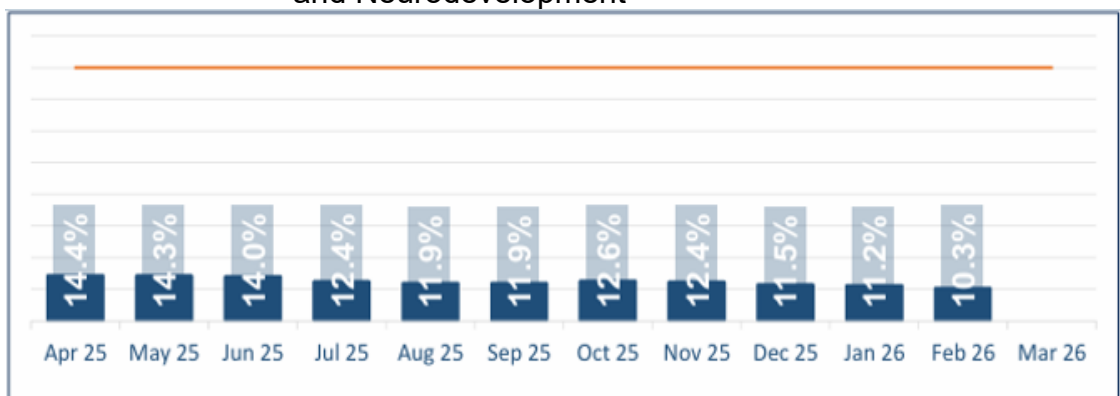
The plan was that increased access would reduce patient waiting times beyond 8-weeks to approximately 4,700 patients by 31st March 2026. However, the additional outpatient activity seen through the national 52-week first outpatient insourcing model has resulted in significant additional diagnostic activity being required, with this adversely impacting upon performance in this area and has led to the current position of 13,778 patients waiting over 8 weeks for diagnostic tests.

### 3.3.2.5 Therapy Waits

Performance against the 14 week therapy waits target remains challenging with 1,459 patients waiting in excess of 14 weeks for their therapy. These patients are predominantly within Physiotherapy and Dietetics in the East IHC. The reasons for the delays include staffing levels in dietetics and lack of available suitable accommodation for physiotherapy.



### 3.3.2.7 Children's & Adolescent Mental Health Services (CAMHS) and Neurodevelopment

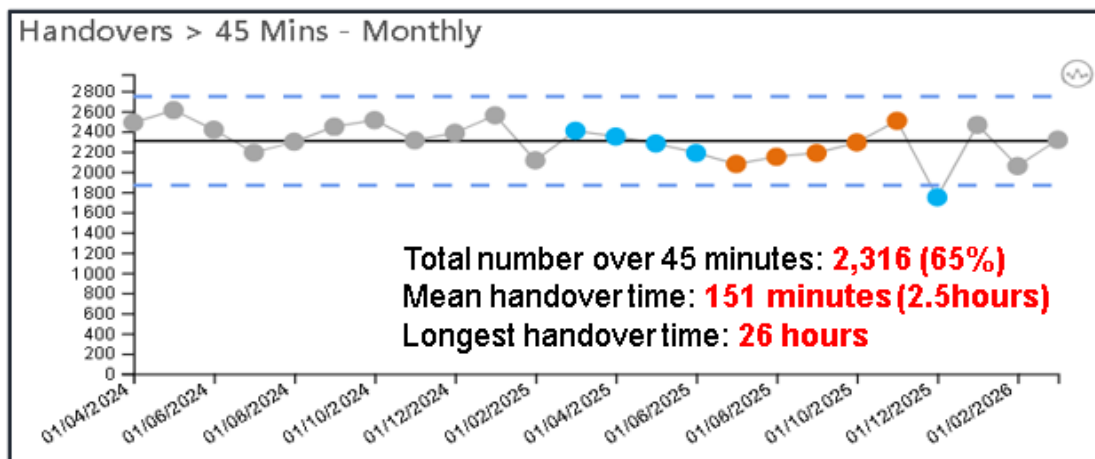


Neurodevelopment waiting times remain a concern, with the Health Board currently ranked as 6th of 7 in Wales with 10.3%. The All-Wales latest performance is 21% as March 2026 and no Health Boards are achieving the target. Furthermore, at 10.3% BCUHB is not achieving its internal improvement trajectory for March 2026.

### 3.3.3 Urgent & Emergency Care Performance

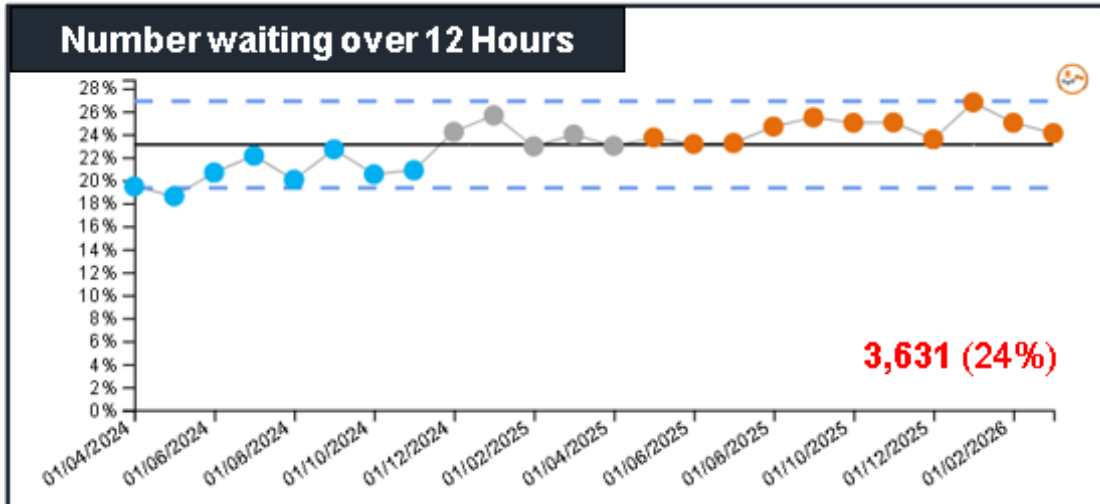
#### 3.3.3.1 Ambulance Handovers within 45 Minutes

There is a focus placed upon performance in this area, the recent 45 minutes ambulance handover and acknowledgment of harm to patients owing to excessive waiting times is driving an immediate improvement requirement. At the end of March 2026, 45% of ambulance patient handovers were completed in under 45 minutes, with 2,316 patients waiting over 45 minutes. The median time for a patient in an ambulance was 151 minutes (2.5hrs) with the longest delay handover delay experienced by a patient being 26 hours.



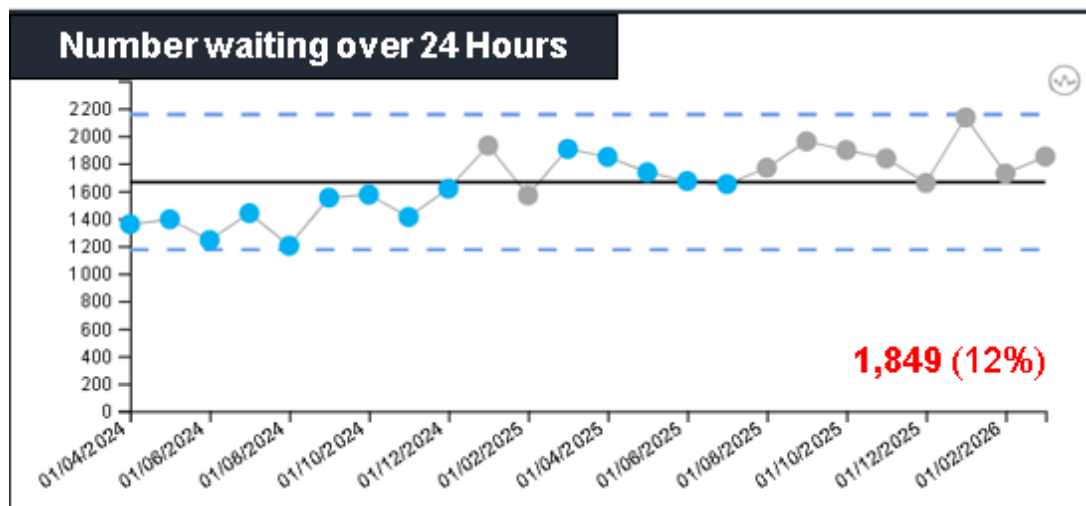
#### 3.3.3.2 Number of patients waiting over 12 Hours in Emergency Departments

The number of 12-hour waits has increased to 3,631 (previously 3,656) and is the upper range of the SPC Chart below, measures to improve performance centre upon a focus on eradication of discharge delays (time of day and medically fit for discharge). The level of outliers significantly impacting the ability of the Health Board to flow through emergency patients.

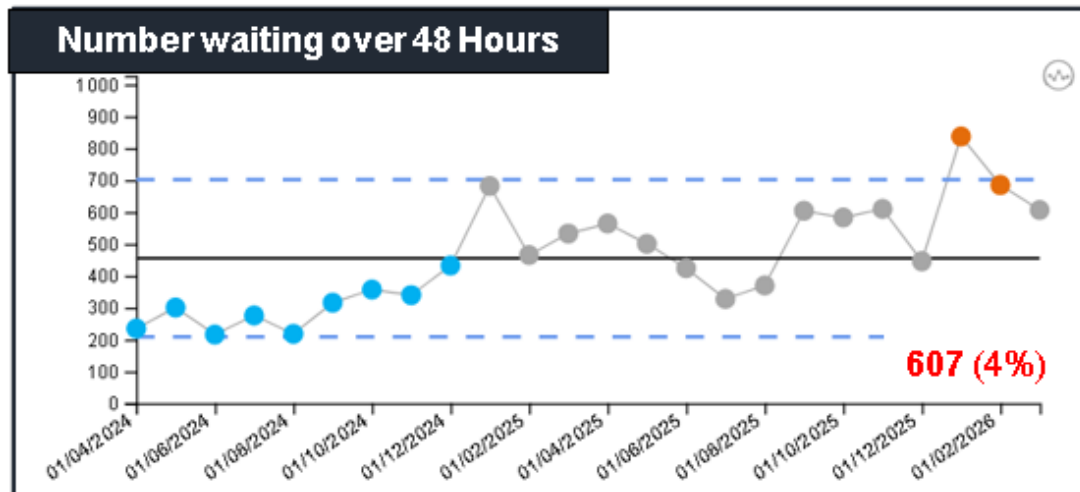


### 3.3.3.3 Number of patients waiting over 24 Hours in Emergency Departments.

Although the number of patients waiting beyond 24 hours has fallen at 1,849 it remains in a range of normal deviation through the SPC Chart. Work is progressing with the teams on additional actions that would support enhanced performance in this area



### 3.3.3.4 Number of patients waiting over 48 Hours in Emergency Departments



### 3.3.4 Summary

The Health Board has achieved improved access for patients waiting for outpatients new (80% reduction in patients waiting) and 104 weeks (70% reduction in patients waiting) for treatment. However, the pace of improvement does not match the ambition of the Health Boards Integrated Medium Term Plan (IMTP).

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

However, the Urgent and Emergency Care space, requires urgent and greater focus in exploration of impactful solutions to drive improvement as it is clear current solutions aren't having the desired outcomes.

## 3.4 Workforce and Organisational Development

Key metrics for the People and Organisational Development centre upon;

- Sickness absence has improved at 5.7%
- The percentage of agency spend as a proportion of the total pay bill totals 2.3%
- After a steady decline over the last few months, the Personal Appraisal and Development Review (PADR) rates has recovered and remains above the 80% mark for the second month in a row. However, it should be noted that performance has remained above the 80% throughout 2025/26 apart from a dip to 79.3% reported in January 2026.



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### 3.5 Financial Performance Month 12 (March 2026)

The Health Board has implemented additional control measures and there is a £17.3m Deficit - 2025/26 DRAFT Full Year Financial Position subject WG final allocation and submission of the final accounts for 2025/26 and the subsequent audit by Audit Wales.

It is of note that the 2025/26 £17.3m draft year-end deficit outturn position does not attain the key duty of the Health Board to report a balanced financial position but aligns to the revised financial forecast.






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

- Maintaining the improvement in access for patients waiting for treatment across all stages of routine care, diagnostics, cancer and enhancing the time to be seen for urgent emergency care
- A continued focus on maintaining performance within the workforce and organisational development aspects of the Health Board
- Achievement of financial plans to deliver the key first duty for a balanced financial position for the Health Board, in doing so securing the conditional allocations of funds beyond the 2026/27 financial years

## 5 ARGYMHELLION RECOMMENDATIONS

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

Review and comment upon the information presented.

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

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

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

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



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

Tuesday, 28<sup>th</sup> April 2026

# Integrated Quality & Performance Report

## Performance, Finance & Information Governance Committee



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Table of Contents

Title	Page	Title	Page
Cover	1	<b>Integrated Quality &amp; Performance Report</b>	<b>21</b>
Table of Contents	2	<b>Section 2: Access &amp; Activity Performance</b>	<b>23</b>
Four Quadrant Escalation Summary	3	Mental Health	24
Performance Escalations Report	4	Planned Care	27
Children's & Adolescent Mental Health Service	5	Urgent & Emergency Care	37
Children's Neurodevelopment	6	<b>Section 3: People &amp; Organisational Development Performance</b>	<b>42</b>
Adult Psychological Therapies	7	<b>Section 4: Financial Performance</b>	<b>46</b>
Planned Care	8	<b>Additional Information</b>	<b>50</b>
Urgent & Emergency Care	14	<b>Appendix</b>	<b>51</b>
Workforce and Organisational Development	19	The data presented in this report is up to 31.01.2026 unless otherwise indicated. Data with an  symbol is a month in arrears.	
Finance	20		



# Escalated Performance Measures at a Glance

KEY: ■ = Better ■ = Worse than previous reporting period

## Quality

CRR 24-04 Failure to Embed Learning

There are no measures under the remit of the Quality, Safety and Experience Committee requiring escalated attention or focus in this reporting period.

## Finance

CRR 24-05 Financial Sustainability

### Financial Position – March 2026

- Year to date – Deficit versus Plan **-£17.3m**
- In-month Variance to plan **£0.0m** (sustained balance of £0.0m)
- Full year outturn position **as re-forecast in January -£17.4m** (noting significant risks to delivery)

### Savings Position

- In month Savings Delivery including Accountancy Gains v target **£6.2m** (£2.9m more than the £3.3m target)
- Forecast Savings Delivery including Accountancy Gains v Target **£42.3m** (£8.9m above the target).

### Capital Expenditure

Year to Date Plan is £33.2m. Spent £30.2m Underspend **£3.0m**.

## Access & Activity

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

- CAMHS Part 1b Interventions within 28 Days of Referral: **64.2%** (Target 80%) IA
- Neurodevelopment Assessment within 26 weeks: **10.3%** (\*Target 80%)
- Adult Psychological Interventions within 26 weeks: **58.1%** (Target 80%)
- Ambulance Handover Delays over 45 minutes: **2,316** (Target 0) **MP**
- Emergency Department waits over 12 Hours: **3,631** (Target 0)
- Emergency Department Waits over 24 Hours: **1,849** (Target 0)
- Emergency Department Waits over 48 Hours: **607** (Target 0)
- Number of patients left without being seen: **1,632 (11%)** (Target 0)
- Number of patients with Delayed Pathways of Care: **291** (Target 0)
- Percentage compliance 62 Day Single Cancer Pathway: **53.1%** (Target 75%) IA
- Referral to Treatment waiting over 52 weeks 1<sup>st</sup> Appointment: **5,858**
- Referral to Treatment waiting over 104 weeks: **2,161 MP** (Plan less than 3,780)
- Number of patients waiting over 8 weeks for Diagnostics: **13,778** (Target 0)
- Number of patients Over 100% due their clinical follow up: **128,079** (Target 0)
- Number of patients waiting over 14 weeks for therapies: **1,459** (Target 0)

\* Internal improvement trajectory for January 2026 is 12% **MP = Ministerial Priority**

## People & Organisational Development

- Personal Appraisal & Development Review (PADR): **80.7%** (Target 85%)
- Sickness & Absence: **5.7%** (Target Reduce)
- Agency Spend: **2.3%** (Target Reduce)

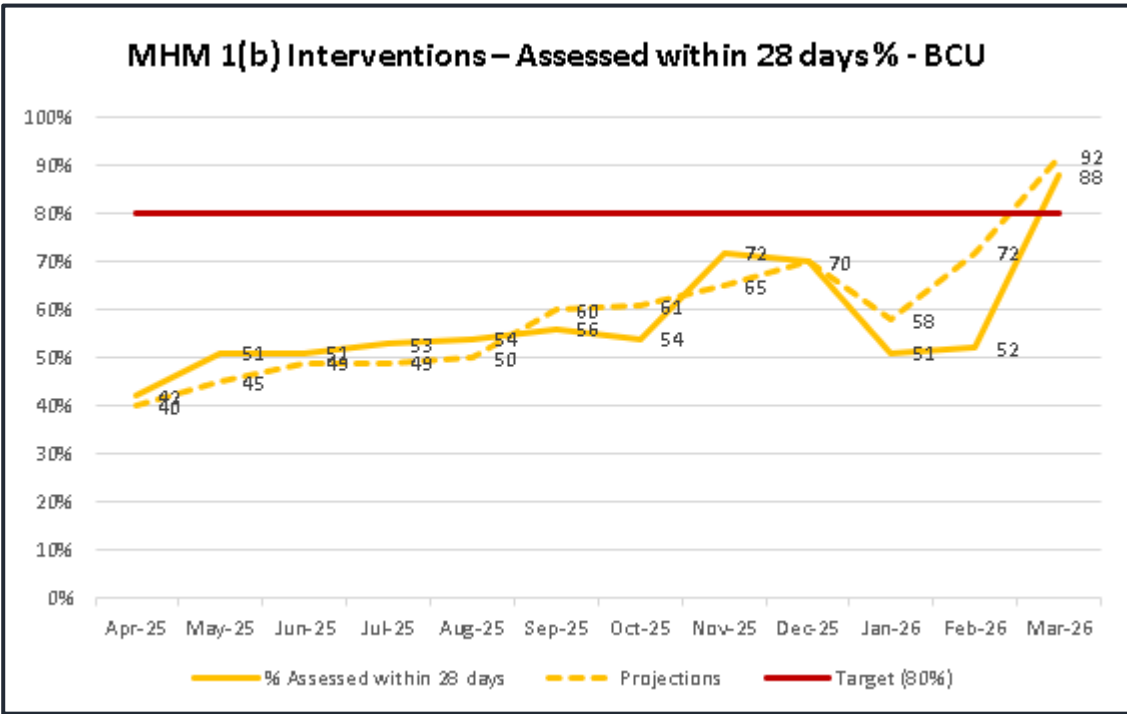
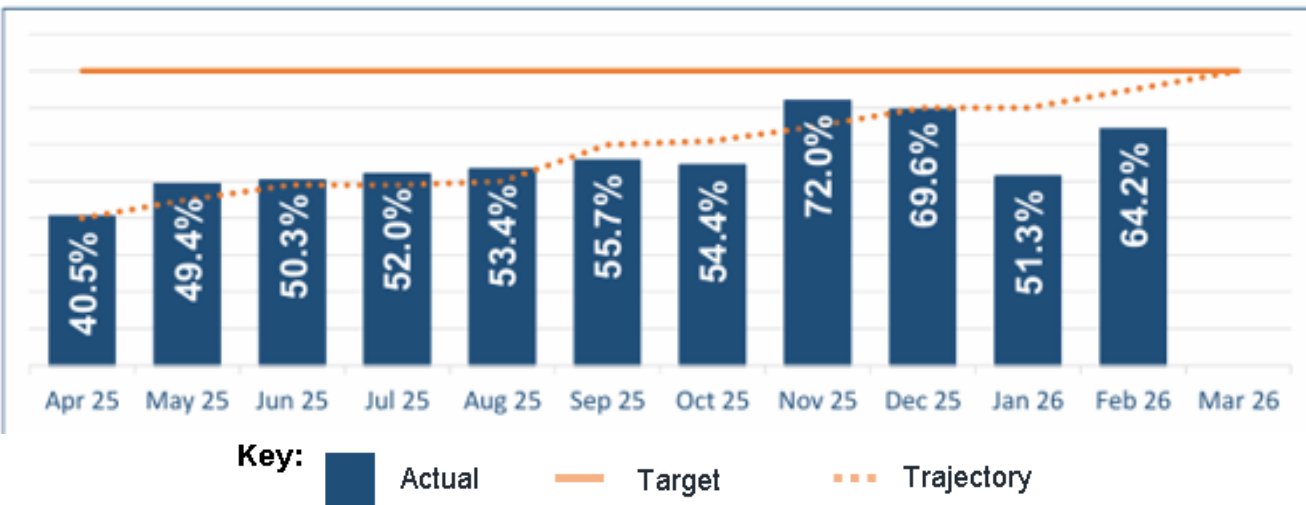
# Performance Escalations Report



# Access: Children's & Adolescent Mental Health Services (CAMHS) (Part 1b: Therapeutic Intervention within 28 days)

Escalated by: Integrated Performance Executive Delivery Group (IPEDG)    Date: April 2025    Reason: Performance below plan    Status: **Improved**

Whilst West and Centre Integrated Health Communities are performing well, East IHC has been compounded by lack of staffing thus impacting the overall position.



2026/27 trajectories have been submitted indicating that the MHM Part 1a and Part 1b targets will be sustained, actions underway to ensure the trajectories are sustained include:

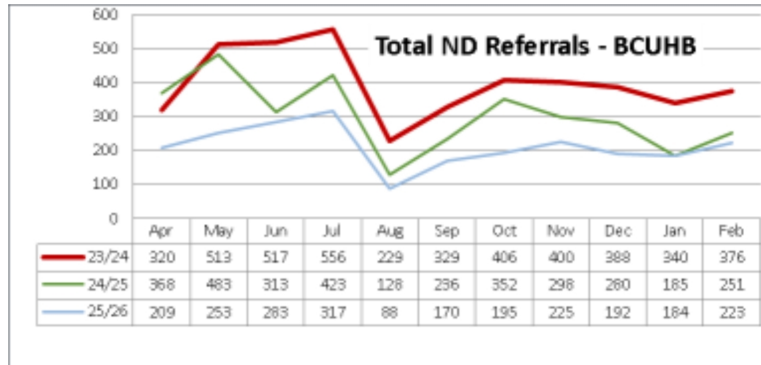
- Full roll-out of Getting Started Group across all teams will sustain increased capacity required for intervention offer
- Expansion of group therapy offer across all IHC teams
- Production of agency exit strategy aligned to local recruitment plans and timeframes agreed within Quarter 1.

- Trajectory not met in February however significant reduction in over 28 days waiting list position
- The forecast position for March indicates the target for MHM Part 1b of 80% will be achieved

# Access: Children's Neurodiversity (Assessed within 26 weeks of referral)

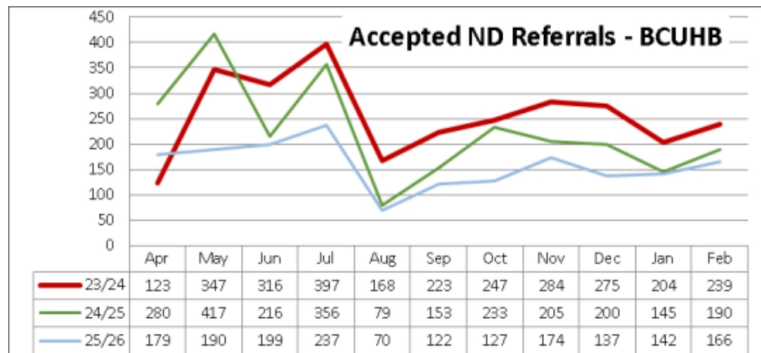
Escalated by: Integrated Performance Executive Delivery Group (IPEDG)    Date : April 2025    Reason: Performance below plan    Status: **Not Improving**

Performance against the measure remains poor, it is expected that no patients waiting over 3 years at 31.03.2026. However, this will **not** be sustained into 2026/27.



## 26/27 Draft Trajectory

The trajectory shows a slight deterioration in performance in 2026–27 against the 26-week target, as anticipated, due to a residual capacity gap across all teams. Although this gap has reduced significantly, driven by a **63% increase in assessment** activity through a prudent approach and a **33% reduction in referrals** following the implementation of new ways of working with RPB compared to the previous year. A monthly shortfall of 98 assessments across the region remains. The trajectory assumes that all patients waiting over three years in 2025–26 will receive an assessment by the end of March, supported by the commissioning of additional capacity.



## 26/27 Waiting times

Assuming there are no waits exceeding three years at the end of 2025–26, modelling of the 2026–27 waiting list indicates that 2,437 patients would exceed a three-year wait. Job planning is underway within IHCs, including recruitment to existing vacancies, to inform future capacity assumptions and improvement trajectories. However, without additional investment, current capacity will be insufficient to prevent waits exceeding three years during 2026–27. Confirmation of the 2026–27 WG NDIP funding allocation is awaited. Should funding again be directed towards waiting list management, as in 2025–26, arrangements are in place to continue the use of private provider contracts. Based on year-to-date 2025–26 activity, current estimated annual assessment capacity across IHCs is 840, although this may increase following completion of IHC-level job planning. On the basis of current capacity assumptions, an estimated shortfall of 1,597 assessments remains to sustain waits below three years in 2026–27.

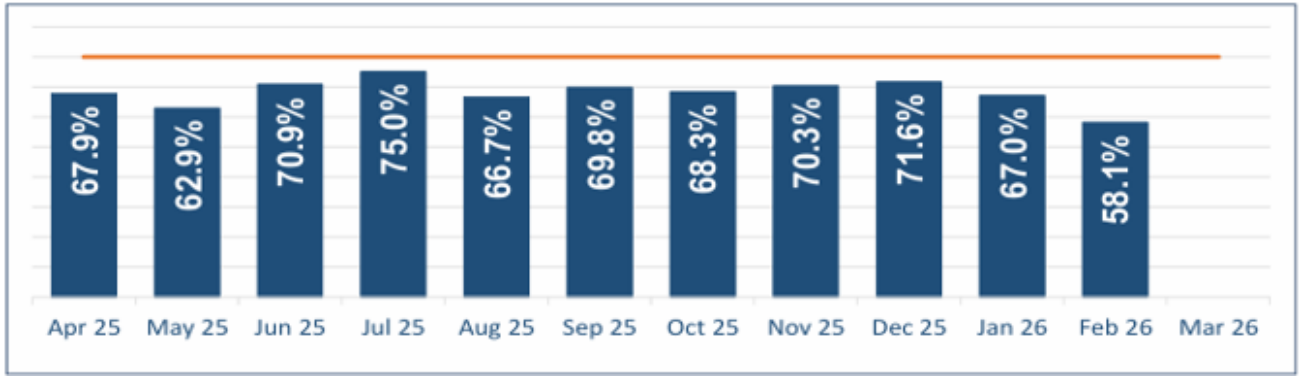
- Referrals received reduced by 29% in comparison with previous year
- Referrals accepted reduced by 30% in comparison with previous year
- Monthly capacity gap of 98 reduced from 250 previous year this is due to both reduction in referrals and implementation of ND prudent pathway to deliver 68% efficiencies in year. This will be sustained in 26/27



# Access: Adult Psychological Therapies (Assessed within 26 weeks of referral)

Escalated by: Integrated Performance Executive Delivery Group (IPEDG)    Date : April 2025    Reason: Performance below plan    Status: **Getting Worse**

After a period of improvement in quarter 3, performance has deteriorated month on month since December 2025.



The latest available data is for February with overall performance of 58% against a performance framework standard of 80%.

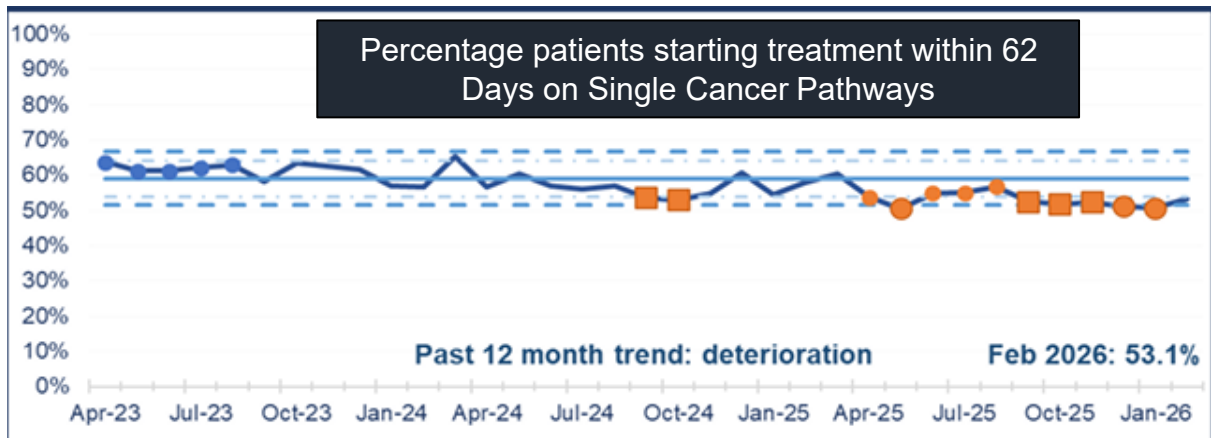
The downward trend is located in one area only with West and Central being 100%. The downward trend is due to the lack of clinic room provision for specialist psychological work in East. This issue has been raised at the Divisional Estates and Capital Group, and duly noted. Via the Chair's Report, this has been escalated through MHL D F&P and to the Senior Leadership Team. As a result, this has now been raised with our Executive for further discussion and resolution.

# Performance Escalations Report Planned Care Section



**Escalated by:** Integrated Performance Executive Delivery Group (IPEDG) **Date :** April 2025 **Reason:** Performance below plan **Status:** Improving

Performance remains below the 55% improvement trajectory. However, improvements are evident and there is confidence this improvement will continue through 2026/27.



In February 2025 the Health Board treated 53.1% (213 out of 401) of patients within the targeted 62 days. Whilst performance against the target remains challenging, there has been a significant reduction in the number of patients waiting in dermatology and the length of waits. The targeted performance to move out of special measures being 55% for four quarters. Plans are in train to achieve this targeted delivery, noting the level one targeted performance to be 75%. Details on the next slide.

	BCUHB Total	West	Central	East
Haematology	73% (19/26) ↓	86% (6/7)	64% (7/11)	75% (6/8)
Lung	68% (26/38) ↑	54% (7/13)	56% (5/9)	88% (14/16)
Upper GI	63% (17/27) ↓	50% (4/8)	67% (6/9)	70% (7/10)
Skin	59% (51/86) ↓	52% (13/25)	59% (19/32)	66% (19/29)
Colorectal	49% (20/41) ↑	44% (7/16)	50% (4/8)	53% (9/17)
Gynaecology	47% (9/19) ↑	17% (1/6)	60% (3/5)	63% (5/8)
Breast	43% (29/68) ↑	60% (15/25)	20% (4/20)	43% (10/23)
Urology	41% (29/71) ↓	38% (9/24)	42% (8/19)	43% (12/28)
Head & Neck	25% (4/16) ↓	20% (1/5)	20% (1/5)	33% (2/6)
<b>Total</b>	<b>53% (213/401) ↑</b>	<b>50% (67/133) ↓</b>	<b>49% (59/120) ↑</b>	<b>59% (87/148) ↑</b>

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



Escalated by:

Integrated Performance Executive Delivery Group (IPEDG)

Date :

April 2025

Reason:

Performance below plan

Status:

Improving

Actions being progressed in largest 4 tumour sites to improve performance:

## Breast

- Focus on reducing waits to first appointment – 89% now within 21 days
- Breast pain only clinics stalled pending confirmation of national funding - will reduce demand on cancer clinics
- Screening assessment waits mitigated through agreement to run radiology led clinics during surgeon leave from March
- Pressure now on surgical waits – escalated to IHCs for remedial action

## Colorectal

- Nurse led triage in place since December – early audit shows reduction in triage times and increase in straight test numbers but wait to endoscopy procedure not reduced

## Skin

- 70% reduction in dermatology 1<sup>st</sup> appointment long waiters since September; new insourcing contract from April 1<sup>st</sup> but further reduction stalled as Central not utilising insourced capacity as at March 2026 – escalated to IHC
- Additional minor ops capacity in Alltwen and Connah's Quay has reduced backlog from 300 to 97 at 26<sup>th</sup> March
- Teledermoscopy capacity increased from March from 12 to 18 patients per session. 2 sessions per week in East and West but only 1 per month in Central – escalated to IHC

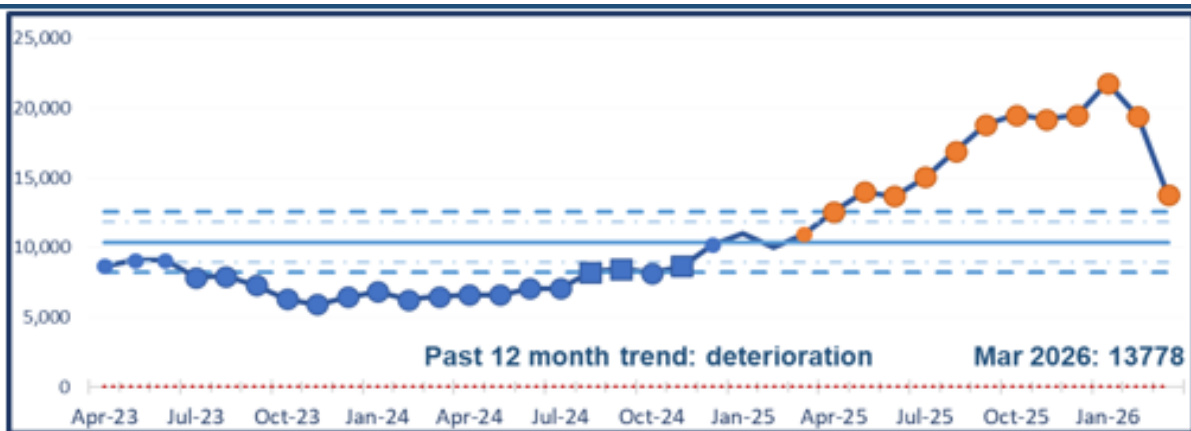
## Urology

- insourced prostate biopsy capacity commenced in February with waiting times reducing
- Agreement secured from Arrowe Park to commence repatriation of prostatectomies from London from April (20 initially)

# Access: Planned Care Diagnostic Services (8 weeks & over)

Escalated by: Integrated Performance Executive Delivery Group (IPEDG)    Date : April 2025    Reason: Performance below plan    Status: **Improving**

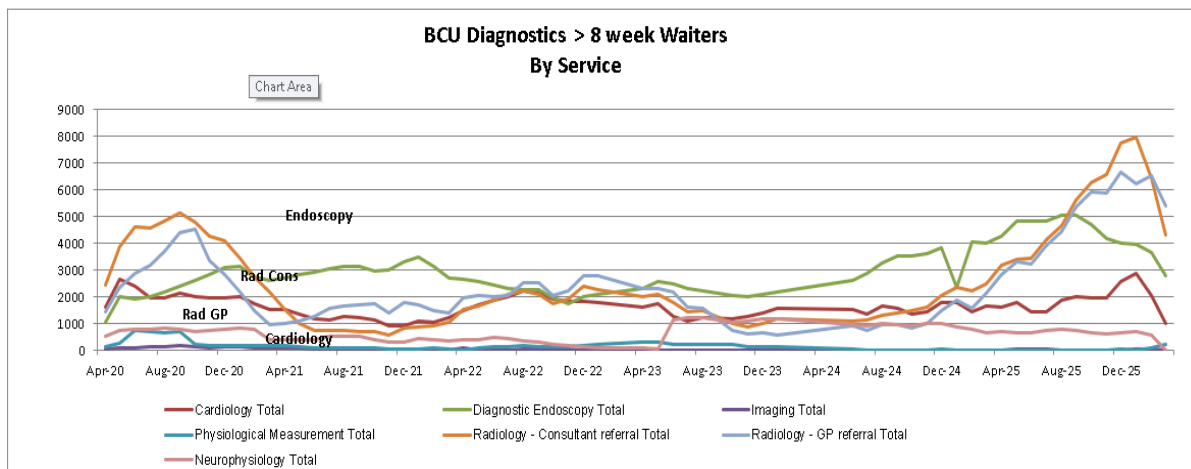
Latest validated position for March 2026 shows a significant improvement over 2 months from 21,800 patients to 13,778 waiting over 8 weeks.



## Position March 2026

Whilst the number of patients waiting over 8 weeks for a diagnostic test remains unacceptably high at 13,778 it should be noted that this is a significant reduction of over 9,000 patients (from 21,800) within 2 months.

The reason for the sharp increase in the number of patients waiting over 8 weeks for a diagnostic test can be correlated to the significant amount of work undertaken to reduce the number of patients waiting over 52 weeks for their first outpatient procedure, from over 30,000 in August 2025 to 5,858 at the end of March 2026 which in turn generated demand for diagnostic investigations.



# Access: Planned Care – Referral to Treatment Patients waiting over 52 weeks for new outpatient

Escalated by: Integrated Performance Executive Delivery Group (IPEDG)    Date: April 2025    Reason: Performance below plan    Status: **Improving**

Continued and sustained reduction in the number of patients waiting over 52 weeks for their first outpatient appointment.

Number of patients waiting over 52 weeks for a new outpatient appointment

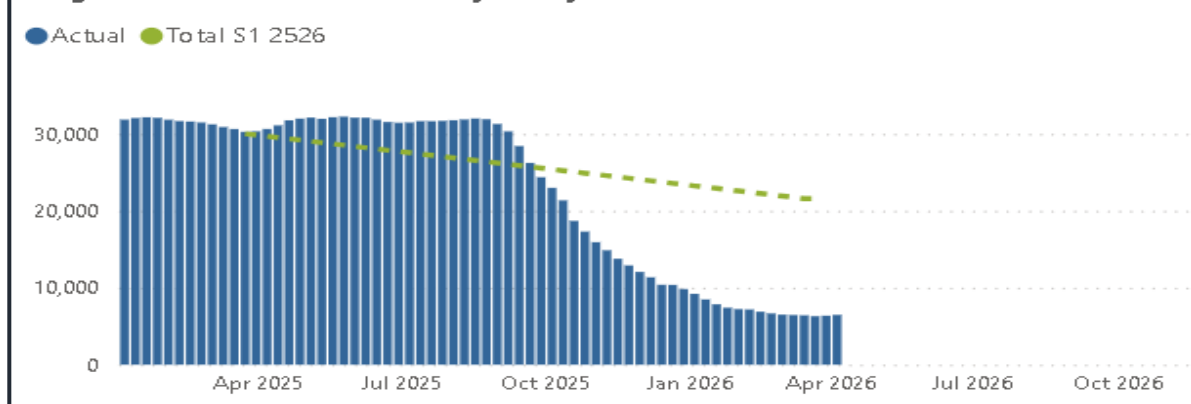


## Position March 2026

Whilst the number of patients waiting over 52 weeks for their first outpatient appointment (stage 1) remains unacceptably high at 5,858 it should be noted that this is a significant reduction of over 25,000 patients (from 34,000) within 7 months. It was intended to continue on this sharp reduction trajectory to reach zero patients waiting over 52 weeks for their first outpatient appointment by 31.03.2026.

However, the high volume of these patients that then required a diagnostic test (stages 2 and 3) created a significant and unsustainable demand upon diagnostic services together with impacting upon the ability to maintain momentum in delivering the projected reductions in the number of patients waiting over 104 weeks for treatment (stage 4).

Stage 1 52 Week Actuals Vs Trajectory

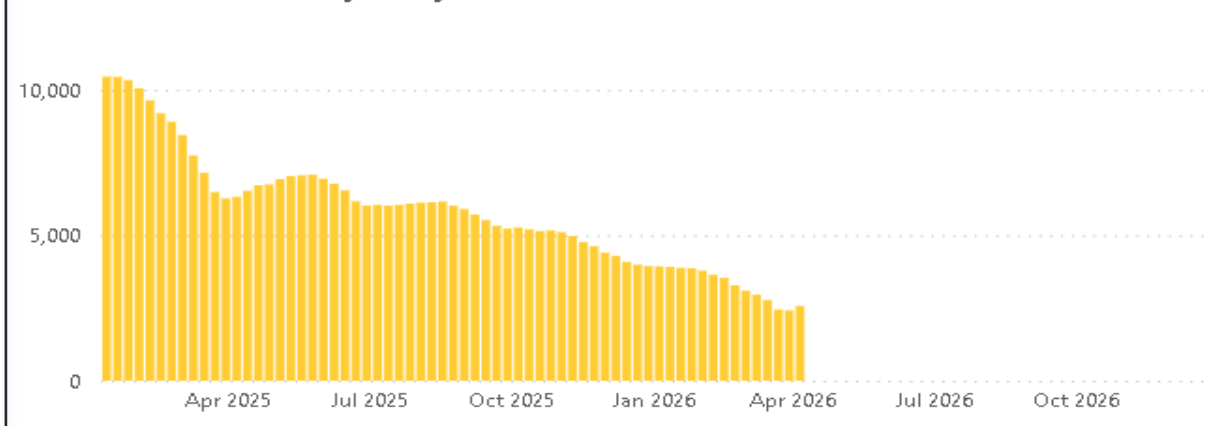


# Access: Planned Care – Referral to Treatment Patients waiting over 104 weeks (all stages)

Escalated by: Integrated Performance Executive Delivery Group (IPEDG)    Date : April 2025    Reason: Performance below plan    Status: **Improving**

The number of patients waiting over 104 weeks for treatment continues to fall. The end of March position was 2,161, over 1,500 less than the 3,780 predicted.

104 Week Actuals Vs Trajectory



## Position March 2026

There has been a significant and sustained reduction in the number of patients waiting over 104 weeks (2 years) for treatment. From over 10,000 patients in April 2025 to 2,161 at the end of March 2026. This is approximately 1,500 more patients treated than the planned trajectory of 3,780 as submitted to Welsh Government in November 2025. This has been achieved despite the significant pressures from delivering the improvement trajectories at stage 1 and its impact upon demand at stages 2 and 3 as described in slides 11 and 12.

Unfortunately, there remain 2 patients waiting over 3 years for treatment. However, these patients have been booked for treatment in April 2026. It is expected that there will be no patients waiting over 3 years going forward.



# Access: Planned Care Therapy Services (14 weeks & over)

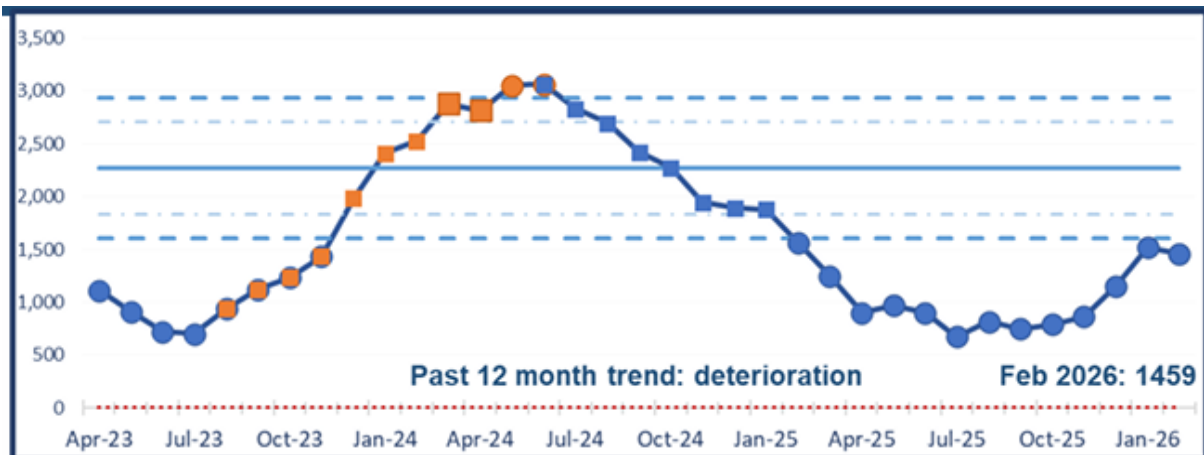
Escalated by: Integrated Performance Executive Delivery Group (IPEDG)

Date : April 2025

Reason: Performance below plan

Status: **Getting Worse**

After a substantial period of sustained improvement, performance against this measure has stagnated and the numbers of patients waiting over 14 weeks slowly increasing



Performance against the 14-week therapy waits target remains challenging with 1,459 patients waiting in excess of 14 weeks for their therapy. These patients are predominantly within Physiotherapy and Dietetics in the East IHC. The reasons for the delays include staffing levels in dietetics and lack of available suitable accommodation for physiotherapy.

# Performance Escalations Report Urgent & Emergency Care Section



# Flow & Efficiency: Urgent & Emergency Care – Ambulance Conveyances and Handovers

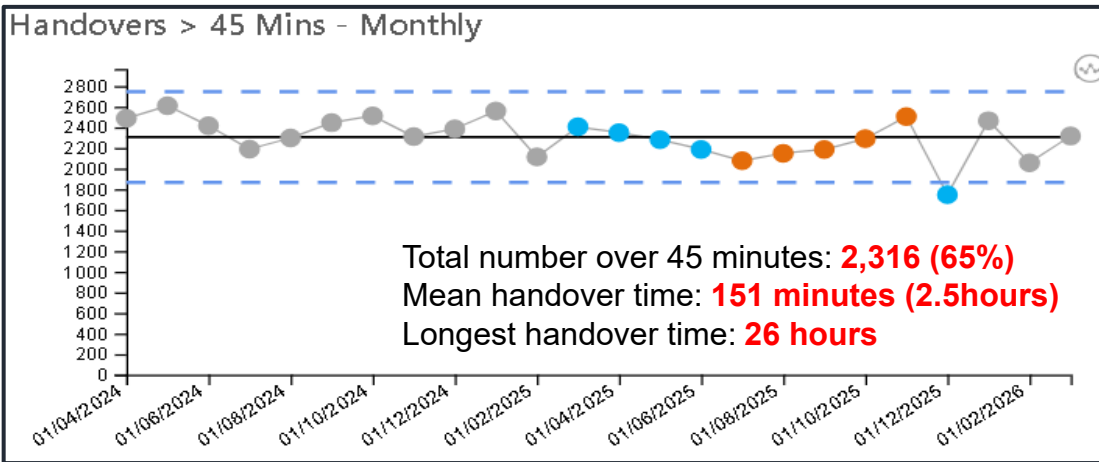
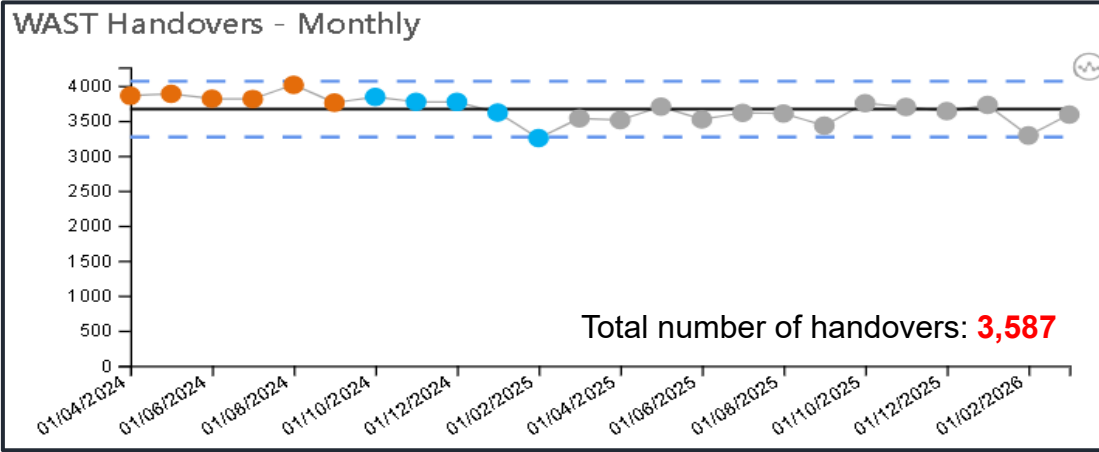
Escalated by: Integrated Performance Executive Delivery Group (IPEDG)

Date: April 2025

Reason: Performance below plan

Status: **Improving**

After improvement in December 2025, the number of ambulance handover delays **over** 45 minutes has returned to previous levels at 2,465 (over 66% of all conveyances)

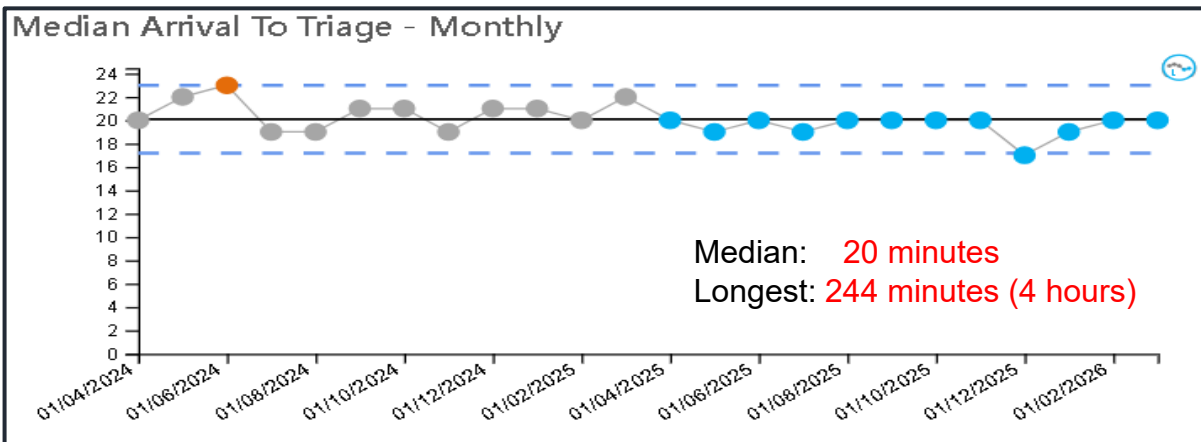


- A clinically-led **Urgent and Emergency Care Task Team** has been established to lead on taking decisive steps with senior clinical leaders and operational teams to support system-wide improvement and improve outcomes and experience for patients. The focus is on three key areas:
  - Reducing avoidable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

# Access: Urgent & Emergency Care – Emergency Department Process Time to Triage and Clinician (Efficiency)

Escalated by: Integrated Performance Executive Delivery Group (IPEDG) Date: April 2025 Reason: Performance below plan Status: **Not Improving**

The median time to triage has remained on or around 20 minutes and, time to clinician around 2 hours since April 20205. The longest time to triage is 4 hours and time to clinician in excess of 36 hours. There has been no statistically significant change in performance against this measure in the 2 years to date.

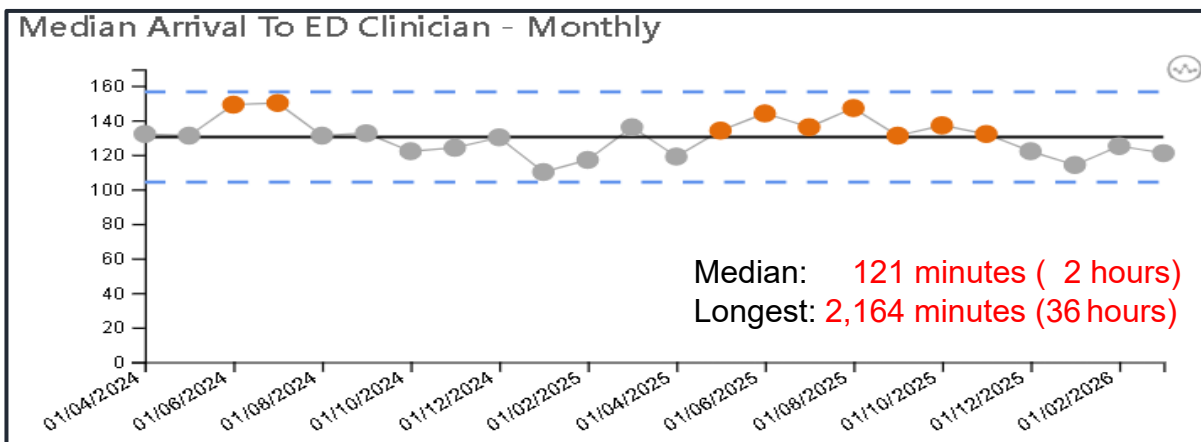


## Current position:

- Latest nationally reported position **20 minutes** for median time to clinician for March 2026. This reflects no statistically significant change in 2 years.

## Next actions

- The workforce model is being considered alongside the patient pathways and alternatives to ED, via streaming to other services, including SDEC.
- Ringfencing key clinical areas such as SDEC units from being used as a ward when the pressure for bed spaces becomes greatest.
- The existing 'Resilience Hub' established provides system leadership and coordination, enabling the North Wales health system to work as one.
- The 'Resilience Hub' will be fully enacted providing 7 day per week senior leadership for managing the system across North Wales.
- Acute Frailty pathway mapping and baseline assessment completed across all areas
- A trigger is in place that activates the redeployment of staff to additional triage which is being used. The threshold for the trigger and the staffing pattern relating to triage activity is being urgently reviewed to enable an improvement to the standard of 15 minutes.

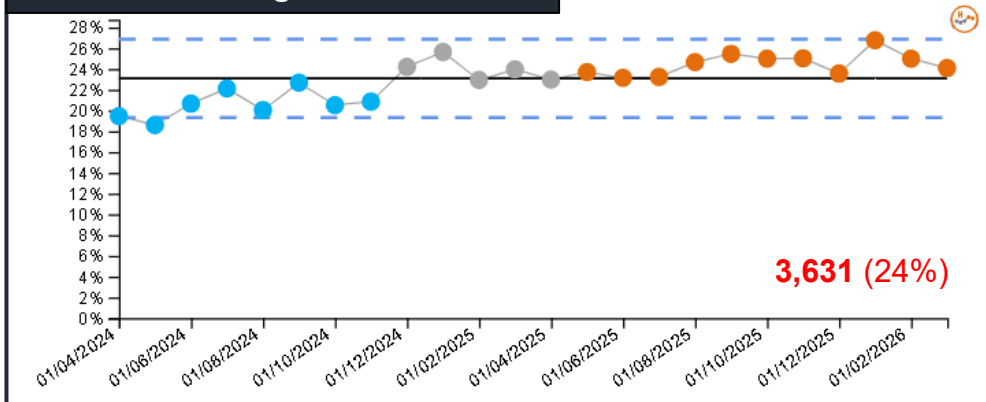


# Access: Urgent & Emergency Care – Emergency Department Waits 12 Hrs, 24 Hrs & 48 Hrs and Did Not Waits

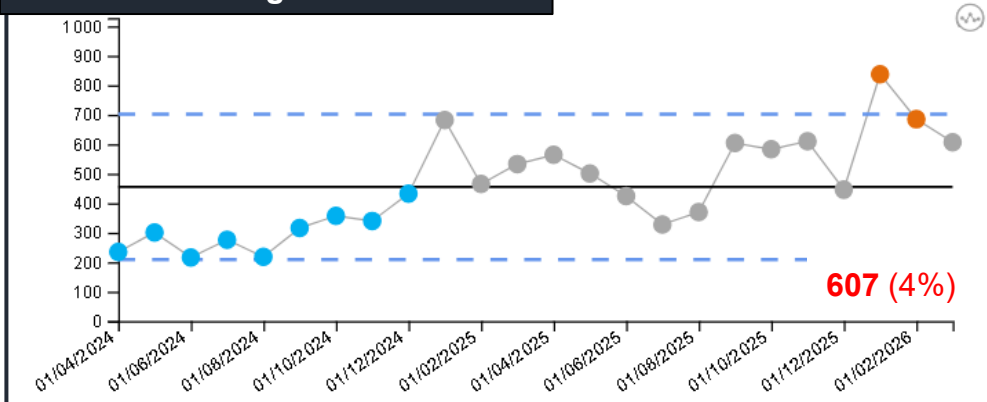
Escalated by: Integrated Performance Executive Delivery Group (IPEGD)    Date: April 2025    Reason: Performance below plan    Status: **Improving**

Performance has improved in all 3 metrics compared to December 2025 position and the same period last year of January 2025. Added Over 48 Hour Waits for context

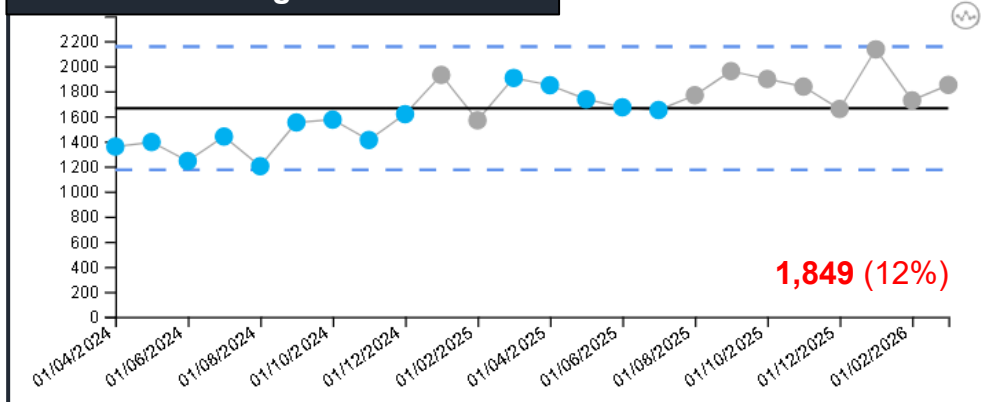
### Number waiting over 12 Hours



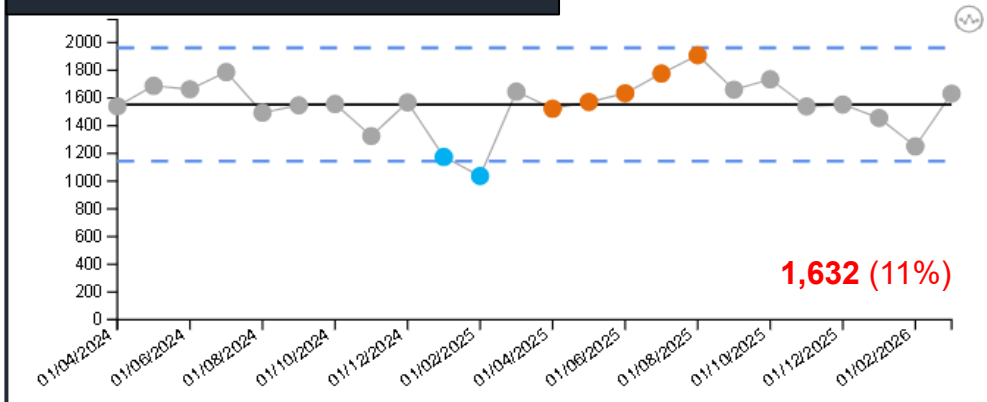
### Number waiting over 48 Hours



### Number waiting over 24 Hours



### Did not Wait



It should be noted that whilst performance has improved against all three of the long wait metrics, the number of patients that did not wait for treatment remains high.



# Access: Urgent & Emergency Care – Emergency Department waits

**Escalated by:** Integrated Performance Executive Delivery Group (IPEDG) **Date :** April 2025 **Reason:** Performance below plan **Status:** Improving

Performance has deteriorated in all metrics compared to December 2025 position and the same period last year of January 2025. Added Over 48 Hour Waits for context

## Current position:

- The number of 12-hour waits has decreased to 3,631 (previously 3,826) and is the upper range of the SPC Chart, measures to improve performance centre upon a focus on eradication of discharge delays (time of day and medically fit for discharge). The level of outliers significantly impacting the ability of the Health Board to flow through emergency patients.

## Next actions

- **Executive walkthroughs** have been held at each District General Hospital to engage clinical and operational teams in opportunity and solution identification, as well as providing visible leadership and commitment of the Board to supporting improvement on the ground. A commitment of high visibility has been made, without seeking to disrupt the work of local teams
- The Executive Medical Director led a **Rapid Quality Review** meeting drawing together clinicians to address :
  - Specific and focused consideration to quality concerns and risks within the pathways passing through the ED
  - Facilitate rapid and collective judgements about quality within these pathways
  - Identify actions within these pathways as a result of the risk identified to measure quality of care and risk within the ED pathways
  - Improve quality of care and reduce risk within ED pathways
- The focus on discharge, including time of discharge during the day and proactive onward admission of new patients to ward areas form part of the improvement work underway. Balancing the risk to patient safety, outcomes and experience across the system rather than holding the risk in the Emergency Department is key.
- Data dashboard developed utilising STREAM / Right Patient Right Place has been established and offers oversight across hospital systems to support flow and identify reasons for delayed discharges – this has been further developed with the 6 LAs and a positive enabler

# Flow & Efficiency: Pathways of Care Delays

Escalated by: Integrated Performance Executive Delivery Group (IPEDG)

Date: April 2025

Reason: Performance below plan

Status: **Improving**

Whilst the number of patients delayed is lower than the same period last year, the number of days delayed has increased and at 14,500 is 5,000 higher than January 2025.

## Position March 2026 compared to March 2025

### Summary Analysis for Latest Census

Mar-25

Total Delays (Patients)

311

Total Days Delays

10,934

Average Days Delayed

35

Assessment Delays (Patients)

140

Assessment Days Delays

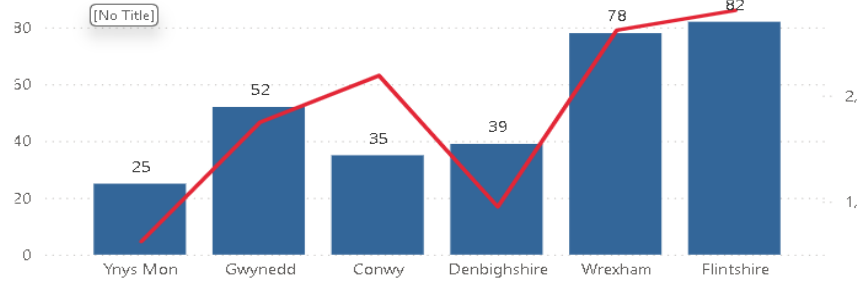
3,704

Assessment Average Days Delayed

26

### Patients and Days Delayed by Local Authority

● Patients ● Days Delayed



Delay Reason Group	Total Delays	Total Days Delayed
Assessment Issues	124	2,754
Care Home Placement Arrangements	73	3,079
Disagreements/Legislation	11	804
Funding Issues	9	252
Home Adaption/Equipment Issues	10	265
Home Care Realited Issues	45	1,307
Housing Related Issues	19	1,696
NHS Bed Related Issues	2	178
Step Down to Recover and Assess	17	556
Transfer Related Issues	1	43
<b>Total</b>	<b>311</b>	<b>10,934</b>

### Summary Analysis for Latest Census

Mar-26

Total Delays (Patients)

291

Total Days Delays

12,771

Average Days Delayed

44

Assessment Delays (Patients)

69

Assessment Days Delays

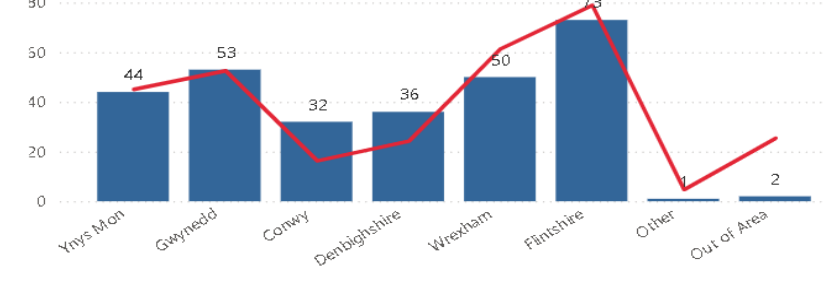
1,618

Assessment Average Days Delayed

23

### Patients and Days Delayed by Local Authority

● Patients ● Days Delayed



Delay Reason Group	Total Delays	Total Days Delayed
Assessment Issues	96	2,102
Care Home Placement Arrangements	93	4,303
Disagreements/Legislation	12	1,009
Funding Issues	16	946
Home Adaption/Equipment Issues	8	204
Home Care Realited Issues	31	884
Housing Related Issues	16	2,922
Step Down to Recover and Assess	19	401
<b>Total</b>	<b>291</b>	<b>12,771</b>

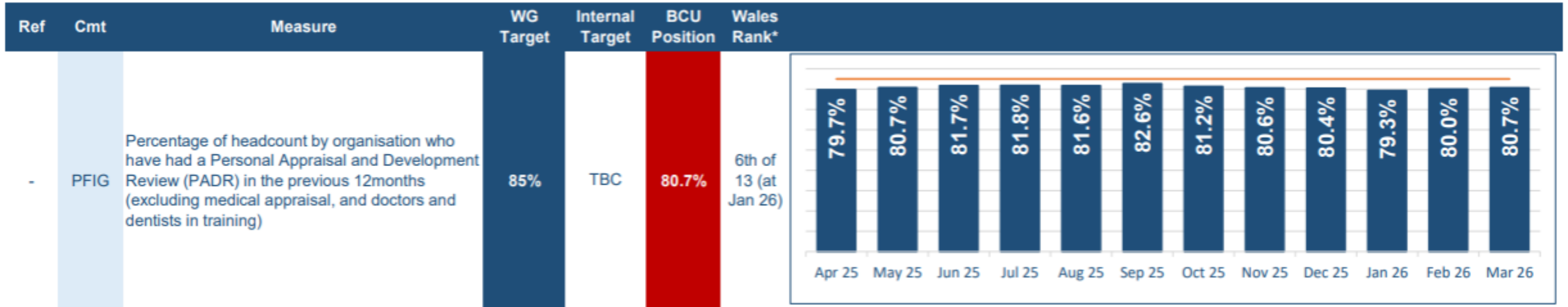
# Performance Escalations Report Workforce, Organisational Development and Finance Sections



# People: Staff Wellbeing and Development

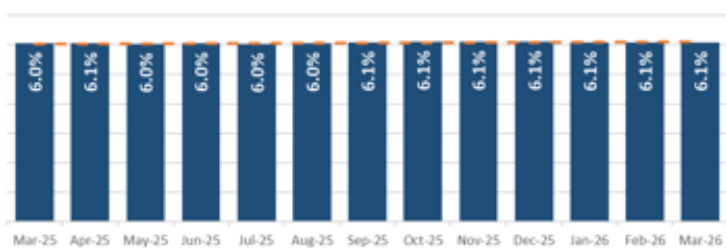
Escalated by: Integrated Performance Executive Delivery Group (IPEDG)    Date : April 2025    Reason: Performance below plan    Status: **Improving**

At 80.7%, the rate of Personal Appraisal & Development Reviews remains within normal variation and higher than same period prior year



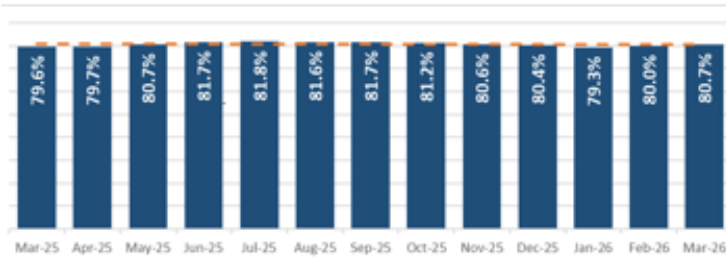
## BCU Rolling Sickness Rate

The BCUHB rolling sickness rate has remained steady for the last 7 months at 6.1%. The position has increased by 0.1% on the same period last year. The in-month rate for March 2026 was 0.16% higher than it was in March 2025. In January 2026, BCU had the lowest rolling sickness rate of the 6 largest Health Boards in Wales.



## BCU PADR Rate

PADR compliance is showing an improving trend over recent months, increasing by 0.7% to 80.7% in March 2026, and it is 1.1% higher than it was during the same period last year. In January 2026 BCUHB was the second-best performer of 6 largest Health Boards in Wales for Appraisal compliance.



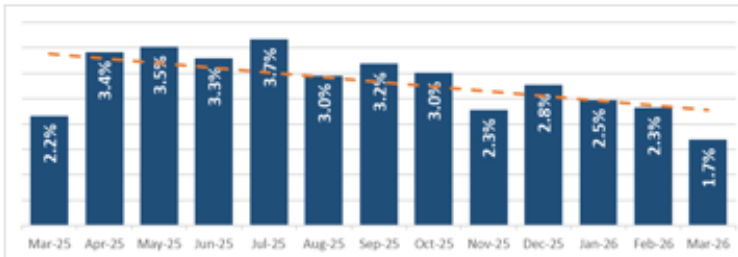
## BCU Registered Nursing Turnover Rate

The registered nursing external turnover rate continues to reduce, falling to 4.7% in March 2026 from 5.9% in March 2025. In the 12-month period to March 2026 there were 69.1 FTE fewer leavers compared with the previous year. BCU was ranked 3<sup>rd</sup> against the 6 largest Health Boards in Wales with regards to nursing turnover in January 2026



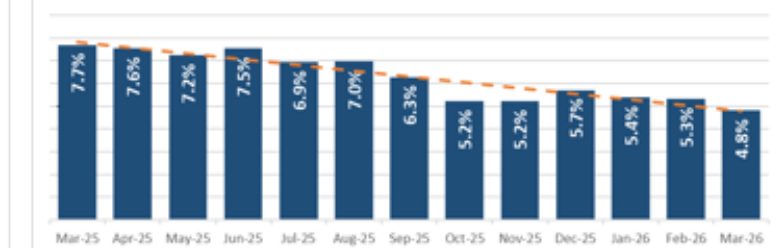
## BCU Agency Usage Rate

Agency spend £10.35m lower across 2025/26 compared to 2024/25 demonstrating significant improvement. Lower agency rates reported in March 2025, August 2025 and March 2026 were caused by increases in total pay relating to the pay award and end of year.



## BCU Registered Nursing Vacancy Rate

The BCUHB registered nursing vacancy continues to improve and is 2.9% lower than it was during the same period last year. There are currently 304.5 FTE vacancies compared to 486.4 FTEs in March 2025. BCU had the second highest nurse vacancy rate of the 6 largest Health Boards in September 2025.



## BCU Mandatory Level 1 Training Rate

Mandatory Training Level 1 compliance remains well above the 85% target at 90.6%, however, there has been a small gradual decline over recent months. In January 2026 BCUHB has the highest level 1 mandatory training compliance of the 6 largest Health Boards in Wales.



**Escalated by:** Integrated Performance Executive Delivery Group (IPEDG) **Date :** April 2025 **Reason:** Performance below plan **Status:**  

The Full Year Draft unaudited financial position of the Health Board is reporting a deficit of £17.3m, £0.1m under the forecast deficit of £17.4m.

➤ Draft 2025/26 end of year financial position is subject to the closure and submission of the final accounts for 2025/26 and the subsequent audit by Audit Wales. It is of note that the 2025/26 £17.3m draft year-end deficit outturn position does not attain the key duty of the Health Board to report a balanced financial position.

➤ As at Month 9 (December), the forecast outturn was revised to report a deficit of £17.4m, as the Health Board had been required to absorb several national pressures following submission of the plan, having shortfalls in resource allocation for the Employers National Insurance uplift and Cost Uplift Factors (CUF) not matching the increased cost impact from provision of cross border services and additional pressures from JCC for cross border patients. In addition, the drivers of the financial deficit in year centre upon servicing additional capacity areas, Mental Health out of area placements and Continuing Healthcare (CHC). See further detail on Slide 6.

➤ The below table summarises the monthly and full year variance for 2025/26:

	2025-26 Monthly & DRAFT Full Year Variance												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	DRAFT Full Year Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
<b>Total Monthly Surplus/ (Deficit)</b>	<b>(3.7)</b>	<b>(2.4)</b>	<b>(1.6)</b>	<b>(3.6)</b>	<b>(2.3)</b>	<b>(1.4)</b>	<b>(1.2)</b>	<b>(1.0)</b>	<b>0.0</b>	<b>(0.0)</b>	<b>(0.1)</b>	<b>0.0</b>	<b>(17.3)</b>

➤ The Health Board's £40.0m savings target is profiled on an equal twelfth's basis. Full year value of Green Schemes is £56.9m (comprising of £37.3m Savings, £0.9m Income Generation, £0.7m Cost Avoidance and £17.9m Accountancy Gains), an increase of £2.0m from the Month 11 forecast. Of these, £26.8m have been identified as recurring, with a full year effect of £32.7m, and £30.1m are non-recurring savings.

➤ The £32.7m full year recurring savings exceeds the 2025/26 financial plan recurring target of £30m, but below the £40m stretch target allocated to IHC's in 2025/26.

➤ In-month delivery includes savings of £3.8m, £0.1m Income Generation/Cost Avoidance and £1.2m Accountancy Gains against a target of £3.3m.



# Integrated Quality & Performance Report



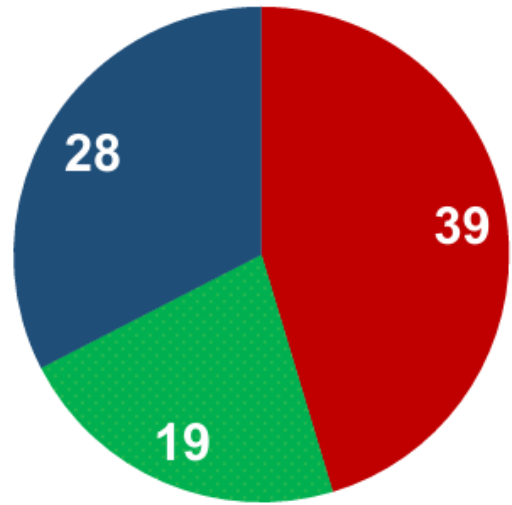
# Summary of Performance to Month 9 (December 2025)

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

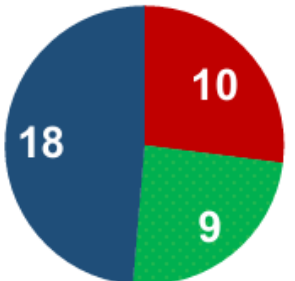
**Red** → The latest available data point indicates that performance is worse than the target

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

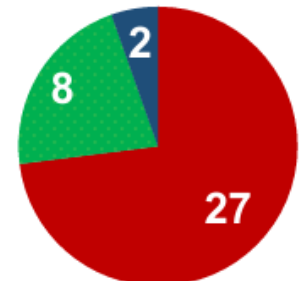
**Grey** → There is no / insufficient data available to rate against the target



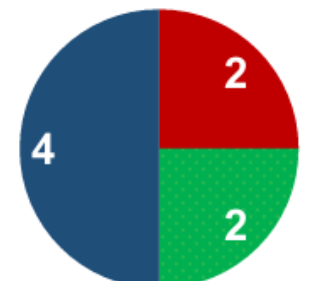
All Sections



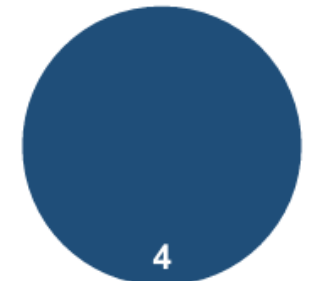
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance

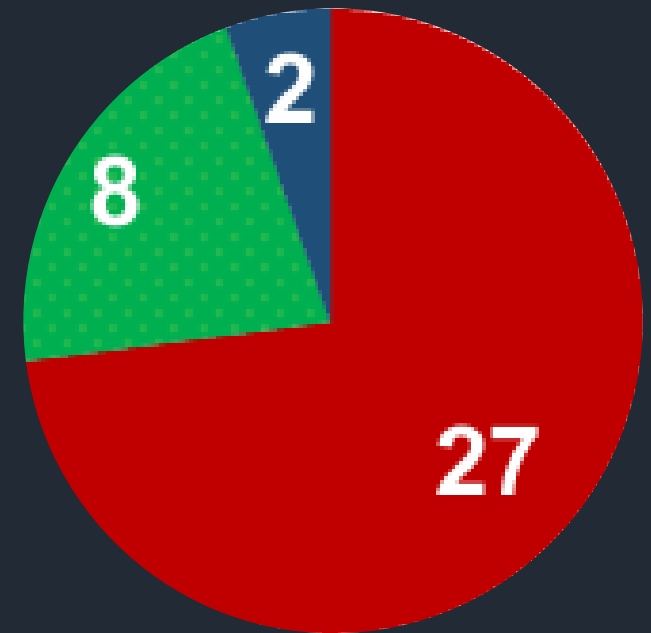


Financial Performance



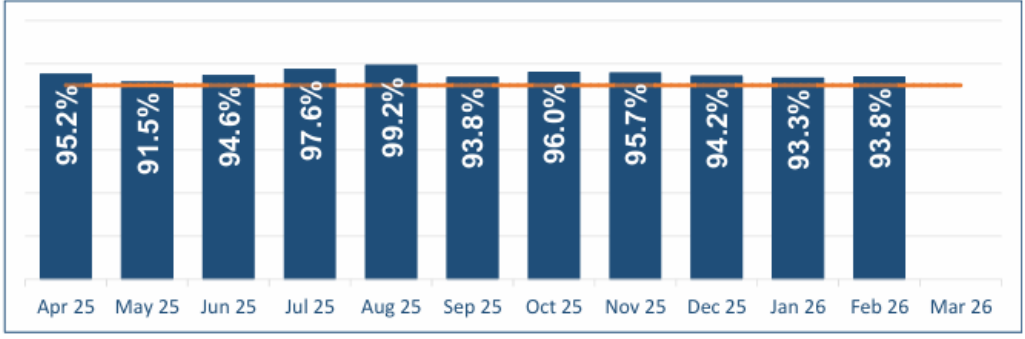
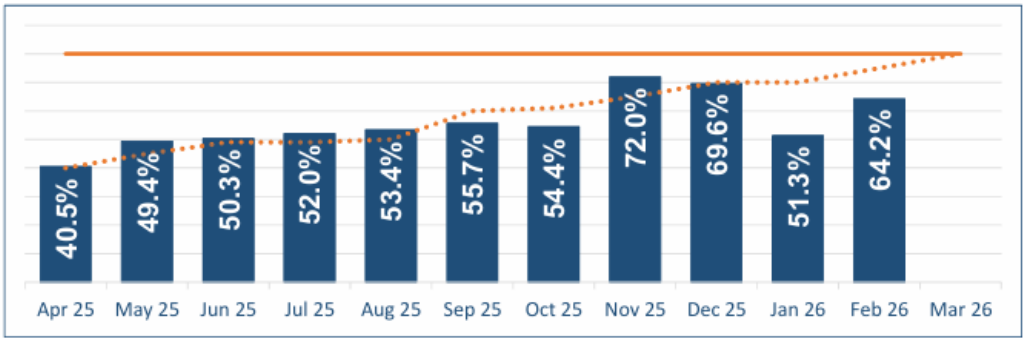
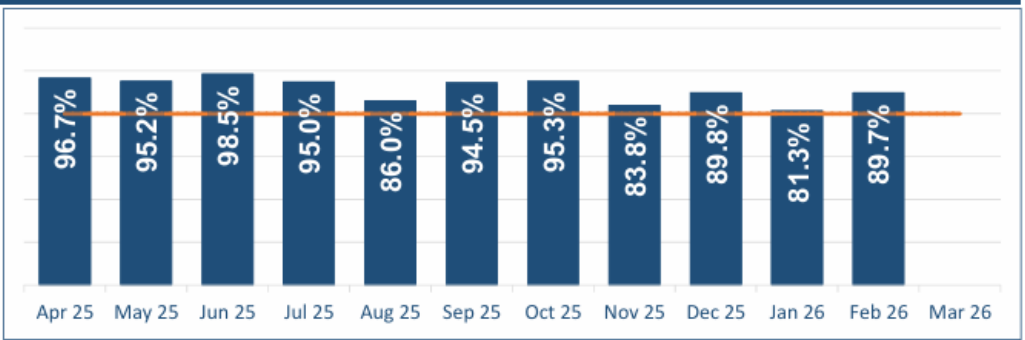
# Section 2

# Access & Activity Performance

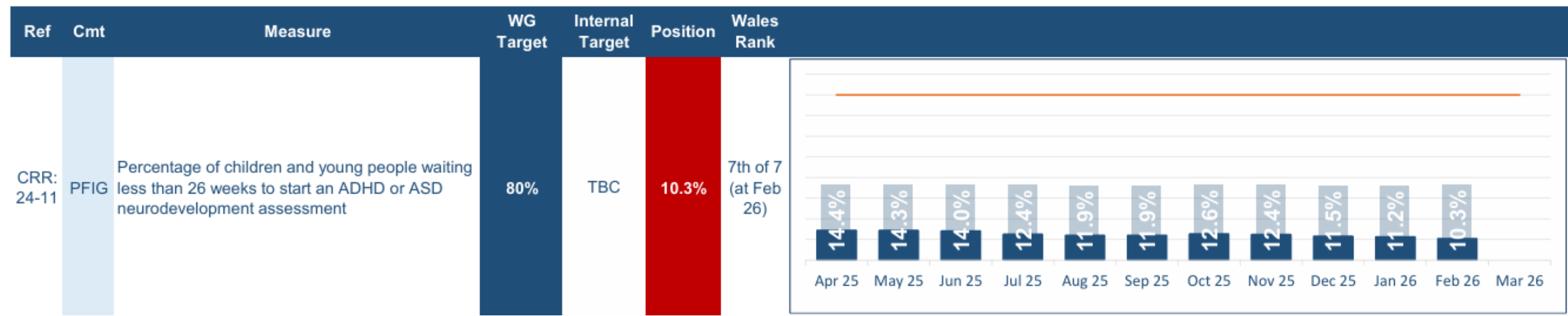


# Access: Children's & Adolescents Mental Health Services CAMHS (Under 18 years of age)

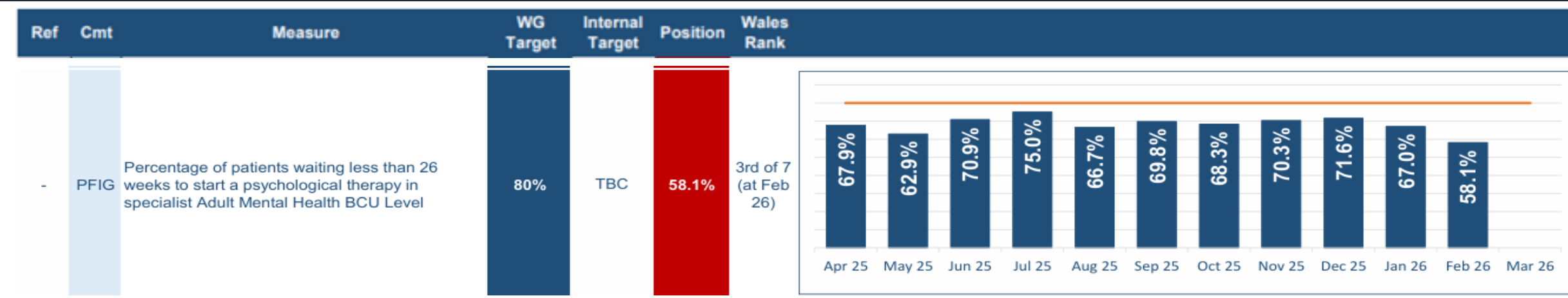
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
SM: DM16	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80%	80.0%	89.7%	6th of 7 (at Feb 26)
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%	80.0%	64.2%	7th of 7 (at Feb 26)
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%	90.0%	93.8%	4th of 7 (at Feb 26)



## Access: Neurodiversity (Under 18 years of age)

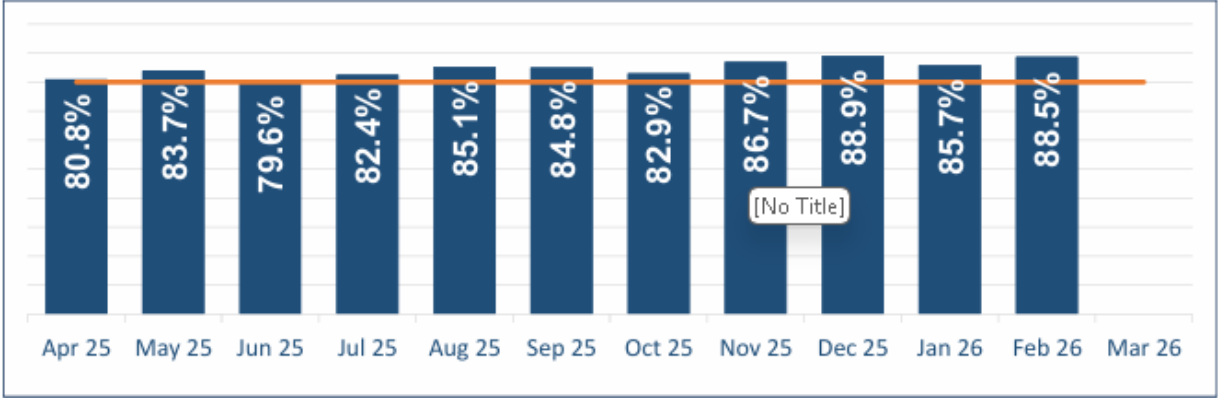
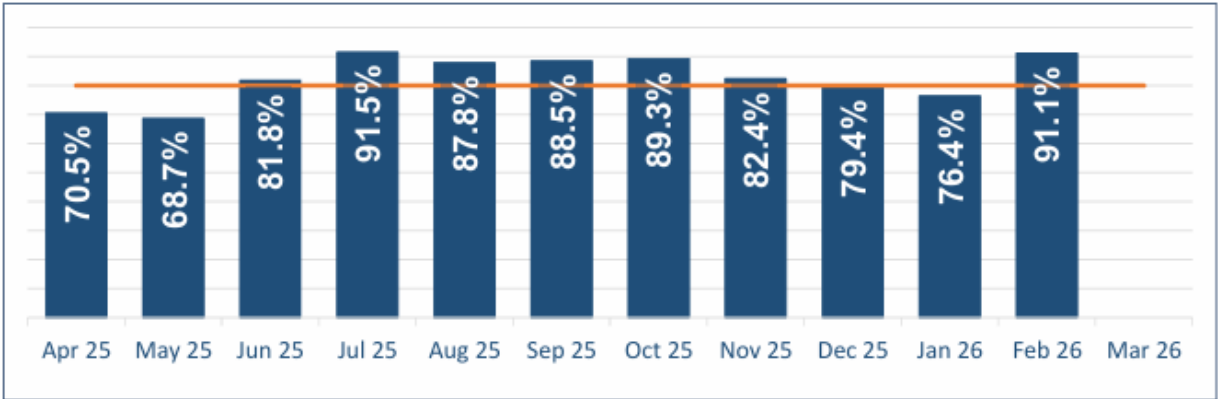


## Access: Adult Psychological Services (26 weeks)

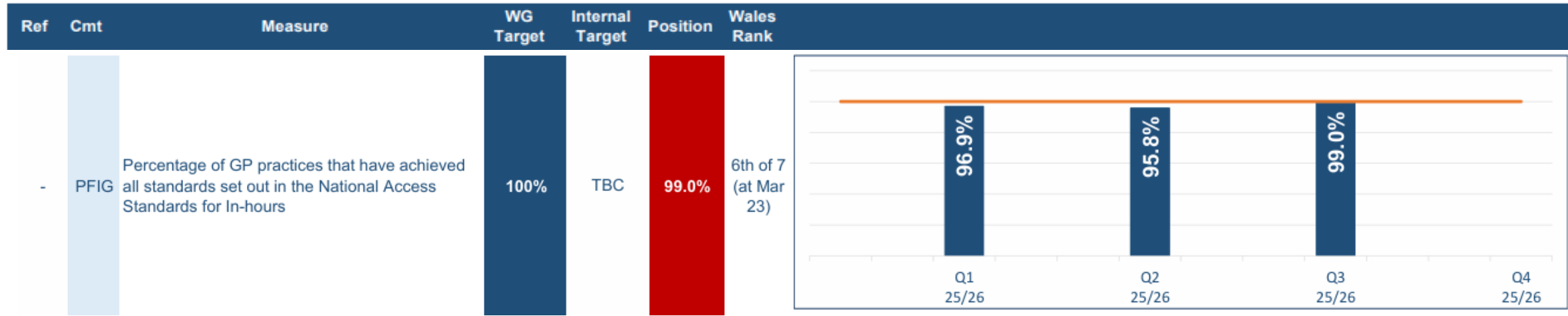


# Access: Mental Health & Learning Disabilities (18 years of age and over)

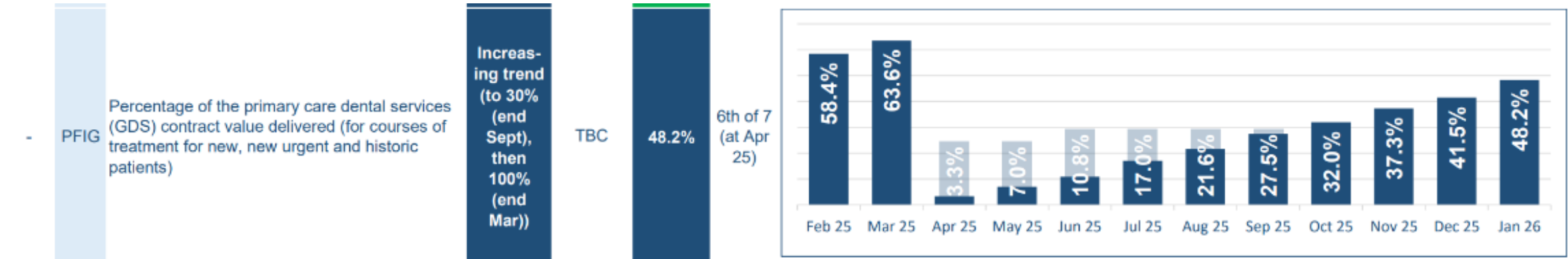
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM11	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	TBC	91.1%	4th of 7 (at Feb 26)
SM: DM12	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	TBC	88.5%	5th of 7 (at Feb 26)



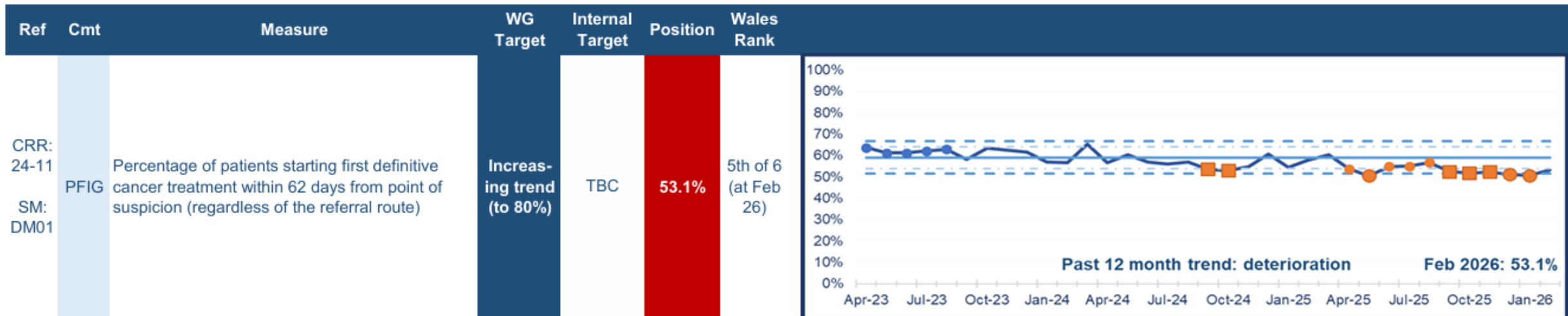
# Access: GP Practice National Access Standards



# Access: General Dental practice Access Standards

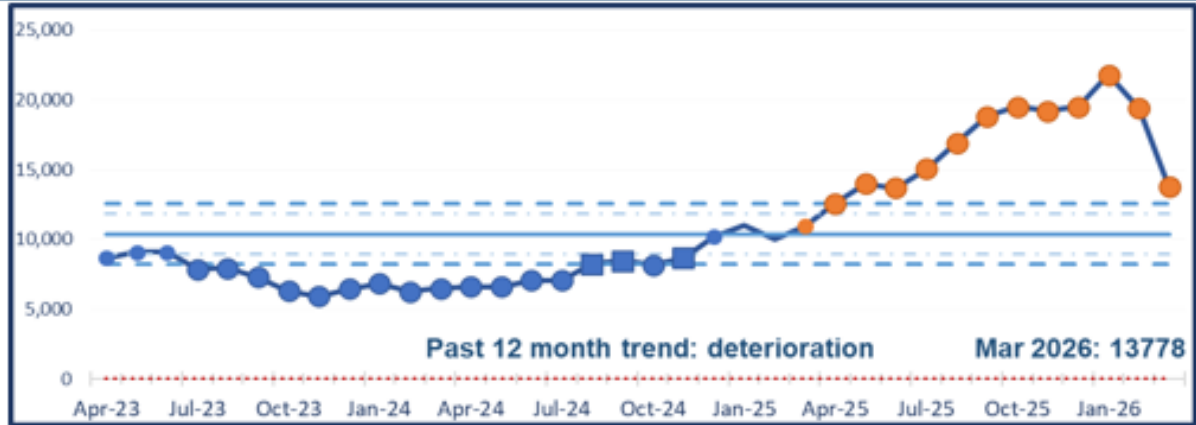


# Access to Cancer Services



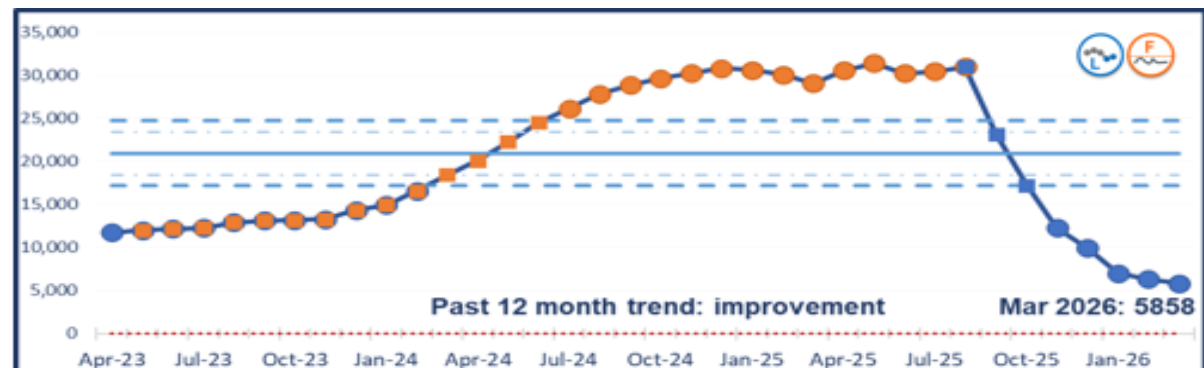
# Access to Diagnostic Services

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	13778	7th of 7 (at Feb 26)



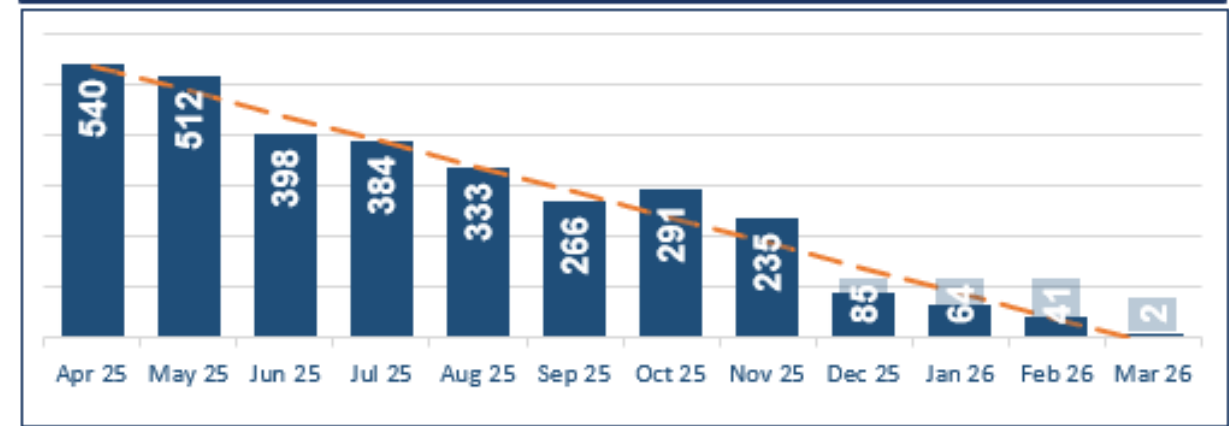
# Access – Referral to Treatment (52 weeks Stage 1 (new outpatient) 52 Weeks (all stages))

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	TBC	5858	6th of 7 (at Feb 26)
CRR: 24-11 SM: DM02	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0 by Jun 25)	TBC	33557	7th of 7 (at Mar 25)

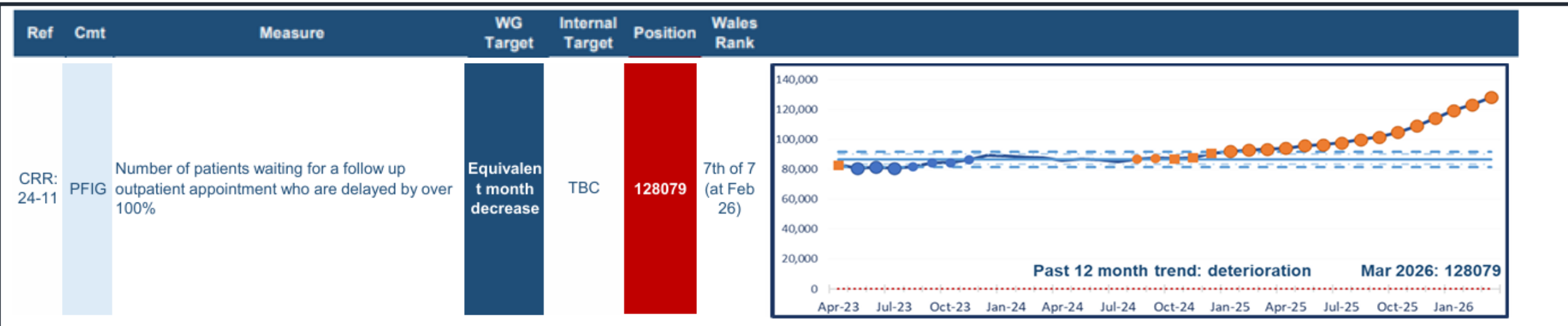


# Access – Referral to Treatment (104 Weeks and 156 weeks)

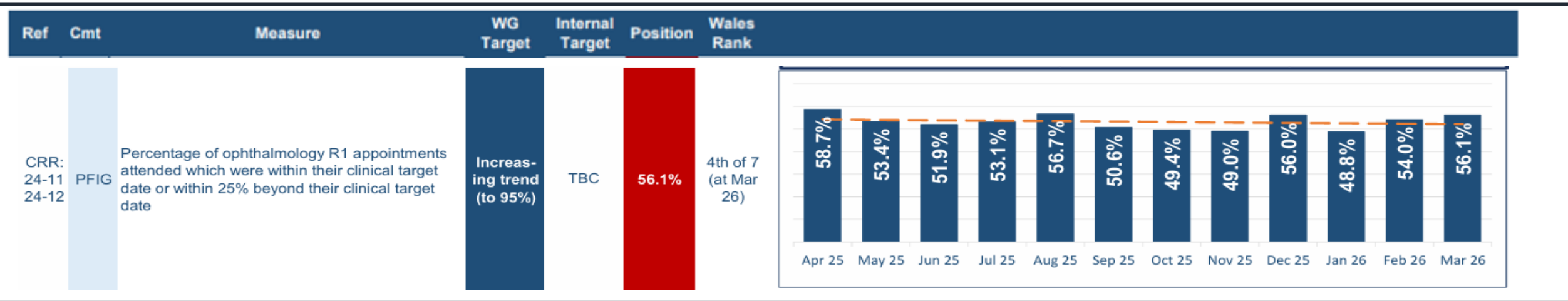
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM03	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	TBC	2161	7th of 7 (at Feb 26)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	2	



# Access – Follow up Backlog over 100% overdue their Clinical Review date

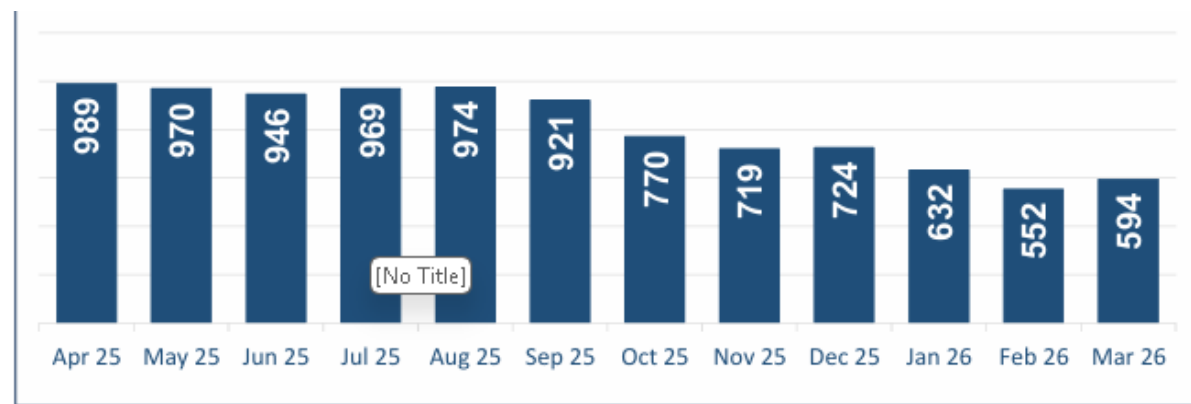


# Access –Ophthalmology Backlog of urgent R1 Patients

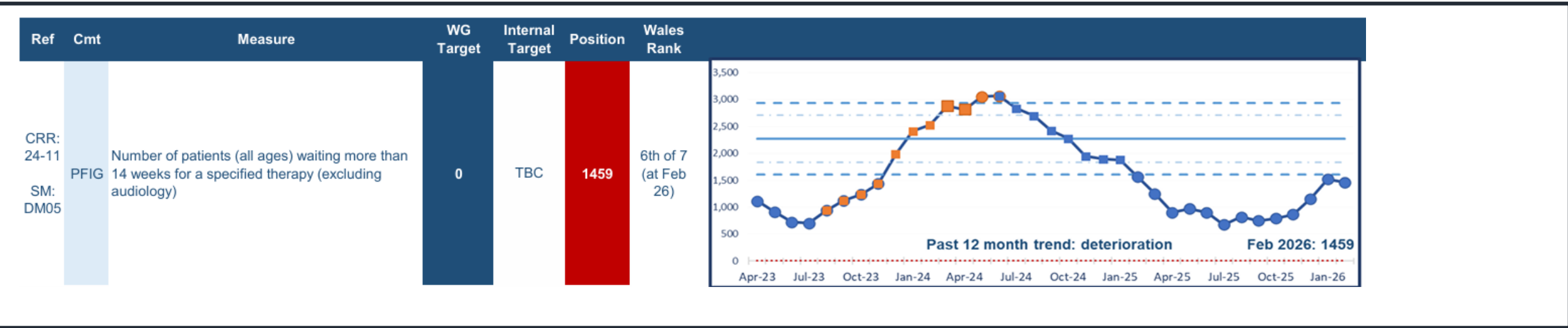


# Access – Therapies for Under 18 years old

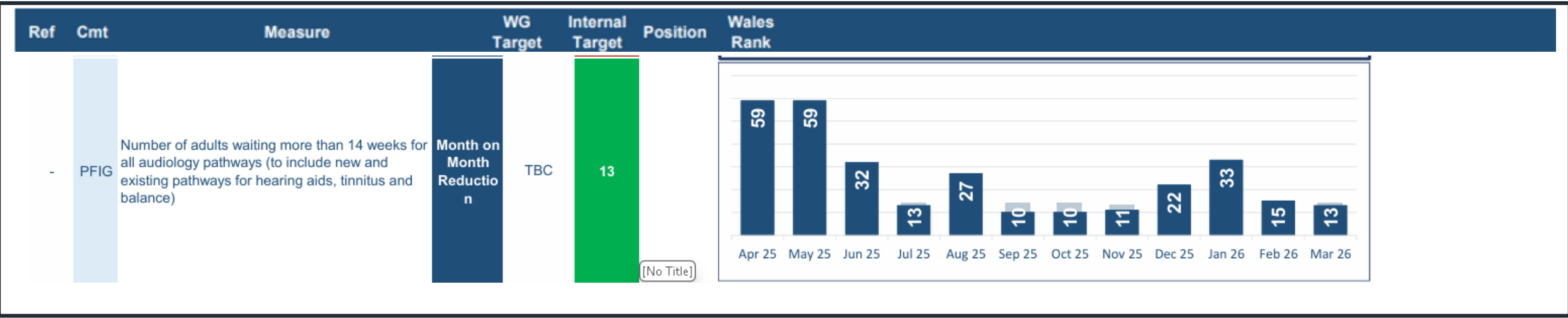
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	100%	TBC	98.2%	3rd of 7 (at Feb 26)
-	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	594	



# Access – Therapies All ages – Excluding Audiology

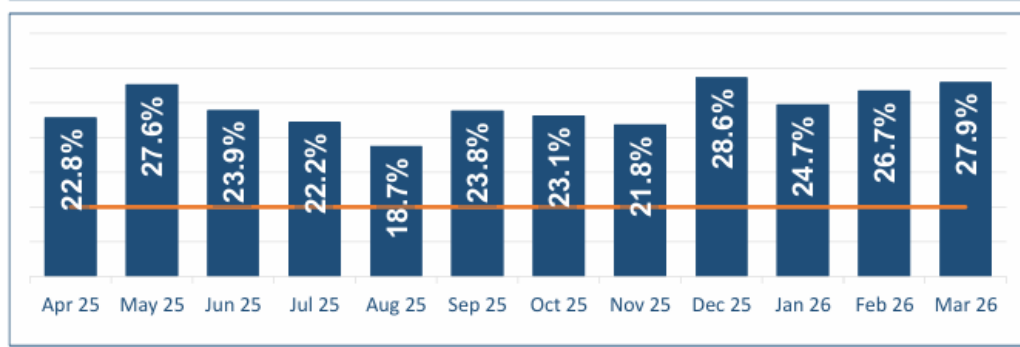
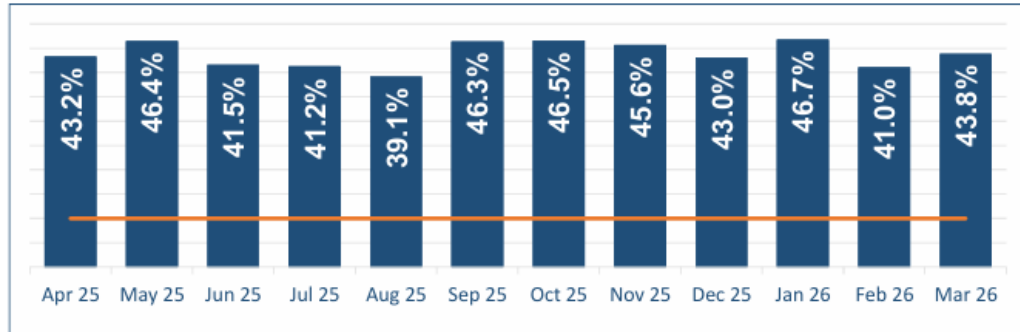
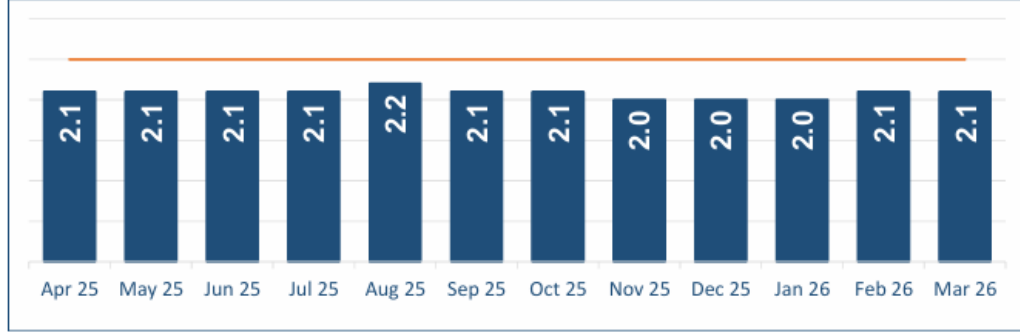


# Access – Therapies Adult Audiology



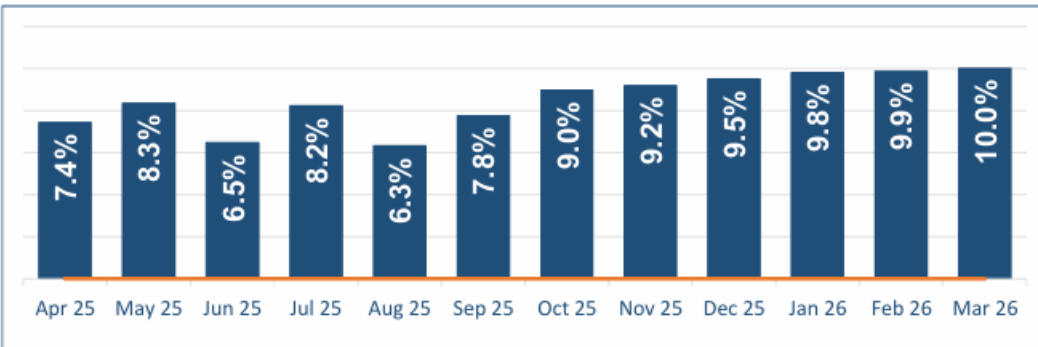
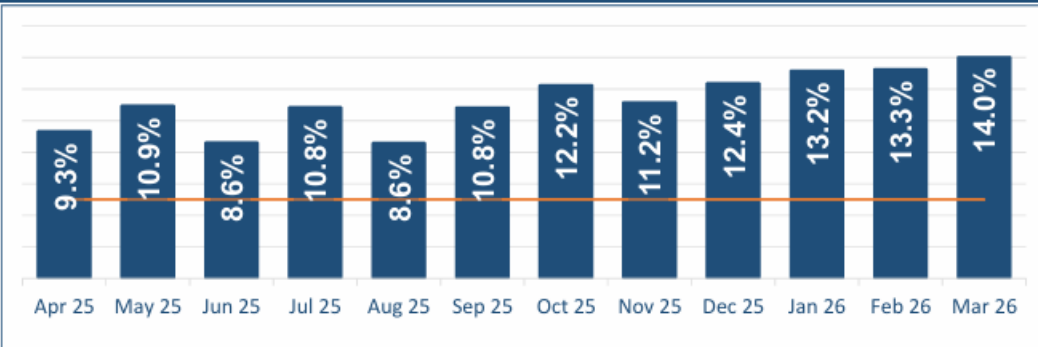
# Efficiency & Productivity – Effective utilisation of theatre capacity (Part 1)

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of cases per theatre session	2.5	TBC	2.1	
-	PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	43.8%	
-	PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	27.9%	



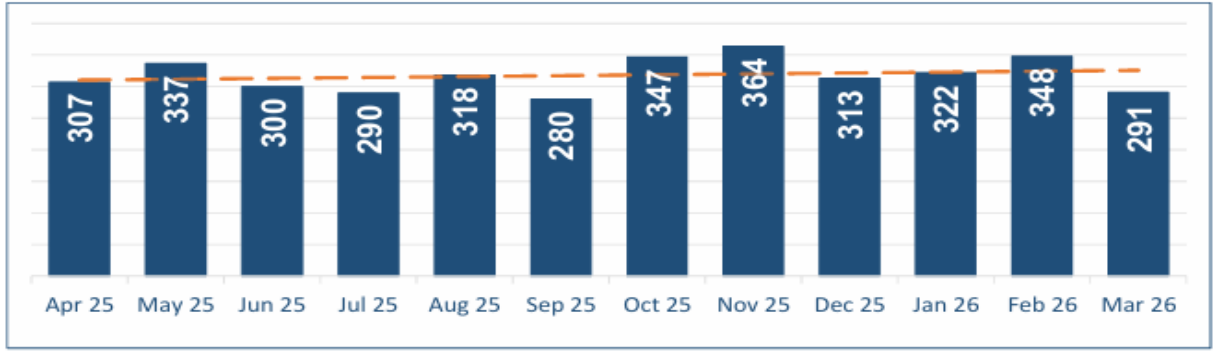
# Efficiency & Productivity – Effective utilisation of theatre capacity (Part 2)

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	14.0%	N/A
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	10.0%	



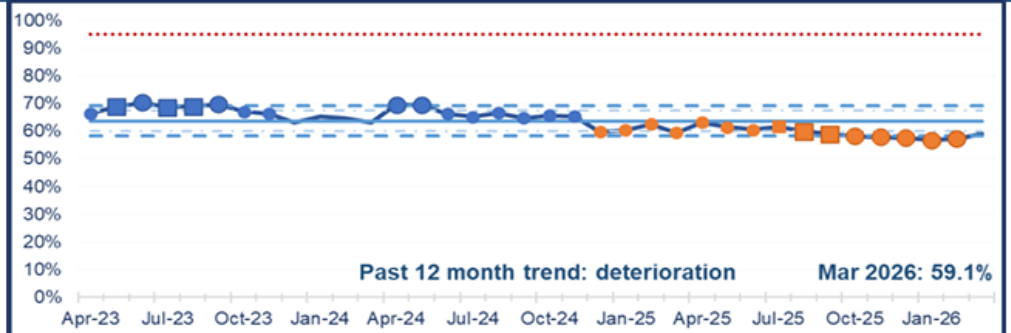
# Efficiency – Patient Flow Pathways of Care Delays

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	291	8st of 8 (at Mar 26)

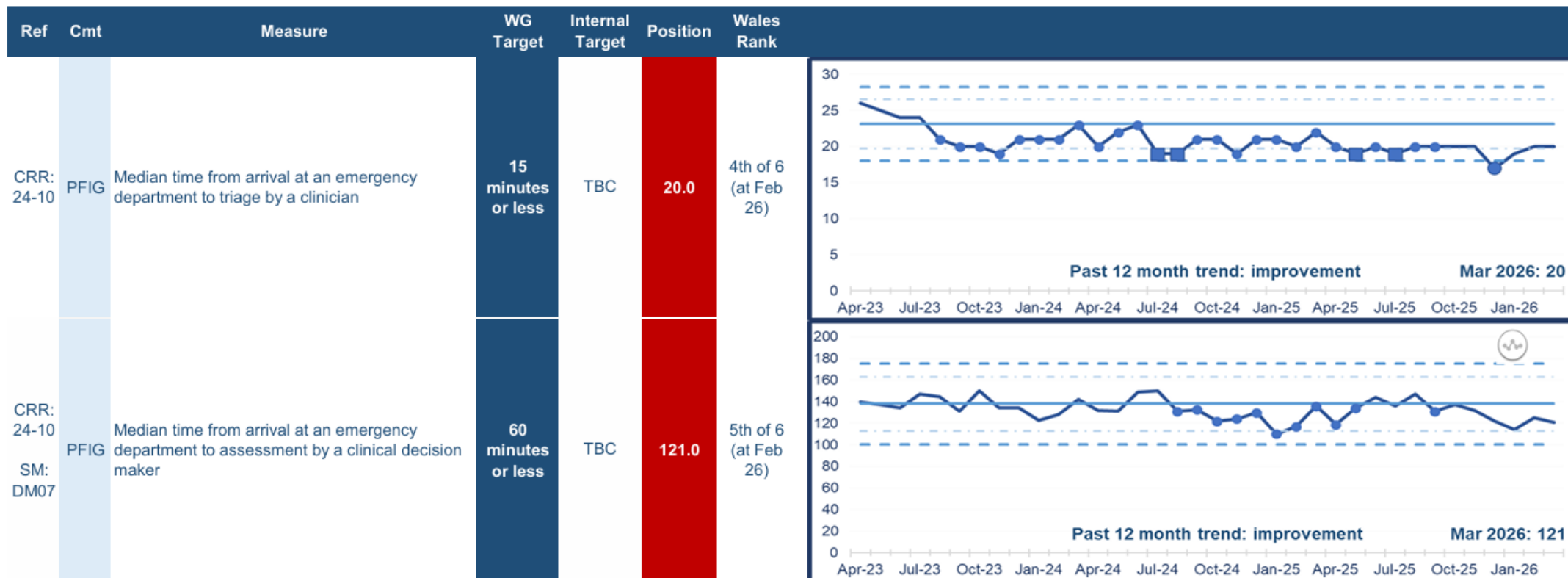


# Access – Urgent & Emergency Care: Emergency Department Waits

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2025/26 to 2024/25) to 95%	TBC	59.1%	7th of 7 (at Feb 26)
CRR: 24-10 SM: DM08	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2025/26 to 2024/25) to 0	TBC	3631	7th of 7 (at Feb 26)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1849	

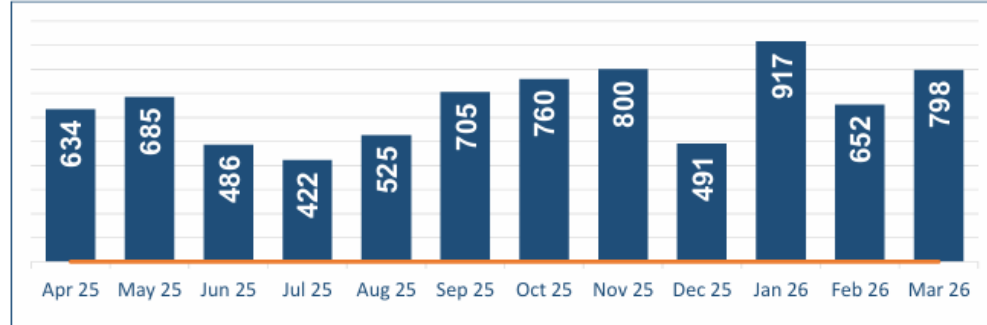
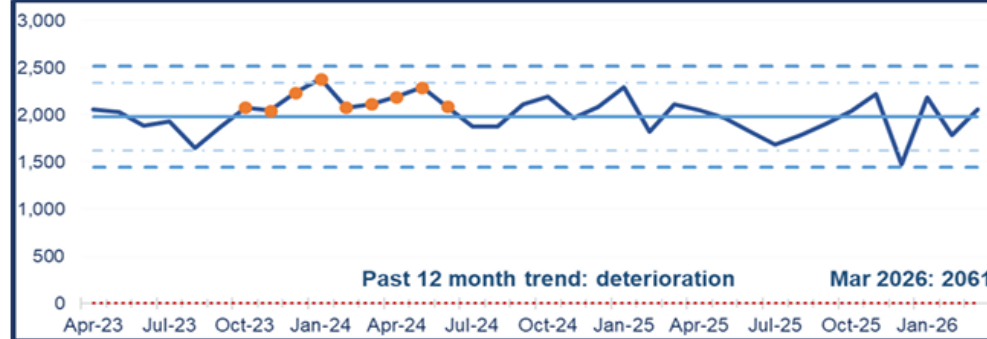


# Flow – Urgent & Emergency Care: Emergency Department process wait times

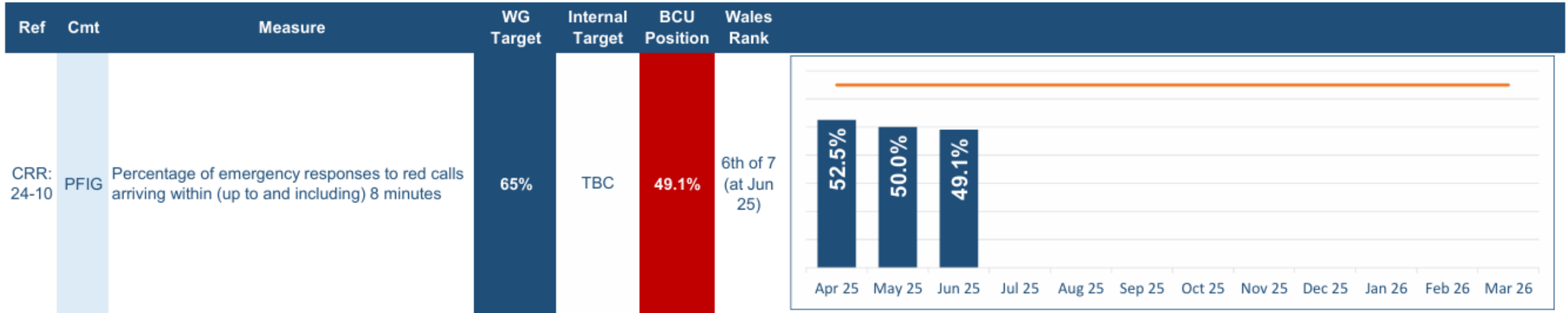


# Flow – Urgent & Emergency Care: Ambulance Conveyances and Handover Times

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2025/26 to 2024/25) to 100%	TBC	11.9%	N/A
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	TBC	2061	6th of 6 (at Mar 26)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	TBC	798	

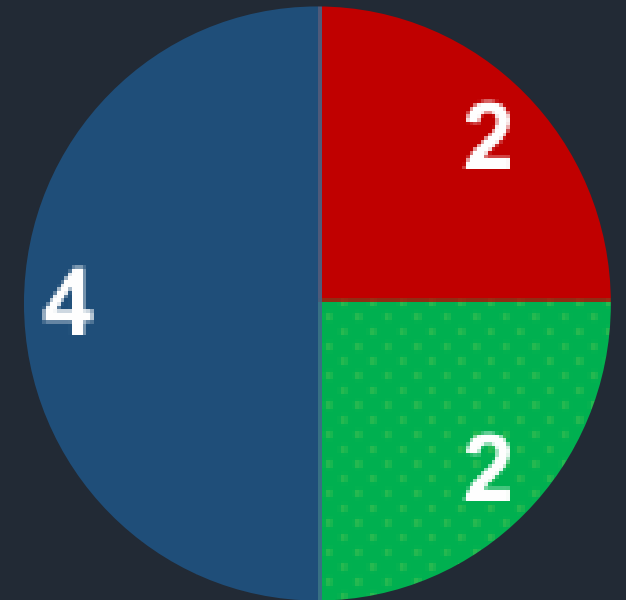


# Flow – Ambulance Percentage Red Call Responses within 8 minutes



# Section 2

# People & Organisational Development Performance



# Staff Wellbeing and Development (includes Sickness, PADR, Mandatory Training and Disciplinary Proceedings)

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR) in the previous 12months (excluding medical appraisal, and doctors and dentists in training)	85%	TBC	80.7%	6th of 13 (at Jan 26)
-	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	TBC	5.7%	6th of 13 (at Jan 26)
-	PFIG	Open disciplinary cases per 1000 staff	N/A	TBC	2.0	

Month	Percentage
Apr 25	79.7%
May 25	80.7%
Jun 25	81.7%
Jul 25	81.8%
Aug 25	81.6%
Sep 25	82.6%
Oct 25	81.2%
Nov 25	80.6%
Dec 25	80.4%
Jan 26	79.3%
Feb 26	80.0%
Mar 26	80.7%

Month	Percentage
Apr 25	5.7%
May 25	5.4%
Jun 25	5.9%
Jul 25	6.0%
Aug 25	6.0%
Sep 25	6.1%
Oct 25	6.4%
Nov 25	6.4%
Dec 25	6.9%
Jan 26	6.4%
Feb 26	6.1%
Mar 26	5.7%

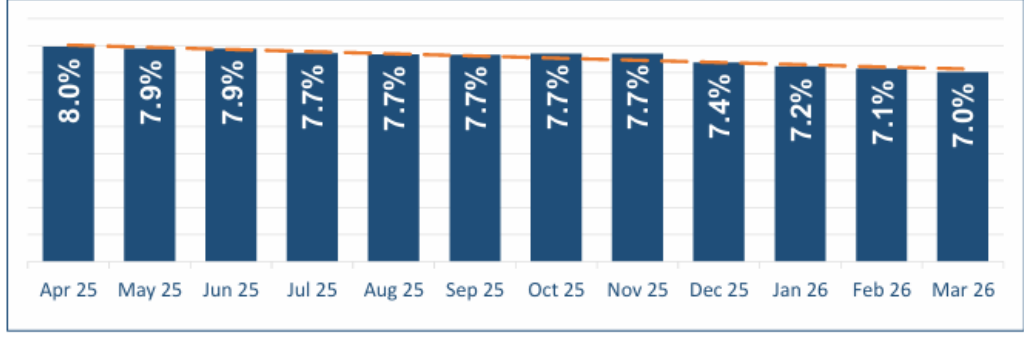
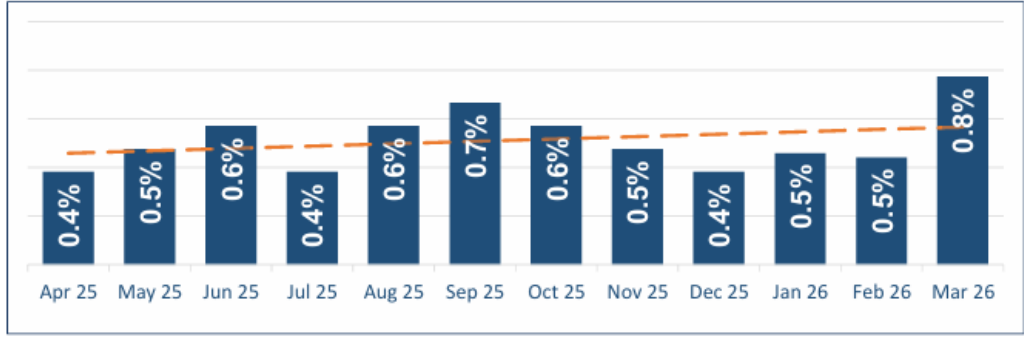
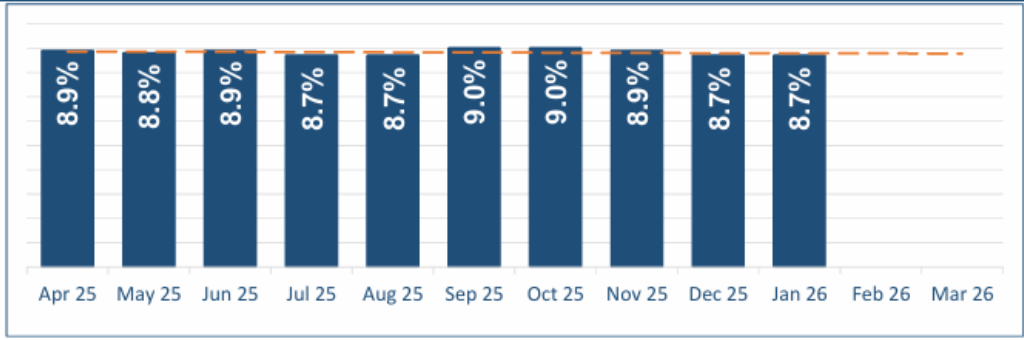
  

Month	Percentage
Apr 25	1.4
May 25	1.5
Jun 25	2.0
Jul 25	2.1
Aug 25	2.1
Sep 25	1.9
Oct 25	1.6
Nov 25	1.9
Dec 25	1.6
Jan 26	1.6
Feb 26	2.0
Mar 26	2.0

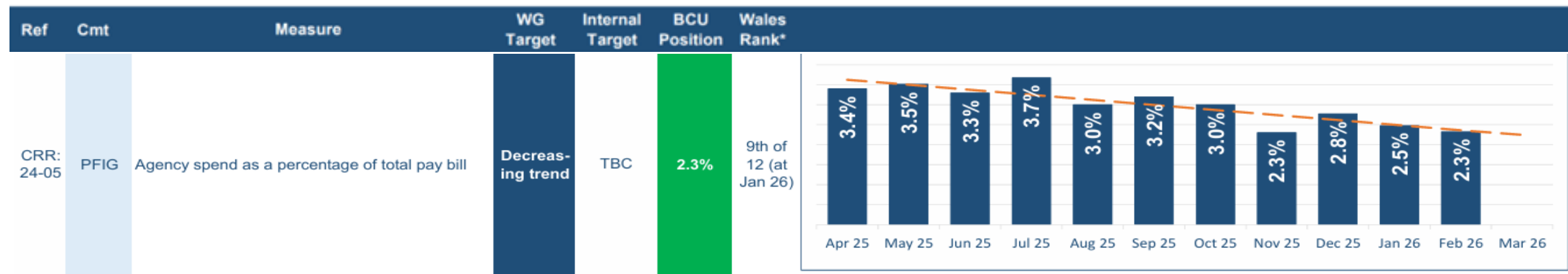


# Staff turnover

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales (HEIW data)	Decreasing trend against 2019/20	TBC	8.7%	
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	N/A	TBC	0.8%	
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	7.02%	



# Value and Efficiency – Agency and Locum Usage



B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
REF	TYPE	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	£'000	£'000
1	Administrative, Clerical & Board Members	105	76	46	115	(9)	72	(8)	(1)	69	12	(16)	103	564	564
2	Medical & Dental	1,787	1,866	1,737	2,012	1,889	1,894	1,807	1,780	1,892	1,699	1,497	1,781	21,641	21,641
3	Nursing & Midwifery Registered	999	1,087	1,049	973	1,048	869	885	102	547	478	478	574	9,089	9,089
4	Prof Scientific & Technical	15	8	22	29	31	53	(2)	40	9	16	18	11	250	250
5	Additional Clinical Services	2	35	(39)	6	(9)	2	12	7	4	1	3	(3)	21	21
6	Allied Health Professionals	424	403	435	486	418	393	405	361	319	333	273	582	4,832	4,832
7	Healthcare Scientists	16	20	16	21	3	12	12	13	20	18	40	34	225	225
8	Estates & Ancillary	0	0	(3)	3	0	0	0	20	0	1	(15)	0	6	6
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>3,495</b>	<b>3,263</b>	<b>3,645</b>	<b>3,371</b>	<b>3,295</b>	<b>3,111</b>	<b>2,322</b>	<b>2,860</b>	<b>2,558</b>	<b>2,278</b>	<b>3,082</b>	<b>36,628</b>	<b>36,628</b>
11	<b>Agency/Locum (premium) % of pay</b>	<b>3.4%</b>	<b>3.5%</b>	<b>3.3%</b>	<b>3.7%</b>	<b>3.0%</b>	<b>3.2%</b>	<b>3.0%</b>	<b>2.3%</b>	<b>2.8%</b>	<b>2.5%</b>	<b>2.3%</b>	<b>1.7%</b>	<b>3.3%</b>	<b>3.3%</b>



# Section 3

# Financial Performance



# Financial Position for Month 12 (March)

BCU Wide and Divisional Positions (Red = overspend against plan)													
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
West IHC	(2.0)	(2.2)	(2.1)	(2.6)	(1.3)	(1.9)	(1.6)	2.9	(0.9)	(0.5)	(1.6)	(0.7)	(14.5)
Central IHC	(3.4)	(2.3)	(2.6)	(3.0)	(1.4)	(2.0)	(2.6)	7.9	(1.5)	(0.4)	(0.3)	(1.5)	(13.2)
East IHC	(3.4)	(3.5)	(3.8)	(3.5)	(2.1)	(3.2)	(3.3)	6.3	(1.6)	(0.8)	(1.7)	(1.7)	(22.3)
Womens	(0.3)	(0.3)	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	0.2	(0.3)	0.1	(0.2)	(0.6)	(3.0)
MH & LD	(1.6)	(1.5)	(1.8)	(1.9)	(1.8)	(1.9)	(2.2)	(0.8)	(1.4)	(0.3)	(1.3)	(3.7)	(20.3)
Commissioning Contracts	(1.2)	(2.2)	0.2	(1.6)	(1.7)	(0.9)	(1.2)	0.0	0.6	(0.4)	(1.2)	1.3	(8.3)
ICD Primary Care	0.2	0.4	0.1	0.2	0.6	0.1	0.5	1.2	0.7	0.7	0.5	0.7	5.8
ICD Regional Services	(0.8)	(1.6)	(1.3)	(1.1)	1.6	(1.3)	(1.1)	1.1	0.5	(0.1)	(0.3)	0.3	(4.1)
Support Functions & Other Budgets	8.9	10.8	9.9	10.4	4.0	10.1	10.6	(19.8)	3.9	1.7	6.1	5.9	62.4
<b>BCU Wide</b>	<b>(3.7)</b>	<b>(2.4)</b>	<b>(1.6)</b>	<b>(3.6)</b>	<b>(2.3)</b>	<b>(1.4)</b>	<b>(1.2)</b>	<b>(1.0)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(17.3)</b>



# Financial Savings Position at Month 12 (March)

Service Performance against Target	Annual				Year to Date		
	Target £m	Delivered £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	6.8	1.1	6.3	7.9	6.8	1.1
Central Integrated Health Community	10.0	7.9	2.1	5.4	10.0	7.9	2.1
East Integrated Health Community	10.0	10.0	-0.1	9.1	10.0	10.0	-0.1
MHLD	3.9	6.8	-2.9	9.1	3.9	6.8	-2.9
Womens Services	1.2	0.6	0.6	0.4	1.2	0.6	0.6
Diagnostic and Specialist Clinical Support	1.8	1.8	0.0	0.4	1.8	1.8	0.0
Cancer Services	1.5	1.6	0.0	2.0	1.5	1.6	0.0
Community Dental Sevices	0.1	0.0	0.1	0.0	0.1	0.0	0.1
Corporate & Support Services	3.6	3.5	0.1	0.2	3.6	3.5	0.1
<b>Saving Total</b>	<b>40.0</b>	<b>38.9</b>	<b>1.1</b>	<b>32.7</b>	<b>40.0</b>	<b>38.9</b>	<b>1.1</b>
Accountancy Gains		17.9	-17.9			17.9	-17.9
<b>Total</b>		<b>56.9</b>	<b>-16.9</b>	<b>32.7</b>	<b>40.0</b>	<b>56.9</b>	<b>-16.9</b>



# 2025/26 DRAFT Year End Position Key Pressures (DRAFT Subject to Final Adjustments and Audit)

## Key messages:

- **£17.3m Deficit - 2025/26 DRAFT Full Year Financial Position** subject to the closure and submission of the final accounts for 2025/26 and the subsequent audit by Audit Wales
- It is of note that the 2025/26 £17.3m draft year-end deficit outturn position does not attain the key duty of the Health Board to report a balanced financial position.
- As at Month 9 (December), the forecast outturn was revised to report a deficit of £17.4m, having shortfalls in resource allocation for the Employers National Insurance uplift and English tariff pressures above Cost Uplift Factors (CUF) methodology not matching the increased cost impact from provision of cross border services and additional pressures from JCC for cross border patients. In addition, the drivers of the financial deficit in year centre upon servicing additional capacity areas, Mental Health out of area placements and Continuing Healthcare (CHC).
- Risk to delivery of the financial plan was escalated from August 2025 onwards. In direct response, the Health Board established the Financial Oversight Group in September 2025. Subsequently, all areas were asked to reduce expenditure by 1.0% in September 2025, with the ask increasing to 1.5% from October 2025. From December 2025, the Financial Oversight Group agreed to implement additional central financial controls to seek to improve the outturn over the remaining months of the financial year.

2025/26 Financial position	2025/26 Full Year Outturn £m
<b>Local pressures</b>	
JCC pressures	5.2
Capacity pressures, including premium working, escalated beds	10.0
Out of Area Mental Health placements	6.9
Cost overruns, including local contracting pressures & CHC	3.4
<b>Total local pressures</b>	<b>25.4</b>
<b>National pressures</b>	
English tariff pressures above Cost Uplift Factor (CUF) methodology	4.6
Employers National Insurance funding shortfall	4.2
<b>Total national pressures</b>	<b>8.8</b>
<b>Savings &amp; Mitigating Actions</b>	
Additional Savings & Mitigating Actions	(16.9)
<b>Total mitigating actions and savings</b>	<b>(16.9)</b>
<b>Total Financial Position</b>	<b>17.3</b>
<i>* Welsh Risk Pool &amp; Workforce reorganisation funding confirmed, alongside confirmation that Dental underspend will not be clawed back.</i>	

## Summary of the financial Journey for 25/26

- February / March 2025 – A balanced financial plan agreed and submitted to WG.
- April through to June 2025 – National and local cost pressures escalated early in the year, driving increased forecast volatility.. Locally IHCs should have developed recovery plans and escalation to contain and improve local positions as per the procedure on budgetary control.
- July 2025 – The risk to delivery of the plan continued and was estimated at £20m, which was escalated through the Executive, with recommendations for the implementation of additional enhanced controls. Alternative decision made to ask IHCs to identify and implement an additional 1% cost saving.
- August 2025 – further escalation made through the Executive as insufficient mitigations identified by IHCs, resulting in the formation of the Board-level Financial Oversight Group who held their first meeting in September 2025.
- October 2025 – Financial Oversight Group increased the 1% cost savings ask of IHCs to 1.5%.
- December 2025 – level of identified mitigating actions from IHCs starting to impact but remained insufficient to reduce run rates, resulting in agreement that a) the forecast to be revised to £17.4m deficit, and b) to avoid a continued deterioration of the position, the additional enhanced cost controls would need to be implemented.
- January and February 2026 – Additional Enhanced Cost Controls, coupled with fortuitous non-recurring gains enabled both months to be reported as balanced in month, but insufficient to recover deficits built up earlier in the financial year.
- March draft financial outturn in line with revised financial plan, subject to Audit and final Welsh Government allocations.



## Integrated Quality & Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance and Commissioning.  
And further information on our performance can be found online at:



Our website [www.bcu.wales.nhs.uk](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](https://twitter.com/bcuhb)



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



# Abbreviations

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

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



## Performance Finance & Information Governance Committee

### ADRODDIAD DANGOSYDDION PERFFORMIAD ALLWEDDOL. CHWARTER 3 2025/26

### INFORMATION GOVERNANCE QUARTER 3 2025/26 KEY PERFORMANCE INDICATORS REPORT

<b>Dyddiad y Cyfarfod</b> <b>Date of Meeting</b>	28 April 2026
<b>Statws Cyhoeddi</b> <b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Enw a theitl Awdur(on) yr Adroddiad</b> <b>Report Author name and title</b>	Carol Johnson Pennaeth Llywodraethu Gwybodaeth Head of Information Governance
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol</b> <b>Lead Executive Team Member name and title</b>	Justine Parry Cyfarwyddwr Thechnoleg Ddigidol a Data Dros Dro / Acting Director of Digital, Data and Technology

<b>Pwrpas yr Adroddiad</b> <b>Report Purpose</b>	For Noting
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#### **Crynodeb Gweithredol** **Executive Summary**

BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information. This report is to provide assurance across the key areas of information governance including, but not limited to, confidentiality, data protection, and requests for information, information security and training. The report identifies areas of weaknesses, further actions and recommendations required to address the weaknesses, lessons learnt and good practice.

Due to statutory timelines for processing Freedom of Information (FOI) and Subject Access Requests (SARs), KPI reports can only be produced one month

after the end of each quarter and cannot be reported any sooner. Also, the figures for FOI and SAR delays and divisional compliance represent the position as at 1<sup>st</sup> February 2026. A number of cases have closed since, and those updates will appear in the Quarter 4 KPI report.

**Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)  
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals</b>	<b>Dyddiad Date</b>	<b>Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data</b>
Information Governance Group	24/02/2026	Presented to group, chaired by Clara Davies. Approved for Executive Committee.
Executive Committee	25/03/2026	Q3 KPI presented by Justine Parry, Acting Director of Digital, Data and Technology. Approved for PFIG.

**Appendices / Atodiadau**

Appendix 1	Information Governance – Q3 KPI 2025-26
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## 1. **Y SEFYLLFA SITUATION**

- 1.1 The reports provide the board with an overview of current performance across key statutory and operational information governance functions, including compliance with data protection obligations, response timeliness, and governance activities. The report highlights areas of assurance as well as emerging risks where performance has fallen below expected standards. These trends have the potential to impact organisational compliance, resource demand, and the health board's overall assurance position. Board oversight is required to note the performance position and consider any actions needed to support improvement.

## 2 **Y CEFNDIR BACKGROUND**

- 2.1 The framework is designed to provide the Board with clear and timely assurance on the Health Board's performance against key statutory, regulatory, and internal IG requirements. Regular monitoring and reporting of IG KPIs support effective oversight of compliance, highlight areas of emerging risk, and enable early identification of any themes or pressures that may impact organisational assurance. The report forms an essential part of the Board's governance arrangements, ensuring transparency in how the Health Board manages personal data, responds to information requests, and maintains robust information governance standards.

## 3 **MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION**

- 3.1 FOI compliance has fallen to 57% in Q3, down from 68%, primarily due to delayed service responses, increased complexity and public-interest scrutiny, and the additional time required for senior review. Processing hours have risen by 17%, placing further pressure on IG capacity and contributing to statutory deadlines being missed. This represents a significant drop in compliance and FOI performance which requires escalation to PFIG to attempt to reinforce service accountability and to ensure appropriate prioritisation across divisions.

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

- 4.1 The issues highlighted in Section 3.1 require escalation to the Performance, Finance, Information and Governance Committee (PFIG).

## 5 **ARGYMHELLION RECOMMENDATIONS**

- 5.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:

The Committee/Meeting/Group is asked to:

- **NOTE** – The updates outlined in the Executive Summary and also the matter requiring escalation.



**ASESIAD / ASSESSMENT**

**Cyswllt â'r Blaenoriaethau Strategol**  
**Link to Strategic Priorities**



1. building an effective organisation

The supporting information governance objectives will be achieved by ensuring there is an effective Information Governance framework in place by:

- Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016 and the Freedom of Information Act 2000 (FOI Act):
  - Continue to develop and improve systems for Records of Processing Activity (ROPA);
  - Ensure privacy by design and default is considered at all stages of service design, system procurement and partnership working;
- Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation including social media and Artificial Intelligence (AI).
- Develop and implement a system and process for the regular review of information sharing agreements / protocols both nationally and locally.
- Continually look at ways to improve, monitor for assurance and report on the Systems and Records Assets held within the Information Asset Register
- Continue to meet the Information Governance training national target of 85% to help improve staff understanding and continuous awareness.
- Strengthen relationships with IHC clusters to improve Information Governance compliance with Primary Care Contractors.
- Increase service user and Regulator confidence in the Health Board and its staff with increased visibility and working relationships, including a refresh of the IG

	<p>Webpages and the exploration of introducing IG Champions.</p> <ul style="list-style-type: none"> <li>Encourage and support the professional development of team members by providing opportunities for training, skill enhancement, and knowledge acquisition in relevant areas and to include the development of training programmes.</li> </ul> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>																				
<p><b>Yr Egwyddorion Dylunio Design Principles</b></p>	<p><b>Simplify, Standardise, and Adopt Best Practices</b></p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>																				
<p><b>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework</b></p>	<p>Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.</p> <table border="1" data-bbox="683 1238 1412 2007"> <thead> <tr> <th colspan="5"><b>Risk Register - Tier 2</b></th> </tr> </thead> <tbody> <tr> <td>ID4306 – Data Flow Mapping and Records of Processing Activity (ROPA)</td> <td>9</td> <td>9</td> <td>6</td> <td>Unchanged</td> </tr> <tr> <td>ID5238 - Development and ongoing management of Corporate Records Management function</td> <td>15</td> <td>12</td> <td>6</td> <td>Unchanged</td> </tr> <tr> <td>ID5239 - BCU site wide audit to identify health and corporate records store</td> <td>15</td> <td>12</td> <td>4</td> <td>Unchanged</td> </tr> </tbody> </table>	<b>Risk Register - Tier 2</b>					ID4306 – Data Flow Mapping and Records of Processing Activity (ROPA)	9	9	6	Unchanged	ID5238 - Development and ongoing management of Corporate Records Management function	15	12	6	Unchanged	ID5239 - BCU site wide audit to identify health and corporate records store	15	12	4	Unchanged
<b>Risk Register - Tier 2</b>																					
ID4306 – Data Flow Mapping and Records of Processing Activity (ROPA)	9	9	6	Unchanged																	
ID5238 - Development and ongoing management of Corporate Records Management function	15	12	6	Unchanged																	
ID5239 - BCU site wide audit to identify health and corporate records store	15	12	4	Unchanged																	

	in vulnerable locations				
<a href="#">Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</a>	Not Applicable				
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:				

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<b>Gydraddoldeb</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Asesiad o'r Effaith Economaidd-gymdeithasol</b> <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> <b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<a href="#">Ansawdd</a> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <a href="#">Quality</a> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<b>Galluogwyr Ansawdd Enablers of Quality</b> Choose an item.	<b>Meysydd Ansawdd Domains of Quality</b> Choose an item.
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<a href="#">Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</a>	Not Applicable	

<b>Wellbeing of Future Generations Act – Wellbeing Goals</b>	
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<b>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</b>	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
<b>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?</b>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
<b>Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?</b>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
<b>Asesiad o Effaith ar Atal Twyll A ydych chi wedi ystyried yr effeithiau ar atal twyll? Counter Fraud Impact Assessment Have you considered the counter fraud impacts</b>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
<b>Cyfreithiol Legal</b>	Yes (Include further detail below)	
	Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act	

	<p>2018, UK GDPR and European GDPR 2016 and the Freedom of Information Act 2000 (FOI Act):</p> <ul style="list-style-type: none"> <li>• Continue to develop and improve systems for Records of Processing Activity (ROPA);</li> </ul> <p>Ensure privacy by design and default is considered at all stages of service design, system procurement and partnership working.</p>
<p><b>Enw Da</b> <b>Reputational</b></p>	<p>Yes (Include further detail below)</p> <p>Underperformance against these KPIs may present a reputational risk to BCUHB by reducing confidence in the Health Board's information governance practices. Conversely, strong performance supports organisational assurance and reinforces public and stakeholder trust in our management of personal information.</p>
<p><b>Effaith ar Adnoddau</b> <i>(Pobl / Ariannol)</i> <b>Resource Impact</b> <i>(People / Financial)</i></p>	<p>Yes (Include further detail below)</p> <p>Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.</p>



**Trugaredd  
Compassion**

# Atodiad 1 - Dangosyddion Perfformiad Allweddol

Chwarter 3 – Hydref i Rhagfyr 2025



**Agored  
Openness**

# Appendix 1 - Key Performance Indicators

Quarter 3 – October to December 2025

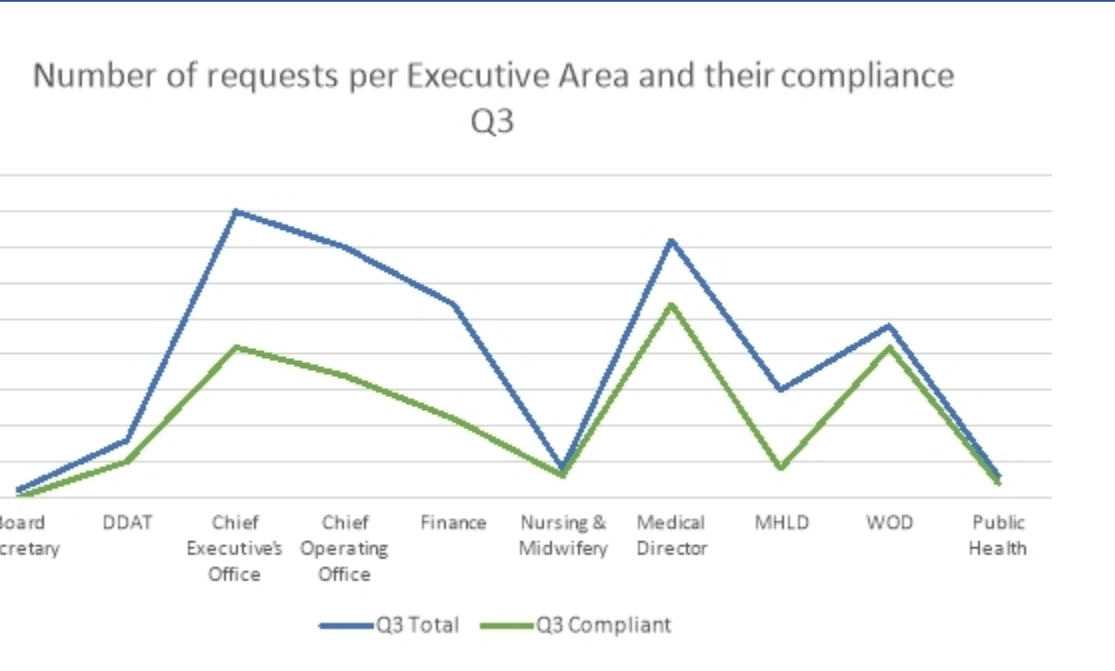
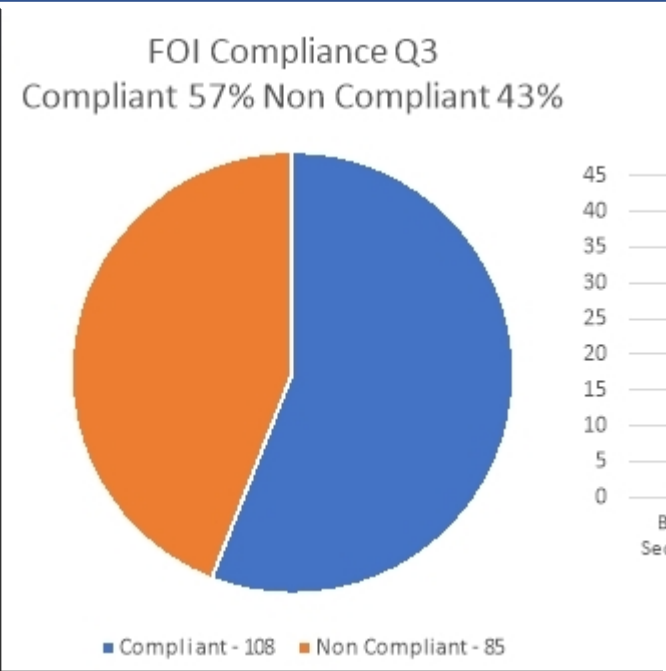


**Parch  
Respect**

**Appendix 1 - Key Performance Indicators: Quarter 3 – October to December 2025**

**Freedom of Information (FOI) Compliance**

In Quarter 3 2025/26, the Information Governance (IG) Team handled 193 FOI requests, representing a 5% increase from Quarter 2. Compliance dropped from 68% to 57%, with 720 hours spent on processing requests at an estimated cost of £18,000 under the Freedom of Information Act, this is a 17% increase from Q2. Performance continues to be affected by delays outside of the Information Governance Team's control, particularly late submission of information from services and prolonged executive approval turnaround. These delays create a significant additional burden, requiring the team to repeatedly chase, remind, and escalate overdue responses, reducing their capacity to reply within the permitted timescales. A detailed breakdown of the reasons for delay, along with divisional compliance percentages, is presented later in the report.



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

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 10 – Marketing Purposes	Absolute – No Public Interest Test Required	5	0	
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	7	0	
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	7	2	Not upheld/ Awaiting Outcome
Section 36 - Effective Conduct of Public Affairs	Public Interest Test applied	1	1	Awaiting Outcome
Section 40 - Personal Information	Absolute – No Public Interest Test Required	5	0	
Section 43 – Commercially Sensitive	Public Interest Test applied	2	0	Overturned
No Exemption applied	N/A	166	7	1 upheld 3 Not upheld 3 Awaiting Outcome
<b>Total</b>		<b>193</b>	<b>10</b>	

### Highest reported reasons for delays/breaches for non compliant cases:

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

### The Divisions with the lowest percentage of compliance

- Board Secretary – 1 out of 1 (100%) non-compliant.
- Mental Health & Learning Disabilities – 11 out of 15 (73.3%) non-compliant.
- Finance – 16 out of 27 (59.3%) non-compliant.
- Chief Operating Office – 18 out of 35 (51.4%) non-compliant.
- Chief Executive’s Office – 19 out of 40 (47.5%) non-compliant.

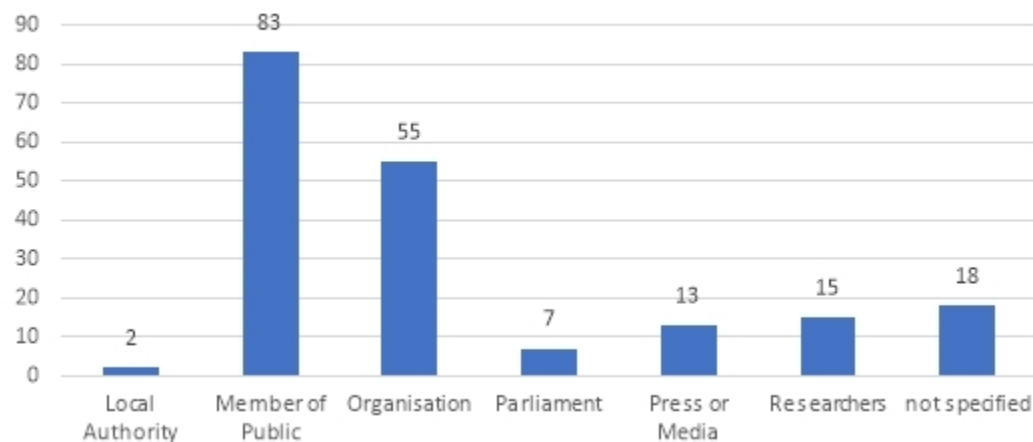
### Trends in Freedom of Information Subject - The themes remain largely consistent with Q2, with only one additional theme identified this quarter—Document and Records Requests. This may also help explain the increase in public requests which has risen by 70%.

- **Medication-related FOIs (41)** are the single largest category, spanning multiple therapeutic areas.
- **Workforce and agency spend (36)** remain a major concern, with detailed breakdown requests for locums and nursing.
- **Requests for Diagnosis Rates (27)** these span across multiple disease areas.
- **Access and waiting times (22)** for services (especially mental health and dentistry) are a recurring theme.
- **Document and records requests (23)** suggest growing public attention to Health Board governance and accountability.
- **Financial transparency (15)** is a consistent focus, including cost improvement plans and compensation payments.

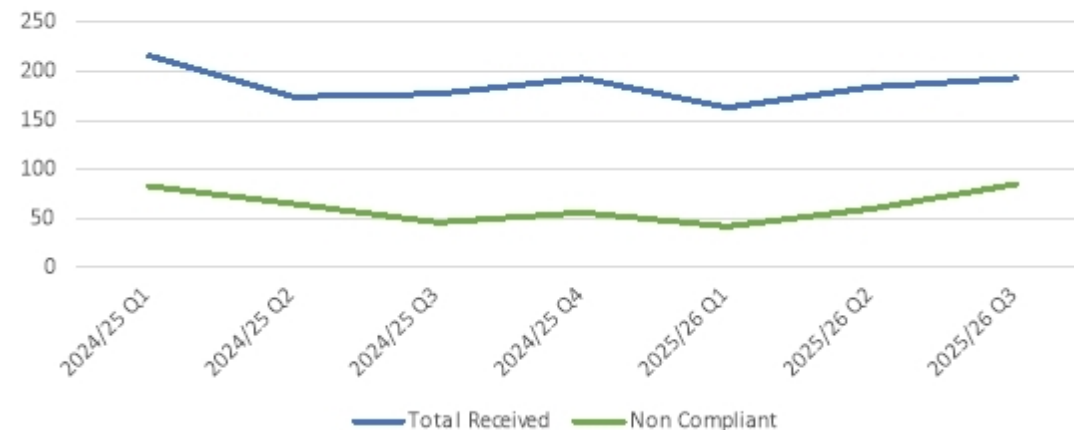
### 2025/26 Improvement Actions

During Quarter 3, a data quality issue was identified where some cases had been incorrectly classified to departments or not updated upon closure. This resulted in inaccuracies within Quarter 2 reported figures. To address this, the Information Governance team undertook a comprehensive review of all cases received in 2025. Each case was manually checked and corrected where necessary, ensuring that all reports now reflect accurate information and updates have been presented to senior management. This issue and its resolution have been discussed within team meetings and incorporated into the Standard Operating Procedure (SOP) to prevent recurrence. Ongoing monitoring will ensure data integrity.

FOI received by Requestor Q3



Previous FOI Quarterly Compliance



### Subject Access Request Compliance

During Quarter 3, the compliance for Subject Access Requests (SAR) has increased slightly to 99% since Quarter 2 at **98%**, with requests for non-clinical information being **97%**. This figure reflects the overall compliance rate across all departments handling requests under Data Protection legislation

The Information Governance Team has identified a growing trend of requestors using AI tools to draft and refine their SAR submissions. This includes generating the initial request, improving clarity of wording, and, in some cases, producing follow-up queries based on the responses provided.

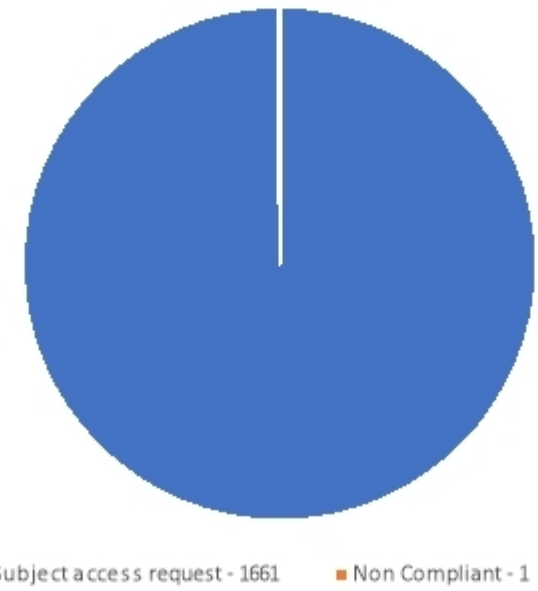
The requests received during this quarter include all requests received into the Access to Health Record Team, Information Governance Team, Managed GP Practices and HMP Berwyn.

### 2025/26 Improvement Actions

The Information Governance and Access to Health Records Teams will continue to strengthen joint working on complex requests, with a particular focus on enhancing communication with requestors. This includes providing clearer explanations of processes, expected timelines and the scope of information we can provide, supporting greater transparency and helping to manage expectations more effectively. We also plan to further develop collaborative working with the Health Board's Complaints Team to streamline cases where complaints transition into information requests, ensuring a consistent and coordinated response. These improvements are intended to deliver a more efficient, user-focused service while maintaining compliance with statutory requirements.

### Data Protection Subject Access Requests (SAR) for non-clinical information by type Q3

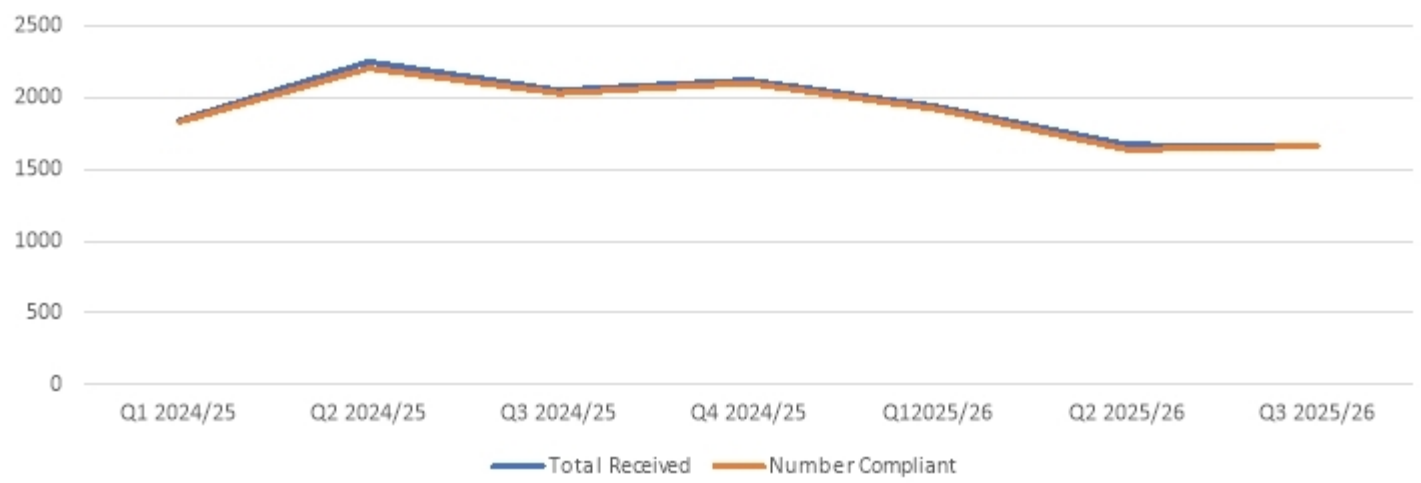
Compliant: 99% Non Compliant: 1%



### Data Protection Subject Access Requests (SAR) for non-clinical information Q3



Previous SAR Quarterly Compliance



**Information Governance Incidents and Complaints Information Quarter 3 – October to December 2025.**

Incident Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Confidentiality Breach (External)	PPI in public place	3	1	
	Email	9		
	External Mail	20		
	Records	6		2
	Prescription/Form/Letter Error	15		
Confidentiality Breach (Internal)	PPI in public place	8		1
	Email	4		
	Internal Mail	1		
	Prescription/Form/Letter Error	6		
	Other	2		
Information Management & Technical Security	Inappropriate Access	1		
	ID Badge Loss	9		
	Records	2		
	BCU Device Loss	5		
Non Compliance	IG01 – Records Management Policy	6		
	IG13 – Confidentiality Code of Conduct	6		
	IG14 IM&T Security Procedure	6		
	IG15 Safe storage & transport of Personal Data	19		
	IG16 – Disclosing Personal Data Procedure	3		
	IG17 – Photography, Video & Audio Recording Procedure for a Non-Clinical Purpose	4		
<b>Total</b>		<b>135</b>	<b>1</b>	<b>3</b>

During this reporting period, 135 information governance incidents were recorded and managed in accordance with organisational policy, representing a notable decrease from the 161 incidents reported in the previous quarter. This reduction is a positive indicator of improving compliance and effectiveness of risk controls. The majority of incidents were low risk and resolved in a timely manner. Root cause analysis and targeted mitigation actions, including staff training and process improvements, continue to be implemented to further reduce recurrence and strengthen overall compliance.

### Outcomes

- Responded to incidents involving lost or misplaced ID badges by reinforcing immediate reporting requirements and ensuring rapid badge deactivation through managers to reduce the risk of unauthorised access.
- Addressed incidents of patient records being misfiled by reviewing local filing processes and reminding staff of correct records management procedures to ensure information is stored accurately and retrievable when needed.
- Took remedial action following incidents where patient documentation was left unattended in open or shared spaces, including reinforcing cleardesk expectations and secure storage requirements during operational briefings.
- Reinforced the “minimum necessary” principle through targeted communications, encouraging staff to only access and share information required for their role.

Allegations	Legal Claims
<p><b>3</b> allegations were reported in Quarter 3.</p> <ul style="list-style-type: none"> <li>• Threat to misuse next of kin data – ongoing.</li> <li>• Possible use of staff members log in details – closed, no breach.</li> <li>• Possible breach of patient confidentiality without consent – ongoing.</li> </ul>	<p><b>0</b> new claim was received in Quarter 3.</p>

### Complaints

During Quarter 3, **3** Data Protection complaints were received, decreasing from the number reported in Quarter 2. Both of these cases have been investigated and closed.

### Complaints Received

- 1 Patient discharged with medications and documents of medical treatment of another patient. The investigating manager was notified with offer for assistance and advice given. No consent was gained, Concerns Team closed case file.
- 1 Patient found another patients document in ward toilet. Details of incident were shared on with team on ward in question and emphasis given on the need to ensure all staff are up to date with IG training.

### Lessons Learnt:

- Procedures updated to strengthen quality assurance before sending documents to patients.
- The Code of Conduct was reiterated to all members of staff to reinforce their understanding of the expectations and requirements.

# Information Commissioners Office (ICO) Complaints

## Self-reported incidents to the Information Commissioners Office Quarter 3

In Quarter 3, there was 1 self-reported incidents submitted to the Information Commissioner's Office (ICO). This represents a reduction compared to Quarter 2, during which two incidents were reported, and indicates an improvement in overall compliance and incident management during the reporting period.

## Complaints received from the Information Commissioners Office Quarter 3

In Quarter 3, three complaint notifications were received, representing a reduction from the four recorded in Quarter 2. The complaints related to: (1) the use of a complainant's wife's personal data; (2) a delay in the formulation of a Freedom of Information (FOI) response; and (3) matters concerning the care and report author relating to the complainant's son while in the care of BCUHB. Of these three cases, one, relating to the delayed FOI response, has since been closed. The remaining two complaints remain under investigation, and further updates will be provided within the Quarter 4 KPI report.

### Information Governance Related Incidents 25-26



### Information Commissioners Office Related Complaints 25-26



### Information Governance Related Complaints 25-26



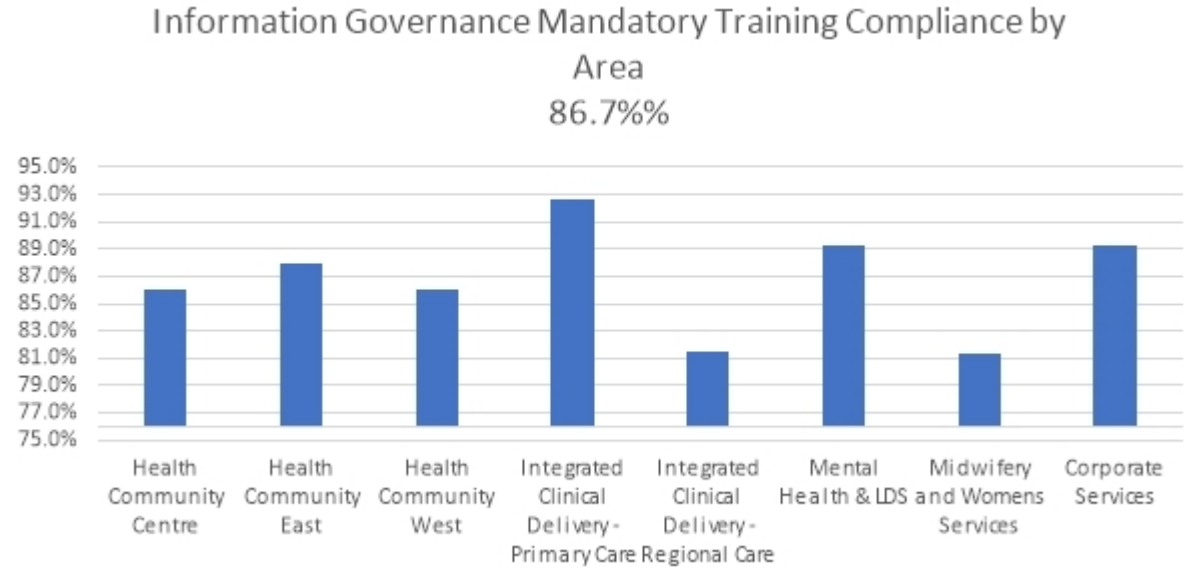
**Information Governance Training and Budget Information Quarter 3 – October to December 2025.**

Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of June 2025	Year To Date Variance
T410	872,665	500,315	154,078 underspend (not a true reflection, please see below comments)

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

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

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



**Information Governance Mandatory Training**

Mandatory training sessions have continued, 9 taking place in Quarter 3 with a total number of 58 staff attending. Included in the figures above was ad-hoc training delivered to District Nursing and DaVita which was well received. Plans to attend future training will be discussed later in the year.

As of the end of Quarter 3, there have been 27 staff members nominated as IG Champions. Of which, 16 have received specialist training.

In addition, 2780 staff members have completed their Information Governance training online during this quarter.

The overall compliance for mandatory Information Governance training across the Health Board has remained above the National target at **86.7%**.

## National Intelligent Integrated Auditing Solution (NIIAS), Service Desk and IG10 Information Quarter 3 – October to December 2025.

### IG10

A total of **20** IG10 requests were submitted in Quarter 3, 15 of which were approved. This is an increase from the 14 reported in Q2. The IG10's approved in this quarter were from a number of different areas and no trends were identified.

The breakdown of request types is as follows:

- CCTV – 5
- Email Access – 4
- System Access – 11

### Service Desk – Information Governance Portal

The total number of Halo queries increased slightly to 60 in Quarter 3, compared to 49 in Quarter 2. Whilst the number of queries has raised it is still relatively low compared to figures that have been previously reported. This may be attributed to the Information Governance Team's more frequent circulation of circulating guidance and communications to staff members.

Some key trends identified during the quarter were:

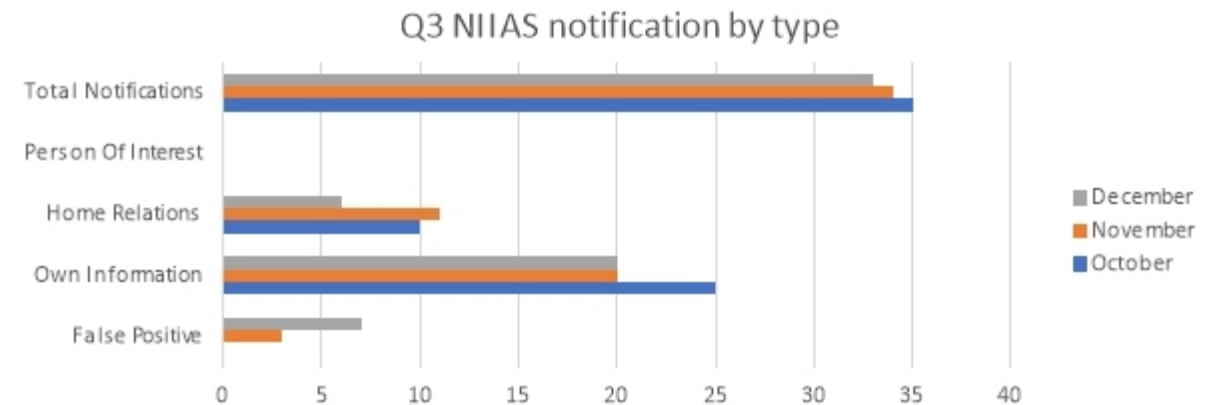
- Sharing information with other Health Boards
- Datix queries
- Local & National Research Projects
- Policies & Procedures

### NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 3 there were 102 NIIAS notifications received for staff inappropriately accessing records on Health Board. This is a significant increase from the 58 reported in Quarter 2. Of the 102, 64 have been confirmed as first notifications and 10 found to be false positives the remaining are being investigated.

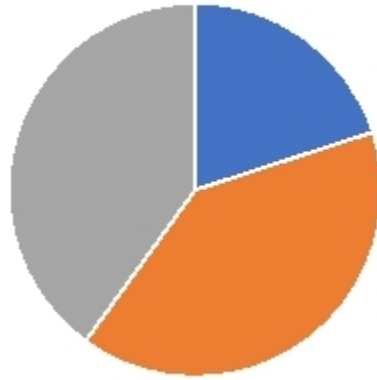
#### Cases involving People Services.

Area	Case not proven	Informal Action	No Case to Answer	Referred to Hearing	To be confirmed
West	1	0	0	0	2
Central	0	0	0	0	4
East	0	0	0	0	3
Pan BCU	0	0	0	0	2



**Caldicott Guardian Decisions/Authorisations on behalf of the Board**

Total - 5



■ Data Disclosure Agreements - 1 ■ Data Processing Contracts - 2 ■ Information Sharing Agreements - 2

**Compliance Audits**

During Quarter 3, one face-to-face compliance audits were carried out across BCUHB sites. In addition, 27 remote audit pre-assessments were completed. Feedback from departments that participated in the pre-assessments has been positive, with recommendations well received.

Guidance on the secure storage of confidential documents was provided during both face-to-face audits. The pre-assessments also prompted discussions around accessing patient records out of hours, information sharing and transportation of records.

Following the recent review, which highlighted significant risks in physical records management across BCUHB, including insecure storage practices, abandoned records beyond retention periods, and gaps in oversight, plans are now in place to ensure these issues are addressed. The IG Team will work with local leads to confirm ownership of physical records, strengthen secure storage arrangements, and improve compliance with retention and labelling requirements. Future actions will also include seeking assurance from sites that recommendations are being implemented and that appropriate controls are established to prevent similar incidents from occurring again.

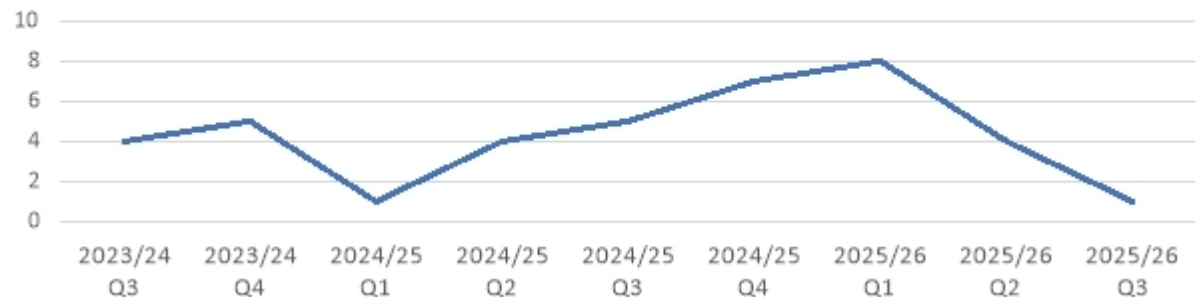
**Asset Register**

Building on the successful re-launch in Quarter 2, the Information Governance Team has continued to strengthen engagement with Information Asset Owners (IAOs) and Information Asset Administrators (IAAs). During Quarter 3, further targeted training sessions were delivered to IAOs and IAAs to enhance understanding of their roles and responsibilities in maintaining the accuracy of the register. In addition, work is underway to identify areas of low compliance across the organisation. This analysis will enable the team to focus support and interventions where they are most needed, ensuring that all departments meet information governance requirements. To encourage greater uptake, monthly drop-in sessions will now be delivered via Microsoft Teams, providing ongoing guidance and maintaining momentum.

**Data Protection Impact Assessments (DPIAs)**

As of 31 December 2025, 1 DPIA was approved during Quarter 3. A total of 24 DPIAs are currently under review with the IG Team or project leads, and a further 25 are awaiting additional information or completion. Two new DPIAs were received during this period. Of the DPIAs in progress, 9 are priority projects, including 5 linked to national programmes. A review of low-priority DPIAs was undertaken to ensure alignment with DDaT and Health Board objectives, and work is now being prioritised based on organisational need, strategic importance, and the volume of requests received.

**Number of Approved DPIAs**



**Performance Finance & Information Governance Committee**

**BOARD ASSURANCE FRAMEWORK**

<b>Dyddiad y Cyfarfod Date of Meeting</b>	28 April 2026
<b>Statws Cyhoeddi Publication Status</b>	Open/ Public
	Not Applicable
<b>Enw a theitl Awdur(on) yr Adroddiad Report Author name and title</b>	Jody Evans, Assistant Head of Risk Management
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title</b>	Pam Wenger, Director of Corporate Governance
<b>Pwrpas yr Adroddiad Report Purpose</b>	Endorse for Board Approval

**Crynodeb Gweithredol  
Executive Summary**

This report provides the PFIG Committee with an overview of the particular BAF risks aligned to Committee, along with the outstanding mitigating actions for BAF 03 (Long-Term Financial Sustainability) and BAF 07 (Timely Access to Care), and the plans to align these actions to the four Strategic Intentions approved in March 2026.

While progress continues, a significant number of actions remain overdue or delayed, particularly within BAF 07, reflecting ongoing challenges related to workforce capacity, system dependencies, pathway standardisation and digital enablement.

Actions under BAF 03 are largely complete, with residual delays mainly linked to capital, estates and nationally-dependent programmes.

The volume and age of outstanding actions limit the level of assurance currently available and highlight the importance of continued Executive oversight and prioritisation. All outstanding actions are being mapped to the new Strategic Intentions to inform the 2026–2029 BAF refresh, with an update to be presented to the Risk Scrutiny Group in May 2026.

**Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)**  
**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals</b>	<b>Dyddiad Date</b>	<b>Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data</b>
<b>Executive Committee (EC)</b>	22 <sup>nd</sup> April	Full BAF Report
<b>Risk Scrutiny Group (RSG)</b>	16 <sup>th</sup> April 2026	Full BAF Report

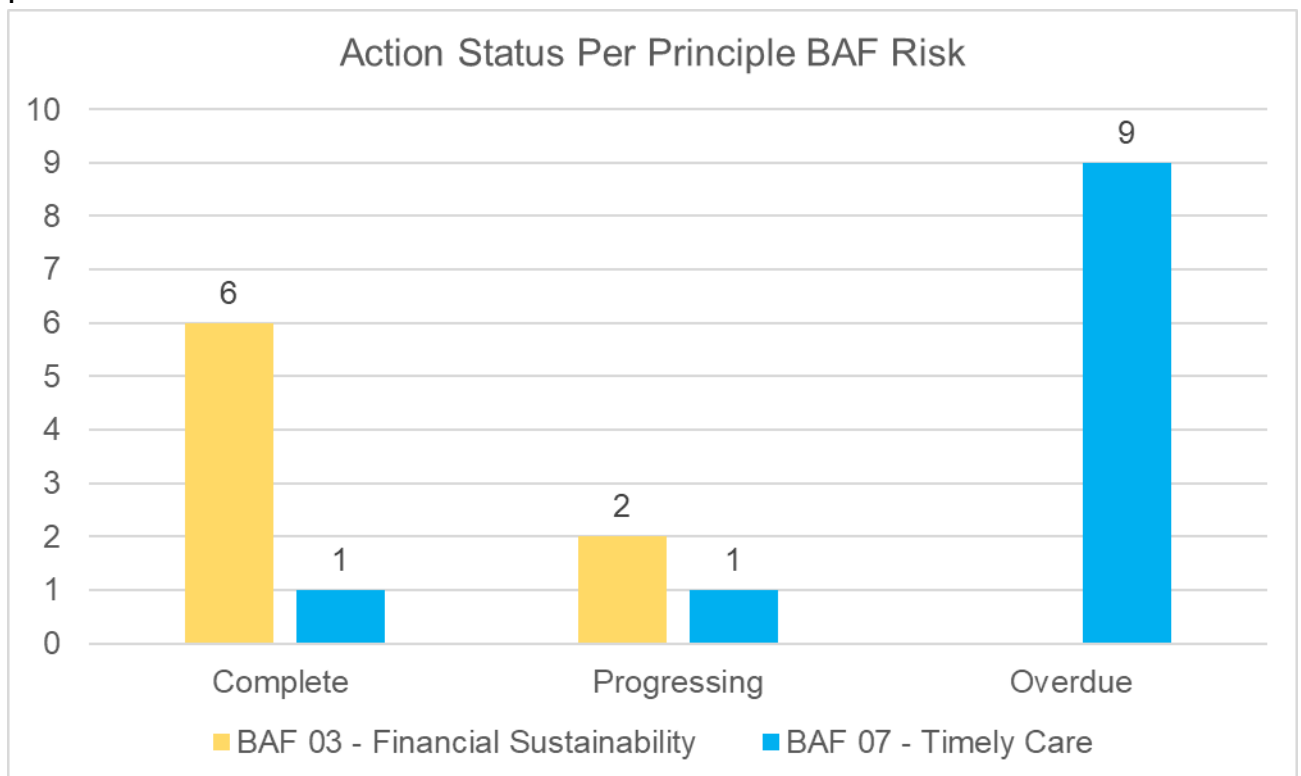
**Acronymau / Rhestr Termau**  
**Acronyms / Glossary of Terms**

BAF	Board Assurance Framework
RSG	Risk Scrutiny Group

## BOARD ASSURANCE FRAMEWORK

### 1. Y SEFYLLFA SITUATION

1.1 The Health Board's Board Assurance Framework (BAF) has undergone its latest cycle of updates, and while progress continues across several areas, a significant proportion of mitigating actions remain outstanding, including a concentration of actions that are now overdue



The volume of actions is contributing to Limited and Unsatisfactory assurance ratings across the principal risks.

The Board has recently approved four new Strategic Intents, and all existing BAF actions particularly outstanding actions; must now be mapped to these new intents to ensure alignment with the forthcoming 2026–2029 BAF refresh. This mapping work is underway and will be submitted to the Risk Scrutiny Group also for review.

### 2. Y CEFNDIR BACKGROUND

2.1 The Board Assurance Framework (BAF) is the Health Board's primary mechanism for providing assurance that strategic risks to the delivery of organisational

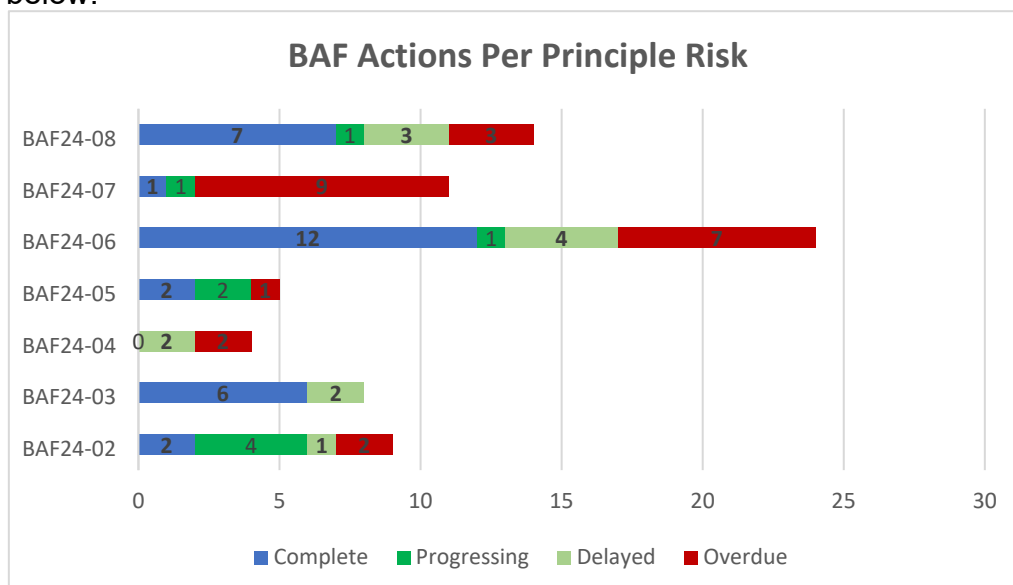
objectives are being effectively identified, managed and mitigated. It aligns principal risks, controls, assurances and mitigating actions and supports the Board, its Committees and the Executive Team in monitoring progress and identifying gaps requiring escalation or intervention.

The extant BAF was approved by the Board in January 2025 and continues to be updated routinely by Executive Leads and action owners and remains the basis for oversight of strategic risks across quality, workforce, finance, digital transformation, and timely access to care.

### 3. MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

#### 3.1 Overall Action Progress Position

Across the full BAF, 75 actions are currently recorded, with 19 aligned to the Principle Risks at this Committee. An overview for comparison across the full BAF is noted below:



The high proportion of delayed and overdue actions reflects ongoing challenges including capacity constraints, limited recurring funding, dependencies on national programmes, and delays across digital, estates, workforce and clinical programmes.

#### 3.2 Impact on Assurance Levels

Several BAF risks continue to carry Limited or Unsatisfactory assurance ratings, indicating insufficient evidence that existing controls are effective, and that current action delays are affecting overall risk mitigation.

Principal risks aligned to this Committee include:

- Long-term financial sustainability (BAF24-03) – *Limited Assurance*

- Not delivering timely access to care (BAF24-07) – *Unsatisfactory Assurance*

### 3.3 Outstanding actions aligned to the following Strategic Intent:

Work to align outstanding and overdue actions into the refreshed BAF structure for 2026–2029 is underway.

### 3.4 Key Constraints

The key constraints affecting delivery for the risks within this Committee’s remit are summarised below:

- BAF 03 – Long-Term Financial Sustainability - Progress in reducing financial risk is constrained by ongoing system-wide financial pressures, reliance on delivery of transformational savings, and delays in capital and estates enabling activity. Dependencies on national approvals, capital availability and alignment between financial planning and clinical strategy continue to limit the pace of risk reduction.
- BAF 07 – Timely Access to Care - Delivery is constrained by workforce capacity and retention challenges, high demand and acuity, and reliance on system-wide partners to improve flow and reduce demand. Additional constraints include inconsistent pathway standardisation, digital and data limitations, infrastructure pressures and dependency on national programmes, contributing to a high proportion of overdue actions.

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

- **BAF 07 (Timely Access to Care)** remains the highest risk, with a significant number of overdue actions, reflecting ongoing workforce, system-dependency and delivery constraints.
- **Overdue and ageing actions** beyond 31 March 2026 limit assurance that risks are reducing and increase the likelihood of continued performance and access pressures.
- **Capital and estates delays** continue to constrain service transformation and productivity improvements, impacting long-term financial sustainability.

## 5. ARGYMHELLION RECOMMENDATIONS

a. Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:

The Committee is asked to:

- Note** the current BAF Principle risks position, including the volume of overdue actions and the associated impact on assurance ratings.
- Note** the ongoing mapping of BAF actions to the four new Strategic Intentions to support the development of a coherent 2026–2029 Board Assurance Framework.

ASESIAD / ASSESSMENT	
<b>Cyswllt â'r Blaenoriaethau Strategol</b> <b>Link to Strategic Priorities</b>	1. Building an effective organisation Effective Risk Management
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<b>Yr Egwyddorion Dylunio</b> <b>Design Principles</b>	<b>Consistency with Organisational Values</b> Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<b>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd</b> <b>Corporate Risks and Board Assurance Framework</b>	Board Assurance Framework risks linked to corporate risks
<a href="#">Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</a> <a href="#">Wellbeing of Future Generations Act – Wellbeing Goals</a>	Not Applicable
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<b>Cydraddoldeb</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable

<i>requirements of the Welsh Language Standards)</i>		
<b>Asesiad o'r Effaith Economaidd-gymdeithasol</b> <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> <b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
<u><b>Ansawdd</b></u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u><b>Quality</b></u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<b>Galluogwyr Ansawdd Enablers of Quality</b> All Apply	<b>Meysydd Ansawdd Domains of Quality</b> All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
	Not Applicable	
<u><b>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</b></u>	<b>Not Applicable</b>	
<b>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</b>	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>



<b>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog</b> A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: <b>Armed Forces Covenant Due Regard Duty</b> Have you considered the Armed Forces Covenant Due Regard Duty?	Canlyniad/Outcome:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
<b>Asesiad o Effaith ar Ddiogelu Data</b> A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? <b>Data Protection Impact Assessment</b> Have you undertaken a Data Protection Impact Assessment Screening?	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
<b>Asesiad o Effaith ar Atal Twyll</b> A ydych chi wedi ystyried yr effeithiau ar atal twyll? <b>Counter Fraud Impact Assessment</b> Have you considered the counter fraud impacts	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
<b>Cyfreithiol Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw Da Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith ar Adnoddau (Pobl / Ariannol) Resource Impact (People / Financial)</b>	There is no direct impact on resources as a result of the activity outlined in this report.	

# Board Assurance Framework

Performance, Finance and Information Governance Committee – 28<sup>th</sup> April 2026



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Board Assurance Framework

This report provides the Performance Finance and Information Governance (PFIG) Committee with an update on the Board Assurance Framework (BAF) risks within its remit, specifically BAF 03 (Long-Term Financial Sustainability) and BAF 07 (Timely Access to Care).

The report summarises the current position in respect of these risks, including progress against associated mitigating actions.



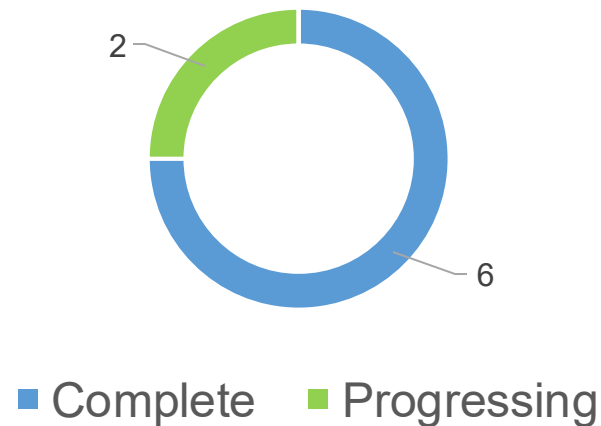
Risk Framework, Procedures & Documents



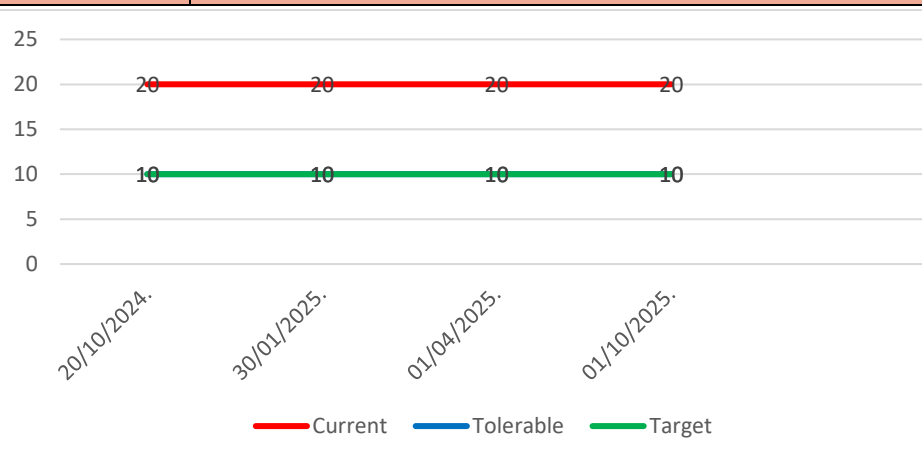
# BAF24-03 – Not Achieving long term financial sustainability

BAF24-03 – This risk continues to carry a limited *assurance* rating. The risk score remains unchanged at a score of 20 despite many actions which are progressing and have been completed. BAF24-03 has also been scheduled for a deep-dive review at the Risk Scrutiny Group in July 2026, where further scrutiny of actions and controls will be undertaken.

Action Progression (BAF24-03) as at 09/04/2026



Appendix 1 – Board Assurance Framework

<b>Principal risk</b> (what could prevent us achieving this strategic objective)	<b>BAF24-03: Not Achieving Long Term Financial Sustainability</b>			<b>Strategic objective</b>	2. Developing strategy and long-lasting change (2I Finance Governance Environment; 2D Capital Priorities: Supporting Change)
<b>Lead Committee</b>	Performance, Finance and Information Governance Committee	<b>Risk type</b>	Finance		
<b>Risk Lead</b>	Executive Director of Finance	<b>Risk appetite</b>	Open <15 Risk Above Tolerance		
<b>Related Corporate Risks:</b>	CRR25-06, Value Delivery and Financial Sustainability; CRR25-09, Safe Environment				
<b>Risk rating</b>	<b>Current exposure</b>	<b>Target</b>	<b>Review Dates</b>		
<b>Consequence</b>	5	5	<b>Initial date of assessment</b>	20/10/2024	
<b>Likelihood</b>	4	2	<b>Last reviewed by Committee:</b>	12/08/2025	
<b>Risk rating</b>	<b>20</b>	<b>10</b>	<b>Last updated by Executive:</b>	01/10/2025	Sign off at EC April 2026

<b>Strategic threat</b> (what might cause this to happen)	<b>Primary risk controls</b> (what controls/ systems & processes do we <b>already</b> have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	<b>Gaps in control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)	<b>Sources of assurance (and date)</b> <b>(Evidence)</b> that the controls/ systems which we are placing reliance on are effective)	<b>Gaps in assurance / actions to address gaps</b>	<b>Assurance rating</b>
<b>Responsible:</b>	Interim Director of Finance	<b>Accountable:</b>	Executive Director of Finance		
Threat: The financial climate is challenging, with no further allocations expected to offset adverse performance. The first financial duty is to attain a break-even financial position over a rolling three years period. In not achieving break even the organisation suffers;  A regulatory breach from Failure to achieve the key	<ul style="list-style-type: none"> <li>Annual Plan details requirements for further controls and required controls detailed in 'Gaps in controls'</li> <li>Monthly reporting of financial performance, articulating risk to delivery, drivers of any financial risk and suggested actions in place to mitigate risk</li> <li>Monthly reporting to Welsh Government financial performance each month, again articulating drivers of risk</li> </ul>	<ul style="list-style-type: none"> <li>Financial governance framework aligned with the organisation's strategic priorities</li> <li>An endorsed Clinical Strategy that articulates demand and capacity modelling by speciality.</li> <li>Financial capital resource availability</li> <li>Integration of financial planning with performance and risk management processes</li> <li>Whilst the Health Board has a balanced financial plan, this carries significant risk associated with continued opening of additional capacity areas and exposure to medicines and continuing healthcare rising costs. In addition, following endorsement of the financial plan, a</li> </ul>	<b>Management:</b> Monthly financial reporting and budgetary controls Oversight through Performance, Finance & Information Governance Committee  <b>Risk and compliance:</b> Oversight by Audit Committee Annual audit of financial governance effectiveness (to include budgetary control) Regular financial performance reviews	Limited Assurance Internal Audit report for Delivery of Health Board Transformational Savings Value & Sustainability Programme launched to mirror the National models to place focus on savings delivery as a product of improvement with a track record of delivery Head of Internal Control Opinion articulating limited	<b>Limited Assurance</b>

**Appendix 1 – Board Assurance Framework**

<p>duty results in a Qualification Failure to achieve breakeven places at risk future receipt of conditionally recurrent allocations and/or the ability to attract prospective allocations. Cash depletion and a potential lack of ability to pay employees and suppliers of goods and services.</p> <p>The Health Board will still be required to meet its statutory duty to break-even, resulting in a need to reduce costs and potentially reduce access to services offered to the local population.</p>	<p>to delivery and mitigating actions</p> <ul style="list-style-type: none"> <li>• Corporate risk for shorter term sustainability in place</li> <li>• A key element of delivery centres upon savings realisation, the Value &amp; Sustainability programme formed to support mitigation of shortfalls and place focus on improvements driving financial sustainability.</li> </ul>	<p>number of significant risks have emerged from a movement from key planning assumptions.</p> <ul style="list-style-type: none"> <li>• Inconsistent alignment between financial planning and strategic service goals</li> </ul>	<p><b>Independent assurance:</b> Internal and external audit reports on financial controls Annual review of compliance with Welsh Government financial guidelines Audit Wales full access to mapping of financial transactions within financial statements to source ledgers Monthly oversight of financial performance by Welsh Government</p>	<p>assurance over systems of internal control Positive assurance for budgetary control environment Audit Wales issued a “true and fair” audit opinion on the 2024/25 accounts but gave a Qualification for regulatory breach. Health Board attaining financial plan. No changes from draft accounts to final submission following External Audit scrutiny</p>	
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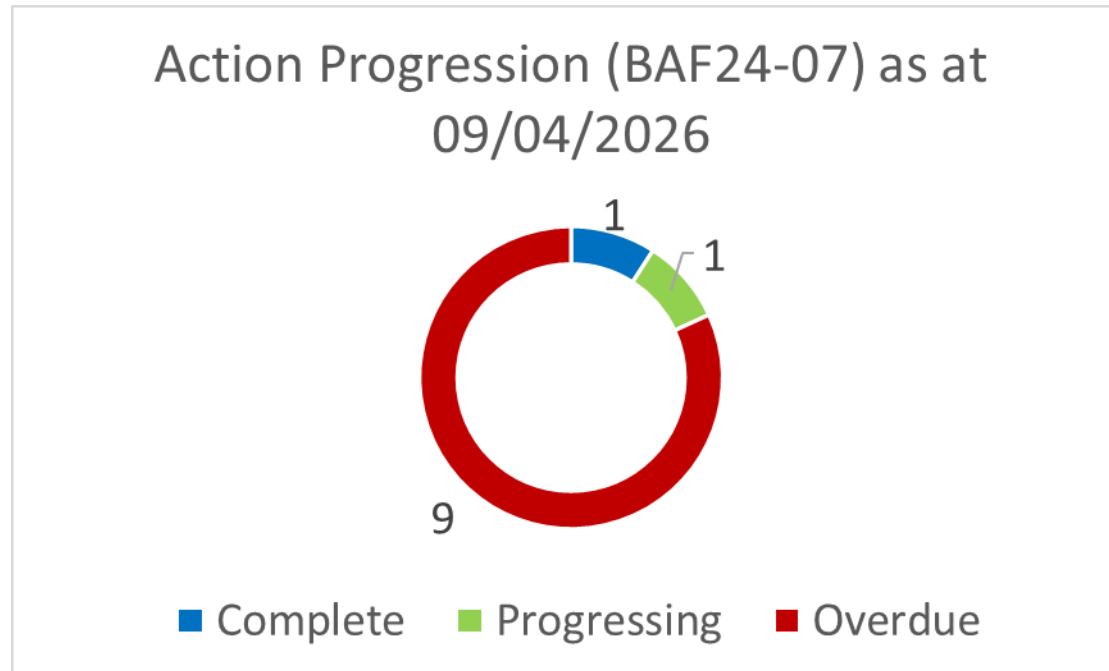
<b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)	<b>Action Handler</b>	<b>Status of Actions</b>	<b>Date when action will be completed</b>
<p>Implementation of Value Based Healthcare and a Value and Sustainability approach to savings development. Implemented and principle approach agreed, savings will be developed through Executive leads through transactional and transformational schemes. <b>Continually progressing – Action completion delayed as this is an ongoing process. Now embedded within the financial and performance framework via Integrated Performance Executive Delivery Group. To be approved for closure on the basis it will continue to mature as an approach.</b></p>	<p>Finance Director - Commissioning &amp; Strategy</p>	<p><b>Complete</b></p>	<p>31/03/2026</p>
<p>Strengthen financial forecasting and integrate financial risks into operational planning. Progressing through IMTP production. Deep Dive process already in place with CFOS on a monthly basis</p>	<p>Finance Director - Commissioning &amp; Strategy</p>	<p><b>Complete</b></p>	<p>30/09/2025</p>
<p>Develop further the control environment for addressing planned position and implementation of any corrective actions. Additional control actions have been implemented to support the HB.</p>	<p>Finance Director - Commissioning &amp; Strategy</p>	<p><b>Complete</b></p>	<p>31/03/2025</p>
<p>Enhanced Accountability &amp; Performance framework to hold officers to account for delivery. Areas for escalation have been identified and separate meetings held with services chaired by CEO.</p>	<p>Finance Director - Commissioning &amp; Strategy</p>	<p><b>Complete</b></p>	<p>27/12/2025</p>

## Appendix 1 – Board Assurance Framework

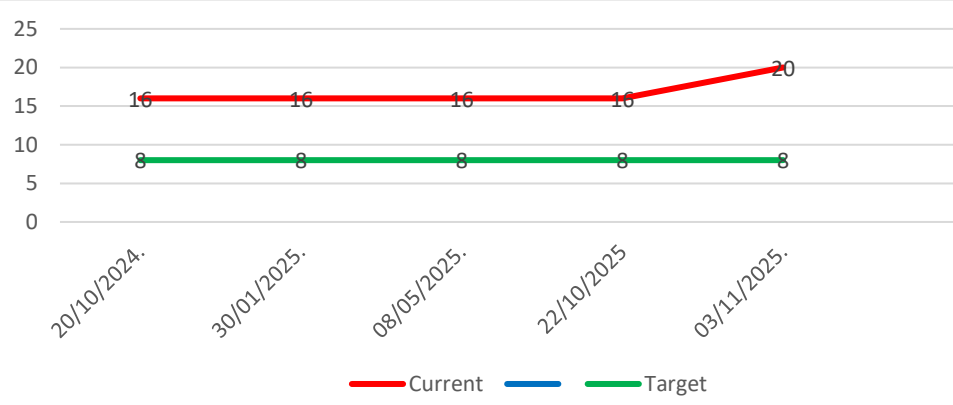
Responsible:		Head Of Capital Development	Accountable:	Director of Environment and Estates																					
<p><b>Threat:</b> Inadequate Capital Investment to Support Organisational Change</p>	<ul style="list-style-type: none"> <li>Estates Strategy</li> <li>Capital prioritisation programme aligned with strategic objectives that involves operational and clinical teams in prioritisation of limited resources</li> <li>Project management for capital investments, the Health Board having substantial material schemes in train</li> <li>Prioritisation of investments in infrastructure to support clinical services and statutory requirements</li> <li>Capital Manual</li> <li>Capital prioritisation for urgent projects</li> <li>Six facet survey being completed for all provider infrastructure</li> </ul>	<ul style="list-style-type: none"> <li><b>Six facet survey being completed for all provider infrastructure</b></li> <li>Delays in capital project approvals and implementation.</li> <li>Delays in raising orders likely to impact project critical path.</li> <li>End of year wrap up report on overheads and programme progress.</li> <li>Implement stronger project management controls to track capital investments.</li> <li>Discretionary capital use in prioritisation between medical equipment, IM&amp;T and Estates works (relative prioritisation between asset classes not undertaken)</li> <li>Prioritisation of substantial business cases within the plans of the Health Board that aligns to Clinical Strategy</li> </ul>	<p><b>Management:</b></p> <ul style="list-style-type: none"> <li>Monthly financial reporting of plan verse actual expenditure and budgetary controls</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>Some reviews to assess the alignment of capital investments with strategic goals Board</li> </ul> <p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>Internal Governance of capital project progress and expenditure and reporting up to Committee and Welsh Government.</li> <li>Welsh Government monthly reviews of plans for expenditure in year verse allocated resources.</li> </ul>	<ul style="list-style-type: none"> <li>Reports on alignment of capital investments with strategic goals Board</li> <li>Prioritisation plans being endorsed through Executive for inclusion within the IMTP endorsed through Health Board and Committees.</li> <li>External support secured to service major capital developments.</li> <li>Capital Investment Group formed, reporting into Executive on Capital works.</li> </ul>	<p><b>Limited Assurance</b></p>																				
<p><b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)</p> <table border="1"> <thead> <tr> <th></th> <th>Action Handler</th> <th>Status of Actions</th> <th>Date when action will be completed</th> </tr> </thead> <tbody> <tr> <td>Decarbonisation reporting of key objectives through to Committee (PPHP) completed, articulating goals and objectives through to Health Board. Revised NHS Wales decarb plan <b>was published in 2025 and is currently under review. Health Board then to draft plan and an action plan.</b></td> <td>Director of Environment and Estates</td> <td>Delayed</td> <td>30/06/2026</td> </tr> <tr> <td>Ongoing development of Estates strategy to be informed by completion of <b>a reduced facet survey (to reflect unallocated budget)</b>, a register of assets and most importantly clinical strategies (this review of estates is likely to take 12 months) and will be used to drive estate utilisation and rationalisation. <b>At present, this is delayed pending clinical strategies.</b></td> <td>Director of Environment and Estates</td> <td>Delayed</td> <td>30/03/2027</td> </tr> <tr> <td>Monthly reporting of this year's expenditure verse plans in order to ensure delivery of this year's capital programme, fully embedded and forms new control.</td> <td>Executive Director of Finance</td> <td>Complete</td> <td>31/03/2026</td> </tr> <tr> <td>Prioritisation of major capital works within the strategy for the Health Board in completion of the three-year IMTP. Schemes and priorities discussed at Execs. <b>Complete, and Approved by Board on 26/03/2026.</b></td> <td>Head of Capital</td> <td>Complete</td> <td>31/03/2026</td> </tr> </tbody> </table>							Action Handler	Status of Actions	Date when action will be completed	Decarbonisation reporting of key objectives through to Committee (PPHP) completed, articulating goals and objectives through to Health Board. Revised NHS Wales decarb plan <b>was published in 2025 and is currently under review. Health Board then to draft plan and an action plan.</b>	Director of Environment and Estates	Delayed	30/06/2026	Ongoing development of Estates strategy to be informed by completion of <b>a reduced facet survey (to reflect unallocated budget)</b> , a register of assets and most importantly clinical strategies (this review of estates is likely to take 12 months) and will be used to drive estate utilisation and rationalisation. <b>At present, this is delayed pending clinical strategies.</b>	Director of Environment and Estates	Delayed	30/03/2027	Monthly reporting of this year's expenditure verse plans in order to ensure delivery of this year's capital programme, fully embedded and forms new control.	Executive Director of Finance	Complete	31/03/2026	Prioritisation of major capital works within the strategy for the Health Board in completion of the three-year IMTP. Schemes and priorities discussed at Execs. <b>Complete, and Approved by Board on 26/03/2026.</b>	Head of Capital	Complete	31/03/2026
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# BAF24-07 – Timely Access to Care

BAF24-07 – Timely Access to Care: This risk continues to carry an *unsatisfactory assurance* rating, reflecting the Board's ongoing concerns regarding performance trajectories and sustained pressures on patient flow. The increased risk score (from 16 to 20), endorsed by the Board in January 2026, remains unchanged. BAF24-07 is scheduled for a deep-dive review at the Risk Scrutiny Group this month, where further scrutiny of actions and controls will be undertaken.



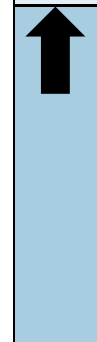
Appendix 1 – Board Assurance Framework

<b>Principal risk</b> (what could prevent us achieving this strategic objective)	<b>BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk</b>			<b>Strategic objective</b>	4. To Improve Quality, Outcomes and Experience 4E: Planned Care; 4F: Cancer Care; 4G: Urgent and Emergency Care; 4H: Diagnostics; 4ICAMHS and Neurodevelopment)
<b>Lead Committee</b>	Performance, Finance and Information Governance Committee	<b>Risk type</b>	Quality		
<b>Risk Lead</b>	Chief Operating Officer	<b>Risk appetite</b>	Open <15 Risk Above Tolerance		
<b>Related Corporate Risks:</b>	CRR25-01, Timely Patient Access to Safe and Effective Care				
<b>Risk rating</b>			<b>Review Dates</b>		
	<b>Current exposure</b>	<b>Target</b>			
<b>Consequence</b>	5	4	<b>Initial date of assessment</b>	20/10/2024	
<b>Likelihood</b>	4	2	<b>Last reviewed by Committee:</b>	12/08/2025	
<b>Risk rating</b>	20	8	<b>Last updated by Executive:</b>	23/03/2025	

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

Appendix 1 – Board Assurance Framework

<p>and robust demand and capacity planning at service level may negatively impact the delivery of consistent quality of care. Without strategic planning and robust controls, these risks could lead to reduced public confidence, increased colleague fatigue, ineffective use of resources and failure to achieve regulatory compliance or national standards.</p>	<ul style="list-style-type: none"> <li>• Strengthening capability and capacity to lead and deliver services with clear executive Senior Responsible Officers (SRO) in place supported by clinical and operational leads</li> <li>• Cancer recovery plan</li> <li>• Planned care delivery plan against the agreed trajectories supported with resource allocations</li> <li>• Diagnostics delivery plan against the agreed trajectories supported with resource allocations</li> <li>• Governance framework for accountability including weekly executive led progress reviews for UEC and Planned Care</li> <li>• Chief Operating Officer and Director of Performance and commissioning collective leadership oversight for operational performance with support from the executive team</li> <li>• Clear workstreams (4) for UEC incorporated into operational planning and delivery as a framework aligned to the national 6 goals for UEC</li> <li>• Optimised hospital flow through SAFER programmes and discharge protocols ensuring resilience to protect planned care pathways</li> <li>• Access to care based on clinical urgency and then chronological wait across all programmes of care</li> <li>• Developing close partnership working with the 6 Local Authorities, Welsh Ambulance Service Trust (WAST), third sector and other providers to maximise care outcomes</li> <li>• Effective utilisation through planning and robust governance for use of nationally allocated resources for planned care and UEC</li> <li>• Regional approach in strategic planning through the Regional Partnership Board ensuring a North Wales approach for delivering services for our citizens</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient capacity in challenged services and Neurodevelopment</li> <li>• Strategic approach for equipment replacement scheme to ensure service efficiency and sustainability</li> <li>• Estates strategy to address service needs</li> <li>• Challenges in workforce retention and gaps in critical roles affecting service delivery</li> </ul> <p>Need for enhanced digital infrastructure to support predictive analytics and proactive planning</p>	<ul style="list-style-type: none"> <li>• Strategic Improvement Development Groups.</li> <li>• Reviewing consistency in triage processes</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>• Performance reports to Integrated Performance Executive Delivery Group &amp; Board</li> <li>• Corporate Risk reporting</li> <li>• Patient-reported outcome measures (PROMs) and Patient-reported experience measures (PREMs) data</li> </ul> <p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>• Some Internal Audit findings demonstrating assurance</li> <li>• Welsh Government Targets</li> <li>• Joint Executive Team WG</li> <li>• UEC Programme Board with WG attendance</li> <li>• NHS Executive touch points</li> <li>• Significant guidance and steer with National Imaging Programme</li> <li>• CAMHS &amp; Neurodevelopment National Programme links established. National Specification being worked towards.</li> <li>• Regional ND, CAMHS meetings for improvement.</li> <li>• CAMHS &amp; Neurodevelopment Enhanced Monthly NHS Exec meeting with performance leads.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Board resource plan for seven-day UEC care model</li> <li>• Health Board workforce plan to align demand and capacity on a seven-day basis</li> <li>• Clear structure and delivery for pathways of care delays for North Wales as a system</li> <li>• Ensuring compliance with Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation.</li> <li>• Lack of consistent and reliable performance data at daily and weekly level.</li> <li>• Health Board workforce plan at modality level.</li> <li>• Specific diagnostics assurance process to delivery national patient standard for wait levels.</li> <li>• CAMHS &amp; Neurodevelopment Improvement programme reporting to be defined and governance structure</li> </ul>
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	<p><b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)</p>	<p><b>Action Handler</b></p>	<p><b>Status of Actions</b></p>	<p><b>Date when action will be completed</b></p>
	<p>UEC improvement programme review to ensure the necessary improvements and outcomes are having the required impact on quality and safety of UEC services. Sept midway review. Review of UEC programme completed. New clinically led UEC task team established, with revised priorities agreed with PPHP and NHS P&amp;I.</p>	<p>Programme Director, UEC</p>	<p>Complete</p>	<p>30/09/2025</p>
	<p>Use of data analytics to identify high-risk populations (completed) and optimise resource allocation, as a part of workstream one, needs aligning to enhanced community care</p>	<p>Primary Care Leads</p>	<p>Overdue</p>	<p>31/03/2026</p>

Appendix 1 – Board Assurance Framework

Priorities agreed for primary and community transformation led by DPH, EMD and COO.			
Deployment of live dashboards for real-time monitoring (complete) of performance and governance metrics. Standardise data collection and reporting processes to reduce variability in decision-making. Review of various dashboards to align input criteria and date. Data quality and alignment to data dictionary review ongoing. Dashboard designs work ongoing. Design phase to be complete by 31/07/2025. Once designed, build and deployment to take place with timescale tbc. <b>Dashboard completed and information now used in UEC programme management, further work to continue moving forward as we develop SPoA This is on track.</b>	Programme Director UEC/performance team	Progressing	30/06/2026
Strengthen digital capabilities to support service teams (such as e-triage, further roll out of home adaptations particularly rural areas, single patient tracking lists). Align digital plan to UEC plans. Alignment of plans consistent with revised prioritisation. <b>Work underway to improve digital interface with UEC. WECDS has just been updated to enhance the data collection for ED's.</b>	Programme Director UEC and DDAT team	Overdue	31/03/2026
Standardising care pathways across the Health Board. Current mapping exercise. Sits within clinical service strategy, community health pathways being rolled out for development in elective care. <b>SPoA 'operational' phase is commencing in Q1. There are clear performance metrics and expectations assigned to the developments into 2026/27</b>	UEC task team	Overdue	31/03/2026
Re-enforce specialty level planning cycle through service line demand and capacity plan across the Health Board. Reinforced with services, complete. To be evidenced in April 2026 through Plans.  <b>Demand and capacity workshop held in February and a further session scheduled for early April to review core demand and capacity planning across specialties within Q1 &amp; confirm the position for 2026/27. This will be supported by a 'planned care sprint' to improve booking of long waiters into core capacity and transfers of care to appropriate services</b>	Head of Performance / Assistant Director - Data, Intelligence & Insight	Overdue	31/03/2026
Strengthened workforce planning for key areas linked to challenged services.	Operations Manager Children's Services / Interim Executive Director of Transformation and Strategic Planning	Overdue	31/03/2026
Telehealth care to strengthen out of hospital care including home systems and video facilitated care forms workstream 1 or 4 for UEC.	UEC task team	Overdue	31/03/2026
Continued efforts to further strengthen collaboration with local authorities and voluntary sectors for integrated care delivery models. Milestones to be reported.	Chief Operating Officer	Overdue	31/03/2026
Incorporate public health needs analysis to service planning (such as deprivation links to access for UEC, Planned Care, CAMHS and Womens services).	Chief Operating Officer /Executive Director of Public Health	Overdue	31/03/2026
Regional <b>improvement</b> approach for Child and Adolescent Mental Health (CAMHS) and <b>Childrens Neurodevelopmental Services. CAMHS Improvement Plan revised for 2026/27 to sustain delivery of the Mental Health Measure access targets which the HB achieved in 2026/27 for assessment and intervention. The Childrens ND 3-year improvement plan has been agreed with RPB to implement a needs-led Childrens ND delivery model across health, social care and education. The priority for 2026-27 WG NDIP funding that will be available to Health Boards is to maintain the elimination of three-year waits, with the flexibility to invest in wider system transformation activity. Increasing efficiencies realised in 2026/27 further into 2026/27 and beyond to work towards meeting WG 26-week targets for ND</b>	<b>Programme Director CAMHS &amp; ND Improvement Programmes/Associate Director CAMHS - Regional</b>	Overdue	31/03/2026

## Performance Finance & Information Governance Committee

### CORPORATE GOVERNANCE REPORT

<b>Dyddiad y Cyfarfod</b> <b>Date of Meeting</b>	28 April 2026
<b>Statws Cyhoeddi</b> <b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Enw a theitl Awdur(on) yr Adroddiad</b> <b>Report Author name and title</b>	Philippa Peake-Jones, Head of Corporate Governance
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol</b> <b>Lead Executive Team Member name and title</b>	Pam Wenger, Director of Corporate Governance

<b>Pwrpas yr Adroddiad</b> <b>Report Purpose</b>	For Noting
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<b>Crynodeb Gweithredol</b> <b>Executive Summary</b>
Members are asked to: <ul style="list-style-type: none"> <li><b>NOTE</b> the summary of business considered in private session to be reported in public</li> </ul>

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

<b>Acronymau / Rhestr Termiau</b> <b>Acronyms / Glossary of Terms</b>



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## CORPORATE GOVERNANCE REPORT

### 1. Y SEFYLLFA SITUATION

1 The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.

2 It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.

### 3 Y CEFNDIR BACKGROUND

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

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

#### 4.1 Summary of Business Considered in Private

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

4.1.2 The below item was considered in private at the meeting held on 24 February 2026:

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

5.1 There are no matters for escalation.






### 6 ARGYMHELLION RECOMMENDATIONS

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

**NOTE** the matters considered in Private at the 24 February 2026. Items included:

- PF26.26 Llandudno Orthopaedic Hub
- PF26.27 Integrated Medium Term Plan

- PF26.28 Contracts & Commissioning
- PF26.29 Performance & Accountability Framework

ASESIAD / ASSESSMENT	
<b>Cyswllt â'r Blaenoriaethau Strategol</b> <b>Link to Strategic Priorities</b>	     <p>1. Building an effective organisation</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<b>Yr Egwyddorion Dylunio Design Principles</b>	<p>Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<b>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd</b> <b>Corporate Risks and Board Assurance Framework</b>	<p>BAF24-01 Building an Effective and Accountable Organisation</p> <p>CRR-16 – Leadership/Special Measures</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<b>Cydraddoldeb</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
<b>Asesiad o'r Effaith Economaidd-gymdeithasol</b> <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> <b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report

<p><b><u>Ansawdd</u></b> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i></p> <p><b><u>Quality</u></b> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p><b>Galluogwyr Ansawdd</b> <b>Enablers of Quality</b> All Apply</p>	<p><b>Meysydd Ansawdd</b> <b>Domains of Quality</b> All Apply</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><b><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u></b> <b><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></b></p>	<p>Not Applicable</p>	

<p><b>Effaith Amgylcheddol / Cynaliadwyedd (5Rs)</b> <b>Environmental /Sustainability Impact (5Rs)</b></p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>No - Not Applicable</p>	
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
<p><b>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog</b> <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> <b>Armed Forces Covenant Due Regard Duty</b> <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not necessary for this report</p>
<p><b>Asesiad o Effaith ar Ddiogelu Data</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> <b>Data Protection Impact Assessment</b></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm:</p>	<p>Not necessary for this report</p>

<i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	If no, please include rationale:	
<b>Aseiad o Effaith ar Atal Twyll</b> <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> <b>Counter Fraud Impact Assessment</b> <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
<b>Cyfreithiol</b> <b>Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw Da</b> <b>Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith ar Adnoddau</b> <i>(Pobl / Ariannol)</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	