



GIG  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Board Assurance Framework



### Board Assurance Framework Report

#### 1.0 Purpose

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

The purpose of this BAF is threefold:

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

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

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

The Board Assurance Framework was developed by the Board to reflect the Health Board's five strategic objectives within the IMPT and further to this, work is underway to review and re-align to the new strategic intents approved by Board in March 2026.

The extant BAF was formally approved by the Board on 30 January 2025 and continues to be updated on an ongoing basis by Executives and action handlers. It is reviewed through the Executive Committee in line with the Risk Management Framework, and was last considered by the Board Committees in November 2025 before being presented to the Board in full in January 2026. This update noted the approved increase in the risk score for BAF24-07 and the closure of BAF24-01.

#### What is Assurance in Relation to Board Assurance Risks?

In the context of the Board Assurance Framework, **assurance** refers to the level of confidence the Committee can place in the effectiveness of the current risk treatment strategies to mitigate identified threats to strategic objectives. It is based on the extent of

evidence available; internal or external, that demonstrates that key controls are in place and working effectively, and that actions to address gaps are progressing as intended.

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

The four levels of assurance used are as noted in this report.

### Rationale for Proposed Rating

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

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

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

## 1.1 Key Highlights

The full Board Assurance Framework (BAF) has been reviewed and updated and is now being considered through the Health Board's established governance arrangements starting with the Risk Scrutiny Group in April 2026. The BAF was last reviewed by the Risk Scrutiny Group in November 2025 and subsequently scrutinised by the Executive Committee, Audit Committee, and Board Committees as part of the routine reporting cycle.

### Key Updates Since the Last Report

- 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 has also been scheduled for the next deep-dive review at the RSG in May 2026, where further scrutiny of actions and controls will be undertaken.
- Deep-Dive Activity: Several BAF risks have undergone detailed scrutiny through recent Risk Scrutiny Group (RSG) meetings:

At the February RSG:

- BAF24-04 – “Not Establishing a Compassionate Culture, Leadership, Engagement and Workforce Capacity and Capability” undertook a full deep dive, with resulting updates incorporated into the refreshed BAF.

At the March RSG:

- BAF24-06 (2) – “Improve integrated prevention to better population health and wellbeing”
- BAF2406 (1) – “A loss of organisational focus on patient safety and quality of care”

Both have undergone deepdive review, with feedback now embedded in the updated version.

- Closure of BAF2401: BAF2401 – “Not Fully Building an Effective and Accountable Organisation” was formally endorsed for closure at the January 2026 Board meeting and has now been removed from the BAF.
- Risk Scores: No further changes to risk scores have occurred since the previous reporting cycle. All remaining BAF risks continue to sit above their respective tolerance thresholds, with five risks remaining above appetite.
- BAF Action Progress: Progress continues across the BAF portfolio, with over one-third of actions now complete. Current action status:
  - 40% (30 actions) Complete
  - 12% (9 actions) Progressing
  - 16% (12 actions) Delayed
  - 32% (24 actions) Overdue, primarily due to target dates set at 31/03/2026

Completed actions will be archived in the next cycle for clarity.

## 1.2 Changes in Score

No further changes in risk scores have occurred since the previous cycle.

## 1.3 Risks above Health Board appetite

Five out of the eight threats are highlighted in the dashboard continue to be above tolerance

Ref	Title	Lead Exec Director	Current Risk Score (and IxL)
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	20
BAF24-03	Not Achieving Long Term Financial Sustainability	Executive Director of Finance	20
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Executive Director of People Services and Organisational Development	16
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing and Midwifery	20

Ref	Title	Lead Exec Director	Current Risk Score (and IxL)
		Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	
BAF24-07	Not Delivering Timely Access to Care Resulting in Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	20

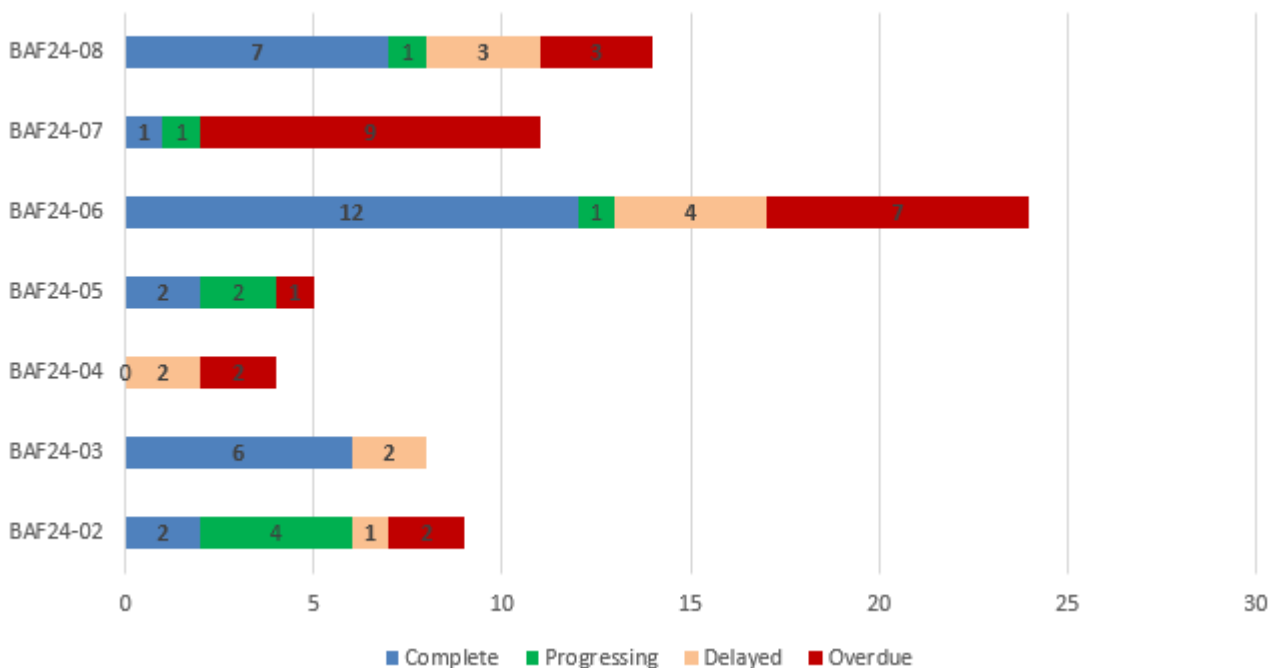
### 1.4 Risks Proposed for Closure

There are no risks proposed for closure within this reporting period, as BAF2401 ('Not Fully Building an Effective and Accountable Organisation') has already been formally endorsed for closure by the Board in January 2026 and removed from the BAF.

### 1.5 Progression of BAF risk actions

Progress continues to be made across the Board Assurance Framework, with over one-third of all actions now completed. Following the addition of two new progressing actions in this reporting cycle, the updated action profile shows 30 actions completed (40%), 9 progressing (12%), 12 delayed (16%), and 24 overdue (32%). Those overdue actions are escalated through the Risk Scrutiny Group, Executive Committee and relevant Committees. Completed actions will be archived in the next reporting cycle for clarity and brevity.

**BAF Actions Per Principle Risk**



In the forthcoming months, the BAF will be incorporated into the planning portal, enabling the corporate team to systematically monitor delays, blockers, low confidence actions and any emerging risks through the IMTP portal, thereby strengthening escalation and oversight arrangements.

## **Next Steps**

- BAF risks linked to the new Strategic Intent deliverables will be monitored through the Portal System, enabling improved visibility, tracking and oversight of progress.
- The Board Assurance Framework will be maintained and reported to the Risk Scrutiny Group; Executive Committee and Committees, and Board (bi-annually) as per the Risk Management Framework.

## **Appendix**

1. Appendix 1 – Board Assurance Framework:

## Appendix 1 – Board Assurance Framework

The key elements of the BAF are:

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

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

Key to lead committee assurance ratings:



**Substantial Assurance**

The Committee is satisfied that there is reliable evidence supporting the effectiveness of the current risk treatment strategy in mitigating the threat, with minimal gaps in control. While the majority of actions have been addressed, some minor actions may still require completion before the risk score is reduced. However, the Committee has good assurance regarding action progress. Likelihood of risk materialising: Low.



**Reasonable Assurance**

The Committee has seen sufficient evidence that the most significant actions to reduce the risk have been completed. There is assurance that the planned actions within the current risk treatment strategy are appropriate, with the majority of control and assurance gaps having been addressed. Likelihood of risk materialising: Low to moderate.



**Limited Assurance**

The Committee does not have sufficient evidence for assurance that the current risk treatment strategy is effectively mitigating the threat. There remains to be some key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: Moderate.



**Unsatisfactory Assurance**

The Committee has no/little evidence for assurance that the current risk treatment strategy is effectively managing the threat. There remains to be several key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: High

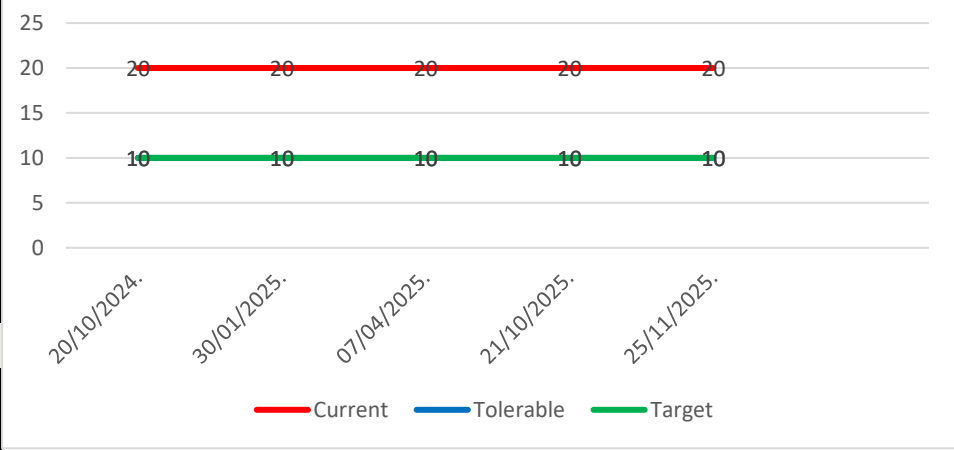
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This BAF includes the following Risks to the HBs strategic priorities:

Reference	Principal risk: There is a risk of...	Lead Executive	Lead Committee	Initial date of assessment	Last reviewed by Executive Committee	Previous risk score (at previous review/update) C x L	Current risk score C x L	Target risk score C x L
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Interim Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	Planning, Population Health & Partnerships	20/10/2024	22/04/2026	5x 4= 20 <b>Above Tolerance</b>	<b>5x 4= 20</b>	3x 3= 9
BAF24-03	Not Achieving Long Term Financial Sustainability	Executive Director of Finance	Performance, Finance and Information Governance	20/10/2024	22/04/2026	5x 4= 20 <b>Above Tolerance</b>	<b>5x 4= 20</b>	3x 3= 9
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Executive Director of People Services and Organisational Development	People & Culture	20/10/2024	22/04/2026	4x 4= 16 Above Tolerance	<b>4x 4= 16</b>	4x 2= 8
BAF24-05	Not Engaging with Citizens, Partners and Communities	Director of Partnerships, Communications and Engagement	Planning, Population Health & Partnerships	20/10/2024	22/04/2026	2x 3= 6	<b>2x 3= 6</b>	2x 2= 4
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing and Midwifery Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Quality, Safety and Experience / Planning, Population Health & Partnerships	20/10/2024	22/04/2026	5x 4= 20 <b>Above Tolerance</b>	<b>5x 4= 20</b>	5x 2= 10
BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	Performance, Finance and Information Governance	20/10/2024	22/04/2026	5x 4= 20 <b>Above Tolerance</b>	<b>5x 4= 20</b>	4x 2= 8
BAF24-08	Not Implementing Evidenced Based Improvement and Innovation	Executive Medical Director & Chief Digital & Information Officer	Planning, Population Health & Partnerships	20/10/2024	22/04/2026	4x 3= 12	<b>4x 3= 12</b>	4x 2= 8

## 2: Developing strategy and long-lasting change

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

<b>Principal risk</b> (what could prevent us achieving this strategic objective)	<b>BAF24-02: Not Delivering Strategic Development and Digital Transformation</b>			<b>Strategic objective</b>	1. Developing strategy and long-lasting change (2A 10-year Strategy & 2H Strengthening Planning; 2E Digital, Data, and Technology;)
	<p>There is a risk we won't achieve our strategic and operational objectives as a Health Board, caused by having inadequate arrangements and skills for identification, commissioning and delivery of Digital, Data &amp; Technology enabled change.</p> <p>This will lead to an inability to deliver new models of care in line with national and local strategies, which results in a degradation in patient safety, quality of care, public confidence, financial controls and reputation</p>				
<b>Lead Committee</b>	Planning, Population Health & Partnership Committee	<b>Risk type</b>	Quality		
<b>Risk Lead</b>	Executive Director Transformation and Strategic Planning / Chief Digital & Information Officer	<b>Risk appetite</b>	Open <15 Risk Above Tolerance		
<b>Related Corporate Risks:</b>	CRR25-05, Strategic Change – Impacting Care and Staff Delivery; CRR25-04, Modernising our Infrastructure				
<b>Risk rating</b>			<b>Review Dates</b>		
	<b>Current exposure</b>	<b>Target</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>	07/05/2026	
<b>Risk rating</b>	20	10	<b>Last updated by Executive:</b>	22/04/2026	


## Appendix 1 – Board Assurance Framework

Strategic threat (what might cause this to happen)	Primary risk controls (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)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) <b>(Evidence</b> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:		Assistant Director of Compliance and Business Management	Accountable:		Chief Digital & Information Officer
<p><b>Threat:</b> the organisation may struggle to keep pace with the rapid evolution of digital, data, and technology innovations and have outdated systems, inefficiencies, and an inability to fully harness data for informed decision-making and personalised patient care by lack of investment in DDaT infrastructure due to competing priorities</p>	<ul style="list-style-type: none"> <li>• Cyber Security Plan (and evidenced of reasonable assurance through recent internal audit)</li> <li>• Plans to recruit key skills and capabilities gaps</li> <li>• Business case developed for Mental Health and Acute and Community Electronic Health Record (EHR)</li> <li>• Clear benchmarking with Gartner IT Score to assess and guide us on what we need to do.</li> <li>• Skills and capabilities augmentation contracts in place with third party companies to support the internal teams in delivering what is required</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Limited recurring funding constrains the recruitment and retention of essential clinical and support roles.</b></li> <li>• <b>Strategic Implication: Without stable investment in key positions, risks workforce shortages that could impact patient care, service delivery, and the achievement of national health priorities</b></li> <li>• <b>Insufficient support to secure flexible augmentation contracts reduces the ability to respond rapidly to fluctuating demand across services.</b></li> <li>• <b>Strategic Implication: Limited access to temporary or flexible expertise may hinder timely service delivery, staff resilience, and the organisation’s ability to respond to emerging health pressures.</b></li> </ul>	<p><b>Management:</b></p> <ul style="list-style-type: none"> <li>• Quarterly reviews of digital objectives including projects at service level to Senior Leadership Team</li> <li>• Performance and accountability meetings for Annual Plan objectives</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>• Annual audit of data governance and cyber security measures</li> <li>• Corporate Risk in place</li> </ul> <p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>• Internal and external audits of data governance and technology</li> <li>• Information Commissioners office</li> <li>• Continual Benchmarking from Gartner Group and Service Desk Institute against best practice</li> </ul>	<p><b>Limited visibility of long-term financial commitments for sustaining critical clinical and support roles</b></p> <p><b>Reduced ability to scale workforce rapidly; potential gaps in service delivery</b></p> <p><b>Outdated systems increase operational inefficiencies and limit adoption of innovative solutions.</b></p>	<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> <p>Senior Posts for reviewing Digital architecture and EHR. Funding for Architecture and EHR Teams is temporary and has been sourced from various non-recurrent budgets. Teams likely to have to stand down from April 2025 onwards and therefore progress halted (subject to budget setting process). NB. This is a 3-to-5-year piece of work. Activity which is required by 31<sup>st</sup> March 2025 will be completed.</p> <p>Senior Architecture posts in place but funded non-recurrently. These are resolving clinical system integration, which will also halt on the 31/03/2026 should recurrent funding not be secured.</p> <p>Roll-out of key priority EHR transformation projects. No funding from April 2025 onwards, to progress EHR Programme and other augmentation projects to improve the current digital environment. NB. This is a 3-to-5-year piece of work. The Electronic Health Record (EHR) – Acute and Community, Outline Business Case (OBC) first draft was handed over from the external consultants in March 25, the OBC has been updated following engagement with legal, finance, procurement and DDaT. Currently, there is no funding to progress this further, and Welsh Government have asked all Health Boards to pause while they agree a national</p>	<p><b>Action Handler</b></p> <p>Chief Technology and Information Officer</p> <p>EHR Programme Director (not in post)</p>	<p><b>Status of Actions</b></p> <p>Overdue</p> <p>Progressing</p>	<p><b>Date when action will be completed</b></p> <p>31/03/2026</p> <p>31/03/2028</p>		

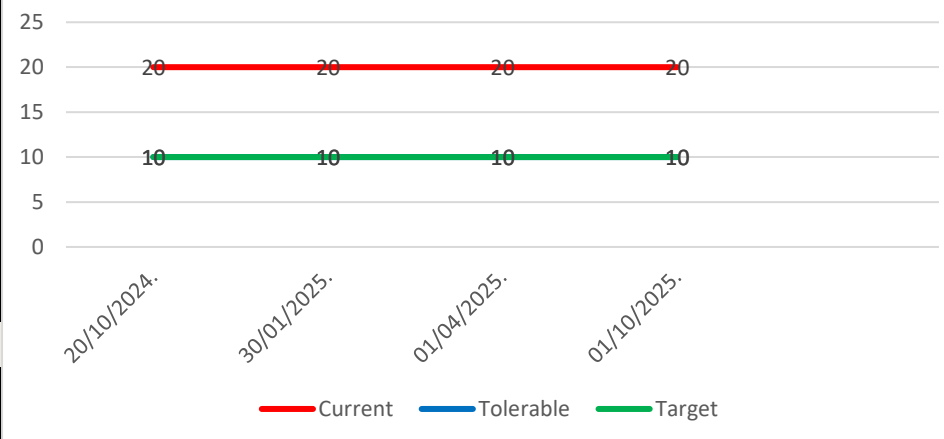
## Appendix 1 – Board Assurance Framework

	<p>approach. The Mental Health EHR is progressing with the procurement evaluation complete. Once assurance activities have been completed the next step will be to finalise the Full Business Case (FBC) and award contract following board approval.</p> <p>A strategic outline case for the scanning plan is being prepared, with anticipated submission for formal approval in April 2026 via the appropriate governance board.</p>			
	<ul style="list-style-type: none"> <li>• Transformation of the DDaT Operating Model. Proposals for 2025/26 onwards are being progressed for consideration. <ul style="list-style-type: none"> <li>○ Due to significant digital inflation, plans have been put forward and are currently being considered in line with other inflationary pressures.</li> <li>○ Bids for growth are being revised to align with IMTP Planning processes</li> </ul> </li> </ul> <p>Anticipated position and due date will be 30<sup>th</sup> April 2026</p>	Assistant Director of Compliance and Business Management	Delayed	30/04/2026
	<p>Proposals, (repeated from previous years) for 2025/26 onwards are being progressed for consideration. Cost Pressures and Growth proposals submitted to Executive Team for consideration. Only RIGA 1 additional funding resource received which doesn't take into consideration the required cost pressures or growth initiatives. Will continue to review funding gaps and available schemes.</p>	Assistant Director of Compliance and Business Management	Overdue	31/03/2026
↑	<p>Expand the implementation of the Digital Training Academy enhancing the skills and understanding of clinical and non-clinical systems and O365 tools.</p>	Chief Technology Officer	Progressing	30/09/2026
	<p>Implement and ensure Executive Decision and oversight of the Digital Prioritisation of projects and programmes in line with IMTP and Funding Arrangements.</p>	Assistant Director of Digital Delivery	Progressing	30/04/2026

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Strategic threat (what might cause this to happen)	Primary risk controls (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)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) <b>(Evidence</b> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:		Assistant Director of Health Strategy & Planning	Accountable:		Interim Executive Director of Transformation and Strategic Planning
<b>Threat:</b> Lack of a relevant long term 10-Year Strategy and Clinical Services Plan that can be used to strategically guide our short to medium term plans.	<ul style="list-style-type: none"> <li>Ensure strategy development aligns with population needs assessments.</li> <li>Prioritise internal and external stakeholder engagement, collaboration and co-production.</li> <li>Integrated planning framework updated with learning from each planning cycle.</li> <li>Alignment of finances, workforce and performance via the Planning process.</li> </ul>	<ul style="list-style-type: none"> <li>Limited public engagement and stakeholder input at the early formative stages of strategy development and planning.</li> <li>Effective mechanisms to prioritise resources to strategic priorities.</li> <li>Integrated view of impact of plans, demonstrating which outcomes have improved for the population.</li> </ul>	<b>Management:</b> <ul style="list-style-type: none"> <li>Annual review of planning cycle.</li> <li>Annual Delivery Plan progress reports on strategy development milestones.</li> </ul> <b>Risk and compliance:</b> <ul style="list-style-type: none"> <li>External benchmarking of planning effectiveness through the Planning Maturity Matrix.</li> </ul> <b>Independent assurance:</b> <ul style="list-style-type: none"> <li>Independent review as part of special measures.</li> <li>Welsh Government annual assessment of submitted IMTP.</li> </ul>	<ul style="list-style-type: none"> <li><b>Lack of approved Digital Roadmap – Presented and accepted by the Strategic Planning and Change Group, awaiting delivery of the Clinical Services Plan to ensure aligned before onward approval by the Board.</b></li> </ul>	<b>Limited Assurance</b>
	<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>
	Strategic intent for North Wales to be developed with Partners in order to develop and deliver the 10-Year Strategy (subject to creating sufficient capacity in the Planning team to take this work forward).		Head of Health Strategy and Planning	Complete	29/01/2026
	Implement phase 1 of Clinical Services Plans in relation to the Challenged Services. <b>Work in this phase has progressed as intended. Now that the CSP Phase 2 moves into mobilisation mode, operating as a major change programme, any ongoing work from this phase will transition into phase 2 and be monitored accordingly.</b>		Assistant Director of Transformation and Improvement (Interim)	Complete	30/03/2026
	Develop phase 2 of the Clinical Services Plan for implementation - a blueprint for services across North Wales		Head Of Health Strategy and Planning	Progressing	30/03/2027

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<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>Review Dates</b>		
	<b>Current exposure</b>	<b>Target</b>	<b>Initial date of assessment</b>		
<b>Consequence</b>	5	5	20/10/2024		
<b>Likelihood</b>	4	2	<b>Last reviewed by Committee:</b>		
			28/04/2026		
<b>Risk rating</b>	<b>20</b>	<b>10</b>	<b>Last updated by Executive:</b>		
			22/04/2026		

<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	
<p>Threat: The financial climate is challenging, with no further allocations expected to offset adverse performance. The first financial duty is to attain a break-even financial position over a rolling three years period. In not achieving break even the organisation suffers;</p> <p>A regulatory breach from Failure to achieve the key duty results in a Qualification</p>	<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 to delivery and mitigating actions</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>	<p><b>Management:</b> Monthly financial reporting and budgetary controls Oversight through Performance, Finance &amp; Information Governance Committee</p> <p><b>Risk and compliance:</b> Oversight by Audit Committee Annual audit of financial governance effectiveness (to include budgetary control) Regular financial performance reviews</p> <p><b>Independent assurance:</b></p>	<p>Limited Assurance Internal Audit report for Delivery of Health Board Transformational Savings Value &amp; Sustainability Programme launched to mirror the National models to place focus on savings delivery as a product of improvement with a track record of delivery Head of Internal Control Opinion articulating limited assurance over systems of internal control</p>	<b>Limited Assurance</b>

## Appendix 1 – Board Assurance Framework

<p>Failure to achieve breakeven places at risk future receipt of conditionally recurrent allocations and/or the ability to attract prospective allocations. Cash depletion and a potential lack of ability to pay employees and suppliers of goods and services.</p> <p>The Health Board will still be required to meet its statutory duty to break-even, resulting in a need to reduce costs and potentially reduce access to services offered to the local population.</p>	<ul style="list-style-type: none"> <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>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>Positive assurance for budgetary control environment Audit Wales issued a “true and fair” audit opinion on the 2024/25 accounts but gave a Qualification for regulatory breach. Health Board attaining financial plan. No changes from draft accounts to final submission following External Audit scrutiny</p>	
<p><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>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>Complete</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>Complete</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>Complete</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>Complete</p>	<p>27/12/2025</p>	

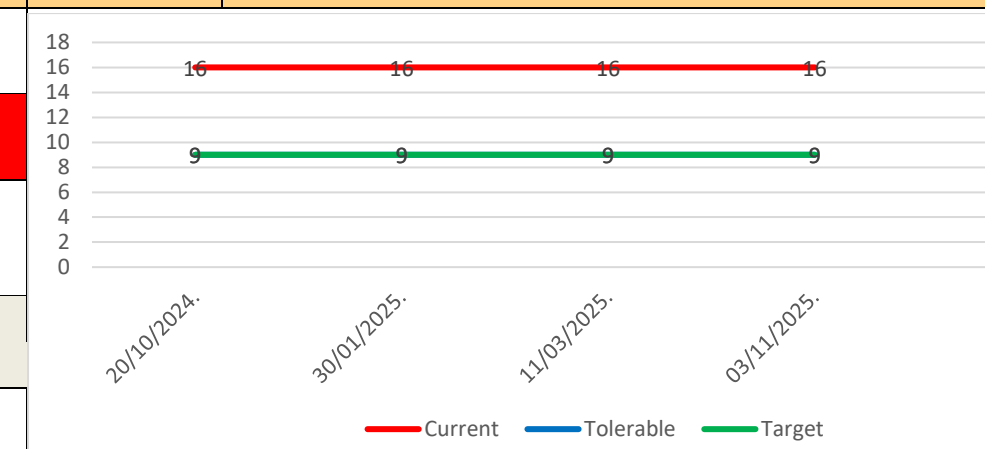
## Appendix 1 – Board Assurance Framework

Responsible:		Head Of Capital Development	Accountable:	Director of Environment and Estates	
<b>Threat:</b> Inadequate Capital Investment to Support Organisational Change	<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>	<b>Limited Assurance</b>
	<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>
	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	<b>Delayed</b>	<b>30/06/2026</b>
	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	<b>Delayed</b>	<b>30/03/2027</b>
	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	<b>Complete</b>	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	<b>Complete</b>	31/03/2026

### 3: Creating compassionate culture, leadership and engagement


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

<b>Principal risk</b> (what could prevent us achieving this strategic objective)	<b>BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability</b> A risk that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.			<b>Strategic objective</b>	3: To have a compassionate culture, leadership & engagement (3A Compassionate Leadership and Organisational Development & 1G Workforce Planning)
<b>Lead Committee</b>	People & Culture Committee		<b>Risk type</b>	Quality	
<b>Risk Lead</b>	Executive Director of People Services		<b>Risk appetite</b>	Open <15 Above Tolerance	
<b>Related Corporate Risks:</b>	CRR25-02, Future Demand & Sustainable Workforce; CRR25-07, Leadership and Operating Model				
<b>Risk rating</b>					
	<b>Current exposure</b>	<b>Target</b>	<b>Review Dates</b>		
<b>Consequence</b>	4	4	<b>Initial date of assessment</b>	20/10/2024	
<b>Likelihood</b>	4	2	<b>Last reviewed by Committee:</b>	14/08/2025	
<b>Risk rating</b>	16	8	<b>Last updated by Executive:</b>	22/04/2026	

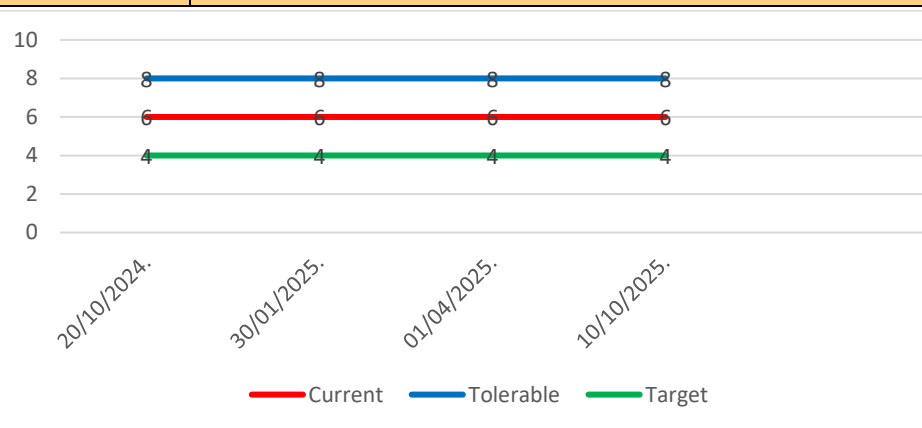
Date	Current	Tolerable	Target
20/10/2024	16	15	9
30/01/2025	16	15	9
11/03/2025	16	15	9
03/11/2025	16	15	9

## Appendix 1 – Board Assurance Framework


Strategic threat (what might cause this to happen)	Primary risk controls (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)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Sources of assurance (and date) <b>(Evidence</b> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Head of Policy, Practice & Compliance- WOD	Accountable:	Executive Director of People Services		
<p><b>Threat:</b> that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.</p>	<ul style="list-style-type: none"> <li>• Workforce Planning Framework in collaboration with HEIW</li> <li>• Skill-mix review and capacity-building programmes</li> <li>• Strategic partnership with Bangor University</li> <li>• Integrated Leadership Development Framework</li> <li>• Staff Engagement Plan</li> <li>• Continuous feedback loops for leadership performance</li> <li>• All Wales International Recruitment programme for nurses and doctors.</li> <li>• Improved Internal Audit Assurance with recruitment of senior and interim staff</li> <li>• Staff counselling / Occupational Health support</li> <li>• Strategic Equality Plan key driver in the culture change required for a compassionate and inclusive culture.</li> </ul>	<ul style="list-style-type: none"> <li>• Critical vacancies, particularly in clinical roles</li> <li>• Underdeveloped retention and progression pathways</li> <li>• Further embedding of Integrated Leadership Development Framework</li> <li>• Further leadership development initiatives</li> <li>• Current Equality governance arrangements require strengthening</li> </ul>	<p><b>Management:</b></p> <ul style="list-style-type: none"> <li>• Service Led skill-mix efficiency and commissioning requirements</li> <li>• Annual staff engagement surveys and reports to Committee and Board</li> <li>• People &amp; Culture Dashboard to Committee</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>• Corporate risks CRR25-02 People, Culture and Wellbeing CRR25-07 Leadership reported to committee.</li> <li>• Review of all Organisational Development risks reported. Local Workforce and Organisational Development risk meeting.</li> <li>• Quarterly performance reviews to CEO of Directorates/ Divisions</li> <li>• Freedom to Speak Up Guardian report</li> </ul> <p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>• Annual workforce plan reviews with HEIW</li> <li>• Internal Audit reports</li> </ul>	<ul style="list-style-type: none"> <li>• Limited Assurance Internal Audit report for Review of Workforce Planning Arrangements</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>		Action Handler	Status of Actions	Date when action will be completed
<p>Prioritise implementing the workforce planning framework <b>across the Health Board, with initial prioritisation for 'challenged services'. This action is on-going as services become familiar with the templates and the governance arrangements for the framework are embedded throughout 2026/27.</b></p>		Exec Director People and OD / Associate	Overdue	31/03/2026	

## Appendix 1 – Board Assurance Framework

		Director Workforce Optimisation		
	Support the implementation of measures to aid reducing agency usage <b>and improve value and sustainability of workforce. Progress has been made in some staff groups and now a particular focus on M&amp;D agency is needed throughout 2026/27. The action end date will need to be extended to the end of Q4 (from 31/03/2026).</b>	Exec Director People and OD / Associate Director Workforce Optimisation	Delayed	31/03/2027
	Implementing Values and Behaviours Framework. <b>The V&amp;B framework has been implemented, additional actions will be agreed to further embed and enhance its adoption, these will be added to the BAF in the coming weeks.</b>	Exec Director People and OD	Overdue	31/03/2026
	Embedding Integrated Leadership Development Framework. <b>Three of the four programmes have already been written and launched. The remaining program pilot will be developed by the end of Q2 and the expected launch will be Q426/27. The ILDF framework will be reviewed by the Executive Committee in Q1_2026/27 to ensure it remains strategically aligned to the IMPT. The end date for action will be extended to end of September 2026 (from 31/03/2026).</b>	Exec Director People and OD	Delayed	30/09/2026

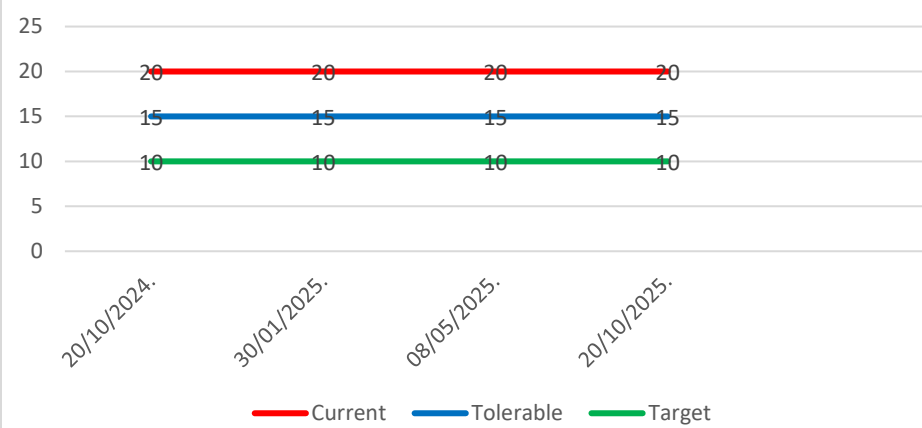
<b>Principal risk</b> (what could prevent us achieving this strategic objective)	<b>BAF24-05: Not Engaging with Citizens, Partners and Communities</b> Risk of ineffective engagement with citizens, partners and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.			<b>Strategic objective</b>	3: To have a compassionate culture, leadership & engagement encompassing 3B: Citizen Engagement & 3C: Being a Good Partner
<b>Lead Committee</b>	Planning, Population Health & Partnership Committee	<b>Risk type</b>	Reputation		
<b>Risk Lead</b>	Director of Partnerships/Communications and Engagement	<b>Risk appetite</b>	Seek <25		
<b>Related Corporate Risks:</b>	CRR25-03 Population Needs				
<b>Risk rating</b>			<b>Review Dates</b>		
	<b>Current exposure</b>	<b>Target</b>	<b>Initial date of assessment</b>		
<b>Consequence</b>	2	2	20/10/2024		
<b>Likelihood</b>	3	2	<b>Last reviewed by Committee:</b>	07/05/2026	
<b>Risk rating</b>	<b>6</b>	<b>4</b>	<b>Last updated by Executive:</b>	22/04/2026	

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Strategic threat (what might cause this to happen)	Primary risk controls (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)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) <b>(Evidence that the controls/ systems which we are placing reliance on are effective)</b>	Gaps in assurance actions to address gaps and issues	Assurance rating
Responsible: Director of Partnerships/communications and Engagement		Accountable: Director of Partnerships/communications and Engagement			
<p><b>Threat:</b> of ineffective engagement with citizens and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.</p>	<ul style="list-style-type: none"> <li>• Collaboration with key stakeholders</li> <li>• Strategic partnerships with local authorities and community organisations</li> <li>• Partnership governance frameworks</li> <li>• Comprehensive inclusive and diverse citizen engagement strategy</li> <li>• Accessible feedback mechanisms such as surveys and public engagement activity</li> <li>• Regular updates to the public on strategic priorities</li> <li>• Survey of engagement across the Health Board</li> <li>• Collaboration on complaint's process</li> </ul>	<ul style="list-style-type: none"> <li>• Communication back to the public on their influence from feedback</li> <li>• Lack of structured feedback from key partners</li> <li>• Limited cross-sector collaboration in specific service areas</li> <li>• Anchor Institute Framework</li> </ul>	<p><b>Management:</b></p> <ul style="list-style-type: none"> <li>• Citizen experience reports to Board</li> <li>• Feedback from engagement and where required public consultations.</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>• Partnership feedback sessions</li> <li>• Forward Plan and oversight of Regional Partnership Board by the Planning, Population Health &amp; Partnership Committee</li> </ul> <p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>• Perception survey with partners</li> <li>• Independent Advisor for external perspective on engagement approach</li> </ul>	Risk Register for Partnerships/Communications and Engagement.	<b>Limited Assurance</b>
	<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>
	Perception Survey completed. Survey findings to now go to Executive Committee and PPHP Committee.		Director of Partnerships/ Communications and Engagement	Complete	31/03/2025
	Developing Anchor Institute Framework – <b>ongoing, draft Anchor Charter developed with partners and being formally discussed at regional wellbeing and anchor charter event on 19.03.26.</b>		Director of Partnerships/ Communications and Engagement	Overdue	31/03/2026
	Citizen Engagement Plan being reviewed – the draft principles and framework developed – <b>Co-production, Engagement and Consultation Toolkit developed, Principles and Framework to be discussed at Executive Group Meeting before end of April 2026.</b>		Director of Partnerships/ Communications and Engagement	Progressing	30/06/2026
	Improve the feedback loop to ensure timely action on public input – ongoing, with review of Board actions against key themes by 31/01/25. January Citizen's Engagement report as evidence.		Director of Partnerships/ Communications and Engagement	Complete	31/01/2025
	Communications and engagement plan November 2025 to post Senedd election 2026 addressing progress to date and areas of Board focus in the months ahead – plan in development, overseen by the Chief Executive Officer.		Director of Partnerships/ Communications and Engagement	Progressing	31/05/2026

### 4: Improving quality, outcomes and experience

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

<b>Principal risk</b> (what could prevent us achieving this strategic objective)	<b>BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes</b>			<b>Strategic objective</b>	4. To Improve Quality, Outcomes and Experience (4A Patient Experience; 4B Prevention; 4I Adult Mental Health, Learning Disability)
	Risk of ineffectively delivering consistent high quality of patient care across the HB resulting in incidents of avoidable harm and poor clinical unmet patient needs, regulatory non-compliance, and reputational harm.				
<b>Lead Committee</b>	Quality, Safety and Experience Committee / Planning, Population Health & Partnership Committee	<b>Risk type</b>	Quality		
<b>Risk Lead</b>	Executive Director of Nursing Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	<b>Risk appetite</b>	Open <15 Above Tolerance		
<b>Related Corporate Risks:</b>	CRR25-01, Timely Patient Access to Safe and Effective Care; CRR25-03, Population Needs				
<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>	3	2	<b>Last reviewed by Committee:</b>	07/05/2026	
<b>Risk rating</b>	20	10	<b>Last updated by Executive:</b>	22/04/2026	

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Strategic threat (what might cause this to happen)	Primary risk controls (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)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Sources of assurance (and date) ( <b>Evidence</b> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address <b>gaps and issues</b> (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Deputy Executive Director of Nursing	Accountable:	Executive Director of Nursing	Responsible Committee	Quality, Safety and Experience Committee
<p><b>Threat:</b> A loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction</p>	<ul style="list-style-type: none"> <li>• Integrated Concerns Policy and daily Hub meetings in place to review all concerns of moderate, grade4/5 and above</li> <li>• Patient incident/feedback systems and policies</li> <li>• Data analysis and learning at service level</li> <li>• Datix Reporting</li> <li>• Patient safety Staff training - Quality governance arrangements at Health Board, IHC/division &amp; service levels including:                             <ul style="list-style-type: none"> <li>○ Local ICOG and Exec EICOG Groups</li> <li>○ BCUHB patient safety, infection prevention, safeguarding and patient experience groups</li> <li>○ BCUHB SCEG, meetings</li> <li>○ Local and Exec Quality Delivery Groups</li> <li>○ Clinical audit programme &amp; monitoring arrangements</li> <li>○ Ward accreditation/ metrics</li> </ul> </li> <li>• Integrated Concerns Policy and Toolkit</li> <li>• Concerns Hub</li> <li>• Rapid review Sign-off process for incidents and Nationally Reported Incidents</li> <li>• Executive Led Oversight Group</li> <li>• Quality assurance visits</li> <li>• Internal Reviews against External National Reports</li> <li>• Getting it Right First Time (GIRFT)</li> <li>• Localised deep dives, reports and action plans</li> <li>• Operational grip on workforce gaps</li> <li>• Patient Advice and Liaison Service Activity</li> <li>• Comprehensive Cultural Competence training and awareness</li> </ul>	<ul style="list-style-type: none"> <li>• Operational oversight of sustainable change, evidence of learning and improvement measures</li> <li>• Harm review process to be approved for the planned care major change programme</li> </ul>	<p><b>Management:</b></p> <ul style="list-style-type: none"> <li>• Learning from deaths Report to QC and Board</li> <li>• Quarterly Strategic Priority Report to Board.</li> <li>• Divisional risk reports to SRG bi-annually.</li> <li>• Guardian of Safe Working report to Board</li> <li>• Quality and Governance Reporting Pathway.</li> </ul> <p>Quality Safety and Experience Committee reports include:</p> <ul style="list-style-type: none"> <li>○ Safeguarding Annual Report to QSE</li> <li>○ Infection Control Annual Report</li> <li>○ Health and Safety Annual Report</li> <li>○ Bimonthly Quality Report</li> <li>○ Deep dive Reports</li> <li>○ Risk Management Report</li> <li>○ Integrated Performance Report</li> <li>○ Duty of Quality annual report</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>• Quality Dashboard</li> <li>• Duty of Candour</li> <li>• Corporate Risks</li> <li>• Ombudsman Annual Letter</li> </ul> <p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>• Health Inspectorate Wales Reports</li> <li>• Care Inspectorate Wales Reports</li> <li>• Coroners' reports:</li> <li>• Internal Audit reports. Patient Experience –Reasonable</li> <li>• Quality Directorate – Reasonable</li> </ul>	<p>Limited Assurance</p> <p>Internal Audit report for Limited Assurance: Lessons Learnt, Falls, Deprivation of Liberty</p> <p>All actions on track or closed</p> <ul style="list-style-type: none"> <li>• Nursing &amp; Midwifery Vision Embedding (launched May 2025)</li> <li>• Allied Health Professional Strategy</li> <li>• Clinical services plan</li> <li>• Harms review process to be approved for planned care</li> </ul>	<p><b>Limited Assurance</b></p>

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			<ul style="list-style-type: none"> <li>• Complaints management – reasonable</li> <li>• Royal College Reports</li> <li>• Llais Reports</li> <li>• Ombudsman</li> </ul> <p>Screening Quality Assurance Services assessments and reports of:</p> <ul style="list-style-type: none"> <li>• Antenatal and New-born screening</li> <li>• Breast Cancer Screening Services</li> <li>• Bowel Cancer Screening Services</li> <li>• Cervical Screening Services</li> </ul> <p>External Accreditation/Regulation annual assessments and reports of;</p> <ul style="list-style-type: none"> <li>• Pathology (UKAS)</li> <li>• Endoscopy Services (JAG)</li> <li>• Medical Equipment and Medical Devices (BSI)</li> <li>• Blood Transfusion Annual Compliance Report (MHRA)</li> <li>• Ionising Radiation (Medical Exposure) Regulations</li> </ul>		
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↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
	Civica mapping of services to improve consistency of levels of feedback.	Deputy Executive Director of Nursing	Complete	31/03/2025
	Expand real-time feedback systems across all services (SMS texting for priority areas e.g. ED).	Deputy Executive Director of Nursing	Complete	31/12/2024
	Quality Management System in development. – pilots in urology and vascular.	Deputy Executive Director of Nursing	Complete	31/03/2025
	Reduced response times for addressing patient complaints.	Deputy Executive Director of Nursing	Complete	31/03/2025
	Learning Repository Development – <b>A Project Group oversees governance, strategic alignment, and accountability for the wider rollout by 31<sup>st</sup> April 2026. (Delayed from 31/11/2025)</b>	Deputy Executive Director of Nursing	Delayed	30/04/2026
	Harms review process to be approved for planned care activity.	Programme Director Planned Care	Overdue	30/11/2025

## Appendix 1 – Board Assurance Framework

Strategic threat (what might cause this to happen)	Primary risk controls (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)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)			Sources of assurance (and date) ( <b>Evidence</b> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:		Head of Public Health Assurance & Development	Accountable:	Executive Director of Public Health	Responsible Committee	Population Health & Partnership Committee	
<p><b>Threat:</b> A widespread loss of organisational focus on investment and support to improve integrated prevention to better population health and wellbeing</p>	<ul style="list-style-type: none"> <li>Public Health team and other teams across the HB, working on evidenced based programmes of work which link to National and local priorities</li> <li>Integrated prevention strategies focused on population health and wellbeing to reduce health inequalities</li> <li>Continuation of Grant funding confirmed 25/26</li> <li>Ministerial Priorities include Prevention and Population Health</li> <li>Prevention, Population Health and Early Intervention Exec Delivery Group established July 25 will review Corporate and emerging risks.</li> </ul>	<ul style="list-style-type: none"> <li>Limited access to timely integrated data supporting prevention activity.</li> <li>Insufficient integration between prevention and clinical services</li> <li>Services fail to prioritise prevention as part of the delivery of effective services and outcomes.</li> <li>Large proportion of budget is non-recurrent grant funding</li> <li>Diabetes Pathway Programme delivery plans (service level) - dependent on options for change agreement</li> </ul>			<p><b>Management:</b></p> <ul style="list-style-type: none"> <li>Regular reports against a range of outcomes from the public health outcomes framework to Planning, Population Health &amp; Partnership Committee (PPHP). The format for delivery reports is under review for 26/27 to explore more concise approach with all ministerial, local and national performance targets presented alongside the development of a set of core indicators (with associated metrics) under development.</li> <li>The Prevention, Population Health and Early Intervention Delivery Group has been established over the last 6 months, chaired by the Exec Director of Public Health. This group reports to the Exec Committee and the PPHP Committee in relation to delivery.</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>CRR24-08 Delivering a population health approach to health and wellbeing and CRR24-18 Outbreak Management reported to Planning, Population Health &amp; Partnership Committee. Corporate Risk Review has resulted in refresh and consolidation of these two risks into one.</li> <li>Operational Risk Register maintained.</li> </ul>	<ul style="list-style-type: none"> <li>Limited assurance of effective models - based on availability of data, intelligence, evidence and evaluation of impact of current prevention approaches within the Health Board and wider partner networks.</li> </ul>	<p><b>Limited Assurance</b></p>

Appendix 1 – Board Assurance Framework

			<p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>Regular reports against a range of outcomes from the public health outcomes framework to Regional Partnership Board Public Service Boards &amp; Welsh Government</li> <li>Review held with Welsh Government October 25 –focus on shift to prevention, Health Improvement activity and health inequalities programmes.</li> </ul>		
↑	<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>
	Increase collaboration with community partners.		Strategic Partnership Manager	Complete	31/03/2025
	Strengthen the integration of prevention into service and Health Board planning.		Head of Public Health Assurance & Development	Complete	31/03/2025
	DDAT/Public Health Integrated approach to population health and clinical data and intelligence embedded in Health Board plans.		Assistant Director - Data, Intelligence & Insight / Consultant in Public Health Medicine	Complete	30/09/2025
	Diabetes Pathway Programme – completion of case for change and next steps agreed - delay in appointing Clinical Lead however this has now gone out for expressions of interest. There have been some revisions to the plan as a result and also in keeping with wider priority programmes including Primary Care. <b>Completion of the Diabetes Pathway Programme case for change has been completed however the overall implementation of the programme has been delayed in 25.26 due to dependencies, including the appointment of a Clinical Lead. The plan has been revised to align with wider priorities, and the completion date has moved from July 2025 to December 2026.</b>		Executive Director of Public Health	Delayed	31/12/2026
	Deliver Primary Care based approaches to improving the compliance with NICE guidance. <b>Awaiting update and revised date from Primary Care leads.</b>		Service Leads	Overdue	30/10/2025
	Grant funded Programme plans approved by Welsh Government and Public Health Wales.		Head of Public Health Assurance & Development	Complete	30/04/2025
	Prevention embedded in Board Major Programmes.		Programme Leads / SRO	Overdue	31/03/2026
	Development of Clinical Services Plan and Health Board Strategy recognises prevention as component part. <b>Development of the Clinical Services Plan and Health Board Strategy, which incorporates prevention as a key component, has been delayed due to dependencies on preceding work. The completion date has moved from March 2025 to December 2026.</b>		Consultant in Public Health	Delayed	31/12/2026

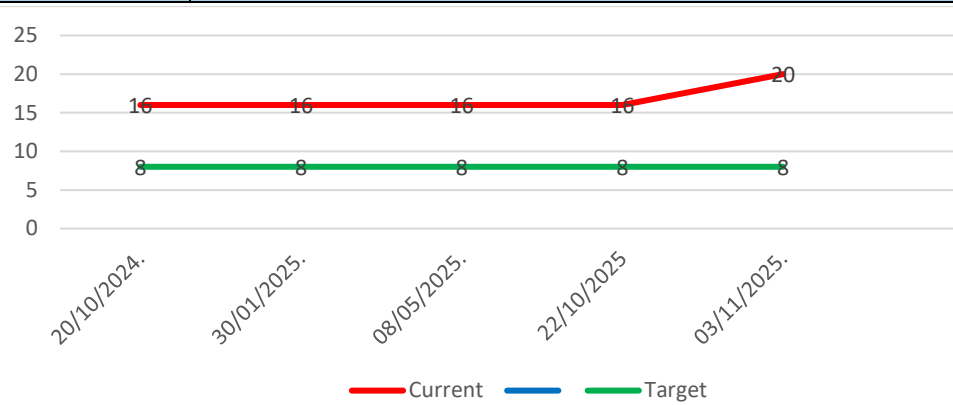
## Appendix 1 – Board Assurance Framework

Strategic threat (what might cause this to happen)	Primary risk controls (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)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)		Sources of assurance (and date) ( <b>Evidence</b> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Director of Mental Health & Learning Disabilities	Accountable:	Executive Director of Allied Health Professionals and Health Science	Responsible Committee	Quality, Safety and Experience Committee	
<p><b>Threat:</b> Risk of insufficient focus on Mental Health, wellbeing and Learning Disabilities in the Health Board strategy, planning and operations leading to sub optimal patient outcomes, lack of an holistic approach, regulatory non-compliance and reputational harm.</p>	<ul style="list-style-type: none"> <li>Alignment with Welsh Government National strategies for Mental Health and wellbeing, Learning Disabilities and Substance Misuse</li> <li>Adherence to Royal College and Clinical standards</li> <li>National NHS Executive Mental Health and Learning Disabilities (MHLD) Strategic Improvement Programme</li> <li>Established Royal College Psychiatry Improvement programme with Health Board wide reporting and governance</li> <li>Established reporting through existing HB Governance Frameworks, Oversight committees and routine audits to ensure compliance and monitor progress.</li> <li>Inclusion in Health Board Annual Plan and monitoring mechanisms</li> <li>Inclusion in organisational Major change programme, oversight and reporting</li> <li>Clinically led Physical health work stream in MHLD</li> <li>Primary care pathways</li> <li>Crisis Care Concordat in place</li> <li><b>Out of Area bed utilisation biweekly escalation meetings</b></li> <li><b>MHODG - developing ToRs taking an ambidextrous</b></li> </ul>	<ul style="list-style-type: none"> <li>Recruitment and Retention challenges impacting on workforce including interim posts</li> <li>Engagement and collaboration with physical health services</li> <li>'Foundations for the Future' programme maturity</li> <li>Insufficient focus on health inequalities</li> <li>Lack of integrated Electronic Health Record and other digital systems</li> <li>Limited visibility of Mental health and Learning disabilities data at Board level</li> <li>Current risk to balanced financial position</li> <li>Waiting lists for care coordination</li> <li>Greater focus on community and earlier intervention services</li> </ul>		<p><b>Management:</b></p> <ul style="list-style-type: none"> <li>External reviews in 2023-24, undertaken as part of Special Measures all recommendations completed and managed.</li> <li>Performance Management and reporting e.g. IQPD</li> <li>Civica and patient reporting metrics</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>Compliance with Royal College Standards</li> <li>Audit Reports</li> </ul> <p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>Development of co-produced Patient Carer engagement work</li> <li>Expert advisory group</li> <li>External reviews</li> <li>National and Local performance reporting</li> <li>Together 4 Mental Health Partnership Board in place</li> </ul>	<ul style="list-style-type: none"> <li>Lack of integrated patient care records impacting on care, planning and reporting</li> <li>Increasing the scope of performance reviews focusing on patient pathways.</li> <li>Improving our real time patient data</li> <li>Visibility of community mental health activity</li> </ul>	<p><b>Limited Assurance</b></p>

## Appendix 1 – Board Assurance Framework


	organisational approach to MH across the organisation led by the Chief Executive.				
Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)			Action Handler	Status of Actions	Date when action will be completed
Recruitment plans for substantive workforce. Director of Nursing successfully recruited with anticipated start date 17th November 25. Recruitment activity remains business as usual, but progress made across the division and plan now in place. <b>All substantive SLT appointments in place with no interims. Vacancy rate improved - medic recruitment remains a challenge</b>			Director of Operations MHLD	Complete	31/09/2025
Increased pathways with Primary care. <b>Primary Care Service Transformation Delivery group has progressed with work completed outlining system challenges to inform next steps. On track but will be ongoing.</b>			Consultant Psychiatrist/medical Director	Delayed	31/12/2025 <b>(Ongoing)</b>
Active engagement with the Foundations for the future programme now completed as MHLD formally engage with aspects of the programme and with be Business as usual until FftF is rolled out.			Director of Operations MHLD	Complete	31/10/2025
Electronic Health Record programme with MHLD as early adopter. <b>Procurement concluded - assurance activity underway for award of contract. Implementation will be impacted by contract award timescales; this may impact the control completion date, but measures are being into place to mitigate this.</b>			Interim Director MHLD	Overdue	31/03/2026
Enhanced Savings plans. <b>OOA/ CHC remain the well documented risks here for delivery, but plans are progressing well.</b>			Chief Finance Officer	Overdue	31/03/2026
Responsive annual plan.			Head of Integrated Strategy and Development	Complete	31/03/2025
<b>Capping OOA bed utilisation</b>			<b>Divisional Directors</b>	Overdue	<b>31/03/2026</b>
<b>Continued implementation of waiting list protocol to ensure patients are supported whilst waiting.</b>			<b>Director of Operations</b>	<b>Progressing</b>	<b>Ongoing</b>
Implementation of Communication strategy, will remain dynamic and developmental. <b>Phase 2 plan progressed and group within division to provide leadership to ensure BAU.</b>			Head of Integrated Strategy and Development	Complete	31/12/2025
Alignment with Learning Disabilities national programme- Improving Care Improving lives review. <b>The LD transformation programme covers ECRS, Inpatient and Community Services and is fully aligned to the NHS P&amp;I National improvement works. Improvements are project managed through service and divisional governance as well as the national programme. Progress to date includes successful roll out and uptake of Paul Ridd disability awareness training across BCU (not just LD services), introduction of the Health Equalities Framework (HEF) outcomes measure to support identifying health inequalities for people with a learning disability.</b>			Director Of Operations MHLD	Overdue	31/03/2026

## 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	 <table border="1"> <caption>Risk Score Trend</caption> <thead> <tr> <th>Date</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>20/10/2024</td> <td>16</td> <td>8</td> </tr> <tr> <td>30/01/2025</td> <td>16</td> <td>8</td> </tr> <tr> <td>08/05/2025</td> <td>16</td> <td>8</td> </tr> <tr> <td>22/10/2025</td> <td>16</td> <td>8</td> </tr> <tr> <td>03/11/2025</td> <td>20</td> <td>8</td> </tr> </tbody> </table>		Date	Current	Target	20/10/2024	16	8	30/01/2025	16	8	08/05/2025	16	8	22/10/2025	16	8	03/11/2025	20	8
Date	Current	Target																					
20/10/2024	16	8																					
30/01/2025	16	8																					
08/05/2025	16	8																					
22/10/2025	16	8																					
03/11/2025	20	8																					
<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>Initial date of assessment</b>	20/10/2024																			
<b>Consequence</b>	5	4	<b>Last reviewed by Committee:</b>	28/04/2026																			
<b>Likelihood</b>	4	2	<b>Last updated by Executive:</b>	22/04/2026																			
<b>Risk rating</b>	20	8																					

<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	<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,</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> </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>waiting times, lack of standardised processes and robust demand and capacity planning at service level may negatively impact the delivery of consistent quality of care. Without strategic planning and robust controls, these risks could lead to reduced public confidence, increased colleague fatigue, ineffective use of resources and failure to achieve regulatory compliance or national standards.</p>	<ul style="list-style-type: none"> <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>	<p>community and secondary care</p> <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>• Monthly Performance monitoring</li> <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>	
	<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>	

## Appendix 1 – Board Assurance Framework

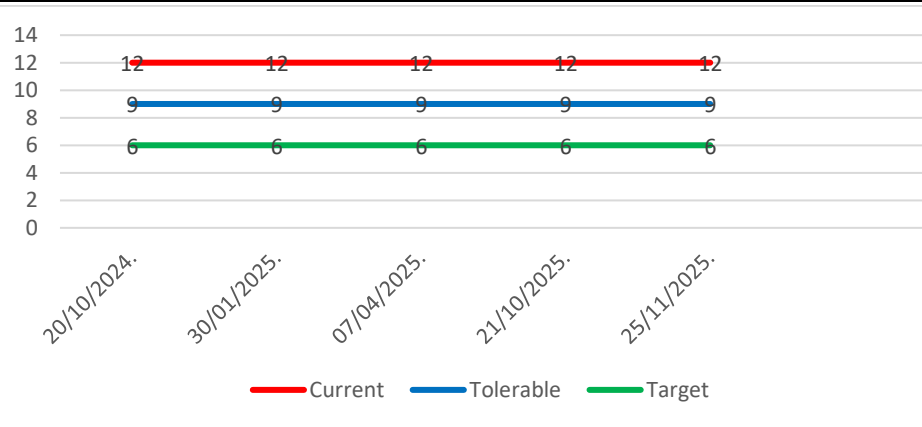
Use of data analytics to identify high-risk populations (completed) and optimise resource allocation, as a part of workstream one, needs aligning to enhanced community care Priorities agreed for primary and community transformation led by DPH, EMD and COO.	Primary Care Leads	Overdue	31/03/2026
Deployment of live dashboards for real-time monitoring (complete) of performance and governance metrics. Standardise data collection and reporting processes to reduce variability in decision-making. 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 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</b>	<b>Programme Director CAMHS &amp; ND Improvement Programmes/Associate Director CAMHS - Regional</b>	Overdue	31/03/2026

Appendix 1 – Board Assurance Framework


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			
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### 5: Establishing an effective environment for Learning

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

<b>Principal risk</b> (what could prevent us achieving this strategic objective)	<b>BAF24-08: Not Implementing Evidenced Based Improvement and Innovation</b>			<b>Strategic objective</b>	5: Effective Environment for Learning 5A: University Partnership; 5B: Research, Development and Innovation & 5C: Academic Careers)
	Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care				
<b>Lead Committee</b>	Planning, Population Health & Partnership Committee	<b>Risk type</b>	Quality		
<b>Risk Lead</b>	Executive Medical Director /Chief Digital & Information Officer	<b>Risk appetite</b>	Open <16		
<b>Related Corporate Risks:</b>	CRR25-04 Modernising our Infrastructure				
<b>Risk rating</b>			<b>Review Dates</b>		
	<b>Current exposure</b>	<b>Target</b>			
<b>Consequence</b>	4	4	<b>Initial date of assessment</b>	20/10/2024	
<b>Likelihood</b>	3	2	<b>Last reviewed by Committee:</b>	07/05/2026	
<b>Risk rating</b>	12	8	<b>Last updated by Executive:</b>	22/04/2026	

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Strategic threat (what might cause this to happen)	Primary risk controls (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)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) <b>(Evidence</b> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating	
Responsible:		Assistant Director Data, Intelligence & Insight	Accountable:		Chief Digital & Information Officer	
<b>Threat:</b> Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients	<ul style="list-style-type: none"> <li>Data collated and available through various systems and software (IRIS/RTT Hub)</li> <li>Information account Managers to ensure data is interpreted correctly</li> <li>Some Integrated data analytics and reporting in place</li> <li>Integrated Leadership Framework &amp; Performance Appraisal and Development Review (PADR) policy, staff development toolkit.</li> <li>Continuous professional development opportunities for staff</li> </ul>	<ul style="list-style-type: none"> <li>Regular data analytics reviews and intelligence reports for further assurances</li> <li>More Assurance on evidence of being intelligence-led</li> <li>Insufficient integration of data analytics consistently across all service areas</li> <li>Data driven decision-making framework for services</li> <li>Limited use of real-time data in clinical decision-making</li> <li>Inconsistent access to learning opportunities across different service areas</li> <li>Limited evaluation of the impact of training on service delivery</li> <li>Limited collaboration on research projects</li> </ul>	<b>Management:</b> <ul style="list-style-type: none"> <li>Monthly data governance reviews</li> <li>Progress against annual plan to committees</li> <li>Result of internal data maturity assessment</li> <li>Utilisation Statistics in IRIS</li> </ul> <b>Risk and compliance:</b> <ul style="list-style-type: none"> <li>Annual reviews of the effectiveness of learning initiatives (OMD)</li> </ul> <b>Independent assurance:</b> <ul style="list-style-type: none"> <li>Clinical body reporting on external evaluations of learning and development programmes (OMD)</li> </ul>	<ul style="list-style-type: none"> <li>No external evaluation of statistics or use of statistics</li> </ul>	<b>Limited Assurance</b>	
	<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>
Develop BCU's data warehouse, broadening the range of datasets available. This was a milestone in the Annual Plan 2024/25. Evidence provided on additional datasets created. This now forms business as usual activity as and when new datasets are required.		Assistant Director - Data, Intelligence & Insight	Complete	31/03/2025		
Standardise access to learning opportunities for recipient of intelligence products as well as in house team. Additional training provided, with Training Needs Analysis being completed. Once results are returned, a further training programme will be developed.		Assistant Director - Data, Intelligence & Insight	Complete	31/03/2025		
Exploring the links with universities on opportunities to work together on data analytics.		Assistant Director - Data,	Complete	30/09/2025		

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Contact secured with Bangor, Wrexham and Swansea Universities. Work ongoing to identify potential collaborative projects. Attendance secured at Bangor University careers event October 2025. This now forms part of business-as-usual activity.	Intelligence & Insight		
Launch of IRIS2 to improve accessibility and useability of information products.	Assistant Director - Data, Intelligence & Insight	Complete	30/06/2025
Develop a model for Cancer Referrals and activity for single modality.  Work is continuing with cancer services looking at breast pathways. Stage 1 demand for all tumour sites has been assessed against ringfenced capacity to incorporate into Referral to Treatment demand and capacity work, linked to workstream 6 of the Planned Care Programme. <b>Due to operational challenges and the complexity of cancer pathways and associated data, current focus is on short term operational forecasting and we will with colleagues from NHS Performance &amp; Improvement to develop longer term (annual and beyond) forecasting tools for the cancer pathways. Revised due date 30/06/2026 from 30/11/2025)</b>	Assistant Director - Data, Intelligence & Insight	Delayed	30/06/2026
Refresh Urgent and Emergency Care Winter Plan Model.  This work was completed to inform the winter learning debrief event held in August with ongoing forecasting development.	Assistant Director - Data, Intelligence & Insight	Complete	31/07/2025
Undertake a data maturity assessment for planned and urgent and emergency care to test for improvement from baseline position.  Initial assessment undertaken to inform a development plan. Improvements underway related to winter planning and resilience.	Assistant Director - Data, Intelligence & Insight	Complete	30/06/2025
Development of a Training Needs Analysis and Training Programme for Intelligence Team and also for Planned Care data recipients.  Training plan for Data Intelligence and Insight Team in development based on a team-based training needs assessment. Planned care data needs training met through IRIS2 launch events. Ongoing requirements will be monitored through the Planned Care Programme and lead analyst. <b>Action complete</b>	Assistant Director - Data, Intelligence & Insight	Complete	31/10/2025

Responsible:		Associate Director Research & Development & Programme Director – Education Partnerships & Projects		Accountable:		Executive Medical Director	
<b>Threat:</b> Ineffective university partnerships, inadequate joint investment in research, and supporting academic career development to sustain a joint effective environment for learning.	<ul style="list-style-type: none"> <li>Strategic partnerships with academic institutions developed during 2025/26</li> <li>Memorandum of Understanding in place with Bangor University and Group Llandrillo Menai.</li> <li>Dedicated governance structure for North</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistent engagement with academic partners across all healthcare services</li> <li>Lack of investment in healthcare innovation projects</li> <li>Limited career progression opportunities in academia for clinical and non-clinical staff</li> </ul>	<b>Timescale:</b> 2025/26 (next update provided will be quarterly milestones based off annual plan)	<b>Management:</b> <ul style="list-style-type: none"> <li>Clinical Effectiveness Group reporting</li> </ul> <b>Risk and compliance:</b> <ul style="list-style-type: none"> <li>Regular joint project reviews and risk register for projects maintained</li> </ul> <b>Independent assurance:</b> <ul style="list-style-type: none"> <li>External evaluations of projects</li> </ul>	<ul style="list-style-type: none"> <li>Memorandum of Understanding with Wrexham University due to be signed on 16<sup>th</sup> March 2026.</li> <li>Memorandum of understanding with Coleg Cambria due to be signed in April/May 2026</li> <li>Internal governance arrangements and</li> </ul>	<b>Limited Assurance</b>	

## Appendix 1 – Board Assurance Framework

	<p>Wales Medical School and related projects</p> <ul style="list-style-type: none"> <li>• Strategic Steering Group in place with Group Llandrillo Menai and Wrexham University</li> <li>• Research governance structure</li> <li>• Collaboration with external research bodies and innovation hubs</li> <li>• All Wales Innovation Pathway deployed</li> <li>• <b>Membership of the Embedding Research in the NHS national group being led by Health and Care Research Wales</b></li> <li>• <b>Academic Careers Working Group established</b></li> </ul>	<ul style="list-style-type: none"> <li>• No Memorandum of Understanding in place with Wrexham University at present</li> </ul>		<ul style="list-style-type: none"> <li>• Welsh Government Annual review of university designation criteria</li> </ul>	<p>reporting to Clinical Effectiveness Group to be strengthened.</p> <ul style="list-style-type: none"> <li>• Reporting and monitoring of academic career pathways, assessments of joint academic roles and impact on healthcare delivery</li> <li>• Commitment to joint investment in research and innovation</li> <li>• Partnership reviews with universities.</li> <li>• Further review of independent assurance requirements</li> <li>• <b>Business case for academic careers to be provided to Executive Committee for consideration</b></li> </ul>	
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Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
<p>Strengthen collaborative research projects with university partners. Draft 'Research Strategy on a Page' developed with Bangor University for consideration by the BU &amp; BCUHB Strategic Steering Group <b>which is due to meet on 8<sup>th</sup> May 2026.</b> <b>Action delayed from 31/03/2025 to 31/05/2026</b></p>	<p>Associate Director R&amp;D &amp; Programme Director - Education Partnerships and Projects</p>	<p><b>Delayed</b></p>	<p><b>31/05/2026</b></p>
<p>Strengthen academic career pathways with universities</p> <p><b>Academic Careers Community of Interest Working Group has been established and draft framework developed. The community of Interest is to be established during 2026/27. The development of this is to be supported by focus groups and workshops approach. A paper for the consideration of Executive Committee was considered on 4<sup>th</sup> March 2026 and agreement reached regarding support pending a further paper with a business case approach describing anticipated benefits and costs.</b></p> <p><b>Delayed from 31/03/2025 to 31/05/2026.</b></p>	<p>Associate Director R&amp;D &amp; Programme Director - Education Partnerships and Projects</p>	<p><b>Delayed</b></p>	<p><b>31/05/2026</b></p>

# Board Assurance Framework (BAF):

## Appendix 1 – Board Assurance Framework

<p><b>Strengthen collaboration with Higher and Further Education partners across North Wales</b></p> <p>Memoranda of Understanding have been developed with Bangor and Wrexham Universities as well as Group Llandrillo Menai and College Cambria. Signing is complete apart from CC which is expected to take place in April/May. Strategic Steering Groups are in place with Bangor, Wrexham and GLIM with arrangements to follow with CC in April/May. The collaborative partnerships will progress and mature during the course of 2026/27.</p>	<p>Programme Director - Education Partnerships and Projects</p>	<p>Progressing</p>	<p>31/05/2026</p>
<p>Increase R&amp;D collaboration with industry and academic institutions. MoUs have been developed as described above. Collaborations with industry have resulted in a number of joint bid applications to i4i, Contracts for Innovation and NIHR. BCU staff have presented nationally at events such as BioWales London, Cancer innovation.</p>	<p>Associate Director R&amp;D</p>	<p>Overdue</p>	<p>31/03/2026</p>
<p>Secure additional funding for healthcare innovation projects. A number of grant applications are being developed or are awaiting decision from funders. To date funding has been secured from Welsh Government Innovation and from Contracts for Innovation.</p>	<p>Associate Director R&amp;D</p>	<p>Overdue</p>	<p>31/03/2026</p>
<p>Increase the number of joint appointments between the Health Board and academic institutions. A number of honorary appointments have been awarded, and a joint research fellow post has been appointed to. A joint research fellow post in cardiology is in progress. We are awaiting decision regarding readvertising the joint post in cancer services.</p>	<p>Associate Director R&amp;D</p>	<p>Overdue</p>	<p>31/03/2026</p>

