
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board
Board Assurance Framework 2026-29


Drivers
Population Needs Assessment
Key Organisational Risks
Strategy Development
Performance Expectations
Financial Context
Anchor Institution
Strategic Priorities
1 Focus on Health and Wellbeing
Through every stage of life - enabling a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities.
1A Preventative approaches to Health & Wellbeing
1B Proactive strategies for disease prevention, falls & frailty
1C Health Inequalities
1D Health Protection
2 Enhance the co-ordination of care
For people with long-term conditions and improve access to a broader range of community-based services by investing in integrated primary and community care and working collaboratively with partners.
2A Primary Care
2B Community Care
2C Integrated Health & Wellbeing Hubs
3 Improve access, outcomes and experience for all
Developing and enhancing high-quality, high-value, and sustainable pathways of care for the region, delivered in partnership.
3A UEC
3B Planned Care, Cancer & Diagnostics
3C Fragile Services
3D MH & LD
3E CAMHS & ND
3F Childrens
3G Womens
3H Pharmacy & Medicines Management
3I Dementia
4 Create a modern, people-centred healthcare system
That is future-focused, maximising opportunities of digital care, research, innovation, and improvement, investing in workforce development and wellbeing and strengthening our role as an anchor institution for North Wales.
4A FFTF
4B Strategy & Planning
4C CSP, Clinical Leadership & Interprofessional Working
4D Digital, Data & Intelligence
4E Research, Development & Innovation
4F Education
4G Value & Sustainability
4H Quality
4I Environment & Estates
4J Workforce
4K Finance & Commissioning
Delivering the Plan
Population Health Management
Working with Regional Partners
Citizen Engagement
Organisational Approach to Change
Performance & Accountability
Governance & Risk Management

APPENDIX 1

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



Principal risk (What could prevent us achieving this strategic objective)	**Failure to deliver improved population health and reduced inequalities**			
Lead Committee	**Planning, Population Health & Partnerships Committee**		**Risk Type**	**Quality**
Risk Lead	**Executive Director of Public Health**		**Risk Appetite**	**<15**
Related Corporate Risks:	**CRR25-01 – Timely Patient Access to Safe and Effective Care** **CRR25-02 – Future Demand & Sustainable Workforce** **CRR25-03 – Population Needs** **CRR25-05 – Strategic Change – Impacting Care and Staff Delivery** **CRR25-06 – Value Delivery and Financial Sustainability**			
Risk Rating			**Review Dates**	
	Current Exposure	**Target**		
Consequence	**4**	**3**	**Initial assessment**	**19/07/2026**
Likelihood	**4**	**3**	**Last Committee review**	**17/08/2026**
Risk Rating	**16**	**9**	**Last Executive Review**	**28/07/2026**

Priority:	1A Preventative approaches to Health & Wellbeing

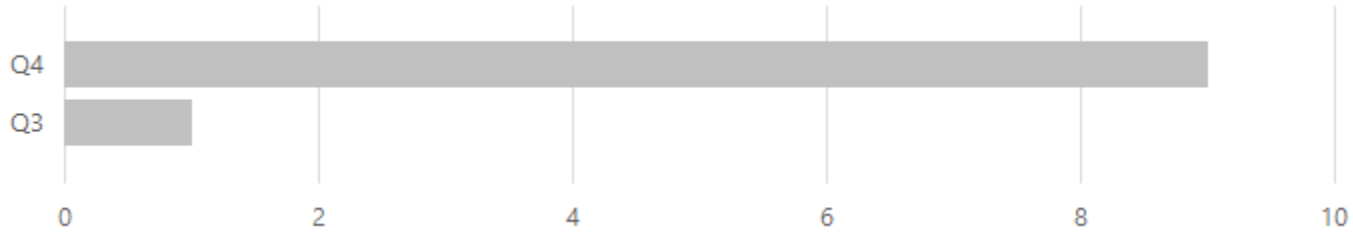
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to improve population health and wellbeing due to increasing prevalence of preventable long term conditions, insufficient uptake of preventative interventions, and limited impact of early intervention programmes, leading to increased demand on acute and community services and widening health inequalities.

Accountable:	Executive Director of Public Health

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
• Delivery of Healthy Weight programmes (children and adults) • Implementation of Weight Management Review recommendations • Delivery of grant funded prevention programmes • Development of Health Improvement offer across the system • Delivery of early years and school-based prevention interventions • Embedding Making Every Contact Count (MECC) training • Partnership working with: - Public Service Boards - PSBs) - Local Authorities - Third Sector	G1 - Limited scale and impact of preventative interventions across the population G2 - Workforce capability and capacity to plan for and deliver prevention consistently (e.g. MECC undertaken by patient facing staff) G3 - Increasing prevalence of obesity and lifestyle-related conditions G4 - Limited intelligence to fully target prevention activity G5 - Population Health improvement is dependent on whole system approach	**Management Assurance** IMTP monitoring of 1A.1–1A.10 deliverables Performance metrics: • Smoking cessation targets • Access to weight management services and healthy weight • Improved Breastfeeding rates • Number of staff completing MECC training Programme governance (Health Improvement / Public Health programmes) **Risk & Compliance Assurance** Alignment to: • National Public Health strategies • Weight Management Review recommendations • National Mental Health & Wellbeing Strategy • Internal programme reviews **Independent Assurance** • Welsh Government oversight • Public Health Wales reporting (grants) • Public Health Outcomes Framework • Regional Partnership Board reporting	A1 - Limited assurance of long-term behaviour change outcomes A2 - Limited independent validation of impact of prevention programmes A3 - Data limitations on prevention and early intervention impact A4 - Limited real-time evidence linking interventions to reduced demand A5 - Limited assurance on reduction of inequalities at pace A6 - Limited assurance on workforce consistency and capability	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
1A.1	Develop a proposal to support referrals to appropriate support following participation in Child Measurement Programme (e.g. to CAMHS, Children's, Dietetics, Weight Management).	G1 G3 G4	A1 A4	Executive Director of Public Health	**Q3** **High Delivery Confidence** **Last Update: Aug 26**
1A.2	Implementation of the recommendations in the Weight Management Review, increasing activity in Level 2 Adult weight services.	G1 G3 G4	A1 A5	Executive Director of Public Health	**Q4** **Moderate Delivery Confidence** **Last Update: Aug 26**
1A.3	Deliver approved Grant funded Programmes of work (Prevention and Early Years, Whole School Approach, Whole System approach to Healthy Weight)	G1 G5	A4 A5	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
1A.4	Provide education and targeted approaches to healthy choices through supporting schools, early years environments and families through Dietetics - early years programmes (Come & Cook, Tiny Tums).	G1 G3	A1 A5	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
1A.5	Act on the conditions that influence risk factors for ill-health (e.g. environmental, social or economic interventions), including promoting a state of good mental and physical health through assessment of impact including: 1) influence planning applications 2) work with the Alcohol Partnership Board and Public Service Boards (PSBs) to	G3 G5	A4 A5	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**

	implement their plans 3) contribute to developing the environment through local development plans and Actif North Wales to consider green and blue spaces.				
1A.6	Agree and commence a phased implementation of an enhanced Health Improvement offer within the Health Board and with partners across the health system that increases access to evidence-based opportunities to improve health and wellbeing outcomes.	G1 G5	A1 A4 A5	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
1A.7	Produce gap analysis and opportunities from the potential and current state to shape the enhanced Health Improvement offer for services.	G4	A3 A4	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
1A.8	Embed Health Improvement into the following areas: 1) delivery planning to support Statement 2 & 4 of the National Mental Health & Wellbeing Strategy (led by Mental Health Services / Public Health Wales), 2) refresh the Preconception Strategic Plan, 3) response plan developed from the weight management review recommendations.	G1 G2	A1 A6	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
1A.9	Healthy Travel Charter – increase the number of participating organisations each quarter, supporting Public Service Boards (PSBs) and wider partners to register organisational commitment at a regional and national level.	G5	A5	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Jul 26**
1A.10	Embed Making Every Contact Count (MECC) brief intervention training into organisational processes to increase numbers of trained staff.	G2	A6	Executive Director of Public Health	**Q4** **Moderate Delivery Confidence** **Last Update: Jul 26**

Priority:	1B Proactive strategies for disease prevention, falls & frailty

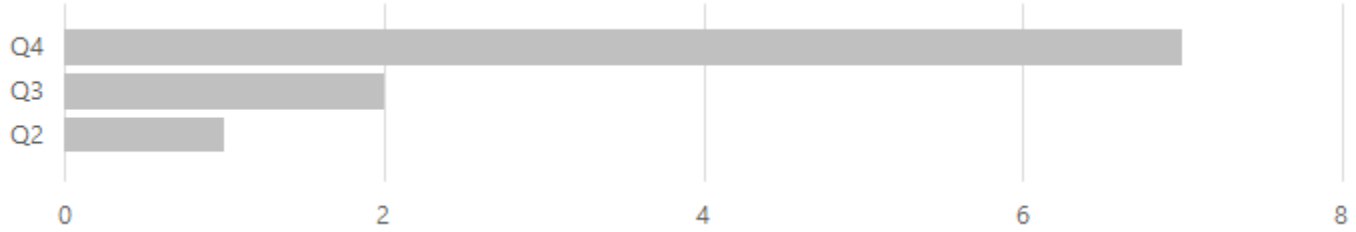
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to reduce the prevalence and impact of disease, falls and frailty due to increasing demand from an ageing population, variation in clinical outcomes (e.g. diabetes), insufficient uptake of screening programmes, and limited use of population health intelligence, leading to avoidable deterioration in health outcomes, increased service demand, and widening health inequalities.

Accountable:	Executive Director of Public Health

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
• Delivery of Diabetes High Value High Impact pathway (1B.4) • Development and implementation of Population Health Management (PHM) programme (1B.1–1B.3) • Delivery of screening improvement plans and uptake initiatives (1B.8–1B.10) • Improvement programmes to reduce variation in diabetes care processes (1B.6–1B.7) • Place-based care models through Primary and Community Care (1B.5) • Partnership working with Public Health Wales and national screening programmes • Performance monitoring against diabetes and screening indicators	G1 - Limited maturity and implementation of Population Health Management (PHM) approach G2 - Variation in clinical performance and outcomes (e.g. diabetes care processes) G3 - Insufficient uptake and variation in screening programmes G4 - Limited early identification and targeting of at-risk populations G5 - Increasing demand from ageing population (frailty and long-term conditions) G6 - Limited integration of data across systems to support proactive care	**Management Assurance** IMTP monitoring of 1B deliverables (1B.1–1B.10) - Performance indicators: Diabetes care processes and screening metrics - Programme governance arrangements **Risk & Compliance Assurance** - Alignment to national diabetes and screening standards - Internal reviews and compliance checks **Independent Assurance** - Welsh Government oversight - Public Health Outcomes Framework	A1 - Limited assurance of long-term impact of disease prevention and frailty reduction A2 - Limited independent validation of effectiveness of PHM interventions A3 - Data limitations impacting ability to track outcomes at population level A4 - Limited real-time linkage between preventative action and reduced demand A5 - Limited assurance on reduction of variation in clinical outcomes A6 - Limited evidence of sustained improvement in screening uptake	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
1B.1	Develop and agree a comprehensive road map that outlines priorities, roles, data requirements and phased delivery actions to support the development of the Population Health Management (PHM) Programme.	G1 G2 G3 G4 G5 G6	A1 A2 A3 A4 A5	Executive Director of Public Health	**Q3** **High Delivery Confidence** **Last Update: Sep 26**
1B.2	Develop and launch a suite of health intelligence resources that support improved, evidence-based decision-making in service planning and help identify and reduce inequalities.	G1 G2 G3 G4 G5 G6	A1 A2 A3 A4 A5	Executive Director of Public Health	**Q2** **High Delivery Confidence** **Last Update: Sep 26**
1B.3	Establish a Population Health Management (PHM) programme with the Digital Team (DDAT) through development of a comprehensive road map, that will facilitate sustainable healthcare transformation in future years by targeting interventions that prevent ill health, improve care and support for people with ongoing health conditions, and reduce inequalities in health outcomes.	G1 G2 G3 G4 G5 G6	A1 A2 A3 A4 A5	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Sep 26**
1B.4	Complete implementation of the focused Diabetes High Value High Impact pathway.	G2 G4 G5	A5	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
1B.5	Identify place-based approaches within Primary and Community care and develop options which respond to population need and deliver holistic patient centred care for people living with diabetes.	G2 G4 G5	A1 A5	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
1B.6	Support improvement and reduce variation in performance and compliance in relation to Diabetes priorities including: 8 Care Processes and reducing variation.	G2 G4 G5 G6	A5	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**

1B.7	Implement appropriate best practice within the national Quality Statement for Diabetes.	G2	A5	Executive Director of Public Health	**Q4 High Delivery Confidence Last Update: Aug 26**
1B.8	Support the introduction of the National Lung Screening Programme (commence 2027).	G3 G4 G5	A6	Executive Director of Public Health	**Q4 High Delivery Confidence Last Update: Aug 26**
1B.9	Create a plan together with Public Health Wales to support delivery of the National screening uptake targets and improvement against National performance indicators and to reduce variation.	G3 G4	A5 A6	Executive Director of Public Health	**Q4 High Delivery Confidence Last Update: Aug 26**
1B.10	Produce local plans to support new National Public Health Wales Human Papillomavirus (HPV) self-sampling programme.	G3	A6	Executive Director of Public Health	**Q3 Moderate Delivery Confidence Last Update: Aug 26**

Priority:	**1C Health Inequalities**

Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to reduce health inequalities due to insufficient partner commitment to the Prevention, Anchor and Wellbeing Framework, and continued variation between the most and least deprived populations in access, uptake and outcomes. This may lead to widening health inequalities, poorer health outcomes for vulnerable and inclusion groups, and increased demand on health and care services.

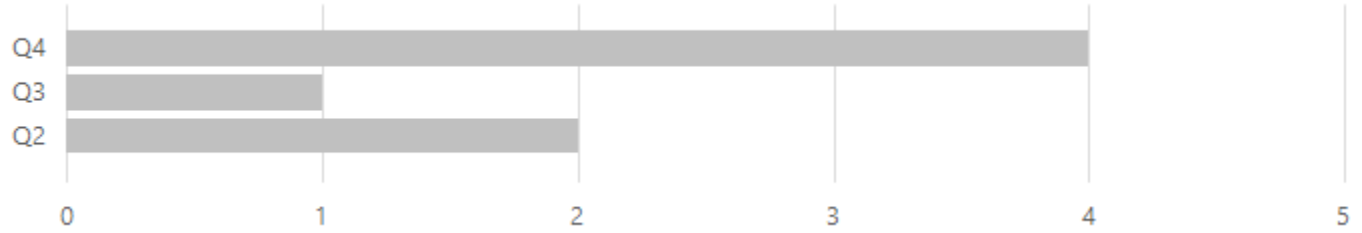
Accountable:	Executive Director of Public Health

Primary risk controls:	**Gaps in control:**	**Sources of assurance:**	**Gaps in assurance:**	**Assurance Rating**
• Implementation of targeted plans to reduce inequity in uptake of vaccination, screening and diabetes prevention and care (1C.1) • Development and delivery of Regional Vaccine Equity Plan and Screening Equity Plan (1C.2–1C.3) • Partnership working with Primary Care to reduce variation in uptake (1C.4) • Development of jointly commissioned social prescribing services with Local Authorities and Third Sector (1C.5) • Implementation of Marmot / Anchor framework and	G1 - Limited system-wide adoption and prioritisation of Prevention / Anchor Wellbeing Framework across partners G2 - Continued variation in access, uptake and outcomes between most and least deprived areas/groups G3 - Insufficient targeting of interventions for inclusion health groups and vulnerable populations	**Management Assurance** IMTP monitoring of 1C deliverables (1C.1–1C.7) Performance monitoring: Vaccination uptake across deprivation quintiles Screening uptake and variation Diabetes care process delivery by cluster	A1 - Limited assurance of sustained reduction in health inequalities over time A2 - Limited validation of impact of health inequality and prevention programmes A3 - Data limitations affecting measurement of outcomes across deprivation and inclusion groups A4 - Limited real-time evidence linking interventions to improved access and outcomes	

system-wide prevention approaches (1C.6) • Development of inclusion health offer for vulnerable groups (1C.7) • Use of population health intelligence to target interventions in deprived and inclusion groups	G4 - Limited integration of population health intelligence to inform inequality reduction strategies G5 - Requirement for whole system approach to tackle health inequalities and wider determinants of health G6 - Unable to implement at scale actions to address health inequalities	Programme governance (Public Health, Inequalities, Prevention programmes) **Risk & Compliance Assurance** Alignment with: Wellbeing of Future Generations (Wales) Act Equality Act 2010 and Socio-economic Duty National Public Health and Equity strategies Internal reviews of equity plans and targeted programmes **Independent Assurance** Welsh Government oversight Regional Partnership Board reporting External benchmarking of inequality and equity measures	A5 - Limited assurance of whole system approach to reducing health inequalities A6 - Limited evidence of scale and spread of effective interventions which reduce health inequalities	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
1C.1	Implement plans which reduce inequity in the uptake in the most and least deprived areas in preventing ill-health, especially in relation to vaccination, screening and diabetes prevention and care. By utilising population health intelligence and evidence, target	G4	A1 A4 A6	Executive Director of Public Health	**Q4 High Delivery Confidence Last Update: Aug 26**

	approaches to reduce variation and health inequalities within inclusion health groups and areas of deprivation.				
1C.2	Regional Vaccine Equity Plan co-developed and launched.	G2 G3 G4	A1 A3 A4 A5 A6	Executive Director of Public Health	**Q2** **Low Delivery Confidence** **Last Update: Sep 26**
1C.3	Regional Screening Equity Plan co-developed and launched.	G2 G3 G4	A3 A4 A5 A6	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
1C.4	Work with primary care partners to reduce variation in vaccine uptake between primary care clusters.	G2 G3 G4 G5	A1 A2 A3 A4 A5 A6	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
1C.5	Work with Local Authorities to secure jointly commissioned social prescribing services and expand creative offers with the Third Sector across North Wales.	G1 G5	A1 A2 A3 A4 A5 A6	Executive Director of Public Health	**Q2** **Moderate Delivery Confidence** **Last Update: Aug 26**
1C.6	Supporting Marmot principles work towards a whole system shift to prevention and addressing inequalities by increasing the number of organisations/partnerships committing to, and evidencing early delivery against, the missions and Anchor Charter in the Regional Wellbeing, Prevention and Anchor Framework (missions: Environment, Communities, Housing, Food, Employment, Life-Long Learning, Active Lifestyles, Creative Lifestyles)	G1 G5	A5 A6	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
1C.7	Based on the work in 2025/26 on the homelessness assessment, to comply with the new Homelessness and Social	G2 G5	A1 A2 A3	Executive Director of Public Health	**Q3** **High Delivery Confidence**

	Housing Allocation (Wales) legislation and needs assessments on other inclusion groups, develop a comprehensive inclusion health offer for people in North Wales.		A4 A5 A6		**Last Update: Aug 26**

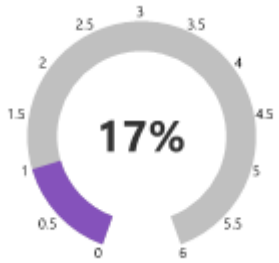
Priority:	**1D Health Protection**

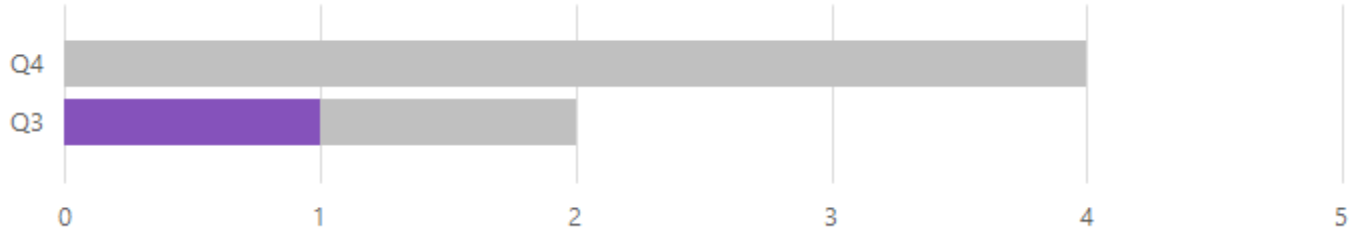
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to protect the population from communicable disease and other health protection threats due to suboptimal vaccination uptake, increasing vaccine hesitancy, and ineffective management of environmental and societal risks. This may lead to increased spread of infectious disease, higher demand on services, and adverse population health outcomes.

Accountable:	Executive Director of Public Health

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
•Delivery of vaccination and immunisation programmes aligned to National Immunisation Framework (1D.1–1D.3) •Implementation of Vaccine Equity Plan and targeted uptake initiatives •Development of GP and IVS collaborative to improve uptake (1D.2) •Delivery of Health Protection Plan and establishment of Local Authority partnerships (1D.4) •Delivery of disease prevention, screening and elimination programmes (1D.5) •Infection prevention and control interventions across high-risk settings (1D.6) •Partnership working with Public Health Wales and Local Authorities	G1 - Suboptimal vaccination uptake, particularly due to opt-out consent models G2 - Increasing vaccine hesitancy driven by misinformation and lack of trust G3 - Variation in vaccine uptake across communities and population groups G4 - Limited targeting of high-risk and underserved populations G5 - Requirement for Partner organisations to strengthen key aspects of health protection G6 - Limited system-wide coordination of environmental and societal risk management	**Management Assurance** IMTP monitoring of 1D deliverables (1D.1–1D.6) Performance indicators: Childhood vaccination uptake HPV vaccination uptake Flu and RSV vaccination uptake Programme governance (Immunisation, Health Protection programmes) **Risk & Compliance Assurance** Alignment with: National Immunisation Framework Health Protection Framework (Wales) IPC standards and guidance Internal compliance reviews **Independent Assurance** Welsh Government oversight Public Health Wales monitoring of transmissible disease External benchmarking of vaccination uptake and disease control	A1 - Limited assurance of achieving sustained herd immunity levels A2 - Limited independent validation of vaccine uptake improvement interventions A3 - Data limitations affecting targeting and monitoring of vaccination uptake A4 - Limited real-time visibility of emerging health protection risks A5 - Limited assurance of consistency in delivery across partners and communities A6 - Limited evidence of long-term reduction in disease transmission and outbreaks	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
1D.1	Through targeted programmes of work for each vaccine / immunisation, implement the vaccine equity plan and work with partners (e.g. schools) to deliver the National Immunisation Framework targets to improve take up rates.	G1 G2 G3 G4	A1 A3 A5	Executive Director of Public Health	**Q4 High Delivery Confidence Last Update: Aug 26**
1D.2	Develop the GP and Identified Validated Sample (IVS) collaborative to improve uptake in the RSV 75 plus cohort.	G2 G3 G4 G5	A1 A5	Executive Director of Public Health	**Q4 High Delivery Confidence Last Update: Aug 26**
1D.3	Implementation of phase 2 Childhood Immunisation Schedule recognising changes to the immunisation schedule for 2026, protecting children across a range of disease and illness.	G1 G2 G3	A1 A2 A3 A4 A5	Executive Director of Public Health	**Q3 (Complete)**
1D.4	Deliver the funded Health Protection plan including establishing a Health Protection partnership with a Service Level Agreement in place with the 6 North Wales Local Authorities.	G5 G6	A4 A5	Executive Director of Public Health	**Q3 High Delivery Confidence Last Update: Aug 26**

1D.5	Enhance the delivery of health board services to protect people in North Wales against existing, new and emerging health protection threats and hazards by supporting screening and vaccination programmes, and disease elimination activities (Hepatitis B and C, and TB).	G4 G5 G6	A4 A6	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
1D.6	Deliver evidence-based approaches to protecting and preventing ill health within specific sectors and settings e.g. delivery of infection prevention control interventions in residential Care Homes.	G5 G6	A1 A6	Executive Director of Public Health	**Q4** **High Delivery Confidence** **Last Update: Aug 26**



Principal risk (What could prevent us achieving this strategic objective)	**Failure to deliver enhanced coordination of care for people with long term conditions and improve access**			
Lead Committee	**Planning, Population Health and Partnerships Committee**		**Risk Type**	**Quality**
Risk Lead	**Chief Operating Officer** **Executive Director of Finance**		**Risk Appetite**	**<15**
Related Corporate Risks:	**CRR25-01 – Timely Patient Access to Safe and Effective Care, CRR25-02 – Future Demand & Sustainable Workforce** **CRR25-04 – Modernising Digital Infrastructure to Enable Safe, Integrated Care, CRR25-05 – Strategic Change Impacting Care and Staff Delivery, CRR25-06 – Delivery of the 2026/27 Financial Plan and Financial Sustainability**			
Risk Rating			**Review Dates**	
	Current Exposure	**Target**		
Consequence	**4**	**4**	**Initial assessment**	**19/07/2026**
Likelihood	**4**	**3**	**Last Committee review**	**17/08/2026**
Risk Rating	**16**	**12**	**Last Executive Review**	**28/07/2026**

Priority:	2A Primary Care

Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver enhanced coordination of care for people with long-term conditions and improve access to primary and community-based services due to workforce challenges, service capacity constraints, contractual limitations, and the early maturity of transformation programmes. This may lead to reduced access to services, increased variation in care, poorer patient outcomes, and increased demand on acute services

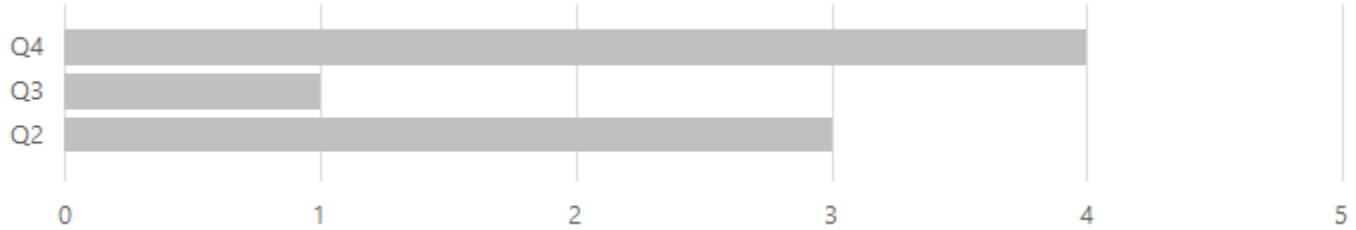
Accountable:	Chief Operating Officer

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Implementation and embedding of new GDS contract and dental service commissioning (2A.1–2A.2) Digital transformation of Community Dental Services (2A.3) Delivery of Primary Care Workforce Strategy (2A.4) Implementation of Community by Design programme (2A.5) Development of frailty model and proactive care approaches (2A.6–2A.7) Roll-out and promotion of NHS Wales App to improve access (2A.8) Performance monitoring of access, activity and outcomes	G1 - Workforce capacity and sustainability challenges across primary care services G2 - Variation in access to primary care services (e.g. dental, frailty care, chronic conditions) G3 - Early maturity of Community by Design programme limiting delivery at scale G4 - Limited contractual levers to drive change and improvement in primary care G5 - Limited digital maturity and patient uptake of digital access solutions G6 - Insufficient proactive management of long-term conditions within community settings	**Management Assurance** IMTP monitoring of 2A deliverables (2A.1–2A.8) Performance indicators: Dental access rates (P01–P02) Frailty management metrics (P03) Diabetes care processes (P05–P08) NHS App uptake (P09) Programme governance (Primary Care, Community by Design) **Risk & Compliance Assurance** Alignment with: National Primary Care Model for Wales Strategic Workforce Plan Contractual frameworks (GDS, GP services) Internal reviews and compliance monitoring **Independent Assurance** Welsh Government oversight External benchmarking of primary care access and	A1 - Limited assurance of sustained improvement in access to primary care services A2 - Limited independent validation of impact of Community by Design programme A3 - Limited data integration across primary and community care systems A4 - Limited evidence linking primary care interventions to reduced acute demand A5 - Limited assurance on reduction of variation across clusters and regions A6 - Limited assurance on workforce sustainability and long-term capacity	

		outcomes Audit and regulatory review		

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
2A.1	Ensure the new General Dental Service (GDS) contract is in place and embedded, with a clear plan for the procurement of new services including commissioning of tier 2 dental services where appropriate.	G2 G2 G4	A5	Chief Operating Officer	**Q2 High Delivery Confidence Last Update: Aug 26**
2A.2	Undertake a review of primary care dental services to assess current capacity, patient access, and service utilisation. Work with commissioned providers and system partners to identify opportunities to increase access for patients.	G2	A1	Chief Operating Officer	**Q2 Moderate Delivery Confidence Last Update: Aug 26**
2A.3	Procure a robust digital system within the Community Dental Service (CDS) to support the management of patient records, and replace the current outdated system.	G5	A3	Chief Operating Officer	**Q2 Moderate Delivery Confidence Last Update: Sep 26**
2A.4	Continue to deliver the Strategic Programme for Primary Care (SPPC)	G1	A6	Chief Operating Officer	**Q4**

	national 'Strategic Workforce Plan for Primary Care in Wales', with the aim of developing a sustainable, skilled workforce to meet the evolving healthcare needs of the population of North Wales over the next five years. Fully utilise the Work Based Learning Funding allocated to Primary Care to support delivery.				**High Delivery Confidence** **Last Update: Aug 26**
2A.5	The Health Board will strengthen the model of integrated primary and community care across North Wales by designing and delivering strategic priorities that align with the national Community by Design Transformation Programme. The key areas of focus will include urgent and same day care, management of chronic conditions in the community and prevention and population health management.	G3 G6	A3 A4	Chief Operating Officer	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
2A.6	Develop a costed primary care-led frailty model to enable proactive, coordinated care closer to home, as part of the Community By Design work. Identify the impact that current initiatives are having on maintaining patients at home.	G6	A4 A5	Chief Operating Officer	**Q3** **Moderate Delivery Confidence** **Last Update: Jun 26**
2A.7	Finalise a proposal to increase the use of the Audit Plus Frailty Tool in the community to ensure that patients receive proactive care in line with their agreed care plans.	G6	A4	Chief Operating Officer	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
2A.8	Support the implementation and roll-out of the NHS Wales app in primary and community care services by developing and implementing an action plan to promote the NHS app including patient education, staff training and monitoring of uptake.	G5	A1 A3	Chief Operating Officer	**Q4** **Moderate Delivery Confidence** **Last Update: Sep 26**

Priority:	2B Community Care

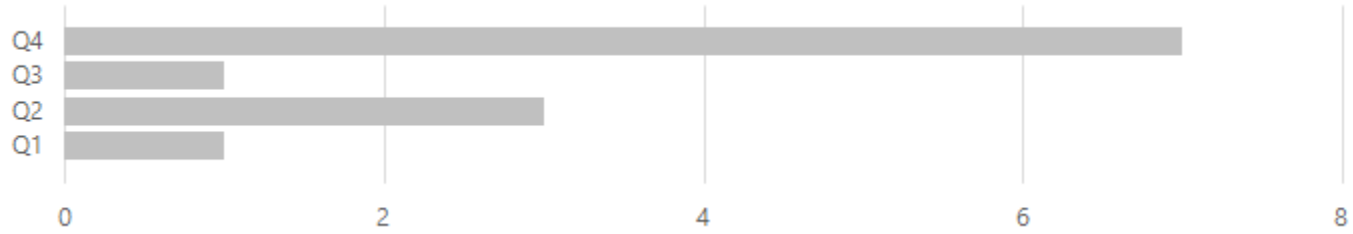
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver coordinated, accessible, and high-quality community-based care for people with long-term conditions due to insufficient strategic planning, workforce and resource constraints, and lack of an agreed system-wide frailty and community care model. This may result in fragmented service delivery, increased variation in care, reduced access to services, increased demand on acute settings, and poorer patient outcomes

Accountable:	Chief Operating Officer

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Development and delivery of Community by Design programme (2B.1) Demand and capacity review of community nursing services (2B.2) Mapping and redesign of Enhanced Community Care services (2B.3) Development of community investment fund with partners (2B.4) Strategic delivery plan for Palliative and End of Life Care (2B.5–2B.7) Review and optimisation of urgent community-based care services (2B.8) Delivery of coordinated care model for long-term conditions (2B.9) Implementation of frailty model and best practice standards (2B.10) Development of community diagnostic and breathlessness hubs (2B.11–2B.12)	G1 - Lack of a fully agreed and embedded system-wide strategic plan for community care G2 - Workforce and capacity constraints across community and primary care services G3 - Early maturity of Community by Design programme limiting impact at scale G4 - Variation in access and service provision across localities G5 - Reliance on partner organisations and external providers G6 - Limited integration and coordination of care for frailty and long-term conditions	**Management Assurance** IMTP monitoring of 2B deliverables (2B.1–2B.12) Performance metrics: Frailty pathway delivery Community nursing capacity Reduced hospital admissions and conveyance Programme governance (Community by Design, Frailty, Palliative Care) **Risk & Compliance Assurance** Alignment with: National Quality Statements (Frailty, End of Life Care) Community Care and Primary Care Models Internal service reviews and programme oversight **Independent Assurance** Welsh Government oversight External benchmarking of community services Regional partnership and system oversight	A1 - Limited assurance of consistent delivery and access across all localities A2 - Limited independent validation of Community by Design programme impact A3 - Limited data integration and benchmarking of community services A4 - Limited real-time evidence linking community interventions to reduced hospital demand A5 - Limited assurance of consistent implementation of national standards A6 - Limited evidence of sustainability of workforce and service models	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
2B.1	Develop Community by Design as a Major Change programme, working with partners to ensure it reflects national priorities and local needs.	G1 G3 G5	A2 A5	Chief Operating Officer	**Q4** **Moderate Delivery Confidence** **Last Update: Aug 26**
2B.2	Undertake a demand and capacity review to understand the levels of community nursing that are required across the Health Board, including weekend working.	G2 G4	A1 A6	Chief Operating Officer	**Q2** **Moderate Delivery Confidence** **Last Update: Sep 26**
2B.3	Map current Enhanced Community Care services across North Wales, identifying where services are located and the differences. Develop a proposal that offers recommendations as to how to further reduce unnecessary hospital conveyance and admissions.	G4 G6	A4 A5	Chief Operating Officer	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
2B.4	Develop a proposal for creating an investment fund for community groups and third sector organisations to work with the Health Board on community based solutions to some of the largest challenges facing the system.	G3 G5	A1 A5	Chief Operating Officer	**Q1** **Low Delivery Confidence** **Last Update: Aug 26**
2B.5	Develop a strategic delivery plan for Palliative, End of Life and Bereavement Care (PEoLBC) in line with the All Wales Service Specification for the delivery of Palliative and End of Life care in Wales and All Wales Competency Framework.	G1 G6	A1 A5	Chief Operating Officer	**Q4** **Moderate Delivery Confidence** **Last Update: Aug 26**

	This will include consideration of how to increase weekend capacity for specialist palliative care nursing.				
2B.6	Agree an approved Quality Improvement Plan for End-of-Life Care Decision Making	G6	A1 A5	Chief Operating Officer	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
2B.7	Implement appropriate best practice within the national Quality Statement for Palliative and End of Life Care.	G6	A5	Chief Operating Officer	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
2B.8	Undertake a review of urgent care services available in the community including general practice, optometry, dental and pharmacy. Identify how services may be optimised and expanded.	G2 G4	A1 A4	Chief Operating Officer	**Q2 Low Delivery Confidence Last Update: Aug 26**
2B.9	The Health Board will enhance the coordination of care for people with long term conditions and improve access to a broader range of community-based services, investing in integrated primary and community care.	G1 G3 G6	A2 A4 A6	Chief Operating Officer	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
2B.10	Implement appropriate best practice within the national Quality Statement for Older people and people living with frailty.	G6	A1 A5	Chief Operating Officer	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
2B.11	Develop a proposal to establish local breathlessness hubs to provide specialised support and care for people experiencing chronic breathlessness.	G2 G6	A1 A4	Chief Operating Officer	**Q3 High Delivery Confidence Last Update: Aug 26**
2B.12	Diagnostic Provision in the Community will be reviewed including undertaking a needs assessment for diagnostics and			Chief Operating Officer	**Q2**

	working with current providers to review and agree the most efficient delivery mechanism.				**Moderate Delivery Confidence** **Last Update: Sep 26**

Priority:	**2C Integrated Health & Well-being Hubs**

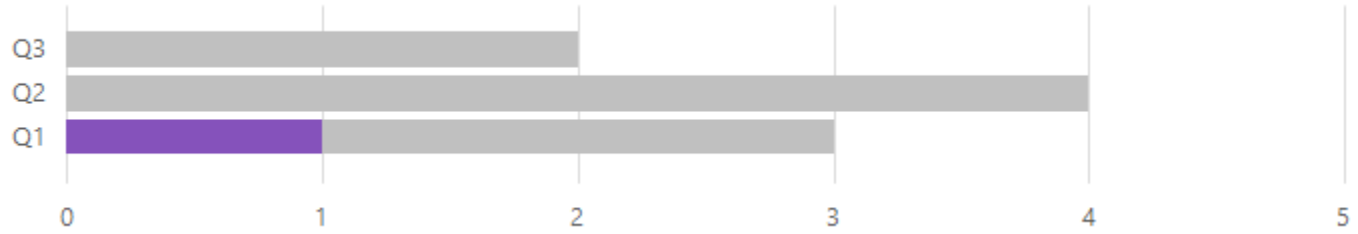
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver Integrated Health & Well-being Hubs at pace and scale due to insufficient funding, workforce capacity constraints, and changing system priorities. This may result in delays to implementation, reduced access to integrated community-based services, missed opportunities to improve coordination of care, and continued pressure on acute services.

Accountable:	Chief Operating Officer

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Delivery of Integrated Health & Well-being Hub programme across multiple sites (2C.1–2C.8) Strategic partnership working with Local Authorities, housing associations and third sector Development and approval of business cases and programme plans for hubs Governance through programme and capital planning frameworks Prioritisation through Integrated Rebalancing Capital Fund (IRCF) (2C.9) Alignment with Community by Design and wider strategic intent	G1 - Funding constraints impacting pace and scale of hub development G2 - Workforce capacity and contractor engagement challenges G3 - Dependency on multi-agency partners and external decision-making G4 - Risk of changing political or strategic priorities affecting delivery G5 - Early stage of programme maturity across multiple sites G6 - Limited capacity to scale integrated models consistently across North Wales	**Management Assurance** IMTP monitoring of 2C deliverables (2C.1–2C.9) Programme governance (Integrated Hubs Programme) Monitoring against programme milestones and timelines **Risk & Compliance Assurance** Alignment with: Health Board Strategy and Capital Programme National "A Healthier Wales" policy direction Internal programme and financial governance **Independent Assurance** Welsh Government oversight of capital and transformation programmes External scrutiny of business cases and funding approvals Partner organisation governance and reporting	A1 - Limited assurance of delivery at pace across all hub developments A2 - Limited independent validation of long-term impact of integrated hub model A3 - Limited visibility of real-time progress across multiple programmes A4 - Limited evidence linking hub delivery to improved outcomes and reduced demand A5 - Limited assurance of consistent partner commitment across all sites A6 - Limited assurance of sustainability of funding and workforce models	

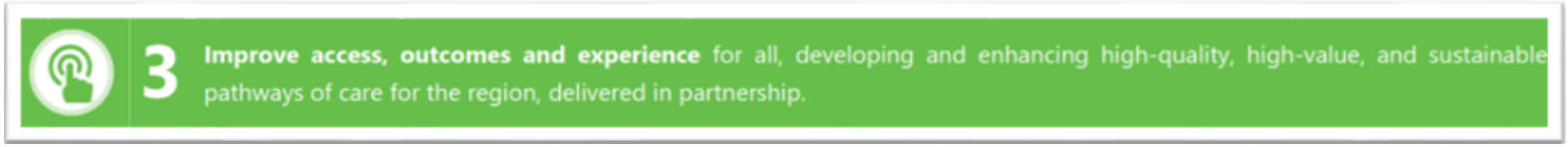
Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
2C.1	Bangor Integrated Health & Well-being Centre – work with partners on a strategic outline case	G1 G3 G5	A1 A3	Chief Operating Officer	**Q2** **High Delivery Confidence** **Last Update: Sep 26**
2C.2	Waunfawr Integrated Health & Well-being Centre – sign heads of terms to secure purchase of a site, progress the parallel elements of the programme plan.	G1 G3	A1 A3	Chief Operating Officer	**Q1** **Moderate Delivery Confidence** **Last Update: Sep 26**
2C.3	Penygroes Integrated Health & Well-being Centre – develop an outline business case, progress the parallel elements of the programme plan.	G1 G5	A1 A3	Chief Operating Officer	**Q3** **Moderate Delivery Confidence** **Last Update: Aug 26**
2C.4	Porthmadog Integrated Health & Well-being Centre – revise options appraisal for location, progress the parallel elements of the programme plan.	G1 G4	A1 A3	Chief Operating Officer	**Q2** **Moderate Delivery Confidence** **Last Update: Sep 26**
2C.5	Conwy West Integrated Health & Well-being Centre – finalise site location, progress the parallel elements of the programme plan.	G1 G5	A1 A3	Chief Operating Officer	**Q2** **Low Delivery Confidence** **Last Update: Aug 26**
2C.6	Denbigh (Caledfryn) Integrated Health & Well-being Centre – finalise funding	G1 G2 G5	A1 A6	Chief Operating Officer	**Q2** **Low Delivery Confidence**

	strategy, thereafter progress the programme plan.				**Last Update: Aug 26**
2C.7	Holyhead Integrated Health & Well-being Centre – agree memorandum of understanding with Local Authority, thereafter progress the programme plan.	G3 G5	A5	Chief Operating Officer	**Q1 Moderate Delivery Confidence Last Update: Sep 26**
2C.8	Rhyl (Royal Alexandra Hospital - Phase 1) Integrated Health & Well-being Centre – commence construction, and progress the programme plan for delivery. Develop the case for Phase 2 later in the financial year.	G1 G2 G5	A1 A3 A6	Chief Operating Officer	**Q1 (Complete) Last Update: Jun 26**
2C.9	Finalise Integrated Rebalancing Capital Fund (IRCF) prioritisation.	G1 G4	A1 A3	Chief Operating Officer	**Q3 Low Delivery Confidence Last Update: Aug 26**



Principal risk (What could prevent us achieving this strategic objective)	**Failure to Improve access, outcomes and experience**		
Lead Committee	**Performance Finance and Information Governance Committee Quality, Safety Experience Committee**	**Risk Type**	**Quality**
Risk Lead	**Chief Operating Officer, Executive Director of Allied Health Professions & Health Science, Executive Medical Director & Executive Director of Nursing**	**Risk Appetite**	**<15**
Related Corporate Risks:	**CRR25-01 – Timely Patient Access to Safe and Effective Care, CRR25-02 – Future Demand & Sustainable Workforce, CRR25-04 – Modernising Digital Infrastructure to Enable Safe, Integrated Care, CRR25-05 – Strategic Change Impacting Care and Staff Delivery, CRR25-06 – Delivery of the 2026/27 Financial Plan and Financial Sustainability**		

Risk Rating			**Review Dates**	
	Current Exposure	**Target**		
Consequence	**5**	**5**	**Initial assessment**	**28/07/2026**
Likelihood	**4**	**3**	**Last Committee review**	**17/08/2026**
Risk Rating	**20**	**15**	**Last Executive Review**	**28/07/2026**

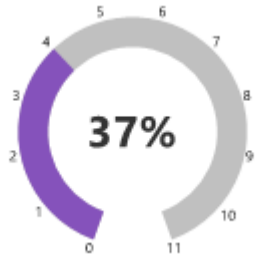
Priority:	3A Urgent and Emergency Care (UEC)

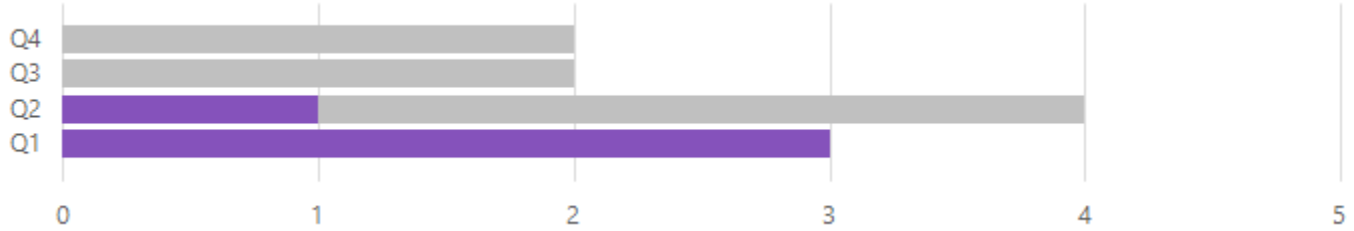
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver sustained improvements in urgent and emergency care access, outcomes and patient experience due to constraints in recurrent funding, system capacity, workforce limitations and reliance on partner organisations, particularly during periods of increased demand

Accountable:	Chief Operating Officer

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
UEC Improvement Programme and IMTP deliverables (3A.1–3A.13) Programme governance including UEC Programme Board and NHS Wales oversight 90-day Operational Improvement Plans informed by 6As and GIRFT Daily–monthly operational escalation and performance monitoring Adoption of national best practice (triage, streaming, ambulance handover, senior decision making) Strengthened discharge pathways (D2RA and 7-day discharge model) Partnership working with WAST, Local Authorities and community services	G1 - No confirmed recurrent funding for key UEC models (e.g. SDEC) G2 - Insufficient 7-day and MDT capacity (SPOA, discharge, workforce) G3 - Limited community capacity (CRT, falls response, D2RA resilience) G4 - Dependence on non-recurrent funding and partner contribution G5 - Variation in front-door processes, triage and workforce deployment G6 - Inconsistent system-wide alignment and escalation during surge	**Management Assurance** Programme Board oversight of IMTP deliverables and system performance Ongoing operational reporting and improvement plan delivery **Risk & Compliance Assurance** Monitoring against national UEC standards (handover, 12-hour waits, etc.) Compliance with GIRFT and ED Quality Statement Internal audit review of governance and controls **Independent Assurance** NHS Wales Performance & Improvement oversight Welsh Government monitoring against trajectories External validation (6As, GIRFT benchmarking)	A1 - Limited evidence on sustainability of improvements (particularly SDEC and surge) A2 - Insufficient independent assurance on community capacity and CRT models A3 - Weak triangulation of system-wide data (acute, WAST, partners) A4 - Limited assurance on cross-organisational delivery (e.g. SPOA sustainability) A5 - Insufficient independent validation of workforce and senior clinical cover A6 - Limited evidence that 7-day and discharge models are consistently embedded	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3A.1	Reduce avoidable ambulance conveyances and ED admissions from Care Homes through providing falls lifting equipment and level one falls prevention training to be delivered to 30 Care Homes across North Wales.	G3	A2	Chief Operating Officer	**Q1 (Complete)**
3A.2	Reduce avoidable ambulance conveyances and ED admissions from the community through producing an options appraisal for the National Six Goals Team to support funding for St John's Level 1 falls training and lifting equipment for Community Resource Teams (CRTs), ensuring a consistent pan North Wales approach to community-based falls response.	G3 G4	A2	Chief Operating Officer	**Q2 (Complete)**
3A.3	Reduce avoidable ambulance conveyances and ED admissions from the community by developing a proposal to use Six Goals Programme funding to increase Community Resource Teams (CRT) capacity, focused on mobilising Band 3 therapy support staff as a dedicated pan BCU community falls response resource.	G2 G3	A2	Chief Operating Officer	**Q1 (Complete)**
3A.4	Reduce avoidable ambulance conveyances and ED admissions by transitioning from the current Single Integrated Clinical Assessment and Triage (SICAT) model to the Single Point of Access model (SPOA) with a broader Multi-Disciplinary Team (MDT) that is able to better sign post the most appropriate alternate to hospital treatment routes. This will ensure there is sufficient resource to operate the SPOA 7 days a week, 12 hours a day.	G2 G4 G6	A1 A4	Chief Operating Officer	**Q4 Moderate Delivery Confidence Last Update: Aug 26**

3A.5	Improve pathways of care delays out of the hospital through working more closely with the Local Authority Social Care Information Advice and Assistance (IAAs) team to improve referral pathways out of hospital.	G2 G4 G6	A3 A4	Chief Operating Officer	**Q3 High Delivery Confidence Last Update: Aug 26**
3A.6	Provide more suitable pathways for frail patients that ensure they have shorter lengths of stay within acute hospitals in line with the national Acute Frailty Service (AFS) model. Undertake baseline assessment and gap analysis for current Acute Front Door Frailty Services across all acute sites, identifying current service provision, workforce utilisation, SDEC alignment and opportunities to strengthen early frailty assessment and intervention.	G1 G6	A1 A3	Chief Operating Officer	**Q1 (Complete)**
3A.7	Adopt national best practice in relation to implementation of safe, fast, and consistent ambulance handover processes at the ED front door.	G5 G6	A1	Chief Operating Officer	**Q2 Moderate Delivery Confidence Last Update: Sep 26**
3A.8	Reduce ambulance hours lost, improve hospital-wide flow and ambulance handover times by standardising triage and streaming processes across all sites (majors, minors, SDEC, frailty).	G5 G6	A1 A2	Chief Operating Officer	**Q2 Moderate Delivery Confidence Last Update: Sep 26**
3A.9	Reduce ambulance hours lost, improve hospital-wide flow and ambulance handover times by strengthening senior clinical decision-maker presence at the front door, especially during periods of high demand.	G2 G5	A5	Chief Operating Officer	**Q2 Moderate Delivery Confidence Last Update: Aug 26**
3A.10	Reduce the number of people delayed in hospital and their length of stay, thereby reducing the potential for deconditioning, by strengthening application of community Discharge to Recover and Assess (D2RA) pathways,	G2 G3 G6	A1 A2	Chief Operating Officer	**Q3 Moderate Delivery Confidence Last Update: Aug 26**

	ensuring faster discharge options for frail patients.				
3A.11	Reduce the number of people delayed in hospital and their length of stay, thereby reducing the potential for deconditioning, through implementation of Optimal Hospital Flow facilitators, utilisation of the Transport Coordination hub and enabling a 7-day discharge model across all acute sites.	G2 G3 G6	A1 A6	Chief Operating Officer	**Q4 Moderate Delivery Confidence Last Update: Aug 26**

Priority:	**3B Planned Care, Cancer & Diagnostics**

Strategic Threat and Risks: There is a risk that the Health Board is unable to deliver timely and sustainable improvements in planned care, cancer and diagnostics access, outcomes and patient experience due to challenges in achieving clinical consensus on service models, pace of pathway transformation (including PIFU/SOS), and workforce capacity and recruitment constraints

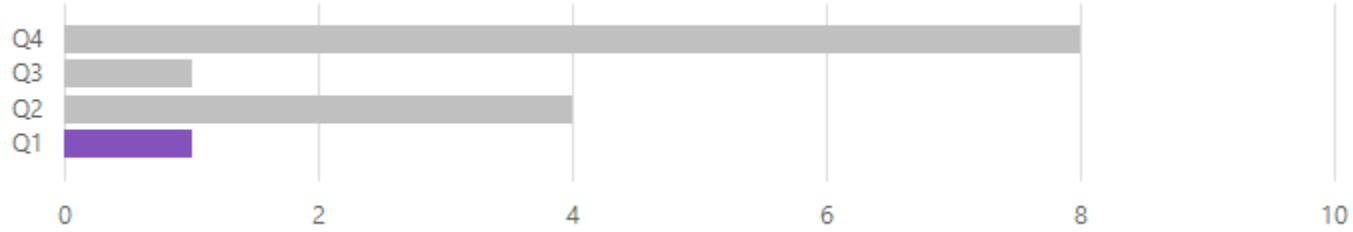
Accountable:	Chief Operating Officer

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Planned Care Major Change Programme governance Clinical Services Planning (CSP) Programme driving system-wide models Follow-up transformation workstream (PIFU/SOS – 3B.5, 3B.12) National guidance (GIRFT, CIN pathways, Cancer standards) Demand and capacity modelling supporting pathway design External support from Intensive Support Team (IST) Workforce redesign and fragile service improvement plans Investment in external capacity to protect performance	G1 - Variation in specialty engagement and readiness to adopt change G2 - Lack of standardised pathways and models across sites G3 - Workforce capacity constraints limiting delivery pace G4 - Data quality and variation impacting decision-making G5 - Inconsistent integration across primary, community and secondary care G6 - Fragility of key services limiting ability to stabilise workforce and models	**Management Assurance** Programme Board and CSP governance oversight Monitoring of IMTP deliverables (3B.1–3B.20) Specialty-level reporting on performance and transformation **Risk & Compliance Assurance** Monitoring against RTT, diagnostics and cancer standards Compliance with GIRFT, CIN pathways and national accreditation (e.g. JAG) Internal audit oversight of pathway and governance processes **Independent Assurance**	A1 - Limited assurance that consensus is achieved across all specialties A2 - Insufficient independent validation of new service models A3 - Weak triangulation of performance, quality and pathway data A4 - Limited assurance that redesigned pathways are embedded consistently A5 - Insufficient evidence that transformation will deliver improvement at pace A6 - No full external assurance on long-term sustainability of workforce and models	

		Intensive Support Team (IST) and national programme oversight External clinical networks and benchmarking Welsh Government performance monitoring		

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3B.1	WS1 – RTT Pathway Validation: Consistent clerical and clinical validation will be in place incorporating national guidance and a suite of initiatives included expanding the reach of the EBO Virtual 'chat bot' for patient validation.	G3 G4	A3	Chief Operating Officer	**Q4 Low Delivery Confidence Last Update: Aug 26**
3B.2	WS2 – Referral Pathway Refinement: A range of initiatives to support a reduction in referrals to outpatients in high volume specialities, adopting best practice in waiting list management including the continuing roll out of the community health pathways, to ensure better prioritisation of available capacity for the longest waiting patients with a particular focus on unwarranted variation and associated referral threshold management.	G1 G2 G5	A1 A4	Chief Operating Officer	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
3B.3	WS3 – Booking Services: Reduce variation in outpatient waiting times and improve communication with	G2 G4	A4 A5	Chief Operating Officer	**Q4 High Delivery Confidence**

	patients on the waiting lists by adopting best practice including modernisation and standardisation of centralised booking services.				**Last Update: Aug 26**
3B.4	WS4 – Pre-operative & Operative Effectiveness: Adopt best practice in theatre management through standardising pre-operative assessment process, and driving theatre productivity across North Wales. Undertake the national Surgical Hub Accreditation to support improved efficiencies and High Volume Low Complexity listings.	G2 G3	A2 A5	Chief Operating Officer	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
3B.5	WS5 – Follow-up Pathways: Modernise outpatient services management of follow-up care through ensuring consistent and best practice application of See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) across all specialties and undertaking pathway validation and data quality cleanse of the follow-up waiting lists in line with the National Clinical Information Network (CIN) pathways and discharge protocols.	G1 G2 G3	A1 A3 A5	Chief Operating Officer	**Q3 High Delivery Confidence Last Update: Aug 26**
3B.6	Effective commissioning of planned care services in key specialties where core capacity and Waiting List Initiatives (WLIs) are insufficient to meet forecast demand.	G3	A2 A5	Chief Operating Officer	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
3B.7	Secure continuation of additional external capacity within dermatology, endoscopy, radiology and urology to meet existing demand into 2026/27. (Investment from Planned Care fund).	G3	A2 A5	Chief Operating Officer	**Q1 (Complete)**
3B.8	Agree the strategic model for the delivery of dermatology services in north Wales.	G2 G6	A2 A6	Chief Operating Officer	**Q2 Low Delivery Confidence Last Update: Sep 26**

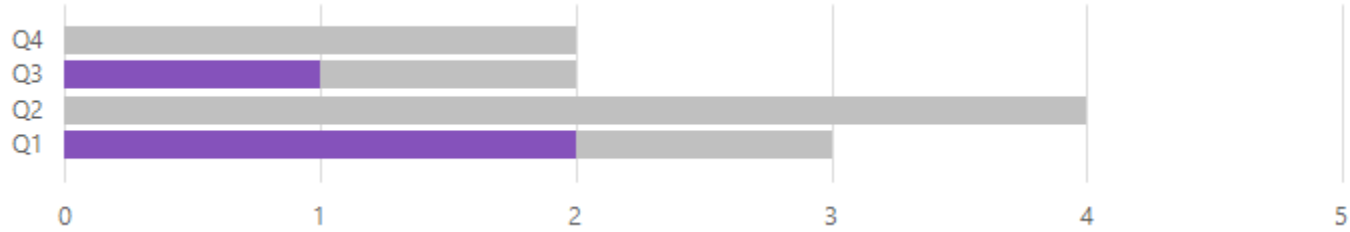
3B.9	Agree the strategic model for the development of robotic assisted surgery in north Wales.	G2	A2 A6	Chief Operating Officer	**Q2** **Moderate Delivery Confidence** **Last Update: Sep 26**
3B.10	Finalise the oncology clinical strategic plan for north Wales.	G2 G5	A1 A2 A6	Chief Operating Officer	**Q2** **High Delivery Confidence** **Last Update: Sep 26**
3B.11	WS6a – Cancer: Increase compliance with national optimal pathways with particular focus on increasing straight to test rates.	G4	A4	Chief Operating Officer	**Q4** **Moderate Delivery Confidence** **Last Update: Aug 26**
3B.12	Deliver opportunities for streamlined follow-up to improve patient care (e.g. Patient Initiated Follow-up – PIFU or See on Symptoms – SOS).	G1 G2 G3	A1 A6	Chief Operating Officer	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
3B.16	WS6b – Diagnostics: With the support of the NHS Wales Performance and Improvement (NHS Wales Performance & Improvement) develop diagnostics plans which are safe, sustainable and fit for the future. This includes the full implementation of digital technology as a key service enabler to address workforce shortages.	G4 G5	A2 A4	Chief Operating Officer	**Q2** **High Delivery Confidence** **Last Update: Sep 26**
3B.17	Progress national business justification case for digital cellular pathology, enabling the service to fully realise clinical and operational benefits, including overall increased reporting performance for routine cases in addition to those of higher clinical priority.	G4	A2 A6	Chief Operating Officer	**Q4** **Moderate Delivery Confidence** **Last Update: Aug 26**

Priority:	3C Fragile Services
Strategic Threat and Risks: There is a risk that the Health Board is unable to deliver safe, sustainable and equitable fragile services due to workforce constraints, financial limitations, challenges in agreeing service models, and operational pressures impacting delivery and resilience	
Accountable:	Chief Operating Officer

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Clinical Services Planning (CSP) Programme driving sustainable service models Fragile Services Programme governance and oversight Adoption of national guidance (GIRFT, Royal College standards, clinical networks) Workforce planning, succession planning and skill mix redesign Quality Management Systems (QMS) development across fragile services Networked service models across North Wales to share workforce and expertise Investment in external capacity where required Performance and quality oversight through IMTP delivery monitoring	G1 - Ongoing workforce shortages and limited pipeline for key specialties G2 - Lack of sustainable workforce models and over-reliance on traditional roles G3 - Financial constraints limiting service redesign and sustainability G4 - Fragmentation of services across sites limiting efficient use of capacity G5 - Limited capacity to deliver transformation due to operational pressures G6 - Variation in pathway design, quality systems and data maturity	**Management Assurance** CSP Programme and Fragile Services governance oversight Monitoring of IMTP deliverables (3C actions) Divisional reporting on workforce, performance and service delivery **Risk & Compliance Assurance** Compliance with GIRFT recommendations and Royal College standards Monitoring of RTT, diagnostics and specialty-specific performance measures Development and implementation of Quality Management Systems **Independent Assurance** External clinical networks and professional body reviews NHS Wales Performance & Improvement support and benchmarking Welsh Government oversight and reporting	A1 - Limited assurance that workforce models will deliver long-term sustainability A2 - Insufficient independent validation of redesigned service models A3 - Gaps in data quality and consistency across specialties A4 - Limited evidence that service changes will improve resilience and outcomes A5 - Insufficient assurance on reduction of reliance on locum/external capacity A6 - Limited visibility of long-term financial sustainability across fragile services	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3C.2	Commence implementation of vascular service review as part of the first tranche of Clinical Services Plan reviews, to:-Help strengthen integrated working across hub and spoke sites, -Support development of a skilled, happy and sustainable workforce,-Improve patient outcomes across key pathways-Ensure greater alignment with national guidance and best practice.	G2 G4 G6	A1 A2 A6	Chief Operating Officer	**Q2 Moderate Delivery Confidence Last Update: Aug 26**
3C.7	Engagement and implementation of interim pan North Wales networked Dermatology service model, to better utilise resources (staff and funding) across North Wales. This is ahead of the full Clinical Services Plan work due to urgency around service sustainability especially in the West.	G4 G6	A2 A4	Chief Operating Officer	**Q1 Low Delivery Confidence Last Update: Jul 26**
3C.8	Involvement in the full Clinical Services Plan work to design the long-term sustainable Dermatology model.	G4 G6	A2 A4	Chief Operating Officer	**Q4 Low Delivery Confidence Last Update: Jul 26**
3C.9	Balancing Dermatology work between primary and community and secondary care – Further development of the Community Health Pathways and Teledermoscopy in order to reduce avoidable referrals into secondary care.	G2 G4 G6	A2 A4	Chief Operating Officer	**Q2 Moderate Delivery Confidence Last Update: Jun 26**

3C.13	Full workforce review, succession planning, skills mix, expansion of roles such as Dentists with special interests, Orthodontic Therapists, to support more sustainable services.	G1 G2 G5	A1 A5	Chief Operating Officer	**Q4** **Low Delivery Confidence** **Last Update: Aug 26**
3C.14	Develop proposals to increase access to Cone Beam capable CT scanners, improving capacity and patient experience and travel.	G3 G6	A2 A4	Chief Operating Officer	**Q3** **(Complete)**
3C.23	Full workforce review, succession planning, skills mix, expansion of roles such as Optometrists, Orthoptists, Advanced Clinical Practitioners, to support more sustainable services.	G1 G2 G5	A1 A5	Chief Operating Officer	**Q2** **Moderate Delivery Confidence** **Last Update: Sep 26**
3C.36	Further development of QMS to provide structured view and understanding of the drivers behind fragile services, through the triangulation of broad range of key data points.	G6	A3 A4	Chief Operating Officer	**Q1** **(Complete)**
3C.37	Use the new QMS capability to map the highest priority services of concern as part of the Clinical Services Plan work, capturing the main KPIs for each that will be tracked to measure improvement.	G6	A3 A4	Chief Operating Officer	**Q2** **Moderate Delivery Confidence** **Last Update: Sep 26**
3C.38	Ensure that services of concern monitoring, escalation and de-escalation processes, governance and reporting are adequately covered within the latest Performance and Accountability framework, covering both Executive and Board Member visibility. Including capturing how people's care and treatment outcomes are monitored and how they compare to similar services.	G6	A3 A4	Chief Operating Officer	**Q3** **High Delivery Confidence** **Last Update: May 26**
3C.39	Review and implement improvements to the governance surrounding services	G6		Chief Operating Officer	**Q1** **(Complete)**

	of concern, including establishment of both risks and separate issues logs.				

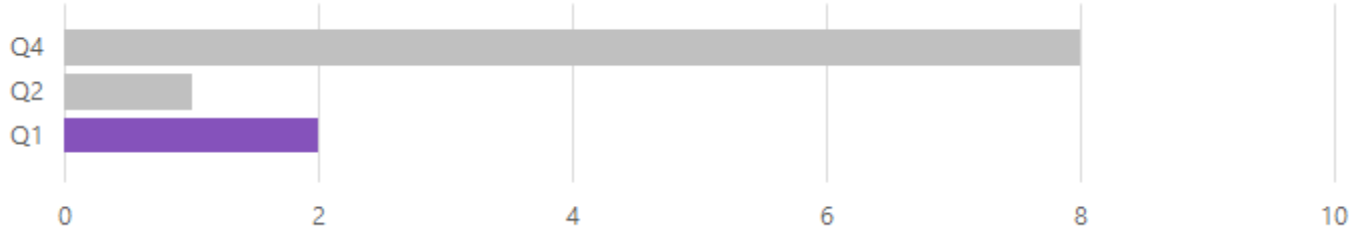
Priority:	**3D Mental Health & Learning Disabilities**
Strategic Threat and Risks: There is a risk that the Health Board is unable to deliver timely, safe and high-quality mental health and learning disability services due to workforce capacity constraints, increasing demand and complexity, limitations in digital infrastructure, and challenges in implementing system-wide transformation and sustainable service models	
Accountable:	Executive Director of Allied Health Professions & Health Science (with CEO oversight for MH Oversight Programme)

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Mental Health Oversight and Development Group governance National Patient Safety Programme implementation (Safe discharge, 72-hour follow-up) Crisis Care Model implementation Development of Open Access Mental Health Service model Engagement with national workstreams (MH strategy, physical health, LD frameworks) Electronic Healthcare Record (EHR) Transformation Programme Performance monitoring through national Mental Health Measure standards Partnership working with Local Authorities and Regional Partnership Board	G1 - Workforce capacity constraints impacting delivery and transformation G2 - Lack of fully implemented and standardised service models (e.g. Open Access) G3 - Continued reliance on out-of-area placements due to capacity issues G4 - Incomplete digital infrastructure (EHR not fully embedded) G5 - Variation across pathways and integration with partners G6 - Estate and infrastructure limitations affecting service delivery	**Management Assurance** Mental Health Oversight & Development Group monitoring delivery IMTP deliverables tracking (3D.1–3D.11) Performance monitoring against Mental Health Measure targets Programme reporting for EHR, crisis model and safety initiatives **Risk & Compliance Assurance** Compliance with national safety standards (72-hour follow-up, safe discharge) National MH & LD programme alignment and reporting Internal audits and governance reviews Monitoring out-of-area placements and patient safety incidents	A1 - Limited assurance that transformation (e.g. Open Access model) will be delivered at pace A2 - Insufficient independent validation of new service models A3 - Gaps in digital and data visibility (pending EHR implementation) A4 - Limited triangulation of quality, safety and performance outcomes A5 - Limited assurance that out-of-area placements will be sustainably reduced A6 - Insufficient evidence of long-term sustainability (workforce and estates)	

		Independent Assurance Welsh Government oversight and reporting NHS Wales Performance & Improvement support External inspections/reviews (e.g. HIW, Royal Colleges where applicable)		

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3D.1	Engage with National Patient Safety Programme to improve quality and safety across services with the implementation Safe Discharge and 72-hour follow-up standards.	G2 G5	A3 A4	Executive Director of Allied Health Professionals and Health Science	**Q4 High Delivery Confidence Last Update: Aug 26**
3D.2	Train inpatient staff on the use of ReQol 10 Patient Reported Outcome Measures (PROMS) alongside the National Programme Safety team.	G2	A3	Executive Director of Allied Health Professionals and Health Science	**Q1 (Complete)**
3D.3	Agree and develop with partners a phased Open Access Mental Health Service model with a view to implementing the demonstrator site by Q4 based on the international evidence base.	G1 G2 G5		Executive Director of Allied Health Professionals and Health Science	**Q1 (Complete)**
3D.4	Engage with the National workstream to Improve Physical Health of People with Severe and enduring Mental Illness	G1 G2 G5	A1 A2 A5	Executive Director of Allied Health Professionals and Health Science	**Q4 High Delivery Confidence**

	including review and alignment of the BCU MHLD physical health policy in line with national developments.				**Last Update: Aug 26**
3D.5	Deliver a material reduction in the number of out of area placements through robust clinical and patient safety management (inclusive of community and acute staff) aligned to the implementation of the Crisis Care Model.	G2 G5	A2 A4	Executive Director of Allied Health Professionals and Health Science	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
3D.6	Reduce Health Inequalities for people with learning disabilities by increasing the uptake of the annual health checks and public health screening initiatives across services.	G1 G5	A4	Executive Director of Allied Health Professionals and Health Science	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
3D.7	Define and formally adopt a tiered crisis response framework for LD services with clear pathways for prevention, early intervention, urgent response, intermediate care provision in partnership with the Local authorities and post-crisis stabilisation.	G2 G5	A2 A4	Executive Director of Allied Health Professionals and Health Science	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
3D.8	Establish a digitally delivered specialist All-Wales gambling harm and treatment service.	G4	A2	Executive Director of Allied Health Professionals and Health Science	**Q2** **High Delivery Confidence** **Last Update: Sep 26**
3D.9	Continue to progress the Electronic Healthcare Record (EHR) Transformation Programme which will reduce paper records and be a key enabler for service transformation, through commencing the implementation of the All Ages MHLD and continued engagement with WG regarding a wider EHR.	G4 G6	A3 A6	Executive Director of Allied Health Professionals and Health Science	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
3D.10	Strengthen the strategic case for the development of the purpose-built, future-proof Adult and Older People Mental Health Unit at the Ysbyty Glan Clwyd site with the aim of presenting a	G3 G6	A2 A6	Executive Director of Allied Health Professionals and Health Science	**Q4** **High Delivery Confidence** **Last Update: Aug 26**

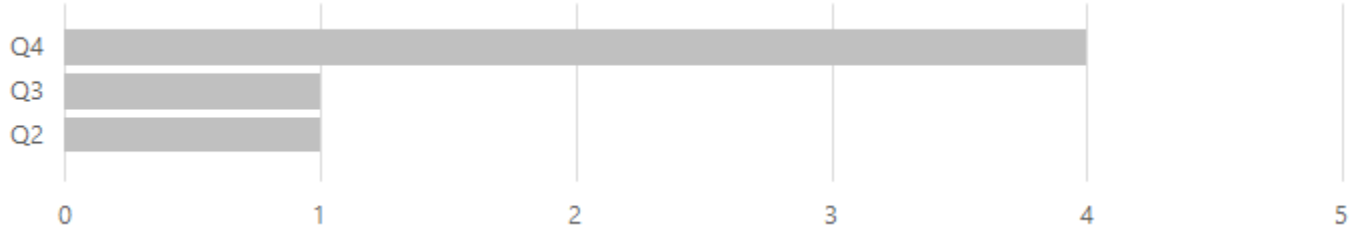
	full business case to Health Board for the approval by the end of Q4.				
3D.11	Progress the 13 key areas supported by the Board in the Scope of Mental Health Oversight and Development Group, including but not exhaustively; strategic plan and models of care, outcomes framework, performance, service user engagement, standards of clinical practice, workforce planning, estate and physical environment, culture and organisational development, leadership and management, legacy reviews, finance, dementia care and psychological therapies.	G1 G2 G6	A1 A6	Executive Director of Allied Health Professionals and Health Science	**Q4** **High Delivery Confidence** **Last Update: Aug 26**

Priority:	**3E Child and Adolescent Mental Health (CAMHs) & Neurodevelopment (ND)**			
Strategic Threat and Risks: There is a risk that the Health Board is unable to deliver timely, equitable and effective CAMHS and neurodevelopment services due to increasing demand, workforce capacity constraints, long waiting times, and challenges in redesigning pathways towards a needs-led model and integrated system-wide approach				
Accountable:	Chief Operating Officer			
Primary risk controls:	**Gaps in control:**	**Sources of assurance:**	**Gaps in assurance:**	**Assurance Rating**
CAMHS transformation aligned to national Mental Health Strategy Neurodevelopment (ND) Improvement Programme Partnership working through Children's Regional Partnership Board Early Help / Open Access model development Crisis model redesign and implementation National guidance (NEST/NYTH framework, ND Code of Practice) Pathway standardisation and redesign across CAMHS and ND	G1 - Workforce capacity constraints limiting service delivery G2 - Long waiting lists and backlog in neurodevelopment assessments G3 - Delays in access to CAMHS services and variation in pathways G4 - Incomplete shift from diagnosis-led to needs-led model G5 - Fragmentation across health, education and social care partners G6 - Limited capacity for early intervention and prevention	**Management Assurance** CAMHS and ND programme governance Monitoring of IMTP deliverables (3E.1–3E.6) Performance reporting against Mental Health Measure and ND waiting times Regional partnership oversight (RPB) **Risk & Compliance Assurance** Alignment with national frameworks (NEST/NYTH, ND	A1 - Limited assurance that waiting times will reduce at required pace A2 - Insufficient independent validation of pathway redesign effectiveness A3 - Limited consistent data across ND pathways A4 - Weak evidence of improved outcomes following transformation A5 - Limited assurance of whole-system integration across partners A6 - Insufficient evidence of long-term sustainability of workforce models	

Performance monitoring (waiting times, Mental Health Measure)		Programme) Monitoring of waiting times and access standards Internal governance and pathway compliance reviews **Independent Assurance** Welsh Government oversight NHS Wales Performance & Improvement support Regional Partnership Board scrutiny External programme reporting (ND Improvement Programme)		

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3E.1	Early Help - Strengthen Early Intervention and Prevention. Develop and embed CAMHS Early Help systems and processes within the new model with partners across IHCs and regionally, to align with Flexible Open Access Mental Health Support and NYTH/NEST. Including: integration of schools in-reach, establishing reliable data reporting and measurement of impact, and establishing plans for	G5 G6	A4 A5	Chief Operating Officer	**Q4** **High Delivery Confidence** **Last Update: Aug 26**

	secondary prevention that targets those at greatest risk of developing mental health problems.				
3E.2	Improve access to CAMHS services by reducing and sustaining waiting times under the Mental Health Measure (MHM) and improving patient pathways to deliver better outcomes and experiences for Children and Young People (CYP). Including: exploring options for embedding Open Access principles, map and standardise pathways across the region using clinical guidelines and WG Community CAMHS service specification.	G1 G3	A1 A2	Chief Operating Officer	**Q3** **High Delivery Confidence** **Last Update: Aug 26**
3E.3	Deliver a transformed and sustainable crisis model through full implementation and embedding of the crisis enhanced service model. Including working with adult mental health and partners on plans for an Open Access North Wales demonstrator project, develop and initiate plans for further Alternative to Admission, operationalisation of the 24/7 regional crisis consultation and advice line.	G1 G3 G5	A1 A2 A5	Chief Operating Officer	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
3E.4	Early Identification & Family Centred Support - Co-design new needs led model of care across children's neurodevelopmental (ND) services collaboratively with Children's Regional Partnership Board. Including: referral process review and improvement, roll out of standardised profile of need tool to be used prior to specialist ND referral is considered, ensure clear pathways and local points of access into ND services across all age groups, development of neuro affirmative communities.	G4 G5	A4 A5	Chief Operating Officer	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
3E.5	Improved Access to Information, Guidance, and Assessment - Establish	G2 G3	A1 A3	Chief Operating Officer	**Q2**

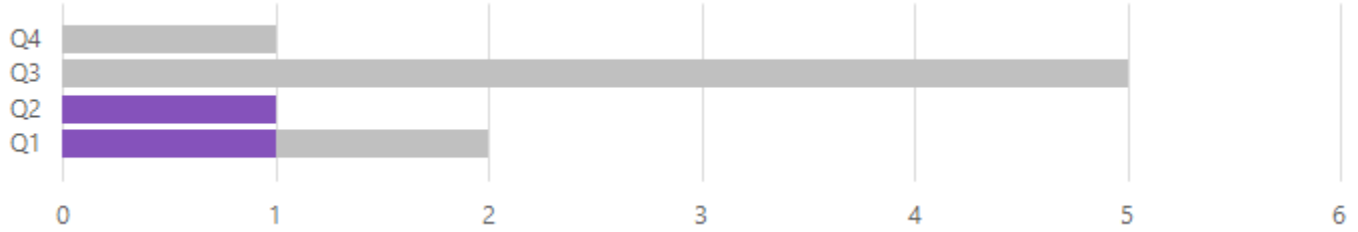
	Clear, consistent access pathways in line with NEST/NYTH principles. Including streamline ND assessment prudent pathways to improve efficiency – introducing standard audit mechanisms and use of same day assessments for clear cases, enhance joint working across services and sectors - building links with education, CAMHS and third sector and piloting multi-agency ND input in schools.				**High Delivery Confidence** **Last Update: Aug 26**
3E.6	Improved post assessment/diagnostic support - Co-designed post-assessment support to ensure continuity, tailored interventions. Including: Map support offers regionally, align services to provide targeted post diagnostic support, ensure consistent signposting and referral pathways for support following diagnosis, develop ND transfer & transition protocols to provide seamless transition between child and adult services across agencies.	G3 G5	A4 A5	Chief Operating Officer	**Q4** **High Delivery Confidence** **Last Update: Aug 26**

Priority:	**3F Children and Young People Services**			
Strategic Threat and Risks: There is a risk that the Health Board is unable to deliver timely, equitable and high-quality services for children and young people due to health inequalities, workforce capacity challenges, gaps in community and specialist provision, and delays in implementing integrated pathways and preventative models of care				
Accountable:	Chief Operating Officer			
Primary risk controls:	**Gaps in control:**	**Sources of assurance:**	**Gaps in assurance:**	**Assurance Rating**
Integrated Children's Services model (community, hospital and specialist services) Partnership working with Regional Partnership Board and Local Authorities Delivery of national programmes (Healthy Child Wales Programme, immunisation programmes) Development of transition pathways from children to adult	G1 - Health inequalities affecting outcomes and access to services G2 - Workforce capacity constraints across specialist paediatric services G3 - Gaps in community nursing provision for children with complex needs G4 - Delays in access to specialist care and interventions G5 - Incomplete development of	**Management Assurance** Monitoring of IMTP deliverables (3F.1–3F.9) Performance reporting across child health indicators (immunisation, diabetes, etc.) Programme oversight for children's services and partnership delivery	A1 - Limited assurance that inequalities will be reduced at pace A2 - Insufficient independent validation of new service models A3 - Limited data maturity across children's services A4 - Limited evidence of improved outcomes following interventions A5 - Limited assurance of effective integration across partners	

services Specialist service reviews (complex needs, palliative care, community nursing) Compliance with national guidance (NICE, WG frameworks) Performance monitoring (vaccination uptake, diabetes care, child health measures)	integrated pathways across organisations G6 - Limited progress in prevention and early intervention models	**Risk & Compliance Assurance** Compliance with national frameworks (Healthy Child Wales, NICE guidance) Monitoring of access, waiting times and service provision Internal governance and service reviews **Independent Assurance** Welsh Government oversight Regional Partnership Board scrutiny External inspections/reviews where applicable (e.g. HIW)	A6 - Insufficient clarity on long-term sustainability of service models	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3F.1	Delivery of school age immunisation programme by immunisation team with targeted work in low uptake areas.	G1 G6	A1 A6	Chief Operating Officer	**Q4 High Delivery Confidence Last Update: Aug 26**
3F.2	Working with partners, undertake a gap analysis of the requirements to fully implement the Healthy Child Wales 2 Programme and submit proposals to the Health Board for implementation.	G1 G5 G6	A1 A2 A5	Chief Operating Officer	**Q3 Moderate Delivery Confidence Last Update: Aug 26**
3F.3	Undertake a review of specialist nursing team roles and delivery of care for children with complex needs.	G2 G3 G4	A2 A4	Chief Operating Officer	**Q1 Low Delivery Confidence**

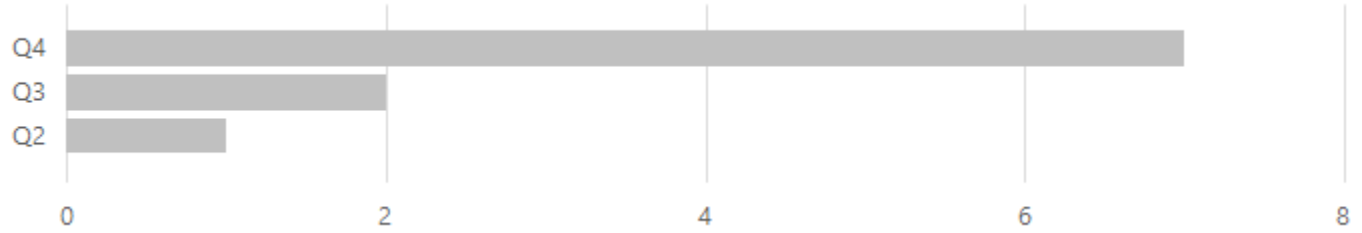
					Last Update: Sep 26
3F.4	Commence developing a service specification for delivery of community nursing care for children with complex care needs	G3 G4 G5	A2 A4	Chief Operating Officer	**Q3 High Delivery Confidence Last Update: Aug 26**
3F.5	Ensure that children with diabetes have timely provision of insulin pumps and CGM	G2 G4	A4	Chief Operating Officer	**Q2 (Complete)**
3F.6	Assess compliance with Diabetes NICE Guidance in readiness for the launch of the Type 1 diabetes screening programme for children	G2 G4	A2 A4	Chief Operating Officer	**Q3 High Delivery Confidence Last Update: Aug 26**
3F.7	Set out the proposal to the Health Board based on the service specification gap analysis related to the submitted Paediatric Palliative Care in Wales self-assessment, including specialist palliative care nursing.	G3 G4 G6	A2 A6	Chief Operating Officer	**Q3 Moderate Delivery Confidence Last Update: Aug 26**
3F.8	Work with the Partnership Transformation Programme to commence the development of a strategic plan for children with a learning disability, and reduce inequalities for consultation.	G1 G5	A1 A5	Chief Operating Officer	**Q1 (Complete)**
3F.9	Finalise and implement the Transition Pathways for children into adult services across all long-term conditions (respiratory, endocrine, cardiac and neurological conditions, cancer, CAMHS and Learning Disabilities).	G4 G5 G6	A2 A4 A5	Chief Operating Officer	**Q3 Moderate Delivery Confidence Last Update: Aug 26**

Priority:	**3G Women's Health**
Strategic Threat and Risks: There is a risk that the Health Board is unable to deliver equitable, safe and high-quality women's health services across the life course due to increasing demand, health inequalities, workforce and capacity constraints, and challenges in implementing national strategies, improving outcomes and reducing variation in access to services	
Accountable:	Chief Operating Officer

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Implementation of NHS Wales Women's Health Plan (2025–2035) Delivery of Maternity and Neonatal Quality Statement (2025) Clinical Services Planning (CSP) for perinatal services Digital Maternity Cymru System rollout (electronic maternity record) Partnership working with HEIW and third sector organisations Local delivery of women's health pathways (menstrual health, menopause, contraception etc.) Expansion of Women's Health Hub model (e.g. Llandudno) Participation in national digital/data programmes (Women's Health Dashboard)	G1 - Health inequalities impacting outcomes for women (especially deprived groups) G2 - Workforce capacity and sustainability challenges in maternity and gynaecology G3 - Variation in access and provision of key services (contraception, menopause, pelvic health) G4 - Increasing complexity of care (e.g. diabetes, mental health in pregnancy) G5 - Incomplete implementation of national strategies and frameworks G6 - Limited maturity of digital and data systems across women's health pathways	**Management Assurance** Monitoring of IMTP deliverables (3G.1–3G.10) Programme oversight for Women's Health Plan delivery Maternity service performance reporting (incl. perinatal outcomes) CSP programme oversight for perinatal services **Risk & Compliance Assurance** Compliance with national quality standards (Maternity & Neonatal Quality Statement) Monitoring against national indicators (perinatal mortality, patient experience) Internal governance, audits and service reviews **Independent Assurance** Welsh Government oversight and performance reporting HEIW workforce planning and assurance National programme boards (Women's Health, Maternity & Neonatal) External inspections/reviews (e.g. HIW)	A1 - Limited assurance improvements will reduce inequalities at pace A2 - Insufficient independent validation of new models of care (e.g. Women's Health hubs A3 - Limited national data and KPIs currently defined (dashboard still emerging) A4 - Limited evidence linking interventions to improved outcomes A5 - Limited assurance of consistency across regions and pathways A6 - Uncertainty around long-term sustainability (workforce, funding, infrastructure)	

Plans to improve control :





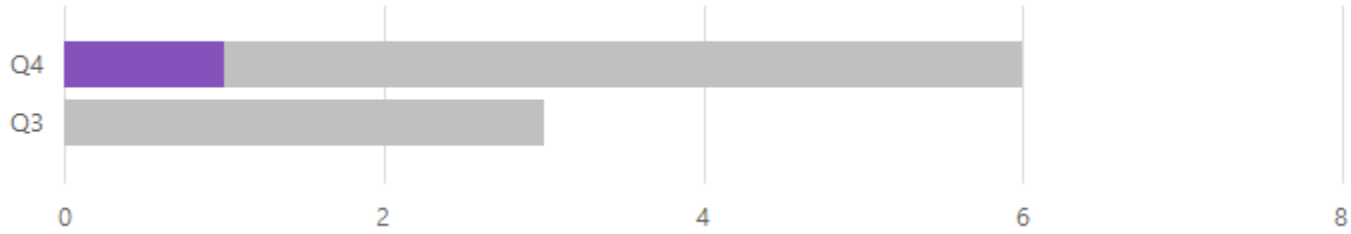
Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3G.1	Progress the rollout of Phase 2 of the Digital Maternity Cymru System, with a focus on implementing maternity electronic health records to enhance the quality of care and improve communication for pregnant individuals.	G4 G6	A3 A4	Chief Operating Officer	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
3G.2	Receive and analyse the findings of the Perinatal National Assurance Assessment Report (expected in Q4 2025/26), together with the key priorities outlined in the 2025 Quality Statement for Maternity and Neonatal Services, and develop a comprehensive proposal for local implementation inclusive of detailed costing.	G2 G5	A2 A4	Chief Operating Officer	**Q3 High Delivery Confidence Last Update: Aug 26**
3G.3	As part of the Clinical Services Plan, undertake a comprehensive review of the configuration of Pan–North Wales Perinatal Services to ensure the delivery of safe, high-quality and sustainable care.	G2 G5 G6	A2 A5	Chief Operating Officer	**Q4 High Delivery Confidence Last Update: Aug 26**
3G.4	Develop an implementation plan to deliver the outstanding commitments in the National Perinatal Engagement Framework (2025), including a paid Chair for Maternity and Neonatal Voices Partnership.	G3 G5	A2 A5	Chief Operating Officer	**Q2 Moderate Delivery Confidence Last Update: Aug 26**
3G.5	Collaborate with Health Education and Improvement Wales (HEIW) to prioritise year two service actions to ensure the Perinatal Strategic Workforce Plan is delivered within the Health Board.	G2 G6	A6	Chief Operating Officer	**Q4 High Delivery Confidence Last Update: Aug 26**
3G.6	Support the local delivery of the NHS Wales Women's Health Plan across North Wales, to include work on Menstrual Health, Endometriosis and Adenomyosis, Contraception – Postnatal Contraception and Abortion	G1 G3 G6	A1 A4 A5	Chief Operating Officer	**Q4 Moderate Delivery Confidence Last Update: Aug 26**

	Care, Preconception Health, Pelvic Health and Incontinence, Menopause, Violence Against Women – Domestic Abuse and Sexual Violence, Ageing Well and Long-Term Conditions and strengthening community pathways.				
3G.7	Address variation in services such as Contraception, Menopause support and Pelvic Health.	G3 G5	A1 A5	Chief Operating Officer	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
3G.8	Deliver improvements to Women's Health prevention and early intervention, including preconception health and earlier identification of women's health conditions.	G1 G6	A1 A4	Chief Operating Officer	**Q4** **High Delivery Confidence** **Last Update: Jun 26**
3G.9	Expand Women's Health service offering, currently focused via the Llandudno Womens Health Hub.	G3 G5	A2 A5	Chief Operating Officer	**Q4** **Moderate Delivery Confidence** **Last Update: Jul 26**
3G.10	Participation in national digital and data development initiatives such as Women's Health Dashboard.	G6	A3 A4	Chief Operating Officer	**Q3** **Moderate Delivery Confidence** **Last Update: Aug 26**

Priority:	3H Pharmacy and Medicines Management
Strategic Threat and Risks: There is a risk that the Health Board is unable to deliver safe, effective and sustainable pharmacy and medicines management services due to increasing demand, workforce capacity constraints, variation in prescribing practices, and challenges in implementing digital systems, optimising medicines use and supporting emerging therapies	
Accountable:	Executive Medical Director

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Implementation of High Value Medicines programme Medicines optimisation through prescribing governance and NICE guidance Development of Transforming Access to Medicines (TrAMs) programme Expansion of Pharmacist Independent Prescribing Service (PIPS) Electronic Prescribing and Medicines Administration (ePMA) implementation Collaboration with HEIW and Bangor University to strengthen workforce pipeline Pharmaceutical Needs Assessment (PNA) and service planning Engagement with national genomics and advanced therapies programmes	G1 - Workforce capacity and sustainability challenges G2 - Variation in prescribing practice across primary and secondary care G3 - Increasing demand and complexity of medicines use G4 - Incomplete digital maturity (ePMA / prescribing systems) G5 - Limited capacity to support emerging therapies and innovation G6 - Challenges in medicines optimisation and cost sustainability	**Management Assurance** Monitoring of IMTP deliverables (3H.1–3H.9) Performance reporting on prescribing metrics (e.g. PIPS uptake, prescribing rates) Pharmacy programme governance (TrAMs, ePMA, Value & Sustainability Board) **Risk & Compliance Assurance** Compliance with NICE guidance and national prescribing standards Monitoring of high-value medicines and prescribing variation Internal audit and medicines governance processes **Independent Assurance** Welsh Government oversight National pharmacy and medicines optimisation programmes All Wales Therapeutics and Toxicology Centre (AWTTC) reporting (where applicable) External regulatory oversight (e.g. GPhC for education and workforce)	A1 - Limited assurance that prescribing variation will reduce consistently A2 - Insufficient independent validation of new service models (TrAMs, PIPS expansion) A3 - Limited maturity of prescribing data and digital analytics A4 - Limited evidence linking medicines optimisation to improved outcomes A5 - Limited assurance of future workforce sustainability A6 - Uncertainty around delivery of advanced therapies and innovation capacity	
Plans to improve control :				





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3H.1	Commission and publish a Pharmaceutical Needs Assessment (PNA) and agree an action plan from this to ensure pharmaceutical services are aligned to population need, address gaps in provision, and support equitable, sustainable care delivery.	G1 G2 G6	A1 A5	Executive Medical Director	**Q3** **High Delivery Confidence** **Last Update: Jul 26**
3H.2	Support General Pharmaceutical Council (GPhC) Step 4 accreditation for the Bangor University MPharm programme (confirming regulatory provisional accreditation to deliver the programme) and enrol Cohort 2 to strengthen the local pharmacy workforce pipeline and support sustainable service provision.	G1	A5	Executive Medical Director	**Q3** **High Delivery Confidence** **Last Update: Jul 26**
3H.3	Launch and develop the North Wales Transforming Access to Medicines (TrAMs) programme, as one of three national transformation hubs, to modernise pharmacy technical services and strengthen regional collaboration, including scoping pharmacy provision to support advanced therapies within a national hub model.	G3 G5	A2 A6	Executive Medical Director	**Q4** **Moderate Delivery Confidence** **Last Update: Jul 26**
3H.4	Continue to work with Community Pharmacy Wales (CPW) and Health Education and Improvement Wales (HEIW) to support community pharmacy contractors to expand the number of Pharmacies offering the	G1 G2	A1 A5	Executive Medical Director	**Q4** **Moderate Delivery Confidence** **Last Update: Jul 26**

	Pharmacist Independent Prescribers Service (PIPS), strengthening prescribing capacity and improving access to care.				
3H.5	Ensure full implementation of the High Value Medicines Value & Sustainability Board programme by supporting clinicians to adopt best-value prescribing practices, optimising procurement and product selection, reducing low-value prescribing, and strengthening performance oversight to deliver sustainable financial and quality benefits.	G4 G6	A1 A4	Executive Medical Director	**Q4 (Complete)**
3H.6	Following completion of implementation, fully embed Electronic Prescribing and Medicines Administration (ePMA) by establishing clear pharmacy clinical ownership to lead safe prescribing configuration, formulary oversight, system optimisation and structured change control.	G4 G6	A3 A4	Executive Medical Director	**Q3 High Delivery Confidence Last Update: Aug 26**
3H.7	Work with primary care and community services, via the Local Enhanced Clinical Effectiveness Service, to support evidence-based patient reviews that reduce inappropriate gabapentinoid prescribing in line with NICE guidance, extend periods of treatment, and increase the use of low Global Warming Potential inhalers in line with the All-Wales respiratory treatment pathway.	G1 G2 G3 G4 G6	A1 A4	Executive Medical Director	**Q4 Moderate Delivery Confidence Last Update: Jul 26**
3H.8	Engage with national genomics leads and clinical networks to scope the potential role of pharmacogenomics in clinical pathways, explore opportunities to develop local champions, and raise awareness through shared learning and engagement.	G5	A2 A6	Executive Medical Director	**Q4 High Delivery Confidence Last Update: Aug 26**

3H.9	Deliver the risk prioritised components of Electronic Prescribing Service (EPS) that sustain safe, reliable digital services, covering devices, network/telephony, core infrastructure, and clinical platforms.	G4	A3 A6	Executive Medical Director	**Q4 Low Delivery Confidence Last Update: Aug 26**

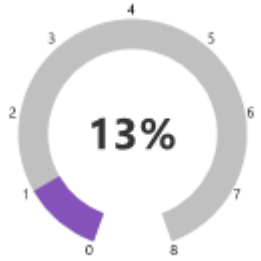
Priority:	**3I Dementia**

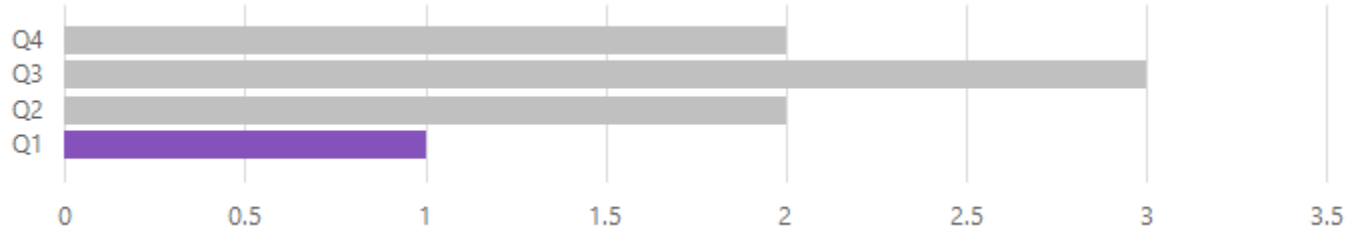
Strategic Threat and Risks: There is a risk that the Health Board is unable to deliver timely, equitable and high-quality dementia services due to increasing demand, workforce capacity constraints, delays in diagnosis and access to services, variation in care pathways, and challenges in delivering integrated care across health, social care and third sector partner

Accountable:	Executive Director of Nursing

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Implementation of the All-Wales Dementia Care Pathway of Standards Memory Assessment Services and diagnostic pathways Community dementia services and multidisciplinary teams Partnership working with Local Authorities and third sector organisations Dementia workforce training and development programmes Performance monitoring (diagnosis rates, waiting times) Carer support services and post-diagnostic support programmes	G1 - Delays in diagnosis and access to memory assessment services G2 - Workforce capacity and capability gaps G3 - Variation in service provision and access across North Wales G4 - Limited data quality and performance visibility G5 - Lack of fully integrated system-wide pathways G6 - Challenges in hospital flow and discharge for dementia patients G7 - Limited staff development and education within BCU funded care homes . Lack of admission avoidance initiatives for care homes residents	**Management Assurance** Monitoring of IMTP deliverables (3I.1–3I.8) Dementia programme governance and reporting Performance monitoring (diagnostic rates, waiting times, service access) **Risk & Compliance Assurance** Alignment with All-Wales Dementia Standards Internal audits and service reviews Monitoring compliance with national dementia pathways **Independent Assurance** Welsh Government oversight and performance reporting Regional Partnership Board scrutiny External inspections (e.g. HIW where applicable)	A1 - Limited assurance that diagnostic waiting times will improve at pace A2 - Limited independent validation of service redesign A3 - Data limitations impacting assurance reliability A4 - Limited evidence of improved outcomes from interventions A5 - Limited assurance of effective partnership integration A6 - Limited assurance of workforce sustainability	

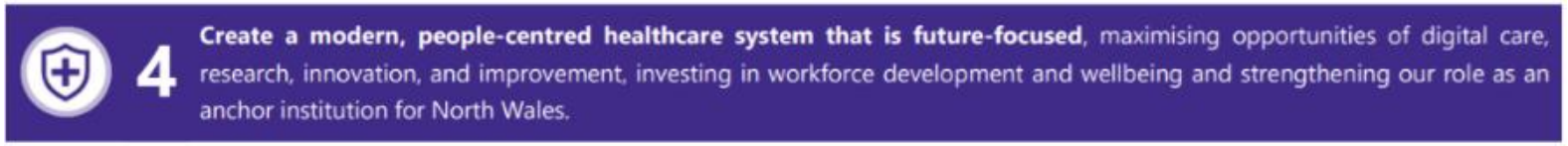
Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
3I.1	Complete a review of existing dementia care provision within Emergency Departments to include benchmarking against areas of best practice.	G1 G3	A1 A2 A4	Executive Director of Nursing	**Q1 (Complete)**
3I.2	Review analyse and make recommendations to the Health Board on the requirements to implement a Dementia Care Pathway for Emergency Departments.	G1 G3 G5	A1 A2 A5	Executive Director of Nursing	**Q3 Moderate Delivery Confidence Last Update: Aug 26**
3I.3	Design and deliver bespoke dementia patient and carer experience review for ED.	G1 G3	A2 A4	Executive Director of Nursing	**Q3 High Delivery Confidence Last Update: Aug 26**
3I.4	Undertake a review and training needs analysis of existing dementia training approaches and align national guidance and best practice standards, informing the development of a training programme for the workforce, building on the work completed for the bitesize training.	G2	A5 A6	Executive Director of Nursing	**Q2 High Delivery Confidence Last Update: Sep 26**
3I.5	Design and implement a programme tailored to the needs of the workforce to enable a consistent service delivery through agreement of a core minimum standard of dementia education across the Health Board.	G2 G5	A5 A6	Executive Director of Nursing	**Q3 Moderate Delivery Confidence Last Update: Aug 26**

3I.6	Undertake environmental assessments to review the Health Board's current assessment of appropriate and suitable dementia friendly environments for all care settings and make proposals as appropriate.	G3 G6	A2 A4	Executive Director of Nursing	**Q2** **Moderate Delivery Confidence** **Last Update: Sep 26**
3I.7	Recommendations and proposals collated and presented to the Health Board, working with Estates, to align any recommended improvements to Estates strategy and available budget.	G3 G6	A2 A6	Executive Director of Nursing	**Q4** **Moderate Delivery Confidence** **Last Update: Aug 26**
3I.8	Design and implement a staff campaign to raise awareness of prevention as it affects dementia.	G1 G5	A1 A4	Executive Director of Nursing	**Q4** **High Delivery Confidence** **Last Update: Aug 26**



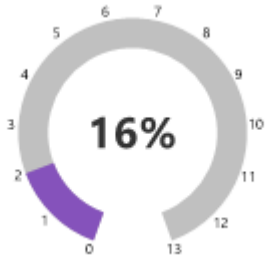
Principal risk (What could prevent us achieving this strategic objective)	**Failure to deliver and create a modern, people centred heath care system that is future focused**		
Lead Committee	**People & Culture Committee; Planning, Population Health & Partnerships ; Quality, Safety Experience Committee; Performance, Finance & Information Governance Committee**	**Risk Type**	**Innovation**
Risk Lead	**Executive Director of People Services & OD Executive Director of Nursing Executive Director of Transformation and Strategic Planning Executive Medical Director Chief Digital & Information Officer Director of Corporate Governance Director of Partnerships Executive Director of Finance Director of Estates**	**Risk Appetite**	**<20**
Related Corporate Risks:	**CRR25-02 – Future Demand & Sustainable Workforce, CRR25-04 – Modernising Digital Infrastructure to Enable Safe, Integrated Care, CRR25-05 – Strategic Change Impacting Care and Staff Delivery, CRR25-06 – Delivery of the 2026/27 Financial Plan and Financial Sustainability, CRR25-07 – Leadership and Operating Model, CRR25-08 – Non-Compliance with Regulatory and Legislative Requirements, CRR25-09 – Safe Environment, CRR25-10 – Health and Safety, CRR25-11 – ICT Failure and Cyber**		

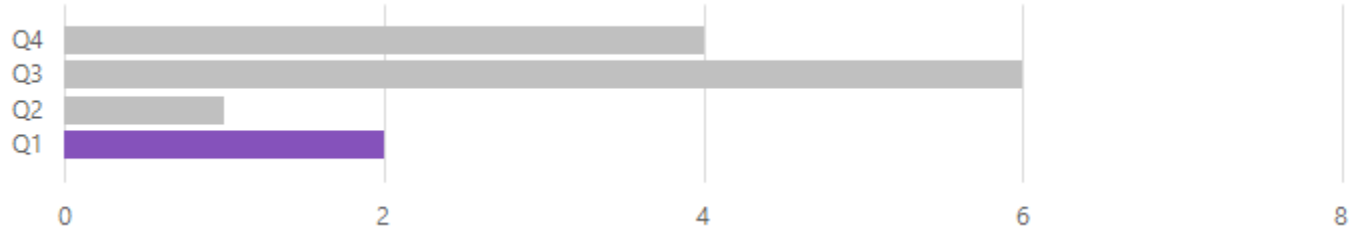
Risk Rating			**Review Dates**	
	Current Exposure	**Target**		
Consequence	**5**	**5**	**Initial assessment**	**19/07/2026**
Likelihood	**4**	**3**	**Last Committee review**	**17/08/2026**
Risk Rating	**20**	**15**	**Last Executive Review**	**28/07/2026**

Priority:	4A Foundations for the Future
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to establish a coherent, effective and agile operating model due to challenges in organisational culture, workforce capability, governance, and process alignment. This may lead to inconsistent decision-making, lack of accountability, fragmented service delivery, and reduced organisational performance, impacting the delivery of high-quality, sustainable healthcare services.	
Accountable:	Executive Director of People / Executive Director of Nursing & Midwifery / Director of Corporate Governance / Executive Director of Transformation & Strategic Planning (shared programme leadership)

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Implementation of Culture, Leadership and Engagement programme (4A.1) Transition to new organisational structure and service groups (4A.2, 4A.7–4A.8) Development of leadership and competency frameworks (4A.3–4A.4) Improvement of governance, business case and ECR processes (4A.5–4A.6) Implementation of revised governance model and operating framework (4A.9–4A.11) Partner engagement to align operating model across system (4A.12) Development of organisational approach to change framework (4A.13)	G1 - Risk of over-focus on structural change at expense of culture, people and processes G2 - Workforce uncertainty and reduced morale during transition periods G3 - Delays in implementation due to complexity of consultation and change processes G4 - Limited maturity of governance and decision-making processes under new model G5 - Limited organisational capability in delivering large-scale change consistently G6 - Dependency on partner alignment and system-wide adoption of operating model	**Management Assurance** IMTP monitoring of 4A deliverables (4A.1–4A.13) Programme governance (Foundations for the Future Programme Board) Performance measures: Staff engagement index Evidence of team effectiveness and collaboration **Risk & Compliance Assurance** Governance reviews and internal audit of processes Alignment with: Workforce frameworks Governance and accountability frameworks Monitoring of implementation of new operating model **Independent Assurance** Welsh Government oversight (Special Measures framework) External audit and governance reviews Staff survey benchmarking	A1 - Limited assurance of sustained impact of organisational change on outcomes A2 - Limited independent validation of cultural and leadership A3 - Limited real-time insight into impact of transition on service delivery A4 - Limited evidence linking operating model changes to improved performance A5 - Limited assurance of consistency across divisions and services A6 - Limited assurance of workforce stability and engagement during transition	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4A.1	Implement and deliver the year 1 actions from the Culture, Leadership and Engagement 3-year Improvement plan 2026-29. The delivery plan is structured into five areas. 1. Vision and Values, 2 Goals and Performance, 3. Learning and Innovation, 4. Support and Compassion, 5. Teamwork. Year one focusses on embedding systems and processes in these areas to improve leadership quality, employee engagement, psychological safety and practically embedding the agreed values and behaviours.	G1 G2 G5	A1 A2 A6	Chief Executive	**Q4 High Delivery Confidence Last Update: Aug 26**
4A.2	Complete the transition to new senior posts and establish new service groups and corporate directorates, supported by cross-functional operating agreements and ongoing team and leadership development.	G2 G4	A3 A5	Chief Executive	**Q4 High Delivery Confidence Last Update: Aug 26**
4A.3	Complete the revised Integrated Leadership Development Framework.	G5	A5	Chief Executive	**Q1 (Complete)**
4A.4	Complete Competency Frameworks, which includes the competencies and skills required for particular roles by banding, equipping staff with the skills to deliver their roles.	G2 G5	A6	Chief Executive	**Q1 (Complete)**

4A.5	Review and improve the Establishment Control Review (ECR) process, to ensure it is more streamlined and fully supported.	G4	A5	Chief Executive	**Q3 High Delivery Confidence Last Update: May 26**
4A.6	Review and improve the process for creating, reviewing, and approving business cases.	G4	A5	Chief Executive	**Q3 High Delivery Confidence Last Update: Aug 26**
4A.7	Implement the Foundations for the Future design and thereby establish a clear organisational structure led by an effective and complete executive team with the leadership capacity and capability to deliver high quality, sustainable care.	G1 G2 G4	A3 A5	Chief Executive	**Q3 Moderate Delivery Confidence Last Update: Aug 26**
4A.8	Complete the design of Phase 2. This will include reviewing the structures of the organisation at bands 8b and below, a plan for the effective integration of Mental Health and Learning Disabilities, and a rapid review of phase 1 implementation across all 5 pillars of the Programme.	G3 G5	A1 A4	Chief Executive	**Q4 High Delivery Confidence Last Update: Aug 26**
4A.9	Implement a new governance model as part of the revised operating model, ensuring sharper accountability, fewer/streamlined meetings, focusing on delivery and transparency.	G4	A4 A5	Chief Executive	**Q2 High Delivery Confidence Last Update: Aug 26**
4A.10	Publish to BCUHB Board the collated lessons learned from Phase 1, including outcomes from the consultation process, evaluation of performance and benefits measurement and how FFTF supports de-escalation by improving governance and accountability.	G3 G5	A1 A4	Chief Executive	**Q3 High Delivery Confidence Last Update: Aug 26**
4A.11	Publish the Operating Framework, including how business partnering will operate with the Service Groups, and	G4	A5	Chief Executive	**Q3 High Delivery Confidence Last Update: Aug 26**

	the directory of services reflecting the new organisational model.				
4A.12	Engage with partners (JCC, NWAS, Local Government, Third Sector) to review the operating model and identify changes to the ways we operate and define operating policies and/or updated MOUs where applicable.	G6	A5	Chief Executive	**Q4 High Delivery Confidence Last Update: Aug 26**
4A.13	Co-produce with staff and partners an organisational approach to change framework that supports teams to successfully design, deliver and sustain change.	G5	A2 A6	Chief Executive	**Q3 High Delivery Confidence Last Update: Aug 26**

Priority:	**4B Strategy and Planning**

Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to develop, align and deliver a robust long-term strategy and integrated planning framework due to operational pressures, limited stakeholder engagement, and external uncertainty. This may result in lack of strategic clarity, poor alignment between plans and resources, reduced organisational ownership, and inability to deliver sustainable transformation and improved outcomes.

Accountable:	Executive Director of Transformation

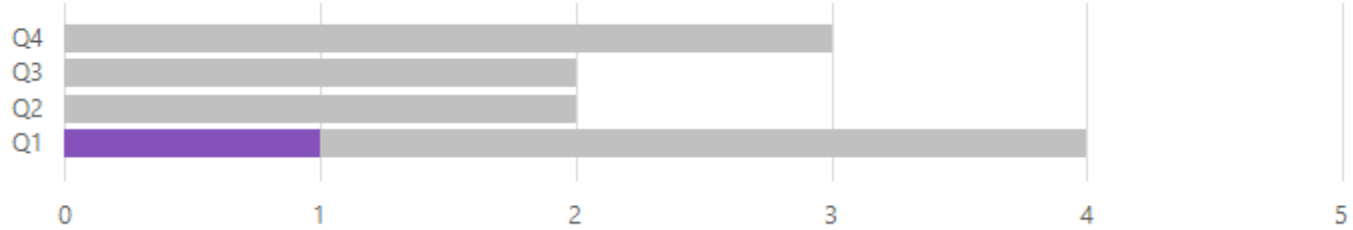
Primary risk controls:	**Gaps in control:**	**Sources of assurance:**	**Gaps in assurance:**	**Assurance Rating**
Delivery of 10-Year Strategy development (discovery, design and delivery phases) (4B.1–4B.3) Structured stakeholder engagement across organisation and partners Development of partnership frameworks (e.g. Third Sector collaboration) (4B.4) Implementation of improved planning and modelling capability (4B.5, 4B.7–4B.9) Establishment of annual reflection and learning cycles (4B.6) Strengthened IMTP delivery monitoring and reporting (4B.11)	G1 - Risk of insufficient stakeholder engagement impacting ownership of strategy G2 - Operational pressures limiting capacity to deliver strategic planning activity G3 - Uncertainty in external environment (political / policy changes) G4 - Limited maturity of integrated planning processes across organisation G5 - Limited capability in modelling, forecasting and strategic decision-making G6 - Risk of misalignment between strategy, resources and delivery plans	**Management Assurance** - Board-approved 10-Year Strategy and associated strategic objectives. - Approved Integrated Medium Term Plan (IMTP) and annual planning cycle. - Integrated Planning Framework and planning guidance. - Strategy & Planning Programme governance and reporting arrangements. - Quarterly performance reports demonstrating delivery against strategic priorities and IMTP commitments. - Executive performance reviews	A1 - Limited assurance of full organisational and partner ownership of strategy A2 - Limited independent validation of strategy effectiveness and impact A3 - Limited real-time visibility of planning alignment and delivery A4 - Limited evidence linking strategy to improved performance outcomes A5 - Limited assurance of consistency in planning approaches across organisation A6 - Limited assurance of sustainability of delivery within financial constraints	

Development of integrated planning and decommissioning approaches (4B.8, 4B.10)		and accountability arrangements. - Strategic planning milestones and delivery monitoring. - Resource allocation and investment decision making processes aligned to strategic priorities **Risk & Compliance Assurance** - Assessment against NHS Wales Planning Framework requirements. - Planning Maturity Matrix self-assessment and improvement programme. - Internal reviews of planning, prioritisation and governance processes. - Compliance with Well-being of Future Generations duties and organisational planning requirements. - Monitoring of alignment between strategic, workforce, financial, digital and estate plans. **Independent Assurance** - Welsh Government review and oversight of Strategy and IMTP submissions. - Internal Audit reviews of planning, governance and strategic decision-making processes. - Audit Wales reviews relating to planning, governance and organisational resilience. - NHS Performance & Improvement reviews - External benchmarking of planning maturity and		

		organisational performance. - Stakeholder and partner feedback regarding strategic engagement and alignment.		

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4B.1	Complete the Discovery Phase of the new 10-year Health Board Strategy by finalising evidence gathering, synthesising insights from key stakeholders, and undertaking structured engagement across the organisation and wider partners. This will culminate in an agreed Discovery Report, to inform the subsequent Design Phase of the Strategy. This work will also cover some specific requirements within the NHS Wales Planning Guidance:▪ A review of the organisation's Well-being objectives and how they fit within the Health Board's overarching strategic objectives. Provide clarity on the full suite of underpinning strategic plans (such as the Clinical Services Plan, Estates Strategic Plan and Digital Strategic Plan) and timelines for their development.▪ Incorporate the Health	G1 G2 G4	A1 A3	Executive Director of Transformation & Strategic Planning	**Q1** **Low Delivery Confidence** **Last Update: Aug 26**

	Board's ambitions relating to Advanced Therapies and Genomics.				
4B.2	Complete the full strategy design phase by translating the insights from the discovery phase into a validated strategic framework, including defined goals, strategic priorities, delivery roadmaps, and governance model, culminating in a final Strategy ready for Board approval. This will include structured engagement with key stakeholders throughout the design process to test assumptions, refine options, and build organisational alignment, ensuring aspects such as the Marmot principles (relating to early childhood, education, employment, preventing ill-health, housing and community well-being) are covered within the scope.	G1 G6	A1 A4	Executive Director of Transformation & Strategic Planning	**Q3** **Moderate Delivery Confidence** **Last Update: Aug 26**
4B.3	Implementation of the strategy will be via key underpinning quality impact assessed strategic plans (e.g. Clinical Services Plan) and their key deliverables falling within the 2027-30 IMTP.	G4 G6	A4 A6	Executive Director of Transformation & Strategic Planning	**Q4** **Moderate Delivery Confidence** **Last Update: Aug 26**
4B.4	Co-create a Third Sector Partnership Working Framework with Third Sector Partners to move to more proactive and strategic collaborative approach.	G1 G3	A1 A5	Executive Director of Transformation & Strategic Planning	**Q1** **High Delivery Confidence** **Last Update: Sep 26**
4B.5	Draw on support from NHS Performance and Improvement (NHS P&I) colleagues to develop proposals on an improved approach to a unified modelling across demand, capacity, skills mix, activity, performance, finance and workforce, incorporating benchmarking against other Health Boards – to be utilised in the 2027-30 IMTP planning cycle.	G5	A3 A6	Executive Director of Transformation & Strategic Planning	**Q1** **Moderate Delivery Confidence** **Last Update: Sep 26**

4B.6	Undertake an annual reflection and learning exercise in relation to the annual planning cycle, incorporating the planning maturity matrix self-assessment tool and involving internal and external stakeholders.	G4 G5	A2 A5	Executive Director of Transformation & Strategic Planning	**Q1 (Complete)**
4B.7	Deliver improvements in the organisation's approach to planning through delivery of the planning capability action plan that is informed by feedback from key stakeholders, annual learning cycles and contains actions from the planning maturity matrix self-assessment. Aiming to progress to level 3 and above across all areas.	G4 G5	A5	Executive Director of Transformation & Strategic Planning	**Q4 High Delivery Confidence Last Update: Aug 26**
4B.8	Update the BCUHB Integrated Planning Framework and associated more detailed planning guidance in light of annual reflection and learning exercise, emphasising the importance of clinical leadership, Community by Design principles and patient feedback in service planning.	G4 G6	A3 A5	Executive Director of Transformation & Strategic Planning	**Q2 High Delivery Confidence Last Update: Sep 26**
4B.9	Contribute to the broader organisational capability development work, specifically in relation to development of skills in planning.	G5	A6	Executive Director of Transformation & Strategic Planning	**Q2 High Delivery Confidence Last Update: Sep 26**
4B.10	Develop an organisational approach to de-prioritisation and de-commissioning for teams to utilise in reaching and implementing decisions of this nature, ensuring the full range of clinical and operational perspectives are central to the approach.	G6	A4 A6	Executive Director of Transformation & Strategic Planning	**Q3 High Delivery Confidence Last Update: Aug 26**
4B.11	Support delivery of commitments set out in the IMTP through monthly monitoring and timely escalation of any risks to delivery as well as quarterly reporting of delivery against the IMTP	G2 G4	A3 A4	Executive Director of Transformation & Strategic Planning	**Q4 High Delivery Confidence Last Update: Aug 26**

	and Special Measures de-escalation framework.				

Priority:	**4C Clinical Services Planning, Leadership and Interprofessional Working**

Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to effectively develop and deliver the Clinical Services Plan (CSP), alongside strong clinical leadership and interprofessional working, due to organisational change, insufficient resources, external uncertainty, and limited clinical engagement in leadership roles. This may result in delayed or ineffective service transformation, lack of clinical ownership, inconsistent leadership capacity, and an inability to deliver sustainable, high-quality, person-centred care aligned to strategic objectives and population needs.

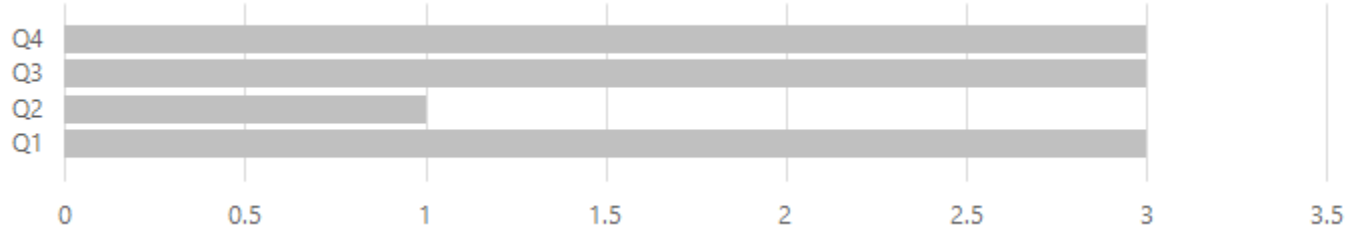
Accountable:	Executive Medical Director / Executive Director of Transformation

Primary risk controls:	**Gaps in control:**	**Sources of assurance:**	**Gaps in assurance:**	**Assurance Rating**
• Establishment of CSP Programme governance, delivery plans and reporting structures (4C.1–4C.2) • Delivery of CSP assessment process including evidence gathering, population health intelligence and option appraisal (4C.3) • Development and approval of CSP service change proposals (4C.4) • Implementation of clinical leadership roles, job descriptions and remuneration models (4C.5) • Delivery of clinical leadership training and development programmes (4C.6–4C.7) • Development of clinical leadership career pathways (4C.8) • Strengthening interprofessional working through clear roles, responsibilities and OD support (4C.9–4C.10)	G1 - CSP programme at early stage of development and not fully embedded across all services G2 - Variable engagement across clinical, operational and partner stakeholders G3 - Limited clinical leadership pipeline and capacity across services G4 - Insufficient prioritisation of resources (time and funding) to support CSP delivery G5 - Dependencies on operating model changes affecting programme coordination and engagement G6 - Interprofessional working arrangements not consistently embedded across teams	**Management Assurance** • IMTP monitoring of 4C deliverables (4C.1–4C.10) • CSP Programme governance and reporting arrangements • Evidence of completed CSP assessments and approved service change proposals • Workforce metrics including clinical leadership vacancies and training uptake • Staff engagement and organisational development feedback **Risk & Compliance Assurance** • Alignment with Clinical Services Plan requirements, IMTP and 10-year strategy • Internal governance and performance reporting frameworks • Oversight of workforce and leadership development programmes **Independent Assurance** • Welsh Government oversight of IMTP delivery and service	A1 - Limited assurance of consistent engagement and ownership across all services and partners A2 - Limited independent validation of CSP effectiveness and decision-making outcomes A3 - Limited real-time visibility of CSP delivery progress and alignment with strategy A4 - Limited evidence linking CSP delivery to improved population and service outcomes A5 - Limited assurance of leadership capacity and capability development impact A6 - Limited assurance of sustainability of delivery within available resources	

		transformation • External benchmarking and learning from other Health Boards • Stakeholder and partner feedback on CSP engagement and proposals		

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4C.1	Agree the CSP methodology and first tranche of areas to be prioritised and establish the CSP Programme by developing the programme structure, governance, and delivery approach, supported by targeted internal engagement and awareness raising activities to build understanding and organisational buy in. Success will be demonstrated through formal approval of the methodology, confirmation of programme governance, and evidence of staff awareness and engagement across key teams including the first major engagement event held.	G1 G2 G5	A1 A3	Executive Medical Director	**Q1 Low Delivery Confidence Last Update: Aug 26**
4C.2	Operationalise the CSP Programme by finalising detailed delivery plans for the process (pertaining to the first tranche of areas), establishing programme reporting and risk management processes, and initiating structured engagement with leads to prepare for	G1 G4	A3	Executive Medical Director	**Q2 Moderate Delivery Confidence Last Update: Aug 26**

	CSP assessments. Success will be demonstrated through approved delivery plans, active reporting cycles, and evidence of areas' readiness to enter the CSP process in Q3.				
4C.3	Deliver the full CSP assessment process for the first tranche of priority services, including evidence gathering (including use of key population level intelligence, assessment workshops, option development and prioritisation. This will be supported by structured engagement with leads and clinical and operational teams from the full set of professional groups to ensure clarity, collaboration and high-quality outputs. Success will be demonstrated through completed CSP assessment documentation and agreed prioritisation outcomes for all first tranche areas that demonstrates Community by Design principles, maximise pathway redesign and strengthened joint working between primary and secondary care and partners.	G1 G2	A3 A4	Executive Medical Director	**Q3** **Moderate Delivery Confidence** **Last Update: Aug 26**
4C.4	Finalise and submit the first tranche of CSP service change proposals for formal approval by the CSP Programme Board. This will include refining proposals based on feedback, completing required documentation, and ensuring alignment with strategic, operational and financial considerations. Success will be demonstrated through Programme Board approval of all first tranche service change proposals and confirmation of readiness for wider Health Board governance approvals and implementation planning.	G1 G6	A4	Executive Medical Director	**Q4** **Moderate Delivery Confidence** **Last Update: Aug 26**
4C.5	Job descriptions with roles with responsibilities and appropriate	G3	A5	Executive Medical Director	**Q1**

	remuneration in place for all clinical leadership posts with Foundations for the Future organisation structure, across primary, community and secondary care.				**Low Delivery Confidence Last Update: Aug 26**
4C.6	Commence implementation of a menu of formal training programmes informed by training and development needs analysis for all within clinical leadership positions, across primary, community and secondary care.	G3	A5	Executive Medical Director	**Q3 Low Delivery Confidence Last Update: Aug 26**
4C.7	Generalised upskilling related to modern NHS needs via Clinical Services Plan programme to include strategic planning, value-based health care, population health management etc, across primary, community and secondary care.	G3	A5	Executive Medical Director	**Q4 Low Delivery Confidence Last Update: Aug 26**
4C.8	Develop a clear and attractive career path and development package for those in or aspiring to Clinical Leadership position, drawing on internal and external expertise and support including NHS P&I and CMO. Across primary, community and secondary care.	G3	A5	Executive Medical Director	**Q4 Low Delivery Confidence Last Update: Aug 26**
4C.9	Provide clarity over best practice clinical and operational multi-professional working, in line with the new operating model structures roll out, both roles and responsibilities and effective team working. Across primary, community and secondary care.	G6	A1	Executive Medical Director	**Q1 Low Delivery Confidence Last Update: Aug 26**
4C.10	Provide organisation development support to ensure newly formed teams are working effectively together across clinical and operational inter-professional disciplines. Across primary, community and secondary care.	G2 G6	A1	Executive Medical Director	**Q3 Low Delivery Confidence Last Update: Aug 26**

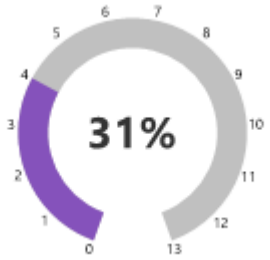
Priority:	4D Digital, Data and Intelligence

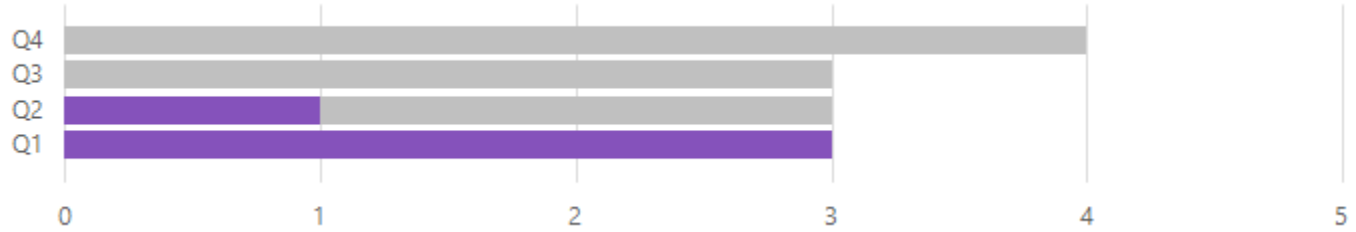
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver a robust, integrated digital, data and intelligence capability due to insufficient funding prioritisation, dependencies on internal and external partners, and limited clinical and operational capacity. This may result in delayed digital transformation, poor data quality and intelligence, reduced ability to support decision-making, and an inability to deliver safe, efficient and modern technology-enabled healthcare

Accountable:	Chief Digital & Information Officer

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Development and implementation of demand and capacity planning tools (4D.1) • Rollout of data quality kite mark and data governance programme (4D.2–4D.4) • Development of data governance audits and frameworks to improve data accuracy and accountability (4D.3–4D.4) • Implementation of clinical coding quality dashboards and improvement initiatives (4D.6–4D.8) • Development of population health intelligence and analytics capabilities (4D.11–4D.12) • Implementation of digital skills assessment and training programmes (4D.13–4D.14) • Programme of decommissioning legacy systems and reducing technical debt (4D.15) • Development of AI governance framework and digital roadmap aligned to CSP and strategy (4D.18–4D.19) • Strengthening cyber security and compliance through Cyber Assessment Framework gap analysis (4D.17)	G1 - Funding not consistently prioritised across digital and data initiatives G2 - Dependencies on national programmes, partners and internal transformation limiting delivery G3 - Limited clinical and operational capacity to support digital transformation G4 - Variable data quality and governance maturity across organisation G5 - Digital and analytical capability not fully embedded across services G6 - Legacy systems and infrastructure impacting efficiency and integration	**Management Assurance** • IMTP monitoring of 4D deliverables (4D.1–4D.20) • Digital programme governance and reporting arrangements • Data quality kite mark assessments and data governance audits • Clinical coding performance dashboards and reporting • Digital skills training uptake and workforce development metrics **Risk & Compliance Assurance** • Compliance with Cyber Assessment Framework (CAF) requirements • Information governance and data quality frameworks • Oversight of digital clinical safety and cyber risks at Board level (4D.20) **Independent Assurance** • Welsh Government oversight of digital transformation and IMTP delivery • External benchmarking and national digital programmes • Audit and review of data governance, cyber security and system performance	A1 - Limited assurance that digital investment decisions are prioritised and deliver expected benefits A2 - Limited visibility and control over dependencies impacting delivery timelines A3 - Limited assurance of clinical engagement and capacity to support digital implementation A4 - Limited confidence in consistency and quality of data across organisation A5 - Limited evidence of impact of digital transformation on service outcomes A6 - Limited assurance over full integration and sustainability of digital systems	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4D.1	Identify and commence implementation of best practice and tools available to support improved organisation wide demand and capacity planning.	G3 G5	A3 A5	Director of Digital, Data & Intelligence	**Q2 Moderate Delivery Confidence Last Update: Sep 26**
4D.2	Further development and roll out throughout the year of the data quality kite mark to provide assurance on data quality and accuracy.	G4	A4	Director of Digital, Data & Intelligence	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
4D.3	Develop and commence implementation a programme of data governance audits to provide assurance on data processing and reporting accuracy.	G4	A4	Director of Digital, Data & Intelligence	**Q1 (Complete)**
4D.4	Develop a data quality framework that makes clear the responsibilities and accountability associated with the collection and management of data across the health board.	G4 G5	A4	Director of Digital, Data & Intelligence	**Q3 High Delivery Confidence Last Update: Aug 26**
4D.5	Develop proposals for a Robotic Process Automation (RPA) approach and associated implementation plan.			Director of Digital, Data & Intelligence	**Q3 High Delivery Confidence Last Update: Aug 26**
4D.6	Develop and implement a Clinical Coding quality dashboard to facilitate	G4	A4	Director of Digital, Data & Intelligence	**Q1 (Complete)**

	improved clinical coding error detection and correction.				
4D.11	Further enhance existing information products to introduce elements of Population Health Management (PHM) e.g. deprivation analysis, further identification of patient cohorts for targeted interventions.(Shared objectives with Public Health Team on PHM).	G5	A5	Director of Digital, Data & Intelligence	**Q3 High Delivery Confidence Last Update: Aug 26**
4D.13	Implement a comprehensive Digital Skills Assessment and publish Training Needs Analysis and Academy plan on LMS landing page.	G3 G5	A3	Director of Digital, Data & Intelligence	**Q1 (Complete)**
4D.15	Progressively and systematically decommission and archive unsupported systems and devices in line with available resources, while maximising the efficient use of current supported systems to reduce technical debt, support costs, and safety risk.	G6	A6	Director of Digital, Data & Intelligence	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
4D.17	Completion of a gap analysis against the requirements of the newly released Cyber Assessment Framework (CAF) version 4 – this will be the tool used by our regulators to measure compliance.	G2	A2	Director of Digital, Data & Intelligence	**Q2 (Complete)**
4D.18	Create and establish a robust AI framework to ensure the appropriate processes, people and governance arrangements are in place. This will provide assurance that the approval/review process in place provides structure for the appropriate and safe use of AI tools which considers all 7 AI principles, covering safety, confidentiality, research, evaluation, partnership, ethics, transparency, and data quality.	G2 G5	A2 A6	Director of Digital, Data & Intelligence	**Q2 High Delivery Confidence Last Update: Aug 26**
4D.19	To review the organisational wide Digital Roadmap to take into account	G1 G2	A1 A2	Director of Digital, Data & Intelligence	**Q4**

	the 10 year strategy and Clinical Service Plan.				**Moderate Delivery Confidence Last Update: Aug 26**
4D.20	Ensure that digital clinical safety, cyber security and information governance risks in relation to digital are considered by the board, and undertake regular board development sessions to develop digital and data competence.	G2 G3	A2 A3 A6	Director of Digital, Data & Intelligence	**Q4 High Delivery Confidence Last Update: Aug 26**

Priority:	**4E Research, Development and Innovation**

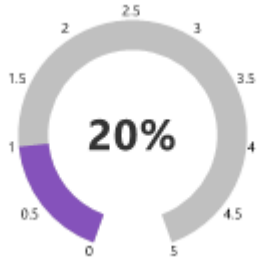
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to effectively grow and sustain research, development and innovation (RD&I) activity due to limited pipeline of studies, insufficient capacity to support research delivery, and challenges in securing external funding. This may result in reduced research activity, missed opportunities for innovation, limited access to funding and partnerships, and an inability to improve patient outcomes, workforce development and organisational learning.

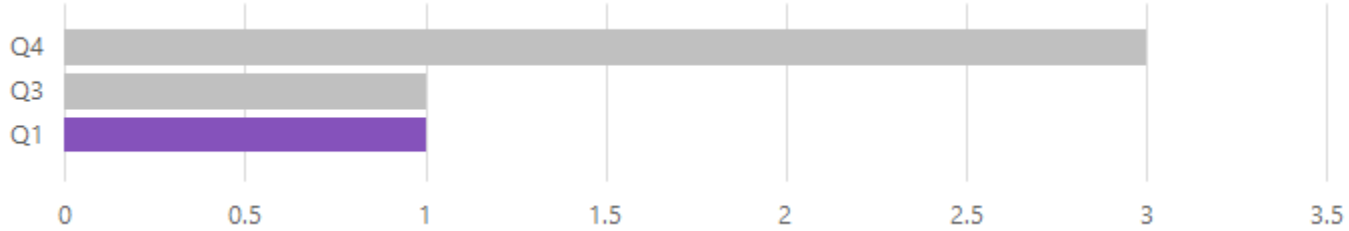
Accountable:	Executive Medical Director

Primary risk controls:	**Gaps in control:**	**Sources of assurance:**	**Gaps in assurance:**	**Assurance Rating**
Approval and delivery of RD&I strategic plan aligned to Health Board priorities and national expectations (4E.1) Development of proposals for an innovation centre in partnership with industry and academia (4E.2) Embedding research expectations into clinical roles, job plans and appraisals (4E.3) Increasing research study activity and recruitment through improved processes and engagement (4E.4) Strengthening academic partnerships and joint appointments to support research and innovation (4E.5)	G1 - Limited pipeline of research studies and opportunities G2 - Insufficient capacity (PI, workforce and support services) to deliver research activity G3 - Limited capability and capacity for bid writing and securing external funding G4 - Research and innovation not fully embedded as core part of clinical practice G5 - Dependency on external partners and funding environment G6 - Limited coordination and visibility of RD&I activity across the organisation	**Management Assurance** • External review through research networks and academic partners • Benchmarking against national research activity and funding metrics • Oversight and requirements from Welsh Government and Health and Care Research Wales **Risk & Compliance Assurance** • Alignment with Health and Care Research Wales and national policy requirements • Governance oversight of research activity and compliance processes • Monitoring of research performance metrics	A1 - Limited assurance on sustainability and growth of research pipeline A2 - Limited visibility of capacity constraints impacting research delivery A3 - Limited assurance over success rates for funding and bid quality A4 - Limited evidence of impact of RD&I activity on patient outcomes and service improvement A5 - Limited assurance that research is consistently embedded into clinical practice and workforce roles	

		(recruitment to target, study delivery timelines) **Independent Assurance** • IMTP monitoring of 4E deliverables (4E.1–4E.5) • RD&I programme governance and reporting • Metrics on number of studies opened and recruitment levels • Monitoring of research funding applications and awards		

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4E.1	RD&I strategic plan and delivery plan approved, aligned to health board strategic intentions and national performance metric.	G4 G6	A1 A5	Executive Medical Director	**Q1 (Complete)**
4E.2	Develop a proposal for a self-sustaining innovation centre, working with industry and academia, prioritising digital innovations and medical technology, aligned with the NHS Wales Technical Planning Guidance 2026-29 Digital and Innovation enabling plan, and Welsh Government's Innovation Strategy delivery plan.	G3 G5	A3 A4	Executive Medical Director	**Q3 High Delivery Confidence Last Update: Aug 26**
4E.3	Work with People Services colleagues to develop and implement a plan to normalise research as a core part of	G2 G4	A2 A5	Executive Medical Director	**Q4 High Delivery Confidence**

	clinical practice by embedding research expectations within job descriptions, appraisal objectives, and job plans for identified priority staff groups, supported by guidance and manager training.				**Last Update: Aug 26**
4E.4	Increase the number of non-commercial and commercial research studies opened by the Health Board and recruitment to those studies, through proactive engagement with sponsors and streamlined feasibility and approval processes.	G1 G2	A1 A2	Executive Medical Director	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
4E.5	Work with local academic partners to identify and implement to increase joint appointments and/or honorary contracts, closely working with the Academic Careers Community of Interest, ensuring that posts add value to research and innovation activity and support the above actions.	G2 G5	A2 A5	Executive Medical Director	**Q4 High Delivery Confidence Last Update: Aug 26**

Priority:	**4F Education Partnership and Projects, Academic Careers and Strategic Alignment of Education**

Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to effectively develop and deliver its education partnerships, academic career pathways and strategic alignment of education due to dependency on national programmes, limited operational capacity for placements, and challenges in aligning education with service transformation. This may result in reduced workforce pipeline, limited development of academic careers, and failure to align education provision to future service and workforce needs.

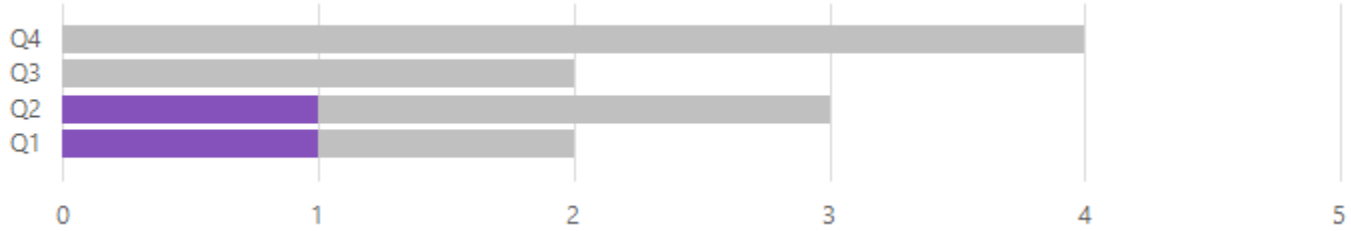
Accountable:	Executive Director of People Services & Organisational Development

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Engagement with Further and Higher Education partners to align education provision with Clinical Services Plan (4F.1) • Development and monitoring of Memoranda of Understanding (MoUs) and partnership delivery plans (4F.2, 4F.5) • Exploration of opportunities through regional partnerships including the Tertiary Alliance (4F.3) • Development of Academic Careers pathways and	G1 - Dependencies on national programmes and timelines impacting local delivery G2 - Limited operational capacity to support student placements across services G3 - Academic career pathways not fully embedded or developed	**Management Assurance** • IMTP monitoring of 4F deliverables (4F.1–4F.11) • Education Steering Group and governance reporting • Monitoring of MoU delivery plans and partnership activity • Workforce and education	A1 - Limited assurance of alignment between education provision and future service needs A2 - Limited visibility of placement capacity and impact on workforce pipeline A3 - Limited evidence of effectiveness of academic career pathways A4 - Limited assurance over consistency and quality of partnership delivery	

Community of Practice (4F.7–4F.8) • Establishment of governance structures for education aligned to workforce and service needs (4F.9) • Development of Strategic Education Plan aligned to HEIW and national priorities (4F.10) • Compliance with national legislative and education requirements (4F.11)	G4 - Inconsistent alignment between education provision and service/workforce needs G5 - Limited coordination and oversight of partnerships and education delivery G6 - Variable engagement across services in supporting education and training	metrics (placements, recruitment pipelines) **Risk & Compliance Assurance** • Alignment with HEIW strategies and national education frameworks • Compliance with statutory requirements (e.g. Additional Learning Needs Act) • Oversight of education governance and workforce planning alignment **Independent Assurance** • External partner feedback from universities and FE providers • National oversight through HEIW and Welsh Government • Evaluation of partnership effectiveness and student pipeline outcomes	A5 - Limited assurance of sustainability of education models within operational constraints	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4F.1	Work with Further and Higher Education Partners to capture their contribution to the development of the Health Board's clinical services plan so that education provision across the	G4 G6	A1 A4	Executive Director of People Services & Organisational Development	**Q1** **Low Delivery Confidence** **Last Update: Sep 26**

	region can reflect the future development of healthcare.				
4F.2	Review and set out proposals to the Health Board on requirements to meet Memoranda of Understanding with Further and Higher Education Partners and reflect in delivery plans aligned to national programmes and strategies, with agreed key metrics and baselines.	G5	A4	Executive Director of People Services & Organisational Development	**Q3 High Delivery Confidence Last Update: Aug 26**
4F.3	Review opportunities for BCUHB to support the Tertiary Alliance formed between Bangor University, Wrexham University, Grwp Llandrillo Menai and Coleg Cambria.	G1 G5	A4	Executive Director of People Services & Organisational Development	**Q3 High Delivery Confidence Last Update: Aug 26**
4F.4	Continue to support the development of the proposed Dental School and input into associated business cases.	G2 G6	A2	Executive Director of People Services & Organisational Development	**Q4 High Delivery Confidence Last Update: Aug 26**
4F.5	Submit an evaluation of progress against the aspirations set out in the Memoranda of Understanding with Further and Higher Education Partners, providing recommendations on how performance against key metrics may be enhanced.	G5	A4	Executive Director of People Services & Organisational Development	**Q4 High Delivery Confidence Last Update: Aug 26**
4F.6	Commence full business case for the North Wales Medical school in partnership with Bangor University.	G2 G5	A2 A4	Executive Director of People Services & Organisational Development	**Q1 (Complete)**
4F.7	Conduct an analysis as to the key barriers in establishing academic careers and update the pathway framework accordingly.	G3	A3	Executive Director of People Services & Organisational Development	**Q2 (Complete)**
4F.8	Having established an Academic Careers Community of Practice to bring together academics across BCUHB, develop a delivery plan which will outline how we should enhance their work and maximise its impact within BCUHB.	G3 G6	A3	Executive Director of People Services & Organisational Development	**Q2 Moderate Delivery Confidence Last Update: Sep 26**

4F.9	Develop a proposal for an interprofessional governance structure setting out clear governance routes and alignment of education to strategic workforce planning and the quality, safety and experience of our services.	G4 G5	A1 A4	Executive Director of People Services & Organisational Development	**Q2 Low Delivery Confidence Last Update: Sep 26**
4F.10	Progress to the Design Phase for education and training, agreeing priorities together with the development of an underpinning Strategic Education Plan which aligns to HEIW and local commissioning of education and training.	G4	A1	Executive Director of People Services & Organisational Development	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
4F.11	Collaboration with education colleagues to comply with the duties set out in the Additional Learning Needs and Education Tribunal (Wales) Act.	G2	A2	Executive Director of People Services & Organisational Development	**Q4 High Delivery Confidence Last Update: Aug 26**

Priority:	**4G Value & Sustainability**

Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver a sustainable Value & Sustainability programme due to insufficient identification and delivery of recurrent savings, disruption from organisational change, and competing operational pressures. This may result in increased financial deficits, reduced ability to invest in transformation, failure to shift resources to higher-value care, and an inability to deliver efficient, high-quality and sustainable services.

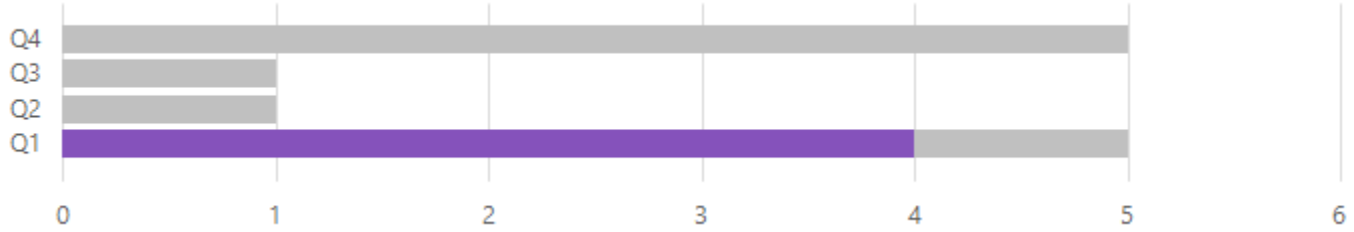
Accountable:	Executive Director of Finance

Primary risk controls:	**Gaps in control:**	**Sources of assurance:**	**Gaps in assurance:**	**Assurance Rating**
Development of Value & Sustainability programme aligned to national priorities and Board objectives (4G.1–4G.12) • Implementation of clinical variation programmes to reduce unwarranted variation and improve efficiency (4G.1–4G.4) • Development of non-pay and procurement programmes to optimise resource use (4G.5) • Implementation of medicines management programme aligned to national priorities (4G.6) • Development of continuing healthcare (CHC) programme to manage demand and cost pressures (4G.7) • Implementation of value-based healthcare approaches to improve outcomes and resource use (4G.8–4G.11)	G1 - Insufficient pipeline of savings opportunities to meet recurrent targets G2 - Disruption from operating model changes impacting programme delivery G3 - Operational pressures limiting focus on transformation and prevention G4 - Inconsistent identification and delivery of value opportunities across services G5 - Limited embedding of value-based healthcare principles in	**Management Assurance** • IMTP monitoring of 4G deliverables (4G.1–4G.12) • Value & Sustainability Programme governance and reporting • Monitoring of savings delivery against agreed targets • Performance and productivity metrics **Risk & Compliance Assurance** • Alignment with national Value & Sustainability Board priorities	A1 - Limited assurance of delivery of recurrent savings at required scale A2 - Limited visibility of impact of operating model changes on savings delivery A3 - Limited assurance that transformation and prevention programmes are being prioritised A4 - Limited evidence linking value initiatives to improved outcomes and efficiency A5 - Limited assurance of consistent application of value-based decision-making across organisation	

• Delivery of agreed savings targets through refreshed Value & Sustainability programme (4G.12)	decision-making G6 - Limited capacity and capability to deliver efficiency and productivity improvements	• Financial governance and reporting frameworks • Oversight of programme delivery through Finance and Performance governance **Independent Assurance** • Welsh Government oversight of financial performance and IMTP delivery • External benchmarking of productivity and efficiency • Audit review of savings programmes and financial controls		

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4G.1	Review current progress with the implementation of the Value & Sustainability Board 'Bone Health' High Value High Impact (HVHI) pathway and produce a proposal to support further implementation.	G4 G5	A4	Executive Director of Finance	**Q2 Moderate Delivery Confidence Last Update: Sep 26**
4G.2	Review current progress with the implementation of the Value & Sustainability Board Diabetes' High Value High Impact (HVHI) pathway and produce a proposal to support further implementation. This is to be managed as part of the Primary Care IMTP plans.	G4 G5	A4	Executive Director of Finance	**Q3 High Delivery Confidence Last Update: May 26**

4G.3	Address variation reported in the National Outcomes Framework and National Clinical Audit and Outcome Review Programme.	G4	A4	Executive Director of Finance	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
4G.4	Develop a Clinical Variation programme to deliver against the core thematic, which have been identified through the national Clinical Variation & Service Reconfiguration Group, with a particular focus on reducing unwarranted clinical variation, minimising waste, improving efficiency and ensuring sustainable service configuration.	G4 G5	A4	Executive Director of Finance	**Q1 Low Delivery Confidence Last Update: Sep 26**
4G.5	Develop a Non-Pay & Procurement programme to deliver against the core thematic, which have been identified through the national Non-Pay & Procurement Value & Sustainability Group, with a particular focus on reducing clinical variation to maximise benefits in relation to price and product standardisation.	G1 G6	A1	Executive Director of Finance	**Q1 (Complete)**
4G.6	Develop a Medicines Management programme to deliver against the seven priority areas, which have been identified through the Directors of Pharmacy's Medicines Value and Sustainability Delivery Assurance Group and endorsed by the NHS Value and Sustainability Board.	G1 G6	A1	Executive Director of Finance	**Q1 (Complete)**
4G.7	Develop a CHC programme to deliver against the seven priority areas, which have been identified through the national CHC Value & Sustainability Group.	G1	A1	Executive Director of Finance	**Q1 (Complete)**
4G.8	Develop a 'bottom-up' value programme for staff to register their value ideas/initiatives, with advice, guidance and resource provided where	G4 G6	A3 A5	Executive Director of Finance	**Q4 High Delivery Confidence Last Update: Jul 26**

	appropriate to mature ideas into delivery.				
4G.9	Develop a robust benefits framework for the programme, which allows for the effective measurement of activity and resources linked to VBHC (clinical staff, administrative staff, budgets, buildings, energy etc) to improve patient outcomes, patient experience and resource efficiency to ensure value and patient-centred care.	G5	A4	Executive Director of Finance	**Q1 (Complete)**
4G.10	Use Value Based Health Care (VBHC) guidance for designing services, responding to key population level intelligence including OECD PaRIS report 2025 - Value in Health and through service level Patient Reported Outcome Measurements (PROMs), Patient Reported Experience Measurements (PREMs) and social value measures for procurement. This is to be managed as part of the Clinical Services Plan	G5	A4	Executive Director of Finance	**Q4 High Delivery Confidence Last Update: May 26**
4G.11	As part of our refined planning process, we will utilise the value-based approach that provides the discipline to stop low-value activity, shifting finite resources to prevention and earlier access, community-based care, better-value interventions, and supporting people to manage more of their own health. All of our major investment and dis-investment decisions should therefore be assessed according to their impact on outcomes, experiences, and the value generated from resources used. This is to be overseen by the Planning Team.	G3 G5	A3 A4	Executive Director of Finance	**Q4 High Delivery Confidence Last Update: May 26**
4G.12	Deliver a refreshed Value & Sustainability programme that realises the agreed recurrent savings target for 26/27, aligned with the national value	G1 G2	A1 A2	Executive Director of Finance	**Q4 High Delivery Confidence Last Update: Jul 26**

	and sustainability structure and associated priorities and which also ensures that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis.				

Priority:	**4H Quality**

Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to consistently deliver safe, effective and high-quality care due to challenges in embedding the Quality Management System (QMS), organisational change, and ongoing operational challenges particularly within UEC and Planned care , workforce and financial pressures . This may result in variability in care quality, increased patient harm, failure to meet statutory and regulatory requirements, and reduced confidence from patients, staff and stakeholders.

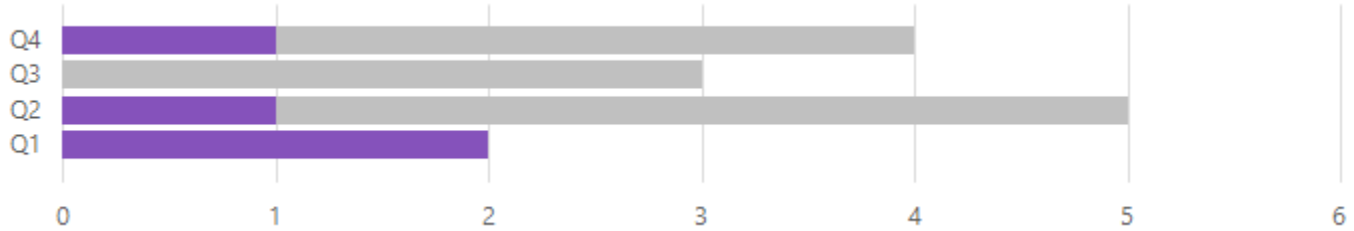
Accountable:	Executive Director of Nursing

Primary risk controls:	**Gaps in control:**	**Sources of assurance:**	**Gaps in assurance:**	**Assurance Rating**
• Development and implementation of a Quality Management System (QMS) and maturity framework (4H.1) • Development of a Health Board-wide Quality Accreditation Framework (4H.2) • Redesign and strengthening of quality governance framework including quality issues log (4H.3) • Implementation of audit programmes and NICE compliance improvements (4H.4–4H.5) • Delivery of national patient safety strategy and digital safety programmes (4H.6–4H.7) • Implementation of Listening to People Regulations and ward accreditation programmes (4H.8–4H.9) • Implementation of infection prevention and safety improvement plans (4H.10–4H.12) • Development of organisational learning systems and repository (4H.13) • Oversight of national quality standards and best practice (4H.14)	G1 - QMS not yet fully embedded across all services G2 - Limited dedicated capacity to sustain QMS and quality improvements G3 - Risk of reduced focus on quality during organisational change G4 - Ongoing operational pressures particularly in UEC and planned care is impacting ability to prioritise quality improvement G5 - Inconsistent application of quality governance processes across services G6 - Limited integration of learning and improvement across the organisation	**Management Assurance** • IMTP monitoring of 4H deliverables (4H.1–4H.14) • QMS maturity metrics and reporting • Quality governance reporting and quality issues log • Audit programmes and compliance reporting • Performance indicators (infection rates, incidents, complaints, mortality data) Major change programme in place for both UEC and planned care improvement CIVICA patient experience data measured and monitored **Risk & Compliance Assurance** • Compliance with national quality frameworks and standards (e.g. NICE, Patient Safety Strategy) • Monitoring against statutory requirements including Duty of Quality and Duty of Candour • Infection prevention and control performance reporting	A1 - Limited assurance that QMS is fully embedded and consistently applied A2 - Limited visibility of sustainability of quality improvements over time A3 - Limited assurance of impact of organisational change on quality outcomes A4 - Limited evidence linking quality improvement activity to patient outcomes A5 - Limited assurance of consistency of quality governance and oversight across services A6 - Limited assurance that organisational learning is embedded and driving improvement	

		Integrated quality reports reported through QSE to Board **Independent Assurance** • Welsh Government oversight and Special Measures framework • Health Inspectorate Wales (HIW) inspections and reviews • External audit and regulatory reviews		

Plans to improve control :





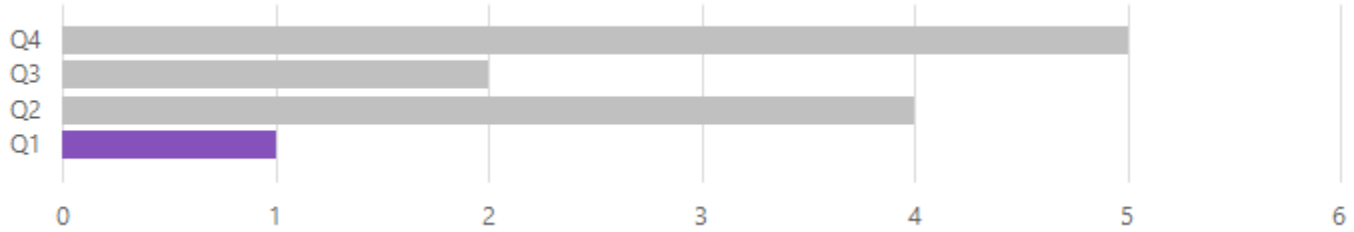
Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4H.1	Develop a comprehensive organisational plan, aligned to Foundations for the Future, to embed the QMS into all core business processes and fully onboard every service to the QMS Maturity App, enabling systematic identification and response to fragile services.	G1 G2	A1 A2	Executive Director of Nursing	**Q2 (Complete)**
4H.2	Develop and begin implementation of a Health Board–wide Quality Accreditation Framework aligned to QMS and regulatory standards, recognising and incentivising excellence.	G1 G5	A1 A5	Executive Director of Nursing	**Q4 Moderate Delivery Confidence Last Update: Aug 26**

4H.3	Re-design and implementation of quality governance framework to include implementation of quality issues log.	G5 G6	A5 A6	Executive Director of Nursing	**Q2** **High Delivery Confidence** **Last Update: Aug 26**
4H.4	Deliver on findings of internal audit of NICE compliance by focussing on areas where NICE guidance not implemented with clear process of reviewing impact and addressing if significant risk.	G5	A2	Executive Director of Nursing	**Q1** **(Complete)**
4H.5	Develop programme of Tier 2 audits based on current quality risks.	G5	A2	Executive Director of Nursing	**Q1** **(Complete)**
4H.6	Develop programme of work to address priority programmes and actions within National Patient Safety Strategy including key performance indicators to measure improvement.	G4 G5	A4	Executive Director of Nursing	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
4H.7	Develop a programme of work and governance framework to address digital safety.	G5	A5	Executive Director of Nursing	**Q3** **Moderate Delivery Confidence** **Last Update: Aug 26**
4H.8	Refresh of NatSSIPs programme to address recent Never Events and reintroduce a revised ward accreditation programme in line with the QMS methodology.	G5 G6	A4 A6	Executive Director of Nursing	**Q2** **Moderate Delivery Confidence** **Last Update: Sep 26**
4H.9	Implement the new Listening to People Regulations and deliver on the 40% national performance target.	G4	A4	Executive Director of Nursing	**Q2** **High Delivery Confidence** **Last Update: Aug 26**
4H.10	Meet the nationally set Infection Prevention trajectories and reduce the incidents of infections (including C-Diff and E.Coli) and associated harm, through implementation of the IPC improvement plan.	G4	A4	Executive Director of Nursing	**Q3** **High Delivery Confidence** **Last Update: Aug 26**

4H.11	We will reduce severe and catastrophic incident numbers and monitor improvement and learning through the Integrated concerns Hub.	G6	A6	Executive Director of Nursing	**Q2 High Delivery Confidence Last Update: Sep 26**
4H.12	We will reduce the number of avoidable falls and HAPU through continuing to implement the actions identified in the associated improvement groups.	G4	A4	Executive Director of Nursing	**Q3 High Delivery Confidence Last Update: Jul 26**
4H.13	We will fully implement the learning repository and have clear outcomes with regard to robust and sustained organisational learning and how it positively impacts outcomes.	G6	A6	Executive Director of Nursing	**Q4 (Complete)**
4H.14	Provide direction and oversight through the organisation's Quality governance for the application of appropriate best practice within the national Quality Statements - the ones not covered elsewhere in the plan are: Care of the critically ill, Respiratory Disease, Heart conditions, Kidney Disease, Liver Disease, Musculoskeletal health, Neurological conditions, Stroke, Infection prevention and control, Osteoporosis and bone health.	G5 G6	A5 A6	Executive Director of Nursing	**Q4 Low Delivery Confidence Last Update: Aug 26**

Priority:	**4I Environment and Estates**
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver a safe, efficient and sustainable estate and environment due to external uncertainty, competing priorities and limited resources to deliver climate adaptation and estate transformation programmes. This may result in deterioration of estate quality, reduced service resilience, inability to support service transformation, and failure to meet environmental and decarbonisation targets.	
Accountable:	Director of Environment & Estates

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating

Development of long-term estate plans for major infrastructure and business continuity schemes (4I.1) • Progression of key capital projects and estate developments (4I.2–4I.3) • Implementation of safety improvement programmes (e.g. anti-ligature) (4I.4) • Development of revised Estates Strategic Plan aligned to 10-year strategy and CSP (4I.5) • Engagement on future estate redevelopment and planning (4I.6) • Programmes to improve estate efficiency and utilisation (4I.7–4I.9) • Development and implementation of climate adaptation and decarbonisation plans (4I.10–4I.12)	G1 - Dependence on external strategic direction (e.g. Welsh Government/Senedd decisions) G2 - Limited capacity and prioritisation to deliver climate adaptation and decarbonisation programmes G3 - Ageing estate and backlog maintenance challenges G4 - Limited availability of capital funding and competing investment priorities G5 - Incomplete alignment between estate strategy and service transformation plans G6 - Variable estate utilisation and efficiency across sites	**Management Assurance** • IMTP monitoring of 4I deliverables (4I.1–4I.12) • Estates Programme governance and reporting • Capital programme monitoring and delivery reporting • Estate performance metrics (utilisation, maintenance backlog, efficiency) **Risk & Compliance Assurance** • Compliance with estate safety standards and statutory requirements • Monitoring against NHS Wales Decarbonisation Strategic Delivery Plan • Oversight of capital planning and prioritisation processes **Independent Assurance** • Welsh Government oversight of capital programmes and estate strategy • External audit and inspection (e.g. estates, safety compliance) • Benchmarking against NHS Wales estate performance and sustainability metrics	A1 - Limited assurance over impact of external strategic changes on estate planning A2 - Limited visibility of delivery progress of climate adaptation and decarbonisation plans A3 - Limited assurance of long-term sustainability of estate within funding constraints A4 - Limited evidence linking estate improvements to service outcomes A5 - Limited assurance that estate strategy is fully aligned to service transformation plans	
Plans to improve control :					
					
Ref	**2026/2027 Deliverable**	**Improves Gaps in Control**	**Improves Gaps in Assurance**	**Executive Owner**	**Status of Action**

4I.1	Develop long-term plans for the delivery of the key estates projects including 1) Business continuity scheme for Ysbyty Gwynedd, 2) Electrical infrastructure replacement scheme for Ysbyty Glan Clwyd, 3) Business Continuity scheme for Wrexham Maelor Hospital, 4) Replacement helipads at Ysbyty Gwynedd and Ysbyty Glan Clwyd.	G3 G4	A3	Director of Environment & Estates	**Q4 High Delivery Confidence Last Update: Aug 26**
4I.2	Royal Alexandra Hospital (Rhyl) Phase 2 – Complete the schedule of accommodation and strategic outline case	G4	A3	Director of Environment & Estates	**Q4 Low Delivery Confidence Last Update: Sep 26**
4I.3	Plas Gororau (Wrexham) Phase 2 - Commence construction.	G4	A3	Director of Environment & Estates	**Q1 (Complete)**
4I.4	Develop and commence implementation of an organisation wide anti-ligature programme.	G3	A4	Director of Environment & Estates	**Q2 Low Delivery Confidence Last Update: Sep 26**
4I.5	Agree the approach to developing a revised Estates Strategic Plan, in line with the Health Board's 10-year Strategy and Clinical Services Plan.	G5	A5	Director of Environment & Estates	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
4I.6	Commence engagement regarding the potential future redevelopment of the Wrexham Maelor Hospital site.	G1 G5	A1 A5	Director of Environment & Estates	**Q3 Moderate Delivery Confidence Last Update: Aug 26**
4I.7	Ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate and the reduction in the number of leases.	G6	A4	Director of Environment & Estates	**Q2 Moderate Delivery Confidence Last Update: Sep 26**

4I.8	Implement a computer aided facilities management system to support the management of the estate and the implementation of AI based energy management applications.	G2 G6	A2	Director of Environment & Estates	**Q2** **Low Delivery Confidence** **Last Update: Sep 26**
4I.9	Development of a pan-BCU approach to managing car parking for staff and patients.	G6	A4	Director of Environment & Estates	**Q2** **Low Delivery Confidence** **Last Update: Sep 26**
4I.10	Develop a BCUHB Climate Adaptation plan aligned with the NHS Wales Decarbonisation Plan and in parallel implement estate decarbonisation programmes.	G2	A2	Director of Environment & Estates	**Q4** **High Delivery Confidence** **Last Update: Sep 26**
4I.11	Maximising the access to grant funding through the Refit Framework to deliver a programme of works to support carbon reduction.	G4	A3	Director of Environment & Estates	**Q3** **Moderate Delivery Confidence** **Last Update: Aug 26**
4I.12	Commence construction of the photo-voltaic array at Ysbyty Gwynedd as part of adopting renewable energy technologies.	G2	A2	Director of Environment & Estates	**Q4** **Low Delivery Confidence** **Last Update: Sep 26**

Priority:	4J Workforce

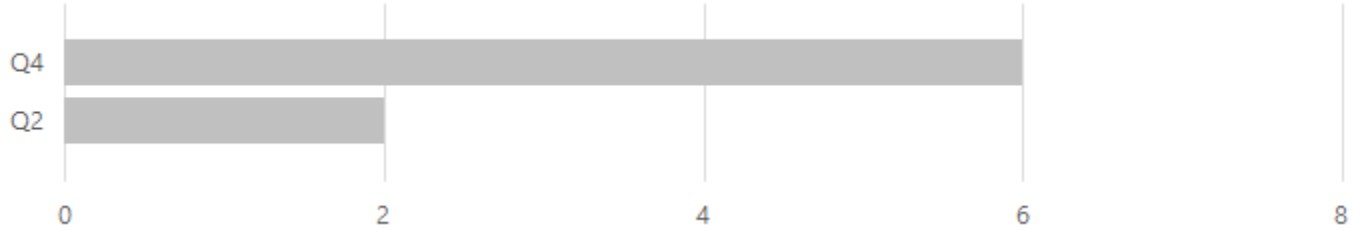
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver a sustainable, skilled and resilient workforce due to insufficient capacity and capability for workforce planning, continued reliance on agency staffing, and operational pressures. This may result in reduced workforce stability, increased costs, inability to deliver safe and effective care, and failure to support service transformation and strategic objectives.

Accountable:	Executive Director of People Services & OD

Primary risk controls:	Gaps in control:	Primary risk controls:	Gaps in control:	Assurance Rating
Review and improvement of consultant job planning and workforce productivity (4J.1) • Reduction of agency spend through workforce planning and control frameworks (4J.2–4J.3) • Implementation of sickness absence improvement plans (4J.4) • Delivery of Culture, Leadership and Engagement programme (4J.5–4J.6) • Implementation of strategic workforce planning aligned to service transformation (4J.7) • Compliance with Social Partnership Duty and reporting requirements (4J.8)	G1 - Insufficient dedicated capacity and capability to deliver job planning sustainably G2 - Limited capacity and systems to reduce agency usage and reliance G3 - Workforce planning not fully embedded across all services G4 - Operational pressures impacting delivery of workforce initiatives G5 - Limited workforce data integration and visibility for planning decisions G6 - Culture and engagement improvements not yet fully embedded	Review and improvement of consultant job planning and workforce productivity (4J.1) • Reduction of agency spend through workforce planning and control frameworks (4J.2–4J.3) • Implementation of sickness absence improvement plans (4J.4) • Delivery of Culture, Leadership and Engagement programme (4J.5–4J.6) • Implementation of strategic workforce planning aligned to service transformation (4J.7) • Compliance with Social Partnership Duty and reporting requirements (4J.8)	G1 - Insufficient dedicated capacity and capability to deliver job planning sustainably G2 - Limited capacity and systems to reduce agency usage and reliance G3 - Workforce planning not fully embedded across all services G4 - Operational pressures impacting delivery of workforce initiatives G5 - Limited workforce data integration and visibility for planning decisions G6 - Culture and engagement improvements not yet fully embedded	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4J.1	Review of Consultant job plans – Operational Services to be targeted to	G1 G3	A1 A3	Executive Director of People Services & Organisational Development	Q2

	reach >90% to ensure improved workforce productivity and alignment to demand and capacity. This will be measured through the Job Planning Dashboard and follows on from work undertaken in 2025/26.				**Moderate Delivery Confidence Last Update: May 26**
4J.2	Review of agency expenditure. Operational Services to be targeted with a 30% reduction in agency expenditure. All services to be targeted with no off-contract agency use and not Admin and Clerical, Estates and Ancillary and Health care Support Worker agency use through effective workforce planning, optimising the benefits of the newly insourced medical bank resource and management controls. This will be measured through the Value & Sustainability (V&S) Group.	G2 G3	A2 A3	Executive Director of People Services & Organisational Development	**Q2 Moderate Delivery Confidence Last Update: May 26**
4J.3	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular by continuing to reduce agency requirements and incentivise substantive positions through flexible working, effective rostering and employee health and wellbeing programmes of work.	G2	A2 A5	Executive Director of People Services & Organisational Development	**Q4 High Delivery Confidence Last Update: May 26**
4J.4	Work with operational and corporate directors to implement and deliver the Health Board's sickness absence delivery plan to improve workplace attendance levels and to meet national sickness absence and local stretch targets. Progress will be monitored through the People and Culture Committee.	G4	A4	Executive Director of People Services & Organisational Development	**Q4 High Delivery Confidence Last Update: May 26**
4J.5	Implement and deliver the year 1 actions from the Culture, Leadership and Engagement 3-year Improvement plan 2026-29.	G6	A4 A5	Executive Director of People Services & Organisational Development	**Q4 Moderate Delivery Confidence**

					Last Update: Jul 26
4J.6	Review and respond to staff survey feedback to support an improvement in staff engagement and satisfaction.	G6	A4	Executive Director of People Services & Organisational Development	**Q4 High Delivery Confidence Last Update: Sep 26**
4J.7	Implement in partnership strategic workforce planning across the organisation, improving alignment with Clinical Service Plans, use of technology, Financial Plans linked to IMTP objectives. Progress will be measured through the Foundations for the Future programme board. Plans will proactively identify any workforce capacity, skills and talent gaps and set out initiatives to address these in order to meet organisational objectives.	G5 G5	A3 A5	Executive Director of People Services & Organisational Development	**Q4 High Delivery Confidence Last Update: Sep 26**
4J.8	Prepare the annual social partnership report outlining what the Health Board has done to comply with the Social Partnership Duty, agreeing it with Trade Unions and submitting to the Social Partnership Council (SPC) as soon as possible after the end of the financial year.	G3	A3	Executive Director of People Services & Organisational Development	**Q4 High Delivery Confidence Last Update: Sep 26**

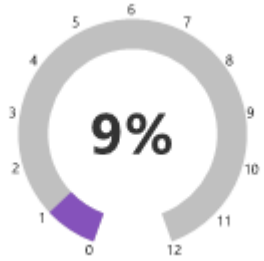
Priority:	4K Finance & Commissioning

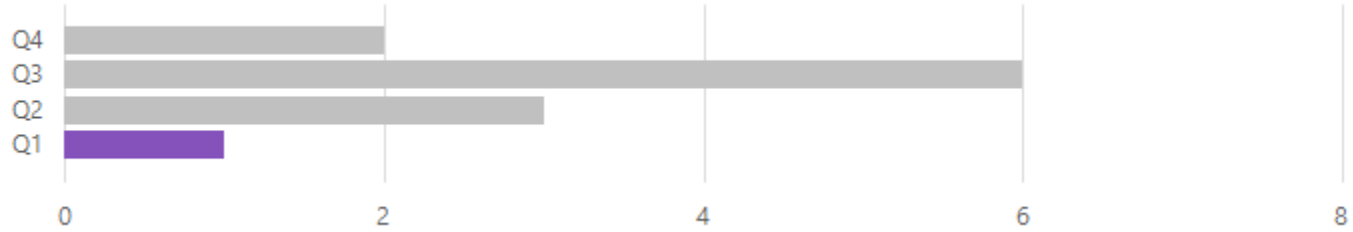
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver a financially sustainable position and effective commissioning arrangements due to organisational change, external financial pressures, and limited capacity within services. This may result in failure to achieve a balanced financial plan, ineffective allocation of resources, reduced value from commissioned services, and an inability to deliver strategic service transformation aligned to population needs.

Accountable:	Executive Director of Finance

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Implementation of financial control environment and governance arrangements (4K.1) • Establishment of accountability agreements for budget holders (4K.2) • Delivery of Value & Sustainability programme to support financial recovery (4K.3) • Monitoring and analysis of investment shifts towards primary and community care (4K.4) • Development of commissioning strategic approach and partnerships (4K.5) • Implementation of integrated commissioning framework and governance arrangements (4K.6) • Annual review of commissioned services and contracts (4K.7–4K.8) • Strengthening commissioning performance monitoring and oversight (4K.10–4K.11) • Engagement with Joint Commissioning Committee and national partners (4K.12) • Development and delivery of financial recovery plan (4K.13)	G1 - Organisational change impacting financial governance and accountability G2 - Challenging financial environment limiting ability to shift investment to priority areas G3 - Limited capacity within services to support commissioning reviews and decision-making G4 - Incomplete maturity of commissioning frameworks and processes G5 - Limited integration between financial planning, service planning and commissioning G6 - Variability in contract management and performance monitoring arrangements	**Management Assurance** • IMTP monitoring of 4K deliverables (4K.1–4K.13) • Financial performance reporting and budget monitoring • Value & Sustainability Programme reporting • Commissioning and contract performance monitoring **Risk & Compliance Assurance** • Compliance with Standing Financial Instructions and governance frameworks • Oversight of financial control measures and accountability agreements • Monitoring against Welsh Government financial requirements **Independent Assurance** • Welsh Government oversight of financial plans and IMTP delivery • External audit and financial assurance reviews • Benchmarking and national commissioning and financial frameworks	A1 - Limited assurance that financial plan delivery is sustainable over medium term A2 - Limited visibility of impact of organisational changes on financial performance A3 - Limited assurance of capacity and capability to deliver commissioning changes A4 - Limited evidence that commissioning decisions are delivering improved value and outcomes A5 - Limited assurance of alignment between financial planning, commissioning and strategic priorities	

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4K.1	Maintain financial control measures from start of financial year, with a view to step them down as assurance and confidence is being gained in delivery of the financial plan. Particularly important due to FFTF structure changes mid-year that could otherwise cause some disruption in delivery of financial plan.	G1	A2	Executive Director of Finance	**Q2 Low Delivery Confidence Last Update: Sep 26**
4K.2	Contribute to the broader performance accountability agreements to ensure that budget owners are clear on their budget for the year and their accountabilities in relation to delivery within budget.	G1	A2	Executive Director of Finance	**Q1 (Complete)**
4K.3	Contribute to all the workstreams within the Value & Sustainability programme with a particular focus on those that are more traditionally related to financial management such as Non-Pay and ensuring there is a focus and visibility associated to savings in non-core areas and overheads to prioritise front-line services.	G2 G5	A1	Executive Director of Finance	**Q2 Moderate Delivery Confidence Last Update: Sep 26**
4K.4	Repeat the exercise to quantify current spend on primary and community services to compare against the baseline produced in 2025/26, in order to ascertain whether the required strategic move to proportionately	G2	A1	Executive Director of Finance	**Q3 High Delivery Confidence Last Update: Aug 26**

	increasing investment into primary and community care when compared to secondary care is happening.				
4K.5	Develop and commence implementation of a Commissioning Strategic Approach for all externally commissioned healthcare activities, that provides direction to the organisation on the role of commissioned services as part of longer-term strategic planning. Forming strategic partnerships will be an important part of the Clinical Services Plan work.	G4 G5	A4 A5	Executive Director of Finance	**Q2** **High Delivery Confidence** **Last Update: Jul 26**
4K.6	Create an Integrated Commissioning Framework that includes commissioning assurance, and clarity of roles and responsibilities, ensuring that everyone across the organisation is clear on roles to enable effective commissioning with a focus on value, quality and patient outcomes.	G4	A4 A5	Executive Director of Finance	**Q3** **High Delivery Confidence** **Last Update: Jun 26**
4K.7	Individual services to undertake an annual review of all their commissioned and contracted services as part of the IMTP process to ensure that the right strategic decisions are made on what the organisation should provide or commission. This should trigger de-commissioning, re-commissioning, as well as commissioning of new services where that best meets the needs of the population.	G3 G4	A3	Executive Director of Finance	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
4K.8	In advance of the annual review of all services, undertake a risk-based review of contracts to ensure they are delivering value against current population need.	G3 G6	A3 A4	Executive Director of Finance	**Q3** **High Delivery Confidence** **Last Update: Aug 26**
4K.10	Develop robust commissioning plans for planned care services to secure additional capacity that addresses service backlogs and demand beyond	G3 G6	A3 A4	Executive Director of Finance	**Q3** **Low Delivery Confidence** **Last Update: Aug 26**

	internal capability. Establish and implement a comprehensive process that defines internal resource requirements and incorporates the full procurement, governance, and mobilisation pathway needed to deliver the required capacity.				
4K.11	Complete a review of performance monitoring arrangements for all existing commissioned services, ensuring that an appropriately broad set of performance metrics are covered along with consistent periodic commissioned services partner review meetings.	G6	A4	Executive Director of Finance	**Q4 High Delivery Confidence Last Update: Aug 26**
4K.12	Work with the Joint Commissioning Committee (JCC) to develop a financially balanced plan for the delivery of specialist services for the Health Board's population. Ensure consistent and effective representation from BCU at all JCC meetings and support a constructive approach to handling challenges. Proactively engage with the JCC to contribute to:- Efficiency and productivity schemes that collaboratively manage demand and cost pressures e.g. referral management.- New clinical models in relation to Emergency Ambulance Services.- Save a Life Cymru (SALC) defibrillator awareness. ▪ New air bases for the Emergency Medical Retrieval Service (EMRTS).▪ Adult Critical Care Transfer Service (ACCTS) in line with the Health Board's emerging Clinical Services Plan.▪ Non-Emergency Patient Transport Service (NEPTS) transformation.▪ Neonatal Transport (CHANTS) & Major Trauma pathways.▪ Clinical engagement and partnership in Sexual Assault Referral	G2 G5	A1 A4	Executive Director of Finance	**Q3 Moderate Delivery Confidence Last Update: Aug 26**

	Centres (SARC).▪ Improved commissioning and strategic partnerships with hospices and the Voluntary Sector.▪ A strategic review of Mental Health, Learning Disabilities and Vulnerable Groups commissioning.▪ Strategic reviews and deep dives relating to specialised services commissioned services across Cancer & Blood, Cardiac, Kidney, Neurosciences and Women & Children's services.				
4K.13	Prepare and commence execution of a robust and sustainable recovery plan, as detailed within Standing Financial Instructions, following submission of an in year deficit outturn	G1 G2	A1 A2	Executive Director of Finance	**Q3** **High Delivery Confidence** **Last Update: Jul 26**

Principal risk (What could prevent us achieving this strategic objective)	**BAF 05 - Failure to achieve long-term financial sustainability**		
Lead Committee	**Performance, Finance and Information Governance Committee**	**Risk Type**	**Financial**
Risk Lead	**Executive Director of Finance**	**Risk Appetite**	**<15**
Related Corporate Risks:	**CRR25-02 – Future Demand & Sustainable Workforce, CRR25-05 – Strategic Change Impacting Care and Staff Delivery, CRR25-06 – Delivery of the 2026/27 Financial Plan and Financial Sustainability, CRR25-07 – Leadership and Operating Model**		

Risk Rating			**Review Dates**	
	Current Exposure	**Target**		
Consequence	**5**	**4**	**Initial assessment**	**16/08/2026**
Likelihood	**4**	**3**	**Last Committee review**	**17/08/2026**
Risk Rating	**20**	**12**	**Last Executive Review**	**28/07/2026**

Priority:	Financial Sustainability and Organisational Resilience

Strategic Threat and Risks: The financial climate is challenging, with no further allocations expected to offset adverse performance. The first financial duty is to attain a break-even financial position over a rolling three years period. In not achieving break even the organisation suffers; A regulatory breach from Failure to achieve the key duty results in a regulatory Qualification.
Failure to achieve breakeven places at risk future receipt of conditionally recurrent allocations and/or the ability to attract prospective allocations.
Cash depletion and a potential lack of ability to pay employees and suppliers of goods and services. This potentially leading to late payment interest charges and difficulty in securing continued supply.

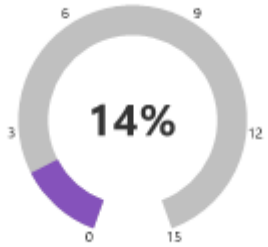
The Health Board will still be required to meet its statutory duty to break-even, resulting in a need to reduce costs and potentially reduce access to services

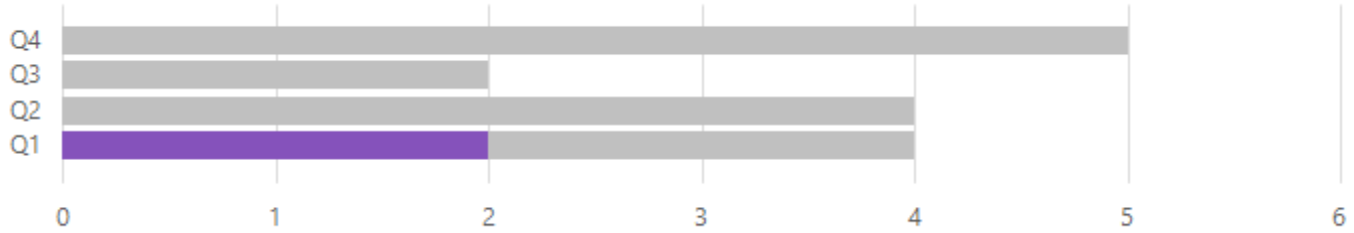
Accountable:	Chief Executive

Primary risk controls:	Gaps in control:	Sources of assurance:	Gaps in assurance:	Assurance Rating
Annual Plan details requirements for further controls and required controls detailed in 'Gaps in controls' Monthly reporting of financial performance, articulating risk to delivery, drivers of any financial risk and suggested actions in place to mitigate risk Monthly reporting to Welsh Government financial performance each month, again articulating drivers of risk to delivery and mitigating actions Corporate risk for shorter term sustainability in place A key element of delivery centres upon savings realisation, the Value & Sustainability programme formed to support mitigation of shortfalls and place focus on improvements driving financial sustainability. The Executives have been allocated lead Executive status for each of the five programmes, the aim being to deliver improvement. Whilst not a financial programme it is expected through enhanced oversight and a drive to deliver improved productivity and efficiencies this programme will support a movement to financial balance.	G1 - Financial governance framework aligned with the organisation's strategic priorities G10 - Productivity and efficiency improvements are not yet delivering at the scale required to offset financial pressures and support long-term sustainability. G11 - Financial sustainability is dependent on successful delivery of major organisational transformation and service redesign programmes, the benefits of which have not yet been fully realised. G2 - Clinical Services Plan and associated demand, capacity and workforce modelling are not yet fully developed and implemented. G3 - A refreshed Estates Strategic Plan aligned to the emerging Clinical Services Plan and 10-Year Strategy is not yet in place. G4 - Long-term financial planning arrangements are not yet fully integrated with strategic service transformation and organisational change programmes. G5 - Integration of financial planning with performance and risk management processes G6 - Insufficient recurrent savings and	**Management Assurance** Budget setting policy & Financial Reporting monthly, budgetary controls in place and Accountability Agreements signed off. Integrated Performance – The Executive, the Executive Delivery Group (IP-EDG) with oversight through the Performance, Finance & Information Governance Committee **Risk & Compliance Assurance** Oversight by Audit Committee Internal Audit, Annual audit of financial governance effectiveness (to include budgetary control) The Performance Framework endorsed by the Health Board for 2026/27, facilitating regular review of financial performance as part of the balanced scorecard approach. **Independent Assurance** Budget setting policy & Financial Reporting monthly, budgetary controls in place and Accountability Agreements	A1 - Limited Assurance Internal Audit report for Delivery of Health Board Transformational Savings A2 - Limited independent assurance regarding delivery and sustainability of recurrent savings schemes and productivity benefits A3 - Head of Internal Control Opinion articulating limited assurance over systems of internal control A4 - Positive assurance for budgetary control environment. No changes from draft accounts to final submission following External Audit scrutiny A5 - Audit Wales issued a "true and fair" audit opinion on the 2024/25 accounts but gave a Qualification for regulatory breach for not attaining the key financial duty to break-even. A6 - Limited independent assurance that planned benefits from transformation and service redesign programmes will be realised within the required timeframe.	

	inability to fully mitigate emerging inflationary, pay, CHC, medicines and commissioning cost pressures. G7 - Inconsistent alignment between financial planning and strategic service goals G8 - A triangulation of activity, workforce modelling and finances. This leading to miss-alignment of the overall plans for the Health Board G9 - Limited ability to influence externally commissioned services expenditure and demand growth, particularly CHC, specialised services, prescribing and commissioning arrangements.	signed off. Integrated Performance – The Executive, the Executive Delivery Group (IP-EDG) with oversight through the Performance, Finance & Information Governance Committee		

Plans to improve control :





Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive Owner	Status of Action
4A.9	Implement a new governance model as part of the revised operating model, ensuring sharper accountability, fewer/streamlined meetings, focusing on delivery and transparency.	G1 G5 G7	A3	Chief Executive	**Q2 High Delivery Confidence Last Update: Aug 26**
4B.5	Draw on support from NHS Performance and Improvement (NHS P&I) colleagues to develop proposals on an improved approach to a unified modelling across demand, capacity, skills mix, activity, performance, finance and workforce, incorporating benchmarking against other Health	G5 G8	A3 A5	Executive Director of Transformation & Strategic Planning	**Q1 Moderate Delivery Confidence Last Update: Sep 26**

	Boards – to be utilised in the 2027-30 IMTP planning cycle.				
4B.8	Update the BCUHB Integrated Planning Framework and associated more detailed planning guidance in light of annual reflection and learning exercise, emphasising the importance of clinical leadership, Community by Design principles and patient feedback in service planning.	G5 G7	A3	Executive Director of Transformation & Strategic Planning	**Q2** **High Delivery Confidence** **Last Update: Sep 26**
4B.11	Support delivery of commitments set out in the IMTP through monthly monitoring and timely escalation of any risks to delivery as well as quarterly reporting of delivery against the IMTP and Special Measures de-escalation framework.	G1 G5 G7	A1 A2 A5	Executive Director of Transformation & Strategic Planning	**Q4** **High Delivery Confidence** **Last Update: Aug 26**
4C.1	Agree the CSP methodology and first tranche of areas to be prioritised and establish the CSP Programme by developing the programme structure, governance, and delivery approach, supported by targeted internal engagement and awareness raising activities to build understanding and organisational buy in. Success will be demonstrated through formal approval of the methodology, confirmation of programme governance, and evidence of staff awareness and engagement across key teams including the first major engagement event held.	G2 G7	A3	Executive Medical Director	**Q1** **Low Delivery Confidence** **Last Update: Aug 26**
4C.2	Operationalise the CSP Programme by finalising detailed delivery plans for the process (pertaining to the first tranche of areas), establishing programme reporting and risk management processes, and initiating structured engagement with leads to prepare for CSP assessments. Success will be demonstrated through approved delivery plans, active reporting cycles,	G5 G8	A3	Executive Medical Director	**Q2** **Moderate Delivery Confidence** **Last Update: Aug 26**

	and evidence of areas' readiness to enter the CSP process in Q3.				
4C.3	Deliver the full CSP assessment process for the first tranche of priority services, including evidence gathering (including use of key population level intelligence, assessment workshops, option development and prioritisation. This will be supported by structured engagement with leads and clinical and operational teams from the full set of professional groups to ensure clarity, collaboration and high-quality outputs. Success will be demonstrated through completed CSP assessment documentation and agreed prioritisation outcomes for all first tranche areas that demonstrates Community by Design principles, maximise pathway redesign and strengthened joint working between primary and secondary care and partners.	G2 G7	A3	Executive Medical Director	**Q3** **Moderate Delivery Confidence** **Last Update: Aug 26**
4C.4	Finalise and submit the first tranche of CSP service change proposals for formal approval by the CSP Programme Board. This will include refining proposals based on feedback, completing required documentation, and ensuring alignment with strategic, operational and financial considerations. Success will be demonstrated through Programme Board approval of all first tranche service change proposals and confirmation of readiness for wider Health Board governance approvals and implementation planning.	G2 G7	A3	Executive Medical Director	**Q4** **Moderate Delivery Confidence** **Last Update: Aug 26**
4G.9	Develop a robust benefits framework for the programme, which allows for the effective measurement of activity and resources linked to VBHC (clinical staff, administrative staff, budgets, buildings,	G6	A1 A2	Executive Director of Finance	**Q1** **(Complete)**

	energy etc) to improve patient outcomes, patient experience and resource efficiency to ensure value and patient-centred care.				
4G.12	Deliver a refreshed Value & Sustainability programme that realises the agreed recurrent savings target for 26/27, aligned with the national value and sustainability structure and associated priorities and which also ensures that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis.	G6	A1 A2 A5	Executive Director of Finance	**Q4 High Delivery Confidence Last Update: Jul 26**
4I.5	Agree the approach to developing a revised Estates Strategic Plan, in line with the Health Board's 10-year Strategy and Clinical Services Plan.	G3 G7	A3	Director of Environment & Estates	**Q4 Moderate Delivery Confidence Last Update: Aug 26**
4J.7	Implement in partnership strategic workforce planning across the organisation, improving alignment with Clinical Service Plans, use of technology, Financial Plans linked to IMTP objectives. Progress will be measured through the Foundations for the Future programme board. Plans will proactively identify any workforce capacity, skills and talent gaps and set out initiatives to address these in order to meet organisational objectives.	G8	A3	Executive Director of People Services & Organisational Development	**Q4 High Delivery Confidence Last Update: Sep 26**
4K.1	Maintain financial control measures from start of financial year, with a view to step them down as assurance and confidence is being gained in delivery of the financial plan. Particularly important due to FFTF structure changes mid-year that could otherwise cause some disruption in delivery of financial plan.	G1 G6	A4 A5	Executive Director of Finance	**Q2 Low Delivery Confidence Last Update: Sep 26**
4K.2	Contribute to the broader performance accountability agreements to ensure		A4	Executive Director of Finance	**Q1 (Complete)**

	that budget owners are clear on their budget for the year and their accountabilities in relation to delivery within budget.				
4K.13	Prepare and commence execution of a robust and sustainable recovery plan, as detailed within Standing Financial Instructions, following submission of an in year deficit outturn	G1 G6	A4 A5	Executive Director of Finance	**Q3** **High Delivery Confidence** **Last Update: Jul 26**