



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Board Assurance Framework



Board Assurance Framework Report

1.0 Purpose

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

The purpose of this BAF is threefold:

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

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

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

Board Assurance risks were developed by the Board based on the Health Board's 5 strategic objectives within the IMPT. Once the 10-year strategy has been developed the BAF will be reviewed and re-aligned to the longer-term strategy. The BAF was approved by the Board on 30 January 2025 and will be subsequently updated by action handlers and Executives on an on-going basis. The Board Assurance Framework has been updated bi-monthly by Executives and presented to the Executive Committee but last reviewed by the Board Committees in April and presented to the Board in full in May 2025. As per the Risk Management Framework.

What is Assurance in Relation to Board Assurance Risks?

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

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

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

The four levels of assurance used are as noted in the key on page 6 of this report.

Rationale for Proposed Rating

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

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

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

1.1 Key Highlights

The full Board Assurance Framework was reviewed and updated by each responsible Executive and presented to the Risk Scrutiny Group during the November 2025 meeting, Executive Committee, Audit Committee and reported as usual reporting cycle to Board Committees in December 2025.

- BAF24-07 Not Delivering Timely Access to Care Resulting in Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk- Remains to have ‘unsatisfactory assurance’.
- The Risk Scrutiny Group held a deep dive on the ‘Inadequate Capital Investment to Support Organisational Change’ risk during the November meeting. Members suggested updates on the actions in the associated corporate risks to reduce the duplication between the two reports ensuring the corporate risk is safety focused but recognised the BAF actions were correctly reflected as strategic.
- One BAF risk is proposed for closure, BAF24-01 ‘Not Fully Building an Effective and Accountable Organisation’. This approach was endorsed by the Executive Committee and Audit Committee following endorsement by the Risk Scrutiny Group in November.
- Increase in current risk score from 16 to 20, for ‘BAF24-07 ‘Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk’ following endorsement by Executive Committee and Audit Committee, reflective of the Corporate risk ‘CRR25-01 ‘Timely Access’ and

development session presented to Board on Urgent and Emergency Care system pressures.

- This Risk Scrutiny Group reviewed low scoring risks for closure and provided feedback in relation to BAF24-05 'Not Engaging with Citizens, Partners and Communities', and has since been updated and an additional action identified 'Communications and engagement plan November 2025 to post Senedd election 2026 addressing progress to date and areas of Board focus in the months ahead'.

1.2 Changes in Score

Following further discussion at the Executive Committee, it was proposed 'BAF24-07' Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk' should increase from 16 to 20, reflective of the Corporate risk 'CRR25-01 'Timely Access' and development session presented to Board on Urgent and Emergency Care system pressures.

1.3 Risks above Health Board appetite

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

Ref	Title	Lead Exec Director	Current Risk Score (and IxL)
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	20
BAF24-03	Not Achieving Long Term Financial Sustainability	Executive Director of Finance	20
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Interim Executive Director of People Services and Organisational Development	16
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing and Midwifery Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	20
BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	20

1.4 Risks Proposed for Closure

BAF24-01 Not Fully Building an Effective and Accountable Organisation, Director of Corporate Governance; score of 12. Noting, several closed actions, gaps in controls resolved and noted as new controls. Furthermore, some operational actions are now duplicated in the newly approved Corporate risk 25-08 'Regulatory Non-Compliance' and will be able to be monitored within this risk. Closure of the risk was endorsed by the Executive Committee and Audit Committee.

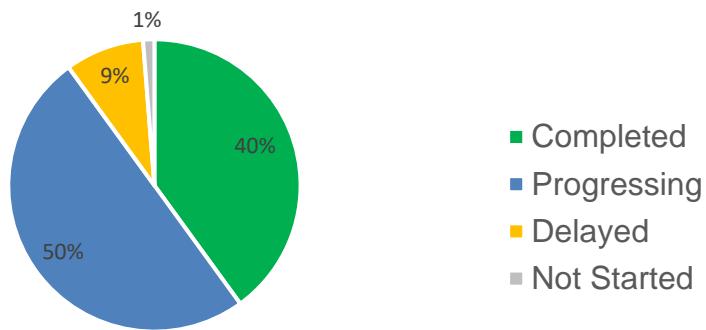
Ref	Title	Lead Exec Director	Current Risk Score (and IxL)
BAF24-01	Not Fully Building an Effective and Accountable Organisation	Director of Corporate Governance	12

1.5 Progression of BAF risk actions

Over a third of BAF actions have been completed since the last report to the committee, demonstrating good progress. Minimal revised actions. The digital team continue to present a number of delayed actions within their risk and have since presented this to the Risk Scrutiny Group, Executive Committee and to the relevant Committee.

In total, seven actions (9%) are delayed and linked to digital team capacity. The majority of actions are either progressing (50%) or noted as completed (40%). Completed actions will be archived in the following report for brevity.

Progression of BAF risk actions



By way of assurance on escalation the corporate team are assigned all risks in the planning portal and therefore will be able to monitor delays, blocks, low confidence and risks through the IMTP portal.

Next Steps

- Board session to set Strategic Objectives, following this approval, the BAF will be reviewed and re-aligned to new objectives

- Delayed risk actions to be monitored. Completed actions to be archived.
- The actions within the BAF will all be reviewed in line with the final version of the Strategic Plans to ensure full alignment.
- The Board Assurance Framework will be maintained and reported to the Risk Scrutiny Group; Executive Committee (bi-monthly) and Committees (quarterly) and Board (bi-annually) as per the Risk Management Framework.

Appendix

1. Appendix 1 – Board Assurance Framework November 2025.

Appendix 1 – Board Assurance Framework November 2025.

The key elements of the BAF are:

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

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

Key to lead committee assurance ratings:

	Substantial Assurance	The Committee is satisfied that there is reliable evidence supporting the effectiveness of the current risk treatment strategy in mitigating the threat, with minimal gaps in control. While the majority of actions have been addressed, some minor actions may still require completion before the risk score is reduced. However, the Committee has good assurance regarding action progress. Likelihood of risk materialising: Low.
	Reasonable Assurance	The Committee has seen sufficient evidence that the most significant actions to reduce the risk have been completed. There is assurance that the planned actions within the current risk treatment strategy are appropriate, with the majority of control and assurance gaps having been addressed. Likelihood of risk materialising: Low to moderate.
	Limited Assurance	The Committee does not have sufficient evidence for assurance that the current risk treatment strategy is effectively mitigating the threat. There remains to be some key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: Moderate.
	Unsatisfactory Assurance	The Committee has no/little evidence for assurance that the current risk treatment strategy is effectively managing the threat. There remains to be several key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: High

Appendix 1 – Board Assurance Framework November 2025.

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

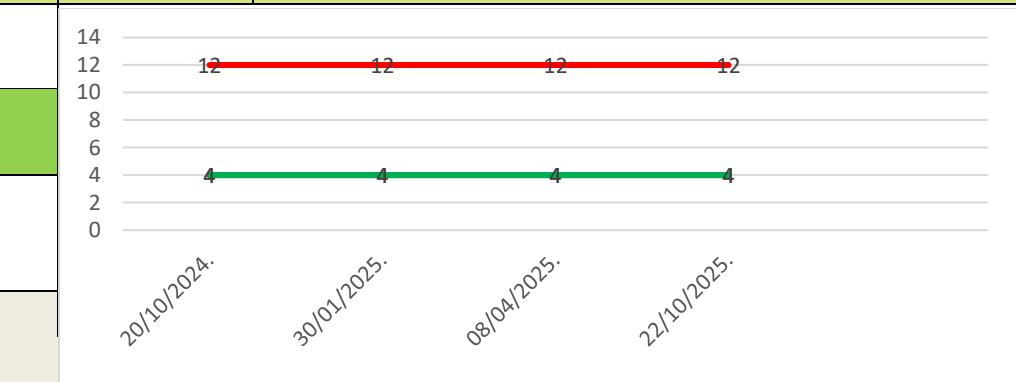
Reference	Principal risk: There is a risk of...	Lead Executive	Lead Committee	Initial date of assessment	Last reviewed by Executive SRO	Previous risk score (at previous review/update) C x L	Current risk score C x L	Target risk score C x L
BAF24-01	Not Fully Building an Effective and Accountable Organisation	Director of Corporate Governance and Executive Team oversight	Performance, Finance and Information Governance	20/10/2024	22/10/2025	4x 3= 12	4x 3= 12	2x 2= 4
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Interim Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	Planning, Population Health & Partnerships	20/10/2024	21/10/2025	5x 4= 20 Above Tolerance	5x 4= 20	3x 3= 9
BAF24-03	Not Achieving Long Term Financial Sustainability	Executive Director of Finance	Performance, Finance and Information Governance	20/10/2024	01/10/2025	5x 4= 20 Above Tolerance	5x 4= 20	3x 3= 9
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Interim Executive Director of People Services and Organisational Development	People & Culture	20/10/2024	03/11/2025	4x 4= 16 Above Tolerance	4x 4= 16	4x 2= 8
BAF24-05	Not Engaging with Citizens, Partners and Communities	Director of Partnerships, Communications and Engagement	Planning, Population Health & Partnerships	20/10/2024	21/10/2025	2x 3= 6	2x 3= 6	2x 2= 4
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing and Midwifery Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Quality, Safety and Experience / Planning, Population Health & Partnerships	20/10/2024	03/11/2025	5x 4= 20 Above Tolerance	5x 4= 20	5x 2= 10
BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	Performance, Finance and Information Governance	20/10/2024	30/10/2025	5x 4= 20 Above Tolerance	5x 4= 20	4x 2= 8

Appendix 1 – Board Assurance Framework November 2025.

BAF24-08	Not Implementing Evidenced Based Improvement and Innovation	Executive Medical Director & Chief Digital & Information Officer	Planning, Population Health & Partnerships	20/10/2024	29/10/2025	4x 3= 12	4x 3= 12	4x 2= 8
----------	---	--	--	------------	------------	----------	----------	---------

1: Building an effective organisation

Objective area 1 recognises the importance of governance and effective procedures and decision making in high functioning Healthcare organisations. This will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.

Principal risk (what could prevent us achieving this strategic objective)	BAF24-01: Not Fully Building an Effective and Accountable Organisation Ineffectively delivering interconnected governance, operational, performance, and legislative challenges that could impede the Health Board's ability to develop a high-functioning, accountable, and cohesive organisation.				Strategic objective	1. To Build an Effective Organisation (1A & 1B: Governance (Board Effectiveness / Risk Management) 1C Operating Model; 1D Performance and Accountability Framework; 1F: Legislative Improvements)						
Lead Committee	Performance, Finance and Information Governance Committee	Risk type	Compliance/Regulatory									
Risk Lead	Director of Corporate Governance with Executive Committee Oversight	Risk appetite	Open <15									
Related Corporate Risks:	CRR25-08, Non-Compliance with Regulatory and Legislative Requirements; CRR25-10, Health and Safety											
Risk rating			Review Dates									
Consequence	Current exposure	Target	Initial date of assessment	20/10/2024								
Likelihood	3	2	Last reviewed by Committee:	12/08/2025								

Appendix 1 – Board Assurance Framework November 2025.

Risk rating	12	4	Last updated by Executive:	22/10/2025	N.B. Tolerable and Target score lines stacked as both are 4.
-------------	----	---	----------------------------	------------	--

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible: Head of Statutory Compliance and Inquiries/Assistant Director of Occupational Health, Safety And Security/ EPRR Lead	Accountable: Executive Committee				
Threat: the HB may not be compliant. This could lead to poor decision-making, unaddressed performance gaps, and a lack of ownership over key outcomes, ultimately reducing the Health Board's ability to deliver its strategic goals effectively.	<ul style="list-style-type: none"> Health and Safety Policy HS03 General Risk Assessment Procedure HSG65 Plan, Do, Check, Act process for continuous improvement Service Sector Health and Safety Self-Assessment and Health and Safety Reviews Security Assessment of Premises Some Civil Contingencies and Emergency Preparedness plans Annual emergency preparedness evaluations improvement 	<ul style="list-style-type: none"> Remaining gaps in civil contingency planning post-pandemic Incomplete integration of HSE recommendations into operational plans 	<p>Management: Health and Safety compliance reporting to Strategic Occupational Safety and Health Group (SOSHG)</p> <p>Monthly reviews of Health, Safety and Security KPIs</p> <p>Risk and compliance: Risk Register reporting but noted gap on the Gap analysis reporting for compliance and gaps of general legislative gap analysis. System in development.</p> <p>Independent assurance:</p> <ul style="list-style-type: none"> HSE audit and compliance checks Civil Contingencies Act compliance review 	<ul style="list-style-type: none"> Gap analysis reporting general legislative gap analysis Limited Assurance Internal Audit report for Health and Safety & Corporate Legislative Compliance. Improvement action plan in place and monitored at SOSHG. 	Limited Assurance
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed	
	Approval and progression of the gap analysis for health and safety measures as set out in the updated Health and Safety Strategy and Plan 2024-2026 dated September 2024.	Head of Health, Safety and Security	Complete	30/09/2024	
	New approach for Health and Safety Management System being developed aligned to NHS Employers Health and Safety Standards, to include Violence Prevention and Reduction Standards	Head of Health, Safety and Security	Progressing	31/12/2025	
Responsible: Director of Performance and Commissioning	Accountable: Director of Corporate Governance/CEO				

Appendix 1 – Board Assurance Framework November 2025.

Threat: the Performance and Accountability Framework may not effectively establish clear lines of accountability and provide consistent, real-time performance monitoring. This could lead to poor decision-making, unaddressed performance gaps, and a lack of ownership over key outcomes, ultimately reducing the Health Board's ability to deliver its strategic goals effectively.	<ul style="list-style-type: none"> Integrated Performance Framework Integrated Performance reports aligned Clear accountability matrix and escalation for senior and mid-level management Performance scorecards for service delivery units 	<ul style="list-style-type: none"> Inconsistent application of performance tools across departments Review Integrated Performance Framework to re-align with new strategic objectives Triangulation with risk management 	Management: <ul style="list-style-type: none"> Reviews of performance metrics at Executive Team level Regular reporting to Committees Risk and compliance: <ul style="list-style-type: none"> Monthly accountability reviews if in escalation for services SLT Performance Reviews held by the CEO Monthly performance reviews by Welsh Government Independent assurance: <ul style="list-style-type: none"> External NHS Wales and Health Boards performance benchmarking and NHS benchmarking network 	<ul style="list-style-type: none"> Reports on performance at IHC Commissioning reports on out of area 	Limited Assurance
--	---	--	--	---	--------------------------

	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
	Review Integrated Performance Framework and finalise the redesign of reporting structures/timings to enhance transparency. Due to be updated ahead of March 2026 Board.	Director Of Performance	Progressing	31/03/2026
	Improved Risk triangulation with concerning trajectories. Structural review completed, improvement plans to then be provided to specific directorates and divisions where they need to better integrate risk into planning, quality or performance. The risk team will complete this review as business as usual going forward as a part of Risk Audits.	Head of Risk Management	Complete	31/09/2025

Responsible:	Director of Corporate Governance	Accountable:	CEO
Threat: the Health Board's operating model may become inefficient or fragmented, leading to unclear roles, duplication of efforts, and siloed working. This could result in reduced operational effectiveness, slower decision-making, and diminished quality of care,	<ul style="list-style-type: none"> Current definitions of operating model roles and structures in place Business Partnering approach for clinical and corporate leadership Staff co-producing a new Operating Model 	<ul style="list-style-type: none"> Delays in decision-making due to leadership duplication Lack of integrated systems reducing efficiency Service reconfiguration plans based on population health needs Digital tools (Microsoft 365) to streamline operations 	Management: <ul style="list-style-type: none"> Service-level performance audits Risk and compliance: <ul style="list-style-type: none"> Assessments of operating model efficiency and insight reports Independent assurance: <ul style="list-style-type: none"> Operating model effectiveness review by internal and external stakeholders <ul style="list-style-type: none"> Limited Assurance Internal Audit report for Operating Model & Effective Governance (IHC) Central Limited Assurance

Appendix 1 – Board Assurance Framework November 2025.

		<ul style="list-style-type: none"> Internal Audit report on duplication of roles and decision-making timelines 				
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed	
	Completion of the discovery phase reviewing of the operating model based on stakeholder feedback		Programme Manager, Transformation & Improvement	Complete	30/11/2024	
	Implement a streamlined decision-making protocol by Q3 and looking a re-design phase. Draft completed and out for consultation due for approval at Audit Committee Dec 2025 but design complete.		Director of Corporate Governance	Complete	31/10/2025	
	Review of the Scheme of Delegation and establishment of a formal Executive Committee with reporting groups with clear delegations. Scheduled to for presentation at the next Audit Committee 11/08/2025 – paper presented to Executive Committee in August. Approved by the Board.		Head of Corporate Affairs	Complete	25/09/2025	
Responsible:	Head Of Corporate Affairs/Head of Risk Management	Accountable:	Director of Corporate Governance			
Threat: the Health Board's has weak Governance and Ineffective Risk Management Practices	<ul style="list-style-type: none"> Governance and Accountability Framework, Risk Management Framework updated for improved escalation pathway to Risk Scrutiny Group. Risk Appetite set 25/26 Board Development Programme including self-assessments incorporating feedback Internal Audit Tracking of Recommendations Board committee structure now all in place Policy oversight, tracking and reporting of overdue policies. Risk Management training levels launched and all Risk Maturity Audits cycle in place with tracking of improvements 	<ul style="list-style-type: none"> Integrated Corporate Governance software for efficient regulatory, policy and risk tracking. 	Management: <ul style="list-style-type: none"> Risk reporting at local level and strategic level. Risk and compliance: <ul style="list-style-type: none"> Risk reporting to the Executive Team and Committees Key Performance Indicators (KPIs) on risk management performance Independent assurance: <ul style="list-style-type: none"> Internal Audit Reporting - Reasonable assurance with areas of substantial Audit Wales Structured Assessment Report and other Audit Wales Reports 	<ul style="list-style-type: none"> Limited Assurance Internal Audit reports for: Review of Board Effectiveness & Standards of Business Conduct - Declarations of Interest, Gifts and Hospitality Audit Wales governance recommendations 	Limited Assurance	
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed	
	Improved Scrutiny of Corporate Risks. & Development of the BAF		Head of Risk Management	Complete	30/01/2025	
	Improved Data Analytics of Governance around Risk (Dashboard) and driving improvement of metrics. N.B This work will be ongoing now to ensure the KPIs remain in tolerance (risks being updated) and reported to Audit Committee quarterly.		Head of Risk Management	Complete	30/01/2025	
	Reviewing current systems to have a more effective way of tracking and reporting audit recommendations. Corporate Governance (policies/tracking) /Risk Management and System to be approved for procurement 22/12/25, new software in		Head of Statutory Compliance and Inquiries	Progressing	30/09/2026	

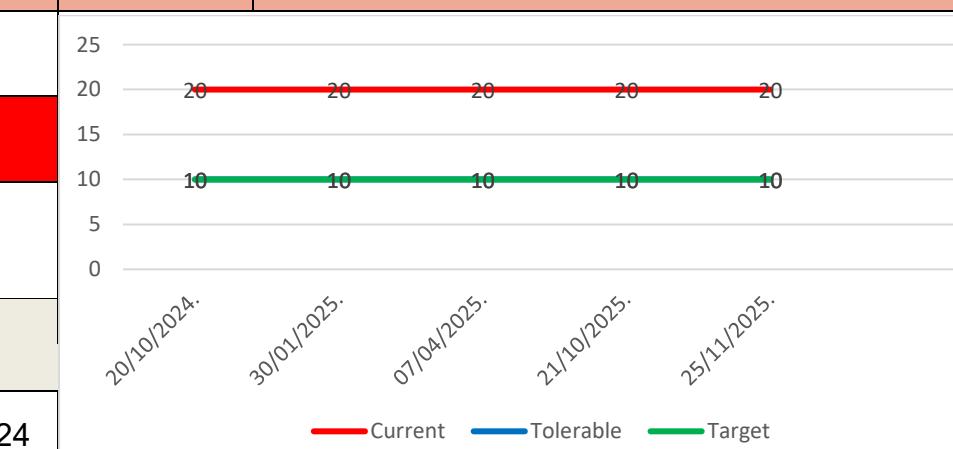
Appendix 1 – Board Assurance Framework November 2025.

	place by 30/04/25 but piloted end of 2026 which will support automated tracking. This will not be embedded until 2026-2027.			
	Executive Team recruitment ongoing with some progress made on appointments. Director of People and OD in progress with interim arrangements in place	Interim Executive Director of People Services and Organisational Development	Progressing	31/03/2026

2: Developing strategy and long-lasting change

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-02: Not Delivering Strategic Development and Digital Transformation <p>There is a risk we won't achieve our strategic and operational objectives as a Health Board, caused by having inadequate arrangements and skills for identification, commissioning and delivery of Digital, Data & Technology enabled change.</p> <p>This will lead to an inability to deliver new models of care in line with national and local strategies, which results in a degradation in patient safety, quality of care, public confidence, financial controls and reputation</p>			Strategic objective	2. Developing strategy and long-lasting change (2A 10-year Strategy & 2H Strengthening Planning; 2E Digital, Data, and Technology;)
Lead Committee	Planning, Population Health & Partnership Committee	Risk type	Quality		
Risk Lead	Executive Director Transformation and Strategic Planning / Chief Digital & Information Officer	Risk appetite	Open <15 Risk Above Tolerance		
Related Corporate Risks:	CRR25-05, Strategic Change – Impacting Care and Staff Delivery; CRR25-04, Modernising our Infrastructure				
Risk rating		Review Dates			
		Current exposure	Target	Initial date of assessment	20/10/2024
Consequence		5	5		



The chart displays a horizontal timeline from 20/10/2024 to 25/11/2025. Three data series are plotted: Current (red line), Tolerable (blue line), and Target (green line). The Y-axis represents a numerical scale from 0 to 25. The Current line is consistently at 20. The Tolerable line is at 20. The Target line is at 10.

Date	Current	Tolerable	Target
20/10/2024	20	20	10
30/01/2025	20	20	10
07/04/2025	20	20	10
21/10/2025	20	20	10
25/11/2025	20	20	10

Appendix 1 – Board Assurance Framework November 2025.

Likelihood	4	2	Last reviewed by Committee:	21/08/2025	
Risk rating	20	10	Last updated by Executive:	25/11/2025	

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Assistant Director of Compliance and Business Management	Accountable:	Chief Digital & Information Officer		
Threat: the organisation may struggle to keep pace with the rapid evolution of digital, data, and technology innovations and have outdated systems, inefficiencies, and an inability to fully harness data for informed decision-making and personalised patient care by lack of investment in DDaT infrastructure due to competing priorities	<ul style="list-style-type: none"> Cyber Security Plan (and evidenced of reasonable assurance through recent internal audit) Plans to recruit key skills and capabilities gaps Business case developed for Mental Health and Acute and Community Electronic Health Record (EHR) Clear benchmarking with Gartner IT Score to assess and guide us on what we need to do. Skills and capabilities augmentation contracts in place with third party companies to support the internal teams in delivering what is required 	<ul style="list-style-type: none"> Lack of recurrent funding and support the recruitment of critical roles Lack of support to procure flexible augmentation contracts 	<p>Management:</p> <ul style="list-style-type: none"> Quarterly reviews of digital objectives including projects at service level to Senior Leadership Team Performance and accountability meetings for Annual Plan objectives <p>Risk and compliance:</p> <ul style="list-style-type: none"> Annual audit of data governance and cyber security measures Corporate Risk in place <p>Independent assurance:</p> <ul style="list-style-type: none"> Internal and external audits of data governance and technology Information Commissioners office Continual Benchmarking from Gartner Group and Service Desk Institute against best practice 		Limited Assurance
Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed		



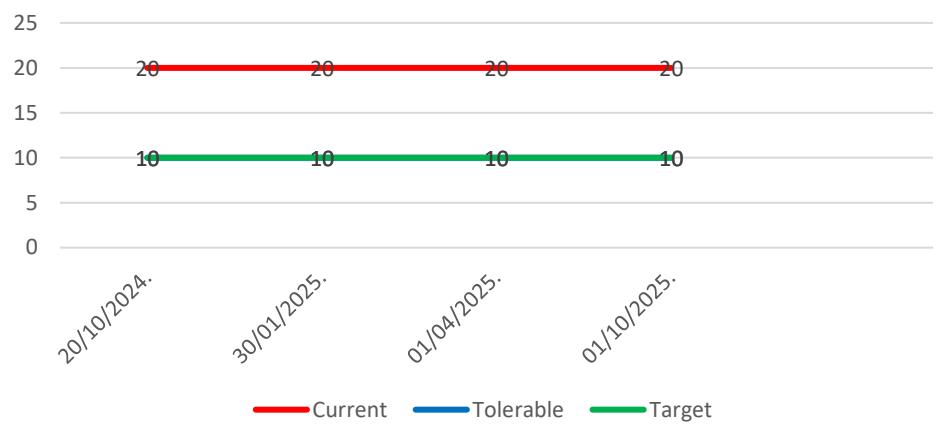
Appendix 1 – Board Assurance Framework November 2025.

	<p>Senior Posts for reviewing Digital architecture and EHR. Funding for Architecture and EHR Teams is temporary and has been sourced from various non-recurrent budgets. Teams likely to have to stand down from April 2025 onwards and therefore progress halted (subject to budget setting process). NB. This is a 3-to-5-year piece of work. Activity which is required by 31st March 2025 will be completed.</p> <p>Senior Architecture posts in place but funded non-recurrently. These are resolving clinical system integration, which will also halt on the 31/03/2026 should recurrent funding not be secured.</p>	Chief Technology and Information Officer	Delayed	31/03/2025
	<p>Roll-out of key priority digital transformation projects. No funding from April 2025 onwards, to progress EHR Programme and other augmentation projects to improve the current digital environment. NB. This is a 3-to-5-year piece of work. The Electronic Health Record (EHR) – Acute and Community, Outline Business Case (OBC) first draft was handed over from the external consultants in March 25, the OBC has been updated following engagement with legal, finance, procurement and DDaT. Currently, there is no funding to progress this further, and Welsh Government have asked all Health Boards to pause while they agree a national approach. The Mental Health EHR is progressing with the procurement evaluation complete. Once assurance activities have been completed the next step will be to finalise the Full Business Case (FBC) and award contract following board approval.</p> <p>A strategic outline case for the scanning plan is being prepared, with anticipated submission for formal approval in April 2026 via the appropriate governance board.</p>	EHR Programme Director (not in post)	Progressing	31/03/2028
	<p>Transformation of the DDaT Operating Model. Lack of available recurrent funding has hampered this piece of work. Alternative solutions being explored using non-recurrent funding mechanisms, however due to significant gaps in current senior leadership and anticipated outcome from Foundations for the Future Programme, progress in this area has halted. Proposal to extend current due date to September 2026.</p>	Assistant Director Of Compliance And Business Management	Delayed	31/03/2025
	<p>Proposals, (repeated from previous years) for 2025/26 onwards are being progressed for consideration. Cost Pressures and Growth proposals submitted to Executive Team for consideration. Only RIGA 1 additional funding resource received which doesn't take into consideration the required cost pressures or growth initiatives. Will continue to review funding gaps and available schemes.</p>	Assistant Director Of Compliance And Business Management	Delayed	31/03/2025

Appendix 1 – Board Assurance Framework November 2025.

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Assistant Director of Health Strategy & Planning	Accountable:	Interim Executive Director of Transformation and Strategic Planning		
Threat: Lack of a relevant long term 10-Year Strategy and Clinical Services Plan that can be used to strategically guide our short to medium term plans.	<ul style="list-style-type: none"> Ensure strategy development aligns with population needs assessments. Prioritise internal and external stakeholder engagement, collaboration and co-production. Integrated planning framework updated with learning from each planning cycle. Alignment of finances, workforce and performance via the Planning process. 	<ul style="list-style-type: none"> Limited public engagement and stakeholder input at the early formative stages of strategy development and planning. Effective mechanisms to prioritise resources to strategic priorities. Integrated view of impact of plans, demonstrating which outcomes have improved for the population. 	<p>Management:</p> <ul style="list-style-type: none"> Annual review of planning cycle. Annual Delivery Plan progress reports on strategy development milestones. <p>Risk and compliance:</p> <ul style="list-style-type: none"> External benchmarking of planning effectiveness through the Planning Maturity Matrix. <p>Independent assurance:</p> <ul style="list-style-type: none"> Independent review as part of special measures. Welsh Government annual assessment of submitted IMTP. 	<ul style="list-style-type: none"> None identified at present 	Limited Assurance
		Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions
		Strategic intent for North Wales to be developed with Partners in order to develop and deliver the 10-Year Strategy (subject to creating sufficient capacity in the Planning team to take this work forward).		Head Of Health Strategy And Planning	Progressing
		Implement phase 1 of Clinical Services Plans in relation to the Challenged Services		Assistant Director of Transformation and Improvement (Interim)	Progressing
		Develop phase 2 of the Clinical Services Plan for implementation - a blueprint for services across North Wales		Head Of Health Strategy And Planning	Not started
					30/03/2027

Appendix 1 – Board Assurance Framework November 2025.

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

Appendix 1 – Board Assurance Framework November 2025.

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps	Assurance rating
Responsible:		Interim Director of Finance	Accountable:	Executive Director of Finance	
Threat: The financial climate is challenging, with no further allocations expected to offset adverse performance. The first financial duty is to attain a break-even financial position over a rolling three years period. In not achieving break even the organisation suffers;	<ul style="list-style-type: none"> Annual Plan details requirements for further controls and required controls detailed in 'Gaps in controls' Monthly reporting of financial performance, articulating risk to delivery, drivers of any financial risk and suggested actions in place to mitigate risk Monthly reporting to Welsh Government financial performance each month, again articulating drivers of risk to delivery and mitigating actions Corporate risk for shorter term sustainability in place A key element of delivery centres upon savings realisation, the Value & Sustainability programme formed to support mitigation of shortfalls and place focus on improvements driving financial sustainability. 	<ul style="list-style-type: none"> Financial governance framework aligned with the organisation's strategic priorities An endorsed Clinical Strategy that articulates demand and capacity modelling by speciality. Financial capital resource availability Integration of financial planning with performance and risk management processes Whilst the Health Board has a balanced financial plan, this carries significant risk associated with continued opening of additional capacity areas and exposure to medicines and continuing healthcare rising costs. In addition, following endorsement of the financial plan, a number of significant risks have emerged from a movement from key planning assumptions. Inconsistent alignment between financial planning and strategic service goals 	<p>Management: Monthly financial reporting and budgetary controls Oversight through Performance, Finance & Information Governance Committee</p> <p>Risk and compliance: Oversight by Audit Committee Annual audit of financial governance effectiveness (to include budgetary control) Regular financial performance reviews</p> <p>Independent assurance: Internal and external audit reports on financial controls Annual review of compliance with Welsh Government financial guidelines Audit Wales full access to mapping of financial transactions within financial statements to source ledgers Monthly oversight of financial performance by Welsh Government</p>	<p>Limited Assurance Internal Audit report for Delivery of Health Board Transformational Savings Value & Sustainability Programme launched to mirror the National models to place focus on savings delivery as a product of improvement with a track record of delivery</p> <p>Head of Internal Control Opinion articulating limited assurance over systems of internal control Positive assurance for budgetary control environment</p> <p>Audit Wales issued a "true and fair" audit opinion on the 2024/25 accounts but gave a Qualification for regulatory breach. Health Board attaining financial plan. No changes from draft accounts to final submission following External Audit scrutiny</p>	Limited Assurance
A regulatory breach from Failure to achieve the key duty results in a Qualification Failure to achieve breakeven places at risk future receipt of conditionally recurrent allocations and/or the ability to attract prospective allocations. Cash depletion and a potential lack of ability to pay employees and suppliers of goods and services.					
The Health Board will still be required to meet its statutory duty to break-even, resulting in a need to reduce costs and potentially reduce access to services offered to the local population.					
	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	Implementation of Value Based Healthcare and a Value and Sustainability approach to savings development. Implemented and principle approach agreed, savings will be developed through Executive leads through transactional and transformational schemes.		Finance Director -	Progressing	31/03/2026

Appendix 1 – Board Assurance Framework November 2025.

		Commissioning & Strategy		
	Strengthen financial forecasting and integrate financial risks into operational planning. Progressing through IMTP production. Deep Dive process already in place with CFOS on a monthly basis	Finance Director - Commissioning & Strategy	Complete	30/09/2025
	Develop further the control environment for addressing planned position and implementation of any corrective actions. Additional control actions have been implemented to support the HB .	Finance Director - Commissioning & Strategy	Complete	31/03/2025

Responsible:	Head Of Capital Development	Accountable:	Director of Environment and Estates		
Threat: Inadequate Capital Investment to Support Organisational Change	<ul style="list-style-type: none"> • Estates Strategy • Capital prioritisation programme aligned with strategic objectives that involves operational and clinical teams in prioritisation of limited resources • Project management for capital investments, the Health Board having substantial material schemes in train • Prioritisation of investments in infrastructure to support clinical services and statutory requirements • Capital Manual • Capital prioritisation for urgent projects • Six facet survey being completed for all provider infrastructure 	<ul style="list-style-type: none"> • Delays in capital project approvals and implementation. • Delays in raising orders likely to impact project critical path. • End of year wrap up report on overheads and programme progress. • Implement stronger project management controls to track capital investments. • Discretionary capital use in prioritisation between medical equipment, IM&T and Estates works (relative prioritisation between asset classes not undertaken) • Prioritisation of substantial business cases within the plans of the Health Board that aligns to Clinical Strategy 	<p>Management:</p> <ul style="list-style-type: none"> • Monthly financial reporting of plan verse actual expenditure and budgetary controls <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Some reviews to assess the alignment of capital investments with strategic goals Board <p>Independent assurance:</p> <ul style="list-style-type: none"> • Internal Governance of capital project progress and expenditure and reporting up to Committee and Welsh Government. • Welsh Government monthly reviews of plans for expenditure in year verse allocated resources. 	<ul style="list-style-type: none"> • Reports on alignment of capital investments with strategic goals Board • Prioritisation plans being endorsed through Executive for inclusion within the IMTP endorsed through Health Board and Committees. • External support secured to service major capital developments. • Capital Investment Group formed, reporting into Executive on Capital works. 	Limited Assurance

↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
	Decarbonisation Board reporting of key objectives through to Committee (PPHP) completed, articulating goals and objectives through to Health Board. Revised NHS Wales decarb plan due for review in 2025, once finalised the HB will produce and action plan.	Director of Environment and Estates	Progressing	31/03/2026
	Ongoing development of Estates strategy to be informed by completion of six facet survey as well as the collection and validation of other data (review of estates which will take 12 months) to drive estate utilisation and rationalisation.	Director of Environment and Estates	Progressing	31/03/2026

Appendix 1 – Board Assurance Framework November 2025.

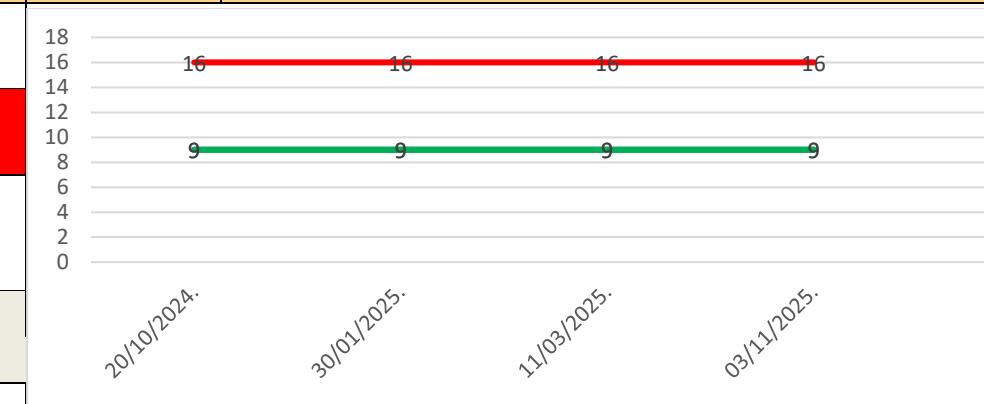
	Monthly reporting of this year's expenditure verse plans in order to ensure delivery of this year's capital programme, fully embedded and forms new control.	Executive Director of Finance	Complete	31/03/2026
	Prioritisation of major capital works within the strategy for the Health Board in completion of the three-year IMTP. Schemes and priorities discussed at Execs.	Assistant Director - Strategic And Business Analysis	Progressing	31/03/2026

Appendix 1 – Board Assurance Framework November 2025.

3: Creating compassionate culture, leadership and engagement

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability A risk that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.				Strategic objective	3: To have a compassionate culture, leadership & engagement (3A Compassionate Leadership and Organisational Development & 1G Workforce Planning)
Lead Committee	People & Culture Committee	Risk type	Quality			
Risk Lead	Interim Executive Director of People Services	Risk appetite	Open <15 Above Tolerance			
Related Corporate Risks:	CRR25-02, Future Demand & Sustainable Workforce; CRR25-07, Leadership and Operating Model					
Risk rating				Review Dates		
Consequence	Current exposure 4	Target 4		Initial date of assessment 20/10/2024		
Likelihood	4	2		Last reviewed by Committee: 14/08/2025		
Risk rating	16	8		Last updated by Executive: 03/11/2025		



The chart displays a risk timeline from 20/10/2024 to 03/11/2025. The Y-axis represents the risk level from 0 to 18. The X-axis shows dates: 20/10/2024, 30/01/2025, 11/03/2025, and 03/11/2025. Three horizontal bars are shown: a red bar for 'Current' (value 16), a blue bar for 'Tolerable' (value 16), and a green bar for 'Target' (value 9). The bars are positioned at the 16 and 9 levels on the Y-axis, corresponding to the dates on the X-axis.

Appendix 1 – Board Assurance Framework November 2025.

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Head Of Policy, Practice & Compliance- WOD	Accountable:	Interim Executive Director of People Services		
Threat: that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.	<ul style="list-style-type: none"> • Workforce Planning Framework in collaboration with HEIW • Skill-mix review and capacity-building programmes • Strategic partnership with Bangor University • Integrated Leadership Development Framework • Staff Engagement Plan • Continuous feedback loops for leadership performance • All Wales International Recruitment programme for nurses and doctors. • Improved Internal Audit Assurance with recruitment of senior and interim staff • Staff counselling / Occupational Health support • Strategic Equality Plan key driver in the culture change required for a compassionate and inclusive culture. 	<ul style="list-style-type: none"> • Critical vacancies, particularly in clinical and leadership roles • Underdeveloped retention and progression pathways • Further embedding of Integrated Leadership Development Framework • Further leadership development initiatives • Current Equality governance arrangements require strengthening 	<p>Management:</p> <ul style="list-style-type: none"> • Service Led skill-mix efficiency and commissioning requirements • Annual staff engagement surveys and reports to Committee and Board • People & Culture Dashboard to Committee <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Corporate risks CRR24-01 People, Culture and Wellbeing CRR24-16 Leadership/Special Measures reported to committee. • Review of all Organisational Development risks reported. Local Workforce and Organisational Development risk meeting. • Quarterly performance reviews to CEO of Directorates/ Divisions • Freedom to Speak Up Guardian report <p>Independent assurance:</p> <ul style="list-style-type: none"> • Annual workforce plan reviews with HEIW • Internal Audit reports 	<ul style="list-style-type: none"> • Limited Assurance Internal Audit report for Review of Workforce Planning Arrangements 	Limited Assurance
↑		Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions
		Prioritise workforce plans for 'challenged services'		Interim Exec Director People and OD / Associate Director Workforce Optimisation	Progressing
		Continue reducing agency usage and improve value and sustainability of workforce		Interim Exec Director People and OD / Associate Director Workforce Optimisation	Progressing
		Implementing Values and Behaviours Framework		Interim Exec Director People and OD	Progressing
		Embedding Integrated Leadership Development Framework		Interim Exec Director People and OD	Progressing

Appendix 1 – Board Assurance Framework November 2025.

Principal risk (what could prevent us achieving this strategic objective)	BAF24-05: Not Engaging with Citizens, Partners and Communities Risk of ineffective engagement with citizens, partners and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.			Strategic objective	3: To have a compassionate culture, leadership & engagement encompassing 3B: Citizen Engagement & 3C: Being a Good Partner
Lead Committee	Planning, Population Health & Partnership Committee	Risk type	Reputation	10 8 6 4 2 0	8 8 8 8 6 6 6 6 4 4 4 4
Risk Lead	Director of Partnerships/Communications and Engagement	Risk appetite	Seek <25	20/10/2024. 30/01/2025. 01/04/2025. 10/10/2025.	Current Tolerable Target
Related Corporate Risks:	CRR25-03 Population Needs				
Risk rating			Review Dates		
Consequence		Current exposure	Target	Initial date of assessment	20/10/2024
Likelihood		2	2	Last reviewed by Committee:	21/08/2025
Risk rating		3	2	Last updated by Executive:	10/10/2025
		6	4		

Appendix 1 – Board Assurance Framework November 2025.

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps assurance actions in / to address gaps and issues	Assurance rating
Responsible:	Director Of Partnerships/communications And Engagement		Accountable:	Director Of Partnerships/communications And Engagement	
Threat: of ineffective engagement with citizens and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.	<ul style="list-style-type: none"> Collaboration with key stakeholders Strategic partnerships with local authorities and community organisations Partnership governance frameworks Comprehensive inclusive and diverse citizen engagement strategy Accessible feedback mechanisms such as surveys and public engagement activity Regular updates to the public on strategic priorities Survey of engagement across the Health Board Collaboration on complaint's process 	<ul style="list-style-type: none"> Communication back to the public on their influence from feedback Lack of structured feedback from key partners Limited cross-sector collaboration in specific service areas Anchor Institute Framework 	<p>Management:</p> <ul style="list-style-type: none"> Citizen experience reports to Board Feedback from engagement and where required public consultations. <p>Risk and compliance:</p> <ul style="list-style-type: none"> Partnership feedback sessions Forward Plan and oversight of Regional Partnership Board by the Planning, Population Health & Partnership Committee <p>Independent assurance:</p> <ul style="list-style-type: none"> Perception survey with partners Independent Advisor for external perspective on engagement approach 	Risk Register for Partnerships/Communications and Engagement.	Limited Assurance
Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)				Action Handler	Status of Actions
Perception Survey completed, Survey findings to now go to Executive Committee and PPHP Committee				Director Of Partnerships/communications And Engagement	Complete
Developing Anchor Institute Framework – ongoing, with paper to Executives by 31/05/25 outlining approach and next steps				Director of Partnerships/communications And Engagement	Progressing
Citizen Engagement Plan being reviewed – the draft principles and framework developed - now with the engagement group for comments				Director of Partnerships/communications And Engagement	Progressing
Improve the feedback loop to ensure timely action on public input – ongoing, with review of Board actions against key themes by 31/01/25. January Citizen's Engagement report as evidence				Director of Partnerships/communications And Engagement	Complete
Communications and engagement plan November 2025 to post Senedd election 2026 addressing progress to date and areas of Board focus in the months ahead – plan in development, overseen by the Chief Executive Officer				Director of Partnerships/communications And Engagement	Progressing

Appendix 1 – Board Assurance Framework November 2025.

4: Improving quality, outcomes and experience

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes Risk of ineffectively delivering consistent high quality of patient care across the HB resulting in incidents of avoidable harm and poor clinical unmet patient needs, regulatory non-compliance, and reputational harm.			Strategic objective	4. To Improve Quality, Outcomes and Experience (4A Patient Experience; 4B Prevention; 4I Adult Mental Health, Learning Disability)
Lead Committee	Quality, Safety and Experience Committee / Planning, Population Health & Partnership Committee	Risk type	Quality	25 20 15 10 5 0	20/10/2024. 30/01/2025. 08/05/2025. 20/10/2025.
Risk Lead	Executive Director of Nursing Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Risk appetite	Open <15 Above Tolerance	Current Tolerable Target	20/10/2024. 30/01/2025. 08/05/2025. 20/10/2025.
Related Corporate Risks:	CRR25-01, Timely Patient Access to Safe and Effective Care; CRR25-03, Population Needs				
Risk rating			Review Dates		
Consequence	Current exposure	Target	Initial date of assessment	20/10/2024	
Likelihood	3	2	Last reviewed by Committee:	21/08/2025	
Risk rating	20	10	Last updated by Executive:	20/10/2025	

Appendix 1 – Board Assurance Framework November 2025.

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

Appendix 1 – Board Assurance Framework November 2025.

			<ul style="list-style-type: none"> • Llais Reports • Ombudsman <p>Screening Quality Assurance Services assessments and reports of:</p> <ul style="list-style-type: none"> • Antenatal and New-born screening • Breast Cancer Screening Services • Bowel Cancer Screening Services • Cervical Screening Services <p>External Accreditation/Regulation annual assessments and reports of;</p> <ul style="list-style-type: none"> • Pathology (UKAS) • Endoscopy Services (JAG) • Medical Equipment and Medical Devices (BSI) • Blood Transfusion Annual Compliance Report (MHRA) • Ionising Radiation (Medical Exposure) Regulations 		
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	Civica mapping of services to improve consistency of levels of feedback		Deputy Executive Director of Nursing	Complete	31/03/2025
	Expand real-time feedback systems across all services (SMS texting for priority areas e.g. ED)		Deputy Executive Director of Nursing	Complete	31/12/2024
	Quality Management System in development. – pilots in urology and vascular		Deputy Executive Director of Nursing	Complete	31/03/2025
	Reduced response times for addressing patient complaints.		Deputy Executive Director of Nursing	Complete	31/03/2025
	Learning Repository Development – Delayed due to Digital Team capacity, Digital lead now allocated time to complete and progressing with a revised completion date from 31/12/2024 to 31/11/25		Deputy Executive Director of Nursing	Progressing	31/11/2025
	Harms review process to be approved for planned care activity		Programme Director Planned Care	Progressing	30/11/2025

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of	Assurance rating

Appendix 1 – Board Assurance Framework November 2025.

	the risk and reducing the likelihood/ impact of the threat)					the controls or negative assurance)	
Responsible:	Head Of Public Health Assurance & Development	Accountable:	Executive Director of Public Health	Responsible Committee	Population Health & Partnership Committee		
Threat: A widespread loss of organisational focus on investment and support to improve integrated prevention to better population health and wellbeing	<ul style="list-style-type: none"> Public Health team and other teams across the HB, working on evidenced based programmes of work which link to National and local priorities Integrated prevention strategies focused on population health and wellbeing to reduce health inequalities Continuation of Grant funding confirmed 25/26 Ministerial Priorities include Prevention and Population Health Prevention, Population Health and Early Intervention Exec Delivery Group established July 25 will review Corporate and emerging risks. 	<ul style="list-style-type: none"> Limited access to timely integrated data supporting prevention activity. Insufficient integration between prevention and clinical services Services fail to prioritise prevention as part of the delivery of effective services and outcomes. Large proportion of budget is non-recurrent grant funding Diabetes Pathway Programme delivery plans (service level) - dependent on options for change agreement 	<p>Management:</p> <ul style="list-style-type: none"> Regular reports against a range of outcomes from the public health outcomes framework to Planning, Population Health & Partnership Committee Completion of Audit (Sept 25) in relation to management of Grant funds and delivery – report to Audit Committee <p>Risk and compliance:</p> <ul style="list-style-type: none"> CRR24-08 Delivering a population health approach to health and wellbeing and CRR24-18 Outbreak Management reported to Planning, Population Health & Partnership Committee. Corporate Risk Review has resulted in refresh and consolidation of these two risks into one. Operational Risk Register maintained. <p>Independent assurance:</p> <ul style="list-style-type: none"> Regular reports against a range of outcomes from the public health outcomes framework to Regional Partnership Board Public Service Boards & Welsh Government Review held with Welsh Government October 25 – focus on shift to prevention, Health Improvement activity 	<ul style="list-style-type: none"> Limited assurance of effective models - based on availability of data, intelligence, evidence and evaluation of impact of current prevention approaches within the Health Board and wider partner networks. 	Limited Assurance		

Appendix 1 – Board Assurance Framework November 2025.

			and health inequalities programmes.		
	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed	
	Increase collaboration with community partners	Strategic Partnership Manager	Complete	31/03/2025	
	Strengthen the integration of prevention into service and Health Board planning	Head Of Public Health Assurance & Development	Complete	31/03/2025	
	DDAT/Public Health Integrated approach to population health and clinical data and intelligence embedded in Health Board plans	Assistant Director - Data, Intelligence & Insight / Consultant In Public Health Medicine	Complete	30/09/2025	
	Diabetes Pathway Programme – completion of case for change and next steps agreed - delay in appointing Clinical Lead however this has now gone out for expressions of interest. There have been some revisions to the plan as a result and also in keeping with wider priority programmes including Primary Care.	Executive Director Of Public Health	Delayed	30/07/2025	
	Deliver Primary Care based approaches to improving the compliance with NICE guidance	Service Leads	Delayed	30/10/2025	
	Grant funded Programme plans approved by Welsh Government and Public Health Wales	Head Of Public Health Assurance & Development	Complete	30/04/2025	
	Prevention embedded in Board Major Programmes	Programme Leads / SRO	Progressing	31/03/2026	
	Development of Clinical Services Plan and Health Board Strategy recognises prevention as component part	Consultant in Public Health	Progressing	31/03/2026	

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating

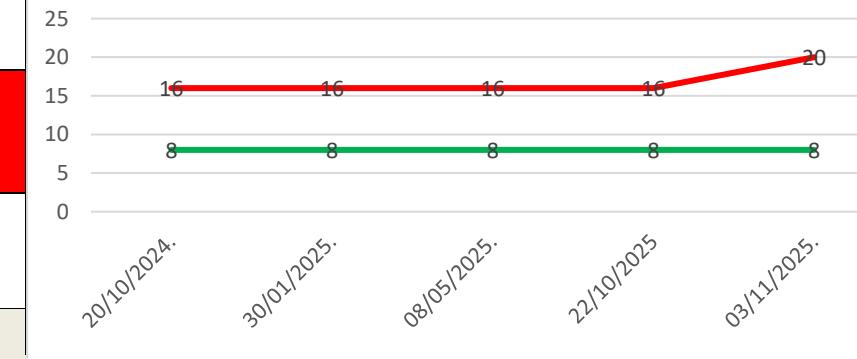
Appendix 1 – Board Assurance Framework November 2025.

Responsible:	Director of Mental Health & Learning Disabilities	Accountable:	Executive Director of Allied Health Professionals and Health Science	Responsible Committee	Quality, Safety and Experience Committee
Threat: Risk of insufficient focus on Mental Health, wellbeing and Learning Disabilities in the Health Board strategy, planning and operations leading to sub optimal patient outcomes, lack of an holistic approach, regulatory non-compliance and reputational harm.	<ul style="list-style-type: none"> Alignment with Welsh Government National strategies for Mental Health and wellbeing, Learning Disabilities and Substance Misuse Adherence to Royal College and Clinical standards National NHS Executive Mental Health and Learning Disabilities (MHLD) Strategic Improvement Programme Established Royal College Psychiatry Improvement programme with Health Board wide reporting and governance Established reporting through existing HB Governance Frameworks, Oversight committees and routine audits to ensure compliance and monitor progress. Inclusion in Health Board Annual Plan and monitoring mechanisms Inclusion in organisational Major change programme, oversight and reporting Clinically led Physical health work stream in MHLD Primary care pathways Crisis Care Concordat in place 	<ul style="list-style-type: none"> Recruitment and Retention challenges impacting on workforce including interim posts Engagement and collaboration with physical health services 'Foundations for the Future' programme maturity Insufficient focus on health inequalities Lack of integrated Electronic Health Record and other digital systems Limited visibility of Mental health and Learning disabilities data at Board level Current risk to balanced financial position Greater focus on community and earlier intervention services 	<p>Management:</p> <ul style="list-style-type: none"> External reviews in 2023-24, undertaken as part of Special Measures all recommendations completed and managed. Performance Management and reporting Civica and patient reporting metrics <p>Risk and compliance:</p> <ul style="list-style-type: none"> Compliance with Royal College Standards Audit Reports <p>Independent assurance:</p> <ul style="list-style-type: none"> Development of co-produced Patient Carer engagement work Expert advisory group External reviews National and Local performance reporting Together 4 Mental Health Partnership Board in place 	<ul style="list-style-type: none"> Lack of integrated patient care records impacting on care, planning and reporting Increasing the scope of performance reviews focusing on patient pathways. Improving our real time patient data Visibility of community mental health activity 	Limited Assurance
Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)				Action Handler	Status of Actions
Recruitment plans for substantive workforce. Now- completed, Director of Nursing successfully recruited with anticipated start date 17th November 25. Recruitment activity remains business as usual but progress made across the division and plan now in place.				Director Of Operations MHLD	Complete
Increased pathways with Primary care				Consultant Psychiatrist/medical Director	Progressing
Active engagement with the Foundations for the future programme now completed as MHLD formally engage with aspects of the programme and with be Business as usual until FfF is rolled out.				Director Of Operations MHLD	Complete

Appendix 1 – Board Assurance Framework November 2025.

	Electronic Health Record programme with MHLD as early adopter	Interim Director Mhld	Progressing	31/03/2026
	Enhanced Savings plans	Chief Finance Officer	Progressing	31/03/2026
	Responsive annual plan	Head Of Integrated Strategy And Development	Complete	31/03/2025
	Implementation of Communication strategy, will remain dynamic and developmental	Head Of Integrated Strategy And Development	Complete	31/12/2025
	Alignment with Learning Disabilities national programme- Improving Care Improving lives review	Director Of Operations MHLD	Progressing	31/03/2026

Principal risk (what could prevent us achieving this strategic objective)	BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk				Strategic objective	4. To Improve Quality, Outcomes and Experience (4E: Planned Care; 4F: Cancer Care; 4G: Urgent and Emergency Care; 4H: Diagnostics; 4ICAMHS and Neurodevelopment)	
Lead Committee	Performance, Finance and Information Governance Committee	Risk type	Quality				
Risk Lead	Chief Operating Officer	Risk appetite	Open <15 Risk Above Tolerance				
Related Corporate Risks:	CRR25-01 , Timely Patient Access to Safe and Effective Care						
Risk rating				Review Dates			
Consequence	5	4		Initial date of assessment	20/10/2024		
Likelihood	4	2		Last reviewed by Committee:	12/08/2025		
Risk rating	20	8		Last updated by Executive:	03/11/2025		



Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Interim Associate Director for Emergency Care/ Associate Director of Planned Care/ Professional	Accountable:	Chief Operating Officer	Responsible Committee	Performance, Finance and Information Governance Committee

Appendix 1 – Board Assurance Framework November 2025.

	Service Manager Radiography/ Assistant Area Director – Children				
Threat: The Health Board faces significant risks related to the ability to meet national and local performance targets related to access to timely care. The increased patient acuity, backlog of long waiting times, lack of standardised processes and robust demand and capacity planning at service level may negatively impact the delivery of consistent quality of care. Without strategic planning and robust controls, these risks could lead to reduced public confidence, increased colleague fatigue, ineffective use of resources and failure to achieve regulatory compliance or national standards.	<ul style="list-style-type: none"> Initiation of demand capacity plans at specialty/service level Improved planning including the Winter Resilience Plan with clear principles to protect urgent and planned care pathways Major change programmes for Urgent and Emergency Care (UEC) and Planned Care Strengthening preventative support through integrating services such as SICAT and GP out of hours with active community pathways Strengthening capability and capacity to lead and deliver services with clear executive Senior Responsible Officers (SRO) in place supported by clinical and operational leads Cancer recovery plan Planned care delivery plan against the agreed trajectories supported with resource allocations Diagnostics delivery plan against the agreed trajectories supported with resource allocations Governance framework for accountability including weekly executive led progress reviews for UEC and Planned Care Chief Operating Officer and Director of Performance and commissioning collective leadership oversight for operational performance with support from the executive team Clear workstreams (4) for UEC incorporated into operational planning and delivery as a framework aligned to the national 6 goals for UEC Optimised hospital flow through SAFER programmes and discharge protocols ensuring resilience to protect planned care pathways Access to care based on clinical urgency and then chronological wait across all programmes of care Developing close partnership working with the 6 Local Authorities, Welsh Ambulance Service Trust (WAST), third sector and other providers to maximise care outcomes Effective utilisation through planning and robust governance for use of nationally allocated resources for planned care and UEC Regional approach in strategic planning through the Regional Partnership Board ensuring a North Wales approach for delivering services for our citizens 	<ul style="list-style-type: none"> Clinical variations and lack of standardised operational processes across the Health Board Limited integration of pathways and care processes between primary, community and secondary care Insufficient capacity in challenged services and Neurodevelopment Strategic approach for equipment replacement scheme to ensure service efficiency and sustainability Estates strategy to address service needs Challenges in workforce retention and gaps in critical roles affecting service delivery <p>Need for enhanced digital infrastructure to support predictive analytics and proactive planning</p>	<p>Management:</p> <ul style="list-style-type: none"> Integrated Quality Performance Delivery Tracking referrals and waiting times Performance tracking on ambulance handovers Monthly Performance monitoring Strategic Improvement Development Groups. Reviewing consistency in triage processes <p>Risk and compliance:</p> <ul style="list-style-type: none"> Performance reports to Integrated Performance Executive Delivery Group & Board Corporate Risk reporting Patient-reported outcome measures (PROMs) and Patient-reported experience measures (PREMs) data <p>Independent assurance:</p> <ul style="list-style-type: none"> Some Internal Audit findings demonstrating assurance Welsh Government Targets Joint Executive Team WG UEC Programme Board with WG attendance NHS Executive touch points Significant guidance and steer with National Imaging Programme CAMHS & Neurodevelopment National Programme links established. National Specification being worked towards. Regional ND, CAMHs meetings for improvement. CAMHS & Neurodevelopment Enhanced Monthly NHS Exec 	<ul style="list-style-type: none"> Independent reviews (focused on areas of concern) Daily Health Board wide oversight grip in control for UEC performance and reporting Health Board resource plan for seven-day UEC care model Health Board workforce plan to align demand and capacity on a seven-day basis Clear structure and delivery for pathways of care delays for North Wales as a system Ensuring compliance with Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation. Lack of consistent and reliable performance data at daily and weekly level. Health Board workforce plan at modality level. Specific diagnostics assurance process to delivery national patient standard for wait levels. CAMHS & Neurodevelopment Improvement programme reporting to be defined and governance structure 	Unsatisfactory

Appendix 1 – Board Assurance Framework November 2025.

			meeting with performance leads.		
	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed	
↑	<p>UEC improvement programme review to ensure the necessary improvements and outcomes are having the required impact on quality and safety of UEC services. Sept midway review.</p> <p>Review of UEC programme completed. New clinically led UEC task team established, with revised priorities agreed with PPHP and NHS P&I</p> <p>Use of data analytics to identify high-risk populations (completed) and optimise resource allocation, as a part of workstream one, needs aligning to enhanced community care.</p> <p>Priorities agreed for primary and community transformation led by DPH, EMD and COO</p>	Programme Director, UEC	Complete	30/09/2025	
	<p>Deployment of live dashboards for real-time monitoring (complete) of performance and governance metrics. Standardise data collection and reporting processes to reduce variability in decision-making. Review of various dashboards to align input criteria and date. Data quality and alignment to data dictionary review ongoing. Dashboard designs work ongoing. Design phase to be complete by 31/07/2025. Once designed, build and deployment to take place with timescale tbc</p> <p>This is on track</p>	Programme Director UEC/performance team	Progressing	30/06/2026	
	<p>Strengthen digital capabilities to support service teams (such as e-triage, further roll out of home adaptations particularly rural areas, single patient tracking lists). Align digital plan to UEC plans. Alignment of plans consistent with revised prioritisation</p>	Programme Director UEC and DDAT team	Progressing	31/03/2026	
	<p>Standardising care pathways across the Health Board. Current mapping exercise. Sits within clinical service strategy, community health pathways being rolled out for development in elective care.</p>	UEC task team	Progressing	31/03/2026	
	<p>Re-enforce specialty level planning cycle through service line demand and capacity plan across the Health Board. Reinforced with services, complete. To be evidenced in April 2026 through Plans</p>	Head Of Performance / Assistant Director - Data, Intelligence & Insight	Progressing	31/03/2026	
	<p>Strengthened workforce planning for key areas linked to challenged services</p>	Operations Manager - Children's Services / Interim Executive Director of Transformation and Strategic Planning	Progressing	31/03/2026	
	<p>Telehealth care to strengthen out of hospital care including home systems and video facilitated care forms workstream 1 or 4 for UEC</p>	UEC task team	Progressing	31/03/2026	
	<p>Continued efforts to further strengthen collaboration with local authorities and voluntary sectors for integrated care delivery models. Milestones to be reported</p>	Chief Operating Officer	Progressing	31/03/2026	
	<p>Incorporate public health needs analysis to service planning (such as deprivation links to access for UEC, Planned Care, CAMHS and Womens services)</p>	Chief Operating Officer /Executive Director of Public Health	Progressing	31/03/2026	

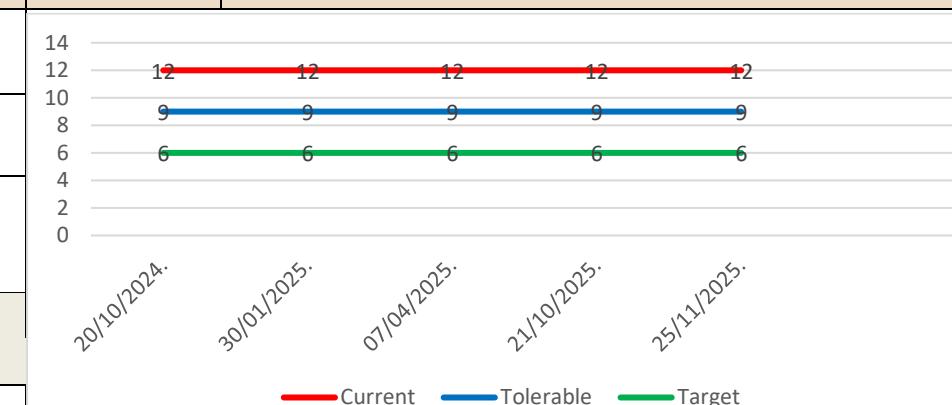
Appendix 1 – Board Assurance Framework November 2025.

	Regional approach for services such as Child and Adolescent Mental Health (CAMHS)	Associate Director CAMHS - Regional	Progressing	31/03/2026
--	---	--	-------------	------------

5: Establishing an effective environment for Learning

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-08: Not Implementing Evidenced Based Improvement and Innovation Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care			Strategic objective	5: Effective Environment for Learning 5A: University Partnership; 5B: Research, Development and Innovation & 5C: Academic Careers)
Lead Committee	Planning, Population Health & Partnership Committee	Risk type	Quality		
Risk Lead	Executive Medical Director /Chief Digital & Information Officer	Risk appetite	Open <16		
Related Corporate Risks:	CRR25-04 Modernising our Infrastructure				
Risk rating				Review Dates	
	Current exposure	Target		Initial date of assessment	20/10/2024
Consequence	4	4.			
Likelihood	3	2		Last reviewed by Committee:	21/08/2025
Risk rating	12	8		Last updated by Executive:	25/11/2025



Date	Current	Tolerable	Target
20/10/2024	12	9	6
30/01/2025	12	9	6
07/04/2025	12	9	6
21/10/2025	12	9	6
25/11/2025	12	9	6

Appendix 1 – Board Assurance Framework November 2025.

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

Appendix 1 – Board Assurance Framework November 2025.

	Launch of IRIS2 to improve accessibility and useability of information products.	Assistant Director - Data, Intelligence & Insight	Complete	30/06/2025	
	Develop a model for Cancer Referrals and activity for single modality. Work is continuing with cancer services looking at breast pathways. Stage 1 demand for all tumour sites has been assessed against ringfenced capacity to incorporate into Referral To Treatment demand and capacity work, linked to workstream 6 of the Planned Care Programme. We will be working with colleagues from NHS Performance & Improvement to develop the cancer pathway work due to its complexity. Revised due date 30/11/2025.	Assistant Director - Data, Intelligence & Insight	Delayed	30/11/2025	
	Refresh Urgent and Emergency Care Winter Plan Model. This work was completed to inform the winter learning debrief event held in August with ongoing forecasting development.	Assistant Director - Data, Intelligence & Insight	Complete	31/07/2025	
	Undertake a data maturity assessment for planned and urgent and emergency care to test for improvement from baseline position. Initial assessment undertaken to inform a development plan. Improvements underway related to winter planning and resilience.	Assistant Director - Data, Intelligence & Insight	Complete	30/06/2025	
	Development of a Training Needs Analysis and Training Programme for Intelligence Team and also for Planned Care data recipients. Training plan for Data Intelligence and Insight Team in development based on a team-based training needs assessment. Planned care data needs training met through IRIS2 launch events. Ongoing requirements will be monitored through the Planned Care Programme and lead analyst.	Assistant Director - Data, Intelligence & Insight	Delayed	31/10/2025	
Responsible:	Associate Director Research & Development & Programme Director – Education Partnerships & Projects	Accountable:	Executive Medical Director		
Threat: Ineffective university partnerships, inadequate joint investment in research, and supporting academic career development to sustain a joint effective environment for learning.	<ul style="list-style-type: none"> Some strategic partnerships with academic institutions Memorandum of Understanding in place with Bangor University and Group Llandrillo Menai. Dedicated governance structure for North Wales Medical School and related projects Strategic Steering Group in place with Group Llandrillo Menai Research governance structure Collaboration with external research bodies and innovation hubs 	<ul style="list-style-type: none"> Inconsistent engagement with academic partners across all healthcare services Lack of investment in healthcare innovation projects Limited career progression opportunities in academia for clinical and non-clinical staff No Memorandum of Understanding in place with Wrexham University at present 	<p>Timescale: 2025/26 (next update provided will be quarterly milestones based off annual plan)</p> <p>Management:</p> <ul style="list-style-type: none"> Clinical Effectiveness Group reporting <p>Risk and compliance:</p> <ul style="list-style-type: none"> Regular joint project reviews and risk register for projects maintained <p>Independent assurance:</p> <ul style="list-style-type: none"> External evaluations of projects Welsh Government Annual review of university designation criteria 	<ul style="list-style-type: none"> Strategic partnership with Wrexham University and Coleg Cambria being established with a supporting Memorandum of Understanding Internal governance arrangements and reporting to Clinical Effectiveness Group to be strengthened. Reporting and monitoring of academic career pathways, assessments of joint academic roles and impact on healthcare delivery 	Limited Assurance

Appendix 1 – Board Assurance Framework November 2025.

	<ul style="list-style-type: none"> • All Wales Innovation Pathway deployed 			<ul style="list-style-type: none"> • Commitment to joint investment in research and innovation • Partnership reviews with universities. • Further review of independent assurance requirements 	
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed	
	Strengthen collaborative research projects with university partners. Draft 'Research Strategy on a Page' developed with Bangor University for consideration by the BU & BCUHB Strategic Steering Group	Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026	
	Strengthen academic career pathways with universities	Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026	
	Increase R&D collaboration with industry and academic institutions	Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026	
	Secure additional funding for healthcare innovation projects	Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026	
	Increase the number of joint appointments between the Health Board and academic institutions	Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026	