

## **Bundle BCU Planning, Population Health and Partnerships Committee 4 September 2025**

- 1 09:15 - SUPPORTING PAPERS
- 1.1 09:15 - PP25/77 Paper to support the Winter Resilience Planning 2025/26 Report  
*This paper went to PFIG Committee on 26 August 2025 and is being shared with the PPHP Committee for information*
  - PF25.69 Urgent and Emergency Care Programme Board
- 1.2 09:15 - PP25/80 Supporting Papers for Arts in Health and Wellbeing Three Year Strategic Framework
  - PP25.80.1 App 1 - BCUHB AIH 3 year Strategic Framework Appendices final 5.11.24 English
  - PP25.80.2 App 2 - BCUHB AHWB 3 years Strategic Framework final 1.11.24 English
  - PP25.80.3 App 3 - REPORT 2 Ty Llywelyn 6.6.25 FINAL
  - PP25.80.4 App 4 - Arts in Health Capacity by Health Board 8.8.25
  - PP25.80.5 App 5 - BCUHB AiH Q1 Newsletter 2025.26

<b>Teitl adroddiad:</b> <i>Report title:</i>	Urgent & Emergency Care (UEC) Programme Update
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance & Information Governance Committee
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 26 August 2025
<b>Crynodeb Gweithredol:</b>  <i>Executive Summary:</i>	<p>This report provides an update on the progress of the UEC major change programme for quarter 1 of 2025/26 financial year.</p> <p>The Committee should note that programme structure of the UEC Programme was restructured in November 2024 following the appointment of a Programme Director;</p> <p>The programme structure was reconfigured into four workstreams, in line with best practice across Wales, reporting through to the UEC Improvement Board with an integrated membership of Local Authority partners and supported by colleagues from the NHS Wales Performance &amp; Improvement.</p> <ol style="list-style-type: none"> <li>1. Support at the individual's front door</li> <li>2. Hospital front door</li> <li>3. Hospital flow</li> <li>4. Discharge from hospital</li> </ol> <p>Workstream leads have been appointed to oversee the each workstream, maintain pace of delivery and ensure outcomes are delivered. Whilst a clinical lead remains in place across workstreams 3 &amp; 4, discussions are ongoing to appoint an overarching clinical lead for the programme.</p> <p>The UEC Programme is developing robust governance arrangements following the substantive appointment of the Chief Operating Officer and this will be further strengthened by bringing together all the major change programmes into the Transformation and Strategic Planning Directorate with the sharing of a consistent programme approach and best practice.</p> <p>The Cabinet Secretary expectation for health boards in 2025/26 outlined within the national planning guidance in regard to UEC is.</p> <p><i>'Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation'.</i></p> <p>To support this expectation there are 5 enabling actions aligned to the national 6 Goals programme for UEC, these map across to the relevant workstreams outlined above.</p> <ol style="list-style-type: none"> <li>1. Implementation of the community based falls response (Workstream 1)</li> <li>2. Implementation of the remote clinical assessment services framework - Single Point of Access (SPOA) (Workstream 1)</li> <li>3. Implementation of acute frailty model (AFS) at the front door (Workstream 2)</li> <li>4. Implementation of the Welsh Health Circular - Ambulance Handover Guidance (Workstream 2)</li> <li>5. Implement the Optimum Hospital Flow Framework (Workstream 3)</li> </ol>

Associated with the enabling actions are key performance measures and trajectories. Progress against each trajectory is detailed within the report with evidence of supporting actions and plans for future developments.

The Quarter 1 performance against each KPI and trajectory is as noted below;

Key performance measure	Q1 Position	Trend
<b>Implementation of the community based falls response</b>		
Conveyance of L1 and L2 fallers to be reduced by 10% by end of December 2025 against a March 2025 baseline, with a further 25% reduction by the end of March 26.	meeting trajectory	improving position
<b>Implementation of the remote clinical assessment services framework - Single Point of Access</b>		
Reduce conveyance from care homes by ambulance to ED: no higher than 50% conveyance rate by end of December 2025, sustained until the end of March 2026	meeting trajectory	improving position
<b>Implementation of acute frailty service (AFS) at the front door</b>		
TBC following release of acute frailty framework.  85% of same day emergency care (SDEC) referrals discharged on same day	not meeting trajectory	static position
<b>Implementation of the Welsh Health Circular - Ambulance Handover Guidance</b>		
In line with the Ministerial Advisory Group report, Health Boards should ensure that no ambulance handover should exceed 45 minutes, with a focus on achieving the 15 minute handover target wherever possible.	not meeting trajectory	improving position
<b>Implement the Optimum Hospital Flow Framework (OHFF)</b>		
Discharges by midday: 33% by end of December 2025, sustained until end of March 2026	not meeting trajectory	improving position

The improvements made through the UEC programme support operational delivery and therefore are also directly related to the special measures de-escalation performance indicators summarised in the table below:

	Key performance measure	Q1 Position	Trend
	<b>Ambulance Handover Delay</b>		
	(superseded by measure 4 above)		
	<b>Time to clinician</b>		
	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes	not meeting trajectory	improving position
	<b>12-hour breaches in Emergency Departments &amp; Minor Injury Units</b>		
	Continuous improvement towards no more than 10% of patients waiting over 12 hours at each individual site and across the health board	not meeting trajectory	improving position
	<b>Pathway of Care Delays (PoCD)</b>		
Continuous reduction of 5% in pathways of care delays for 3 consecutive months and then maintained for 4 months	meeting trajectory	improving position	
	<p>In summary, the report highlights that some of the key performance measures are on trajectory, a number have shown insufficient or no improvement.</p> <p>The key areas of concern predominantly focus around the emergency department, however poor patient flow is impacting on our ability to create the necessary capacity to be able to significantly improve on these areas.</p>		
<b>Argymhellion:</b>  <b>Recommendations:</b>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the improvement work across the UEC system and key performance indicators</li> <li>• <b>Review</b> the contents of the report and identify additional assurance or actions it would recommend the UEC Programme undertake.</li> </ul>		
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Tehmeena Ajmal, Chief Operating Officer		
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Alison Bishop, UEC Programme Director		
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>

<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>		Attainment of IMTP UEC targeted performance to enhance timely access to care for the local population		
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>		Ministerial Priority, target and impacts on key duty to deliver breakeven financial duty		
<b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i>		Not applicable		
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>		The following risks are associated with the UEC Programme: Corporate Risk 24-10		
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b>Financial implications as a result of implementing the recommendations</b>		Not applicable		
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b>Workforce implications as a result of implementing the recommendations</b>		Not applicable		

<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b>  (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b>  (or links to the Corporate Risk Register)</p>	<p>1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in deterioration of care and haem to patients and services.</p> <p>1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on the quality of care and patient experience</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Not applicable</p>
<p><b>Camau Nesaf:</b>  <b>Gweithredu argymhellion</b>  <b>Next Steps:</b>  <b>Implementation of recommendations</b></p>	
<p><b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b></p> <ol style="list-style-type: none"> <li>1. Quarter 1 UEC Report</li> <li>2. Ministerial Advisory Group recommendation 15 in relation to Ambulance handovers not exceeding 45 minutes from October 2025 (MAG 45) Report</li> </ol>	

# Appendix 1 – Urgent & Emergency Care Quarter 1 Report

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## 1. Background

The Urgent & Emergency Care (UEC) major change programme incorporates the requirements of the national 6 Goals Programme whilst ensuring that UEC services deliver safe, high-quality care at the right time and in the right place, first time.

The programme structure of the UEC Programme was restructured in November 2024 following the appointment of a Programme Director. The programme structure was reconfigured into four workstreams, in line with best practice across Wales, reporting through to the UEC Improvement Board with an integrated membership of Local Authority partners and supported by colleagues from the NHS Wales Performance & Improvement.

1. Support at the individual's front door
2. Hospital front door
3. Hospital flow
4. Discharge from hospital

## 2. 2025/26 Cabinet Secretary Delivery Expectations

The Cabinet Secretary expectation for health boards in 2025/26 outlined within the national planning guidance in regard to UEC is.

*'Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation'.*

To support this expectation there are 5 enabling actions aligned to the national 6 Goals programme for UEC, these map across to the relevant workstreams outlined above.

1. Implementation of the community based falls response (Workstream 1)
2. Implementation of the remote clinical assessment services framework - Single Point of Access (SPOA) (Workstream 1)
3. Implementation of acute frailty model (AFS) at the front door (Workstream 2)
4. Implementation of the Welsh Health Circular - Ambulance Handover Guidance (Workstream 2)
5. Implement the Optimum Hospital Flow Framework (Workstream 3)

The improvements made through the UEC programme support operational delivery and therefore the special measures de-escalation performance indicators.

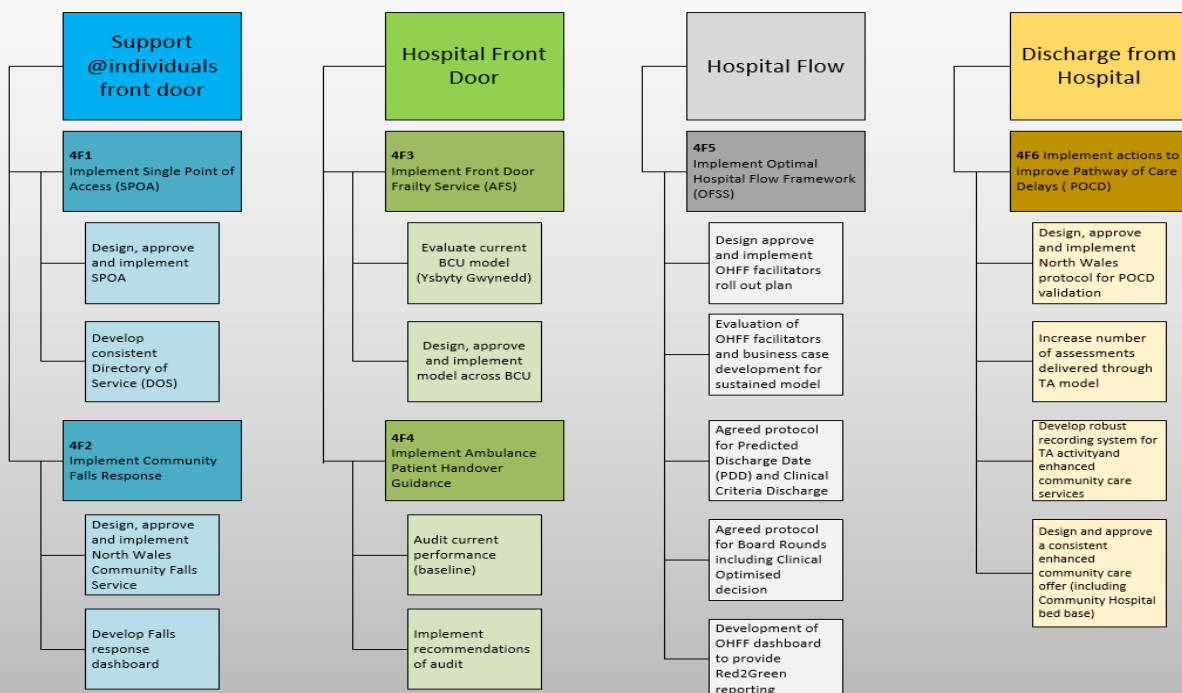
Cabinet Secretary Expectations – Enabling Actions	National Programme	BCU Programme/ Workstream	Relevant de-escalation Special Measure
Implementation of the Community Based Falls Response - (Six Goals Programme Framework) to enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate	6 Goals Programme	UEC Improvement workstream 1	ambulance handover delay 12-hour breaches
Implementation of the remote clinical assessment services framework - Implement a robust 'Single Point of Access' (SPOA) for urgent and emergency care (Six Goals Programme Framework) in each health board area that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present	6 Goals Programme	UEC Improvement workstream 1	ambulance handover delay 12-hour breaches
Implementation of acute frailty model at the Front Door – (Six Goals Programme Framework) – integrated with community frailty services - that ensure that older people with frailty are diverted to the most appropriate services within the hospital as quickly as possible and, where possible, discharged home on the same day	6 Goals Programme	UEC Improvement workstream 2	ambulance handover delay 12-hour breaches
Implementation of the Welsh Health Circular - Ambulance Handover Guidance - to ensure timely transfer of patients from ambulance crews to emergency department staff	6 Goals Programme	UEC Improvement workstream 2	ambulance handover delay 12-hour breaches time to first clinical decision maker
Implement the Optimum Hospital Flow Framework - (Six Goals Programme Framework) to ensure people who possess a clinical need for admission to hospital are discharged home when clinically ready, with the right support and without delay. This should support a reduction in pathways of care delays	6 Goals Programme	UEC Improvement workstream 3	ambulance handover delay 12-hour breaches PoCD reduction

### 3. Programme Structure

Workstream leads have been appointed to oversee the each workstream, maintain pace of delivery and ensure outcomes are delivered. Whilst a clinical lead remains in place across workstreams 3 & 4, discussions are ongoing to appoint an overarching clinical lead for the programme.

Within each workstream are a number of projects focused on key areas of delivery, each project has a lead and a detailed workplan with key tasks identified with timescales; these are monitored and escalated if required alongside associated risks, issues outcomes and benefits.

#### Six Goals of Urgent and Emergency Care – Working groups



The UEC Programme is developing robust governance arrangements following the substantive appointment to the Chief Operating Officer post, and this will be further strengthened by bringing together all the major change programmes into the Transformation and Strategic Planning Directorate with the sharing of a consistent approach and best practice.

#### 4. Progress and Key Performance Indicators Against Enabling Actions

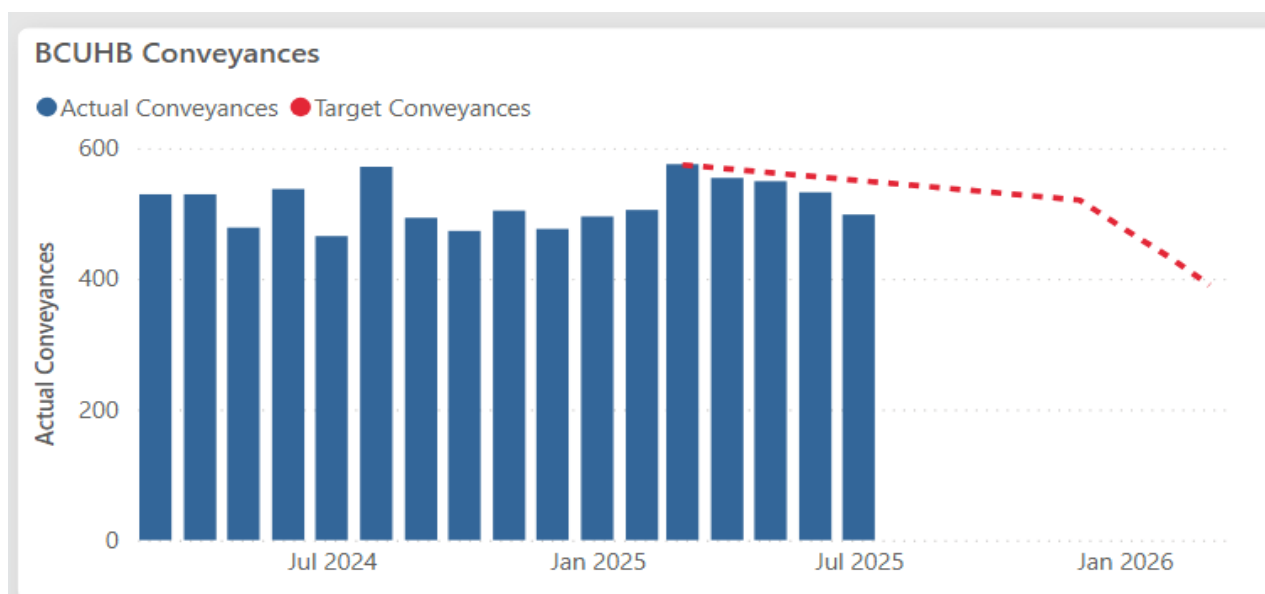
Associated with the five key enabling actions are key performance measures and trajectories. Progress against each trajectory is detailed within the report with evidence of supporting actions and plans for future developments.

##### a. Implementation of the Community Based Falls Response

The community falls response pathway has recently been brought under the 6 Goals umbrella in 2025 having previously been initiated through the 1000 lives plus programme back in 2013. As part of this programme each health Board established a strategic falls group and the work in 2025 builds on this existing pathway.

This community falls pathway is designed to provide support and treatment as close to the patient’s home as possible, in keeping with the vision for the future of NHS services, to reduce the risk of a fall re-occurring and to avoid unnecessary admission to hospital.

The first quarter demonstrates that our conveyance rates for fallers continue to reduce and are exceeding the improvement trajectory.



Key Performance Indicator - Conveyance of L1 and L2 fallers to be reduced by 10% by end of December 2025 against a March 2025 baseline, with a further 25% reduction by the end of March 26.

#### Key Actions Delivered Q1

**Community Falls Pathway** workshop to establish expectations and approach

**Care Home Falls Bundle** – new care home falls bundle & post falls approved, which the latest guidance, resource tools and a new post-falls guidance. Training on the falls bundle commenced, with a total of 243 care homes receiving training during quarter 1 and will continue to be rolled out throughout the forthcoming year.

## **Key Actions Next Quarter**

### **Community Falls Pathway**

Map and gap the available services delivered within the Community Resource teams (CRTs) within each IHC locality which deliver an urgent care response to fallers to ensure consistent equitable service across North Wales.

The development of the SPOA aims to improve referrals to the falls pathway (and reduce conveyance) following the clinical assessment of individuals waiting for an ambulance on the WAST clinical stack or by direct clinical referral from health care professionals. This will support further reduction in conveyance of L1 & L2.

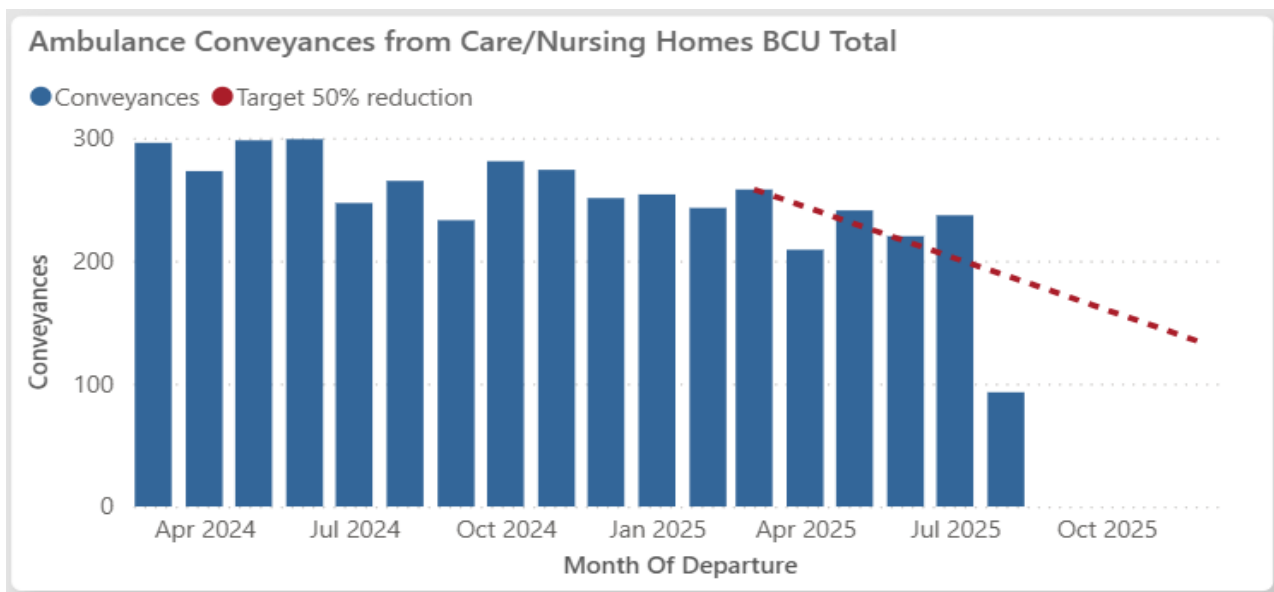
### **b. Implementation of the remote clinical assessment services framework - Single Point of Access (SPoA)**

A Single Point of Access Framework (Wales) was developed and published through the national programme in June 2025 to reduce variation and provide consistent access to services and clinical pathways 7 days a week.

The Framework aims to simplify access for health and social care professionals to remote assessment, advice and treatment for patients under their care. (The SPoA does not provide direct access for patients and public). The expectation is to have a phased approach to delivery with the SPOA meeting the essential criteria by September 2025 in readiness for the forthcoming winter period.

Whilst the HB has existing services which meet the initial essential criteria (for example SICAT, a clinical assessment and triage service, Community Resource Teams (CRTs) delivery wrap around care in the community), to meet the full ambitions of the framework there is further work required to create a consistent and integrated approach across North Wales.

Key Performance Indicator - Reduce conveyance from care home by ambulance to ED: no higher than 50% rate by end of December 2025, sustained until the end of March 2026



Performance over the first quarter has been on or slightly below the trajectory, with conveyance rates for care home residents in July increasing – in part due to the extremely warm weather (dehydration and UTIs).

SICAT has handled 2296 calls over quarter 1 with 86% of those calls being taken from the ambulance stack queue, 53% of which no longer required conveyance to our acute hospitals.

### **Key Actions Delivered Q1**

Baseline assessment of current service provision within BCU against national framework.

Mapping and gapping of community and local authority services including referrals pathways to act as receiving services following their clinical assessment within the SPoA.

Review and update of the directory of service which maintain the referral pathways utilised by health care professional colleagues has been reviewed and updated.

### **Key Actions Next Quarter**

Agreement of SPoA model for N Wales building on existing service provided. Standard Operating Procedure and Memorandum of Understanding to be developed and agreed.

Referral pathways mapping completed, and consistent referrals pathways developed to ensure SPoA can refer to current service, including community falls pathway.

Upon conclusion of mapping exercise key gaps in provision to be identified and actions put in place to mitigate risks and wherever possible close gaps in provision.

Develop and implement an approach for residential care home residents to access SPAO for clinical assessment and advice. Residential care home residents amount for 52% of all care home residents across Wales and as such provides significant opportunity to further reduce our conveyance rates.

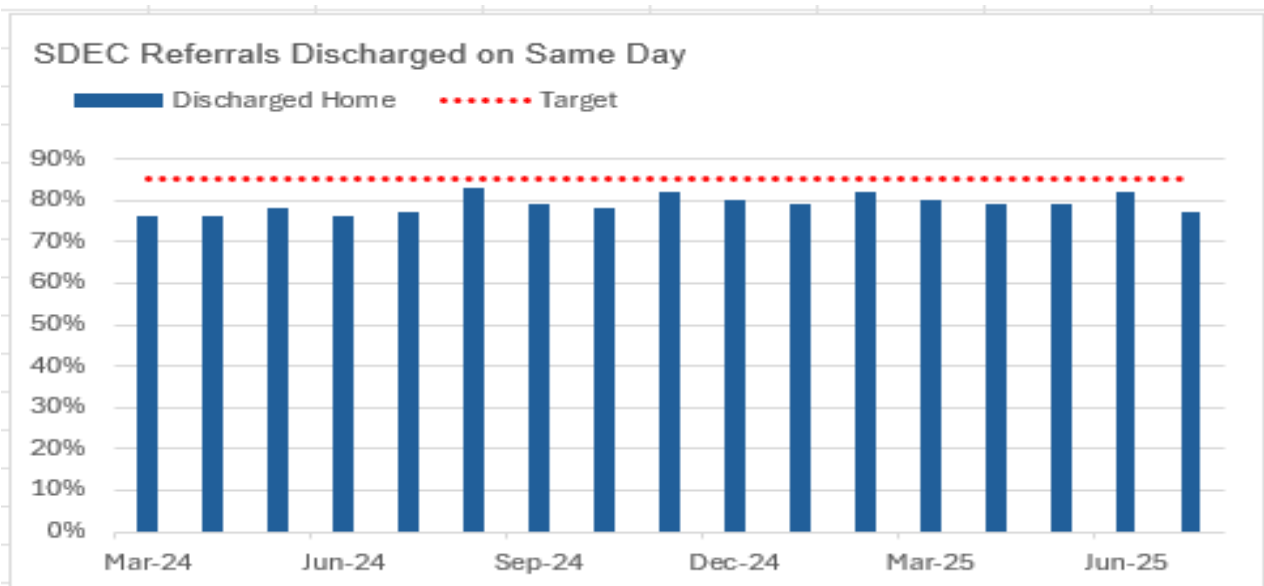
### **c. Implementation of Acute Frailty Service (AFS) at the Acute Hospitals**

SDEC services were developed through the national 6 goals programme during the first two years of the programme.

The Front Door Acute Frailty Service (AFS) for Acute Hospitals Framework was developed and published through the national programme in May 2025. This aims to divert older people with frailty to appropriate services quickly and discharging them home on the same day where possible. Acute frailty teams will provide same day urgent and emergency care for people presenting in Emergency Departments and SDECs as an alternative to hospital admission.

Key Performance Indicator - TBC following release of acute frailty framework.

85% of Same Day Emergency Care (SDEC) referrals discharged on same day



Performance over the first quarter has been on or slightly below the trajectory, SDEC same-day discharges have however remained consistent over the period.

## **Key Actions Delivered Q1**

Development of 'once for Betsi' approach, learning from the current service provision in East IHC and pilots delivered as part of the winter planning initiatives in 2024/25 at the remaining two IHCs.

Mapping & gapping services across primary, community and secondary care enabling baseline against the acute frailty framework to be provided to NHS Executive.

Key project leads identified and assigned to drive forward key actions to support delivery of the acute frailty framework.

## **Key Actions Next Quarter**

Project task and finish groups established to embed the BCU approach to AFS in line with the national framework.

Same day services and referral pathways to be reviewed and a consistent approach agreed to support acute frailty, utilising SDEC to ensure that individuals can be booked into slots to help with 'scheduling' UEC services to manage demand within capacity available.

Development of hot clinics to provide capacity and support same day discharge.

## **d. Implementation of the Welsh Health Circular - Ambulance Handover Guidance**

The Ministerial Advisory Group Report on NHS Wales Performance and Productivity April 2025 recommended

### **Recommendation 15**

**Health Boards should ensure that no ambulance handover will exceed 45 minutes, with a focus on achieving the 15 minute target wherever possible. Timescale – within 6 months.**

Where the 15 minute handover time target is not possible, an absolute maximum handover time of 45 minutes should be introduced by October 2025.

Welsh government accepted this in part in relation to the timeframe for implementation and confirmed their expectations were confirmed as:

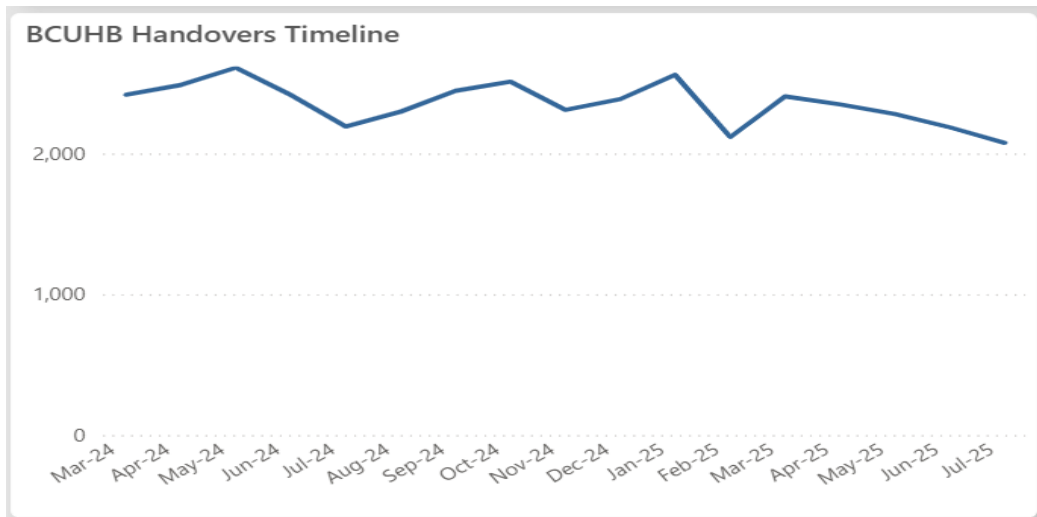
The expectation of health boards to deliver the ambulance patient handover guidance has been established as one of the enabling actions in the NHS planning framework for 2025/2026 (this guidance includes an expectation for 15-minute ambulance patient handovers).

Subsequently, a national ambulance patient handover improvement delivery group has been established and work is now underway. This is clinically led and supported by the Welsh Government and other national system leaders.

The intention is for a plan to be developed in the first quarter of 2025/26 to assess the potential readiness of NHS Wales to deliver a maximum emergency 45-minute ambulance patient handover time within six months and identify any associated delivery challenges, communications requirements, and risks.

Key Performance Indicator - In line with the Ministerial Advisory Group report, Health Boards should ensure that no ambulance handover should exceed 45 minutes, with a focus on achieving the 15 minute handover target wherever possible.

Where the 15 minute handover time target is not possible, an absolute maximum handover time of 45 minutes by October 2025.



Long ambulance handover delays are a very significant issue across North Wales with evident variation in performance. Ambulances are taking fewer people to hospital than before the pandemic, with 11,000 conveyances in January 2025 compared to 15,000 in January 2024 across Wales (Source JCC indicators). Hours lost due to ambulance handover delays have doubled for the same period. Whilst the number of ambulance handover delays remain high there has been an improvement across quarter 1.

The health board commenced a rapid improvement programme from the end of July 2025 to support implementation of the MAG 45 recommendation.

A task and finish group with representation from each IHC has been established with:

- Heads of Nursing Emergency quadrants,
- Directorate General Managers Emergency quadrants,
- Clinical leads for Emergency quadrants,
- Heads of Site management from each Acute Site,
- WAST Head of Service and Project support,
- BCUHB Associate director for Urgent and Emergency Care and Project support.
- NHS Executive – Performance and Improvement, along with Goal 4 Lead.
- Deputy Executive Medical Director.

A programme initiation document aligns 6 Goals for Urgent and Emergency Care, Ministerial priorities, and getting it right first time (GIRFT) to reduce duplication.

On 26 August 2025 NHS Performance and Improvement commence 90 day cycles of improvement that will be monitored through fortnightly MAG 45 meetings to ensure clear progress. Metrics for improvement are in the process of being developed to ensure a clear programme of improvement over the coming months.

**e. Implement the Optimum Hospital Flow Framework (OHFF)**

The Optimal Hospital Flow Framework was the first framework to be published by the National 6 Goals programme. The aim is to ensure the delivery of optimal outcomes and experience for people in hospital across Wales and provides operational guidance to improve patient flow and deliver timely pathways of care. The OHFF brings together the tools required to support improved patient experience and clinical outcomes, through the delivery of high quality treatment and timely transfer home or to a more appropriate setting, for adults admitted to acute or community hospital sites.

The guidance is based around four ‘what matters to me’ questions, which all professionals must be able to answer for every person within their care;

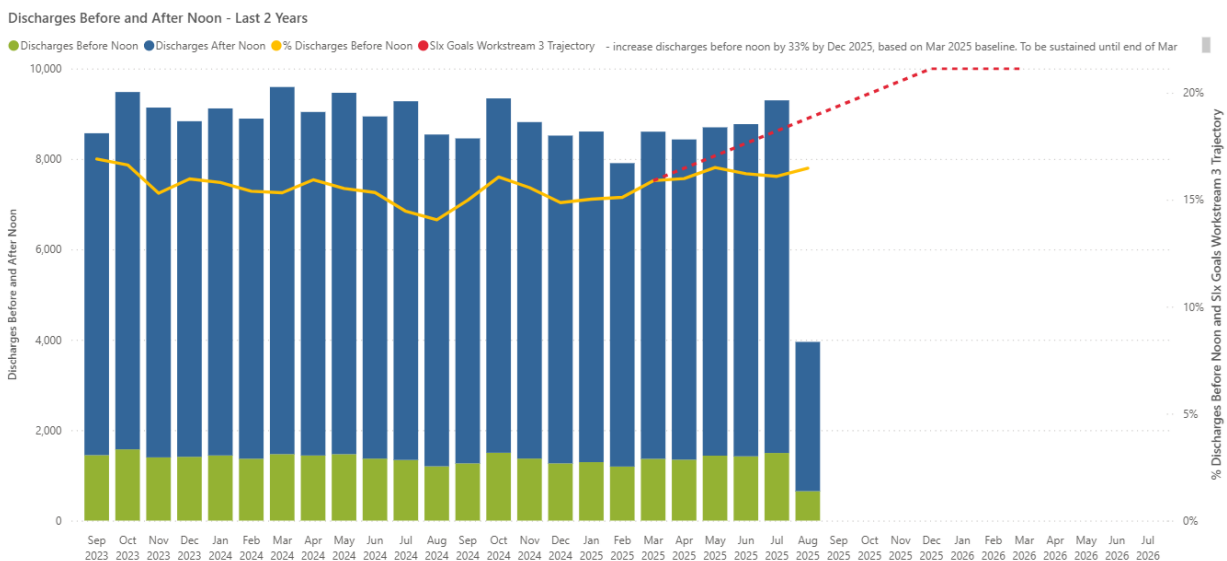
1. What do you think is wrong with me?
2. What is going to happen today?
3. What needs to happen to get me home and what can I do to speed things up?
4. When can I go home?

Patients, their families and carers must be central to all decision-making and their views should always inform the answers to these questions. These four questions are designed to ensure that people receiving care are clear on how their needs are being met by health and social care services.

It has been acknowledged across Wales that whilst the intention was for the OHFF to be utilised by front line staff, without dedicated resources to deliver front line training the rollout and improvements in patient flow were limited due to constraints of staff working within systems under extreme pressure.

Following successful negotiations with the national 6 Goals programme funding for two wte OHFF facilitators was secured and an initial rollout commenced in Ysbyty Glan Clwyd. Training involves engagement with key stakeholders, delivery of training to frontline staff over four weeks, including ward-based resources to support implementation of the OHFF. The training includes board round principles, ensuring patients have value added actions undertaken every day, and using the STREAM digital system. This is viewed as an example of good practice nationally.

**Key Performance Indicator - Discharges by midday: 33% by end of December 2025, sustained until end of March 2026**



The percentage of discharges before noon has remained static during the quarter and remains below the trajectory; there were slight improvements in the number of discharges before noon.

The OHFF facilitators have delivered training to a total of 193 individuals, with additional stream users stream identified and provided with access and training to ensure real time recording of patient discharge information. The recording of this patient information is now being updated on STREAM out of hours, evenings and weekends, providing clinical colleagues and operational managers with an updated position.

### **Key Actions Delivered Q1**

Review of opportunities using the STREAM platform to assist board rounds.

Agreement of Clinically Optimised consistent recording across North Wales with health and social care colleagues to ensure consistent approach to understanding of delays for those individuals who no longer require a bed within a health care setting.

Audit of discharge to recover pathways completed, highlighting variation across North Wales against agreed national definitions within the OHFF.

All simple discharges (pathway "0" patients) now regularly discussed as part of the daily system resilience calls. Patients can be clearly identified on the Right Patient Right Place dashboard.

### **Key Actions Next Quarter**

Development and agreement of SOP for board rounds, predicted date of discharge and clinical criteria for discharge to facilitate improved patient flow.

Audit of end-to-end discharge process, led by Transformation and Improvement Cymru colleagues to be completed (following anomalies being highlighted during the audit between acute and community hospitals and regions).

Continued roll out and evaluation of OHFF through direct training to ward resources and also through training to professional groups to further improve on roll out and understanding.

## **5. Key Risks To Delivery**

There are risks associated with the delivery of IMTP aspirations for UEC improved performance by 31<sup>st</sup> March 2026;

- The move of the UEC Major Change Programme away from the operational directorate to be hosted within the Transformation and Strategic Planning runs the risk of the programme being more distant from operational teams. This distance risks the programme being less sighted on the latest operational pressures and could impact successful adaption and adoption of the programmes.
- The ability to deliver improvement particularly with our Local Authority Partners is impacted by the temporary nature of the funding allocated across the UEC system and annual changes in the criteria applied to its use by Welsh Government brings risks around its effectiveness. Any delays in releasing the funding puts pressure on the ability to spend it in year and its temporary nature and annual change in criteria applied to its use mean exit strategies are required find alternative sources of funding within a relatively short period of time.
- The lack of organisational maturity in prioritisation and de-prioritisation risks successful delivery of the health board strategy, as it will be necessary move resources from secondary care services to primary and community as well as prevention. A key enabler to this is sufficient intelligence and insight into where the health board currently spends its budget.
- There is a risk that the work of the Transformation and Strategic Planning team does not translate into real change and improved outcomes for the population due to issues with competing pressures, acceptance, adoption, embedding then sustaining the change. A key dependency in this is effective clinical leadership.

## Summary

Key performance measure	Q1 Position	Trend
<b>Implementation of the community based falls response</b>		
Conveyance of L1 and L2 fallers to be reduced by 10% by end of December 2025 against a March 2025 baseline, with a further 25% reduction by the end of March 26.	meeting trajectory	improving position
<b>Implementation of the remote clinical assessment services framework - Single Point of Access</b>		
Reduce conveyance from care homes by ambulance to ED: no higher than 50% conveyance rate by end of December 2025, sustained until the end of March 2026	meeting trajectory	improving position
<b>Implementation of acute frailty service (AFS) at the front door</b>		
TBC following release of acute frailty framework. 85% of same day emergency care (SDEC) referrals discharged on same day	not meeting trajectory	static position
<b>Implementation of the Welsh Health Circular - Ambulance Handover Guidance</b>		
In line with the Ministerial Advisory Group report, Health Boards should ensure that no ambulance handover should exceed 45 minutes, with a focus on achieving the 15 minute handover target wherever possible.	not meeting trajectory	improving position
<b>Implement the Optimum Hospital Flow Framework (OHFF)</b>		
Discharges by midday: 33% by end of December 2025, sustained until end of March 2026	not meeting trajectory	improving position

The improvements made through the UEC programme support operational delivery and therefore the special measures de-escalation performance indicators summarised below

Key performance measure	Q1 Position	Trend
<b>Ambulance Handover Delay</b>		
(superseded by measure 4 above)		
<b>Time to clinician</b>		
Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes	not meeting trajectory	improving position
<b>12-hour breaches in Emergency Departments &amp; Minor Injury Units</b>		
Continuous improvement towards no more than 10% of patients waiting over 12 hours at each individual site and across the health board	not meeting trajectory	improving position
<b>Pathway of Care Delays (PoCD)</b>		
Continuous reduction of 5% in pathways of care delays for 3 consecutive months and then maintained for 4 months	meeting trajectory	improving position

In summary, the report highlights that some of the key performance measures are on trajectory, a number have shown insufficient or no improvement

The key areas of concern predominantly focus on the emergency department; however poor patient flow is impacting on our ability to create the necessary capacity to be able to significantly improve on these areas.

The improvement actions are not delivering the improvement at the required pace and scale across the UEC system to address the significant impact of delays and long length of stay have on the population of North Wales.

## Appendix 2 – Ministerial Advisory Group recommendation 15 in relation to Ambulance handovers not exceeding 45 minutes from October 2025 (MAG 45) Report

### 1. Cyflwyniad / Cefndir / Introduction/Background

A report from the Ministerial Advisory Group on NHS Wales Performance and Productivity was released in April 2025 with key recommendations, one being (15) that no ambulance should be held outside a hospital for greater than 45 minutes.

Part of the Welsh Government response was to ensure Health boards have plans in place to commence delivering on the request by October 2025.

### 2. Corff yr adroddiad / Body of report

#### **Ambulance Handovers – MAG 45**

Patients using ambulance services and emergency departments are experiencing long waits and while the clinical care is generally good, these delays lead to poor experience, and hospitals in the community wait longer for an ambulance response. impact detrimentally on patient experience and outcomes.

Emergency Department (ED) attendances in 2024 were 8.7% higher than 2017 partly driven by population changes and in part by changes in how patients use the service. Ambulance call-out rates have not grown at the same rate, although there has been a recent spike in (Red) 999 calls. However, response times are 50% longer for life threatening (Red) 999 calls than in 2019. For serious but not immediately life threatening (Amber) calls they are over 200% longer, on average. Fewer than 70% of patients were admitted, discharged or transferred from the emergency departments within 4 hours in 2023/24, compared to over 82% in 2015/16, and a target of 95%. Over one in 10 attendances currently exceed 12 or more hours.

This congestion and lack of flow has a direct impact on ambulance handovers and over 260,500 hours were lost to handover delays in 2023/24 compared to 112,057 hours in 2019/20. The Welsh Ambulance Services NHS Trust (WAST) estimated that a quarter of the fleet were outside of a hospital on average throughout December 2024, with an estimated cost of £46 million of productive time lost across 2024.

#### **Lost hours for the ambulance service following notification to handover at emergency departments, April 2016 to March 2024**



Source: Ambulance Service Indicators, [Ambulance Service Indicators - NHS Wales Joint Commissioning Committee](#)

## Appendix 2 – Ministerial Advisory Group recommendation 15 in relation to Ambulance handovers not exceeding 45 minutes from October 2025 (MAG 45) Report

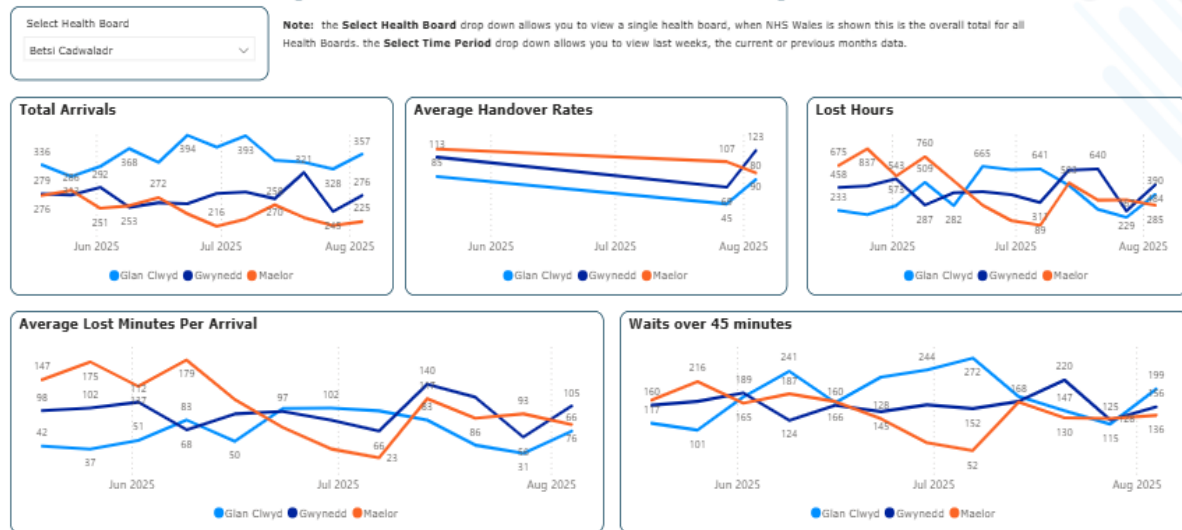
Long ambulance handover delays are a very significant issue across North Wales with evident variation in performance. Ambulances are taking fewer people to hospital than before the pandemic, with 11,000 conveyances in January 2025 compared to 15,000 in January 2024 across Wales (Source JCC indicators). Hours lost due to ambulance handover delays have doubled for the same period.

The programme – MAG 45 does not replace the national Key performance indicator for health boards handover being 15 minutes.

The health board commenced a rapid improvement programme from the end of July 2025 to support implementation of the MAG 45 recommendation.

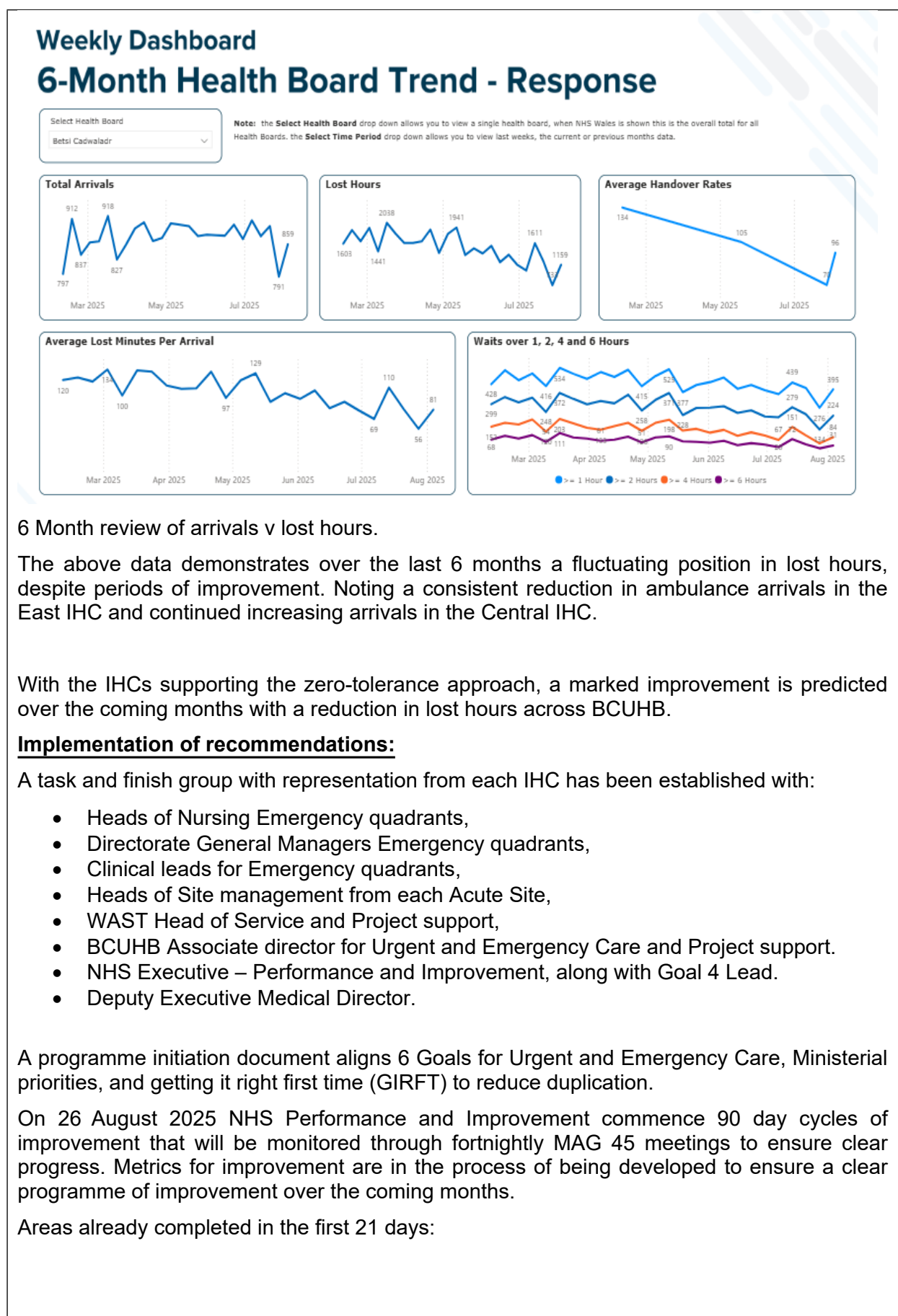
### Current Performance:

## Weekly Dashboard 3-Month Hospital Trend - Tier 1 Response



3 Month review of arrivals v lost hours.

## Appendix 2 – Ministerial Advisory Group recommendation 15 in relation to Ambulance handovers not exceeding 45 minutes from October 2025 (MAG 45) Report



## Appendix 2 – Ministerial Advisory Group recommendation 15 in relation to Ambulance handovers not exceeding 45 minutes from October 2025 (MAG 45) Report

### High risk patients (Falls/Breathing problems)

- 1) Falls strategy completed to support the 10% reduction in conveyances.
- 2) Fall non-injury on blood thinners will be offered the opportunity to attend by appointment (if required and clinically safe) to prevent prolonged delays on the forecourts due to low acuity.
- 3) Breathing problems – dashboard for data awareness in place, discussions commenced with WAST clinical desks to utilise consultant connect for support / advice for chronic patients.

### Hospital response to Urgent and Emergency care Pressures.

- 1) Acute sites have completed the first submission to review escalation processes, emergency department processes (e.g. rapid access triage) along with hourly flow, which will be the focus of a national UEC visit on the 15/16 September.
- 2) Acute sites are reviewing 3 schemes (1 per IHC) to support improvement:
  - Shift change handover process – reduce lost hours due to shift change.
  - Call before conveying – allows facility for ED clinician to screen call and guide to alternative pathway safely i.e: SDEC, acute medicine.
  - Rapid access triage (RAT) – supports a rapid clinical assessment on arrival and allows for direct streaming to other services.

### Summary

The aim is to ensure that from October 2025 there will be a zero tolerance to delays over 45 minutes across North Wales, supported by a process to review/escalate when delays occur that focusses on clear actions to support.

Fortnightly updates will be provided to give assurances along with an overarching monthly update to ensure clear oversight of performance across BCUHB that will support internal and external assurances on programme delivery.

### **3. Rheoli Risg / Risk Management**

Board Assurance Framework (BAF) describes the risks that: “...*the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users*” and “*Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience*” Mitigating actions to reduce harm, improve patient outcomes and better patient and staff experience across the urgent and emergency care system will be aligned with the 6 Goals Programme of improvement programme work together with improvement plans and trajectories.

Creative Well:  
Arts in Health and Wellbeing  
Three-Year Strategic Framework: appendices



# The Role of Creativity and the Arts in Health and Wellbeing

Arts in Health and Wellbeing offers a broad creative approach to a person's overall health and wellbeing. It is increasingly recognised as an effective approach to tackling the wider determinants impacting health and wellbeing through creative interventions, outreach, and promotion of health and wellbeing through creativity. Form and context vary, taking place in a range of hospital and non-hospital settings including in the community.

There is a growing body of evidence showing that the Arts, including Visual Arts, Movement, Music, Drama, and more, can help improve wellness, help people to better cope with illness and can enhance healthcare environments. People deserve to live happy, joyful lives and the Arts are a growing enabler of this. Using the Arts not only improves the lives of patients but also the wellbeing of healthcare staff, and community wellbeing.

As the Creative Well programme, the Betsi Cadwaladr University Health Board (BCUHB) Arts in Health and Wellbeing team take an inclusive definition of the Arts within our programme to encompass a broad array of expressive, imaginative, and inspirational activities that connect with a sense of creativity. We ensure that we consider people's interests, how we may best support health and wellbeing needs through creativity, and where the activity is best carried out. Often, the process of doing and making is as important if not more so, than creating a defined outcome or product, although this can be a welcome part of activity.





# Example projects

## Social Prescribing / Community Outreach

### Arts Together

Designed to Improve interaction between parent & child, FLW's and schools, ARTS TOGETHER provided an opportunity for parents and early years children to engage in participant-led creative experiences in a safe, supported and structured way. Partnership project: Betsi Cadwaladr University Health Board - Creative Well, Denbighshire County Council Arts Service plus Education and Children's Services.

Delivered by Artist Jude Wood



*Never Not a Mum - Perinatal Mental Health*  
Community Perinatal Service referral project. Artist led group activities: Sharing stories and experiences of pregnancy, birth and motherhood to create short, animated films. Designed to support new mums through the strange new world of becoming a parent.

Project Design - Artist Elly Strigner

# Example projects

## Hospital-based activity

Mental Health and wellbeing

*Inpatient Residency: Ty Llewelyn Forensic Medium Secure unit,  
Bryn Y Neuadd Hospital*

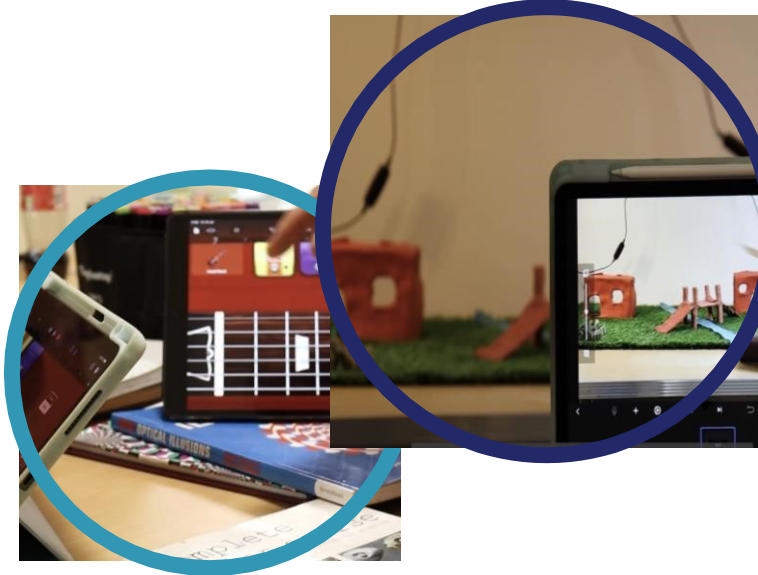
Funded by Arts Council Wales and The Baring Foundation (Arts  
and Minds)

3 year programme of multi-art form residencies including  
Beatboxing (Mr Phormula) Animation (TAPE) Environmental Art  
(Tim Pugh), Photographer (Alan



Enhancing the Healing Environment

Whitfield), creative writing and storytelling (Janys Chambers), graffiti art (Andy Birch)- to date.



*Bryn Hesketh Community Hospital, Colwyn Bay  
(Acute and Advanced: Patient Dementia ward)*

Visual Arts residency, working with patients, relatives and staff to create art for clinical areas. Creating a sense of place and space, aid orientation, disguise glazed exits and prevent patients actively exit seeking.

Design realisation - Artist Elly Strigner,  
Photographer:  
Haydn Davies

## Example projects

Education, celebration, and entertainment

*The Waiting Room – Performance monologue project  
Denbigh Infirmary*

Collection of real life stories, life experiences and reflections of hospital care. Edited into a series of monologues and woven together to make a funny and moving play about care, life and work in a community hospital. Performed in hospitals, health care settings and for NHS staff training. Writer in Residence - Janys Chambers

## The value and benefits of arts, health and wellbeing

There is a range of evidence promoting the value and potential of arts engagement/ participatory arts to complement clinical practice for patients, visitors, and the wider public, to support a variety of health and wellbeing needs including:

Transforming care through supporting creative approaches to treatment



Through a creative, holistic approach, fostering welcoming environments closer to home with aesthetically pleasing approaches to illness that support overall benefits to health and wellbeing

Fostering welcoming approach, supporting: care healing environments

Through well-designed approaches to illness that communities, reducing communities and spaces

Offering creative projects in and

Preventative, supporting or need for onward care, that support way-finding, sustaining overall health

shortening hospital stays, fostering supportive networks and community for patients, family, and staff, and supporting overall health and wellbeing whilst undergoing treatment

offer stimulation and inspiration, distraction, fostering community and ownership of health spaces, providing a welcome, enabling reflection or other emotional needs

This might be through art providing relief, reducing feelings of isolation, offering diversion, recreation, confidence and self-esteem, skills building, as well as opportunities for self-expression

and wellbeing Supporting creative activities that promote healthy behaviours, health knowledge and education around conditions and health and wellbeing within the community

Furthermore, there are benefits to staff who take directly or indirectly take part in creative activities or who work in aesthetically pleasing spaces in terms of: increasing job satisfaction, developing health practitioner's empathy, promoting better patientstaff relationships.





For an insight into the evidence base, see the resources section on the proceeding pages.

## The North Wales region

BCUHB is, geographically, the largest Health Board in Wales, covering six counties which span the North of the country. It employs over 19,000 staff, and serves a population of 687,000 (NHS electronic staff record and Office for National Statistics 2022). There are 194,295 Welsh resident speakers in North Wales (North Wales Regional Partnership Board 2023). Our demography brings unique challenges for the BCUHB Arts in Health team in both planning and delivery ensuring scope and reach across the North Wales region and its citizens.

It is expected that pan-Wales, the need for Arts in Health and Wellbeing activity will continue to grow. The Arts, Health and Wellbeing Strategic Framework reflects our current capacity and the ways in which we can operate to deliver an exciting and varied programme within the available resources. It also looks to the future for the potential for innovation to grow this work across BCUHB, and seek opportunities to secure and grow our capacity where possible. Nevertheless, fundamental to the success of the Arts, Health and Wellbeing programme, will be delivering a concentrated number of projects and evaluating success.

This sees a shift from largely project-based working to supporting and encouraging the embedding of the Arts within systems as an approach toward sustainability and focus. Key areas are:

- 1) Promoting the benefits of transforming healthcare through creativity for the benefit of patients, visitors, and staff
- 2) Providing consultation, support, mentoring, and guidance around instilling the arts within healthcare settings
- 3) Working in partnership to collaborate and deliver a focused programme of arts, health and wellbeing projects

Our ambition for greater Arts, Health and Wellbeing provision sits within the context of significant challenges facing healthcare provision not only in Wales but across the UK. It is important that we cultivate and utilise evidence-based approaches to our work, develop our frameworks for ways of working and raise understanding of the value and benefits of creativity and the Arts in Health and Wellbeing, whilst gaining broader support and backing for this work. The Arts and creativity have a part to play in aspiring towards improving the Health and Wellbeing of the North Wales population.

# What were people looking for?

Below are some examples from our engagement work for the ways in which those we spoke to see the role of the Health Board in supporting health and wellbeing through the Arts:

For members of the public:

Signposting : *'the Health Board could collect together information about groups in each area'*

To connect and facilitate: *'the Health Board can't do everything, work with those who can help'*

Improving hospital environments: *'paintings in my local hospital, they cheer the place up'*

For staff:

Opportunities for with their health and creativity for themselves wellbeing:

and patients:

*'activities and a chance to be creative'*

*'looking after my team's wellbeing'*

*'a nice work look at' and Health Board staff for social prescribing\* activities'*

For organisations supporting people

Supporting partner relationships: *'recommendations for areas we should be focusing on'*

Connections for Social Prescribing: *'environment to help linking to GP surgeries and Health Board staff for social prescribing\*'*

For artists:

Work and employment opportunities: *'I want to hear about events and opportunities in the area'*

Training and personal development: *'how to get involved with arts and health?'*

Networking and sharing: *'to make connections (for work) and for my wellbeing'*

\*Social prescribing – sometimes called 'community referral' enables 'GPs, nurses and other health and care professionals to refer people to a range of local, non-clinical services' that might include 'volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sport' (UK Government 2022)

## Steps to success: governance and delivery

Our Strategic Framework for the Arts, Health and Wellbeing across the North Wales sets out our goals for the three-year period 2024-2026 and the trajectory we are aiming for, for the benefit of patients, visitors, and staff. Whilst there are important challenges to acknowledge across the sector and within the region, the approach aims to balance what is possible within the scope and means of a small delivery team, whilst also seeking opportunities for our supporters and champions to assist in delivering our objectives so that we can all play a part in supporting our health and wellbeing through arts and creativity.

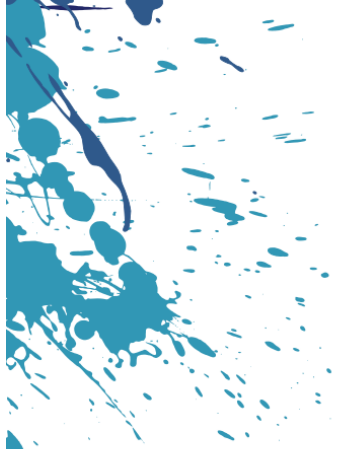
**We have some key enablers that will help with delivery and monitoring our progress:**

- The Strategic Framework is supported by the Health Board Executive and its coordination sits within the Public Health Directorate. Annual progress reports will be provided to ensure communication around progress and developments

- The Arts, Health and Wellbeing Partnership Steering Group has been established and will continue to meet at regular intervals to support the aims and objectives of the Strategic Framework through partnership and collaboration

**In order to make the Arts, Health, and Wellbeing Strategic Framework a success, the BCUHB Arts in Health team will adopt the following focus for delivery:**

- Concentrating on what is achievable within current capacity, whilst maintaining aspirations to grow – sector, partner and BCUHB support is critical
- Support clear messaging and guidelines around Arts in Health and Wellbeing practice
- Creating and reviewing yearly work plans for the three-year duration of the strategic action plan to deliver targeted and measured tasks and activities against the aims and objectives to monitor progress and success.
- Review project process and mechanisms to support effective delivery and to maintain up to date best practice



- Continue to nurture partnerships and seek opportunities for shared working and collaboration
- Engage across the Arts AND Health sectors for advocacy, sharing and learning, by contributing to national conversations and initiatives sharing best practice within the Health Board and communicating our own learnings within the field

## Resources and evidence

The Arts in Health and Wellbeing Strategic Framework aligns with several national Acts, policies, shared working and approaches. Some examples are:

Connected Communities: A Strategic Framework for tackling loneliness and social isolation and building stronger social connections (2020) meeting four priority areas aiming to tackle loneliness and social inequalities and supports the Programme for Government 2021-2026 commitment to further social prescribing for non-clinical services and activities to support health and wellbeing. The arts can play a part in this by providing meaningful activity for individuals in community settings that foster community and connection.

The Health and Social Care (Quality and Engagement) (Wales) Act (2020) ensures considerations by NHS for

improving quality of health services, and considers how change affects those who use services. The arts have a part to play in improving healthcare environments for patients, visitors, and staff, and can support high quality care. The Strategic Framework itself informs the inclusion of Citizen Voice in asking people what they would like to see from an arts offer within BCUHB.

Building a Healthier Wales (Feb 2019) the arts can support its six key principles for implementing prevention in Wales which includes evidencebased interventions, scaling up and developing reach of activities to increase population impact and reduce inequalities, optimising value, balancing short and long-term outcomes and ensuring quality to achieve best outcomes.

The Wellbeing of Future Generations Act (2015) which has the ambition, permission and legal obligation to improve our social, cultural, environmental and

The Arts, Health, and Wellbeing Strategic Framework is also informed by some key developments in recent years in the field of Arts in Health and Wellbeing:



economic wellbeing. The arts can support this through activities related to the prevention of ill health, reducing health inequalities, promoting good health, supporting activities through both Welsh and English mediums, as well as considering the environment within how activities are shaped and delivered.

Social Services and Well-being (Wales) Act (2014) the arts can support people's individual needs and wellbeing within their care, and can encourage people to become involved creatively through the design and delivery of services. The arts can also help with prevention and early intervention through meaningful activities for the individual that prevents an escalation in their critical need.



**Senedd Cymru  
Welsh Parliament**

The Arts can also contribute to Welsh Government Design Guidance such as the Building Research Establishment Environmental Assessment Method (BREEAM) ratings in providing high quality, aesthetically pleasing buildings for health and social impact for the communities that utilise them.

Arts Council Wales and NHS Confederation Memorandum of

Understanding, initialised in 2017 and renewed in 2020 and for a third term in 2023. The agreement aims to support the development of the Arts in Health and Wellbeing field, to raise awareness of the benefits that the arts can have on people's health and wellbeing, embedding arts and health initiatives across the NHS in Wales, and sharing information for what works.



**Wales Arts  
Health & Well-being  
Network  
Rhwydwaith Iechyd a  
Llesiant Celfyddydau  
Cymru**

The Cross-Party Group on Arts and Health which raises awareness of arts and health work among Assembly Members and works towards achieving political influence to effect policy, best practice and support for this vital area of work and of which each Health Board is a member.

The Wales Arts, Health, and Wellbeing Network (WAHWN), established in 2013 as a national sector support body for the arts, health, and wellbeing in Wales, provides a national voice for the sector to support, develop and research arts and health practice in Wales, and, at a strategic level, demonstrate best practice of existing policy implementation and influencing new policies.

Below are a list of resources that can be used to learn more about arts engagement in health and wellbeing and which have informed the development of our Arts Health and Wellbeing Strategic Framework:

Aked, J. & Thompson, S (2011) *Five Ways to Wellbeing New applications, new ways of thinking*. NHS Confederation. Available at: [d80eba95560c09605d\\_uzm6b1n6a.pdf \(neweconomics.org\)](https://www.neweconomics.org/publications/attachments/d80eba95560c09605d_uzm6b1n6a.pdf)

All-Party Parliamentary Group on Arts, Health and Wellbeing (2017) *All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report 'Creative health: the arts for health and wellbeing'*, 2<sup>nd</sup> ed. Available at: [https://ncch.org.uk/uploads/Creative\\_Health\\_Inquiry\\_Report\\_2017\\_Second\\_Edition.pdf](https://ncch.org.uk/uploads/Creative_Health_Inquiry_Report_2017_Second_Edition.pdf)

Arts Council Wales. (2018) *Arts and Health in Wales: a mapping study of current activity*.

BCUHB (no date) *Five Ways to Wellbeing*. [Five Ways to Wellbeing - Betsi Cadwaladr University Health Board \(nhs.wales\)](https://www.nhs.uk/health/wellbeing/five-ways-to-wellbeing/)

Cribb, A. & Pullin, G. (2022) Aesthetics for everyday quality: one way to enrich healthcare improvement debates. *Medical Humanities* 48 (4), 480–488. doi:10.1136/medhum-2021-012330

Devlin, A.S. & Aneill, A.B. (2003) Health Care Environments and Patient Outcomes: A Review of the Literature. *Environment and Behavior* 35: 665-694.

Dijkstra, K; Pieterse, M. & Pruyn, A. (2006) Physical environmental stimuli that turn healthcare facilities into healing environments through psychologically mediated effects: systematic review. *Journal of Advanced Nursing* 56 (2), 166–181.

Fancourt, D. & Finn, S (2019) Health Evidence Network synthesis report 67 What is the evidence on the role of the arts in improving health and well-being? A scoping review. World Health Organisation. Available at: [9789289054553-eng.pdf \(culturehealthandwellbeing.org.uk\)](https://www.who.int/publications/m/item/9789289054553-eng.pdf)

Fancourt, S., Warran, K., & Aughterson, H. (2020) Evidence Summary for Policy The role of arts in improving health & wellbeing. Available at: [DCMS\\_report\\_April\\_2020\\_finalx\\_1\\_.pdf \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464447/DCMS_report_April_2020_finalx_1_.pdf)

NHS Welsh Confederation. (2020) [Advancing arts, health and wellbeing | NHS Confederation](https://www.nhs.uk/health/wellbeing/advancing-arts-health-and-wellbeing/)

Social Care Wales. (2022) [Overview of the Social services and well-being... | Social Care Wales](https://www.socialcare.wales/overview-of-the-social-services-and-well-being/)

Staricoff, R.L. (2004) Arts in Health: a review of the medical literature. *Arts Council England*. London: Arts Council England.

Ulrich, R.S. (1991) Effects of interior design on wellness. *Journal of Healthcare Interior Design* 3, 97-109.

The Government Office for Science (2008) *Foresight Mental Capital and Wellbeing Project. Final Project report – Executive summary*. Available at: [mentalcapital-wellbeing-summary.pdf \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/151447/mentalcapital-wellbeing-summary.pdf)

Zaidel, D. W. (2018) Culture and art: Importance of art practice, not aesthetics, to early human culture. *Progress in Brain Research*, 237: 25-40.  
<https://doi.org/10.1016/bs.pbr.2018.03.001>

Vougioukalou, S & Dow, E. (2022) Links to existing evidence – arts and health. *Health Arts Research Wales (HARP)*. Available at: [Links to existing evidence \(healthartsresearch.wales\)](https://healthartsresearch.wales)

Welsh Government (2019) [Building Research Establishment Environmental Assessment Method \(BREEAM\) | GOV.WALES](#)

Welsh Government (2020) [Loneliness and social isolation \(connected communities\) | GOV.WALES](#) Welsh

Government (2022) [A healthier Wales: long term plan for health and social care.](#)



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Creative Well:

Arts in Health and Wellbeing—  
A 3-year Strategic Framework  
for North Wales

2024-2027



# *'I feel more positive when I make art'*

Art can be as beneficial as breathing fresh air, eating healthy food, and exercising

Art allows you to dream, play and have some fun

Creative activities bring people together and remind us all of what it is to be human

Participating in something creative can have a healing power as if the broken pieces come together

It makes me hopeful

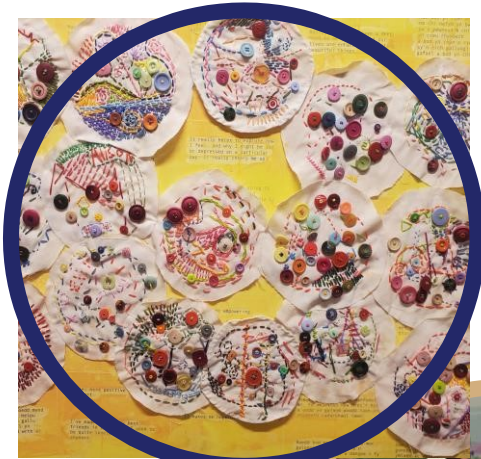
I have been happier

I didn't feel part of anything before

Joining an art group is like joining a community

I feel nourished and can better express how I feel

I feel more positive when I make art



Words gathered in conversations during arts engagement workshops at the National Eisteddfod, Boduan 2023, transformed into a poem. The benefit of talking to people while they were sewing meant that they were able to converse freely while their hands were





# Executive introduction



Good health and wellbeing is not just about the prevention of disease it is enabling people to live as fulfilling lives as possible. We also, know that good wellbeing and social connections improves people's health and reduces the impact of ill health.

Creative Well our three-year Arts in Health and Wellbeing Strategic Framework recognises the importance of using creative activities to bring people together and provide the therapeutic opportunities that enable people to flourish. It is part of our continuing move to integrate more social models of intervention (such as social prescribing) into the arsenal of tools that improve the lives of people in North Wales and to demonstrate the benefits that arts and other social interventions can have on the health and wellbeing of people, patients, staff and communities. This framework is a collaboration with our patients, communities and partners that aims to champion and increase the use of Arts to enhance lives.

Arts are for everyone and together we can build collaborative creative approaches that will improve health and wellbeing.

*Dr Jane Moore, Executive Director of Public Health*



# Overview

The Arts are a catalyst for innovation; the evidence on the benefits of the Arts for our Health and Wellbeing is rapidly growing. This current momentum provides an opportunity for Betsi Cadwaladr University Health Board (BCUHB) to expand and develop its own Arts in Health and Wellbeing provision to embed the Arts within Health.

Since 2013, Creative Well, the name for the Arts in Health programme at BCUHB, has led and supported a range of arts engagement activity that at the heart focuses on person, place, and need to deliver a programme of the Arts that adds value by promoting better health, support through illness, and transforming care through creative approaches that aid our overall health and wellbeing.

Creative Well builds upon a long history of Arts, Health and Wellbeing activity in the region and in our hospitals, that has succeeded through collaboration and partnership working across sectors including: Local Authority Arts Teams, Third Sector, Higher Education, and the Arts and Cultural sector, and continues to be central to our ethos.

Our three-year Strategic Framework for Arts in Health and Wellbeing marks the next phase for Creative Well and is intended to promote the benefits of arts engagement for the health and wellbeing of people, patients, visitors, staff, volunteers, citizens and communities. It has been developed through partnership and engagement involving staff, patients, visitors, cross-sector partners, and the public, to ensure multiple perspectives and voices are represented to create an effective and impactful plan for furthering Arts, Health and Wellbeing across North Wales. It is informed by a range of evidence on the positive impact of arts engagement on health and wellbeing, it aligns with national policies and initiatives and the Health Board's strategy for *Living Healthier, Staying Well\**.

The Strategic Framework provides key aims and objectives for the next three years, to work toward our long term goal of sustainable, embedded arts activity within health across the North Wales region. We uphold the Health Board's values to:

Put patients first, work together, value and respect each other, learn and innovate, communicate openly and honestly ... *all through the lens of creativity and collaboration.*



*\*For an insight into the evidence base, see the resources section in the appendices document*

## Our role

The Arts are a key asset in improving people's Health and Wellbeing. The Arts can add value within Health by supporting and nurturing healing environments to benefit people, patients, citizens, staff, volunteers, and our communities. Whilst we cannot ignore the difficulties and challenges facing the NHS, we need an evolving Strategic Framework that is both responsive to current needs and flexible enough to adapt to societal changes. Our role is to add value to existing care by integrating the Arts within the Health Board, sewing the seeds for creativity and confidence like



# a thousand flowers blooming

The goal is to build upon our excellent foundations to cultivate a nourishing and sustaining environment for the Arts where all patients, visitors, staff, volunteers, the public and our communities can play their part.

## Vision and Purpose

### *Our vision*

To utilise arts and creativity as a catalyst for supporting, improving, sustaining, and enhancing health and well-being

Stimulus, focus, distraction, reassurance, inspiring, taking part, respite, enjoyment and pleasure ... all can be cultivated by creativity

for patients, staff, and communities in North Wales

### *Our Purpose*



To deliver a programme of arts and creativity that encourages the embedding of the Arts within BCUHB and to cultivate greater Health and Wellbeing for the North Wales population. We work through collaborative and meaningful creative approaches, across a range of art forms, to meet health challenges and need.

Top -Staff taking part in art-making activities  
Lower – community art workshops Right – enhancing the environment in a Dementia Ward

The Creative Well, Arts, Health and Wellbeing programme has

aims:

1. Champion creativity and the Arts to transform health and wellbeing for people, patients, visitors, staff, volunteers, citizens and our communities

2. Nurture and grow our partnerships to collaborate and curate a targeted programme of Arts, Health and Wellbeing projects that enrich lives

3. Empower Health settings utilising the Arts through support, mentoring and guidance, to foster healing and wellbeing through creativity

4. Cultivate a culture of evidence-based approaches to Arts in Health and Wellbeing, sharing and promoting best practice and ways of working



## Our strategic aims

# Our focus

Shaped by our engagement conversations, activities and research, we will focus on four key priorities for our approach to arts engagement through a range of community and hospital-based programme activity. Crucial to our focus is those who are most vulnerable, including children and young people, older adults, and those experiencing health inequalities. Where possible, we will utilise and incorporate the *Five Ways to Wellbeing*, a set of practical actions designed to help improve our health and wellbeing, within our projects and activities, to *'take notice, connect, be active, keep learning and give'*

## Mental health and wellbeing

Improving the mental health and wellbeing of people, patients, visitors, staff, volunteers, citizens and the North Wales population utilising the arts

## Nature and green health

Making best use of nature and green spaces through creativity within and near Health Board sites for the benefit of people, patients, visitors, staff, volunteers and communities

## Vulnerable groups

providing distraction, coping, stimulation, supporting recovery, and education through creative engagement for those most in need or vulnerable

## Being active

fostering activity and movement through creativity, whatever someone's fitness level and ability

# The arts in action



Left to right-  
Felt making for smoking cessation pilot  
project with Public Health team and  
Housing Association partners, outdoor  
ephemeral art-making, music workshop,  
and animation for a mental wellbeing  
project

# What will we do?

In order to meet our aims, we have identified a series of eight targeted objectives that will ensure that we can measure our progress and deliver specific goals.

1. Focus on tailored creative activities for specific people, places, and need, to transform health through arts and creativity
2. Initiate pilot projects, cultivate their growth, and collaborate across partners and services to support embedding the Arts in Health in North Wales
3. Establish an online Arts in Health and wellbeing knowledge bank, accessible via the BCUHB intranet and internet, offering toolkits, insights, and case studies for BCUHB staff, patients, partners, and the wider community, fostering awareness and encouraging engagement with the transformative power of the Arts in healthcare.

A flourishing Creative Well programme enriching the lives of the North Wales people, patients, visitors, staff, volunteers, citizens, and communities

## We will...

4. Reinvigorate the North Wales Arts in Health and Wellbeing Concordat, fostering a dynamic network to collectively address priorities, and share knowledge, practices, and experiences
5. Launch a pan-BCUHB Creative Well Forum to foster a vibrant network of advocates championing the Arts within Health and Wellbeing, fostering the exchange of good practices, learnings, and resources

## We achieve...

A vibrant Arts in Health and Wellbeing partnership and community across the region,

empowered by enhanced skills, resource and knowledge sharing

6. Nurture staff confidence in utilising the Arts within Health and support artists through bespoke resources, training and development, growing creative approaches to Health within North Wales

7. Develop evidence-based Arts in Health and Wellbeing projects, evaluating their impact, cultivating knowledge and expertise in the region

8. Contribute to national, regional and local conversations and dialogue acting as facilitators for knowledge exchange and partner collaboration and sharing opportunities

A well-informed creative arts engagement programme supported by research and evidence that further contributes to building

understanding of the value of the

Arts within Health and Wellbeing

## How our Strategic Framework will help North Wales:

*'I think we need to consider all art forms in relation to health to help with prevention, treatment and rehabilitation. And recognise the importance of vibrant community arts activities for people of all ages. Involving young people in creative activities is essential'*

A member of the public spoken with at the Eisteddfod,  
Boduan Pwllheli

*'Wellbeing has always been a key driver for the Creu Conwy 'We know that creativity and the Arts have a crucial role to play in Cultural Strategy or Conwy County Borough – however with the worsening inequalities impacting our communities it has become even more important. We strongly believe in the power of arts, heritage and culture to change lives for the better and support the preventative agenda, reducing the need for health and social care interventions. The BCUHB Arts in Health & Wellbeing Strategic Framework will support this work at a regional level and further embed the Arts in Health agenda'*

*Mental Health. Wales aspires to be a trauma-informed nation (Trauma Informed Wales Framework, 2021) and the Arts have a unique contribution to make to a Trauma informed approach. Connection to others and relationships are mediated and enhanced through the Arts, through creative and impactful communication, such as stories, visual art, poetry etc, whether at the level of communicating to those in our personal lives or wider communications with society around us to have our stories heard.*

*The Arts have a unique contribution to make to Trauma informed approaches across services in BCUHB'*

Dr Nick Horn, Consultant Clinical Psychologist, Clinical and Strategic lead  
BCUHB Traumatic Stress BCUHB

Siân Young, Wellbeing Officer: Arts and Culture, Conwy  
County  
Borough Council

*'This Strategic Framework reflects the importance of the arts in promoting health and wellbeing, it is a great step in the right direction and I am really pleased to be involved in such an initiative'*



Dr Patri Masterson Algar, Research Fellow; Lecturer in

Health Sciences Bangor University

# Summary



Knitted, crochet, and felt hearts made by members of the

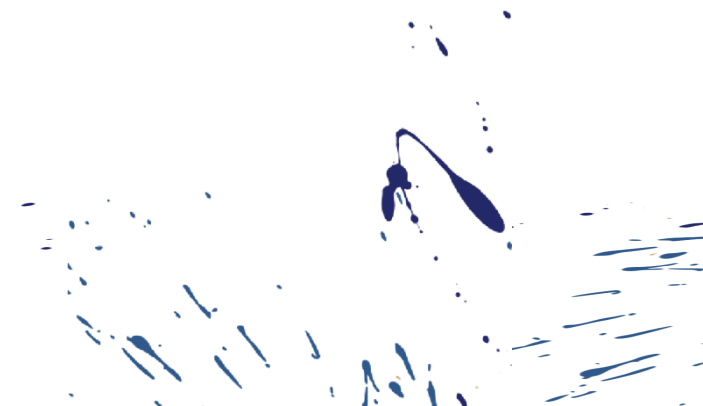
The hearts have been gathered together and will be on display as three larger heart shapes in our three main hospital sites, as a commemorative dedication to staff, patients, and visitors.

The Arts and creativity are key assets in improving people's Health and Wellbeing.

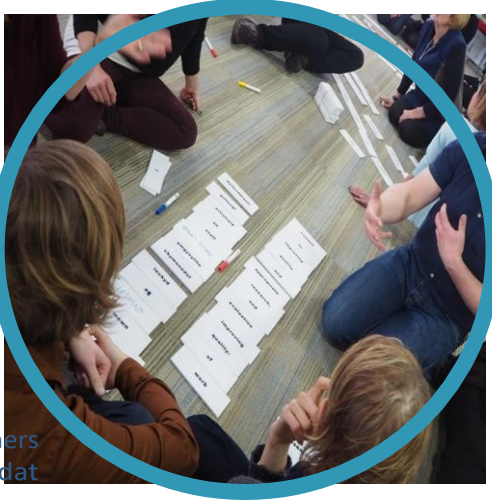
BCUHB is committed to developing and embedding the Arts in Health and Wellbeing in its services, and the Strategic Framework provides a roadmap for working towards this goal through targeted aims and objectives during the next three-years.

By always working through collaboration and partnership and focusing on evidence-based practice, BCUHB will be able to make a real difference to the health and wellbeing of people, patients, visitors, staff, volunteers, citizens and the wider community in North Wales, utilising creativity and the Arts to the benefit of all.

public during Covid-19 to support loved ones in hospital.



# Acknowledgements



Partners  
Concordat

workshop 2017

The development of this Strategic Framework would not have been possible without involvement from a number of partners and individuals, both historically and presently, since the inception of Arts, Health and Wellbeing activity in the North Wales region. We wish to thank them all for their partnership, collaboration, and support along the way.

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**\*as at time of press- members of the BCUHB Arts, Health and Wellbeing Partnership Steering Group**

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ffynnon  
greadigol  creative  
well

Celfyddydau mewn Iechyd a Lles BIPBC / BCUHB Arts in Health and Wellbeing



Insights to support the  
understanding of the value and  
impact of the Year 2 Artists in  
Residence programme at Tŷ  
Llywelyn in 2024

Abigail Tweed  
Director  
Milestone Tweed  
June 2025

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## 1. INTRODUCTION

This report documents the evaluation of the year 2 Artist in Residence programme at Tŷ Llywelyn between January and December 2024. This evaluation aims to understand the impacts, outcomes, effectiveness, and efficiency of the programme.

Situated in Llanfairfechan and run by Betsi Cadwaladr University Health Board (BCUHB), Tŷ Llywelyn is a 25-bed Forensic Medium Secure Unit which provides acute in-patient mental health care for mentally disordered offenders, including a dedicated rehabilitation ward and a psychiatric intensive care unit.

The residency programme was funded by Arts Council Wales and The Baring Foundation as part of the Arts and Minds programme and was led by the BCUHB Arts in Health and Wellbeing team through the Creative Well programme. The teams' activities for Arts and Minds were codesigned and facilitated in-house by the Occupational Therapy team as well as being supported by the wider staff team to assist patients to attend.

The aim of the arts residency is to provide creative activity for people with specific mental health conditions. The residency started in 2022 and is continuing into its second year in 2024.

The programme consists of a variety of artists; a graffiti artist, a rap and beatboxing artist / musician, an environmental artist and a creative writer and theatre maker, all providing residencies at Tŷ Llywelyn. For one day per week, artists work at the Unit providing sessions and workshops with the patients who are currently residing at the Unit, usually on a Friday morning and afternoon. The sessions last between one and one and a half hours. While the sessions are not art therapy, it is hoped that they are a mechanism through which conversations and reflection arise. Some artists worked with residents individually and with groups of residents, others worked solely with groups of residents. All sessions were supported by members of the Occupational Therapy team.

The residencies took place over varying time periods, ranging from a two-week residency with one artist to a twelve-week residency from another. Participants were asked if they would like to attend by the Occupational Therapists at Tŷ Llywelyn.

In December 2024, a Christmas celebration and sharing event was held at the Unit to showcase the project, the work of the men and the artists. The patients, staff and Arts In Health and Wellbeing team co-created the event. In the morning the men and artists gave presentations about their work to an audience of staff, from inside and outside the Unit including the BCUHB Executive Director of Allied Health Professionals and Health Science, Teresa Owen and external guests including the Chair of the BCUHB Board, Dyfed Edwards. In the afternoon the men's families and friends were invited to attend to share and celebrate their work.

## **Developments in Year Two of the Residency**

The residency has developed since year one taking on board the recommendations from the year one evaluation.

For example, the therapy room is now block booked by the Occupational Therapists to safeguard it for creative therapeutic work. Staff and patients work together in the space in between the artists sessions. Supplies and lockable cupboards have been purchased to support this work. In year one the men were only able to access creative activities on a Friday, so this is a considerable development.

There has been a significant increase in interest and engagement from the wider staff team in the artists' residencies. 'Fun Fridays' as the sessions have been named by the staff gain regular visits from staff who are interested in the work. Management staff and allied health professionals have enquired about the residencies and are supportive of the work. Staff are keen to take part in the work and when extra staff are needed to support the activities there is often a waiting list of staff who are keen to work with the men and artists in the sessions.

The participating residents at Tŷ Llywelyn, the staff, the artists, the Arts in Health team and non-participating residents were all asked for their reflections on the impact, content, style, and their whole experience of this programme. These reflections are being used to inform its further development.

Following the year one evaluation, the year two evaluation has also aimed to further understand any areas of potential cost / benefit, some of which were identified during the year one evaluation. This evaluation has set out to understand in more detail any financial savings which may occur as a result of the Artists in Residence programme. They are indicative results which a full Social Return on Investment analysis could quantify with more accuracy.

The participating residents created music, creative writing and drama, environmental art, and photography. We have included some of the images of the art work, lyrics and creative writing within this report.

The shift from Year one, where the men and staff became accustomed to the regular creative sessions and became familiar with the artists, to Year two where the men and staff have built on their creative skills, knowledge and experience, is evident.

In year one of the residency programme, a video to showcase the programme was created by TAPE, the community music and film charity who also provided one of the twelve-week residencies within the programme in year one. Here are the links to the video:

English Subtitles burnt-in and English Graphics: <https://vimeo.com/886105199/e0235ab4d7?share=copy>

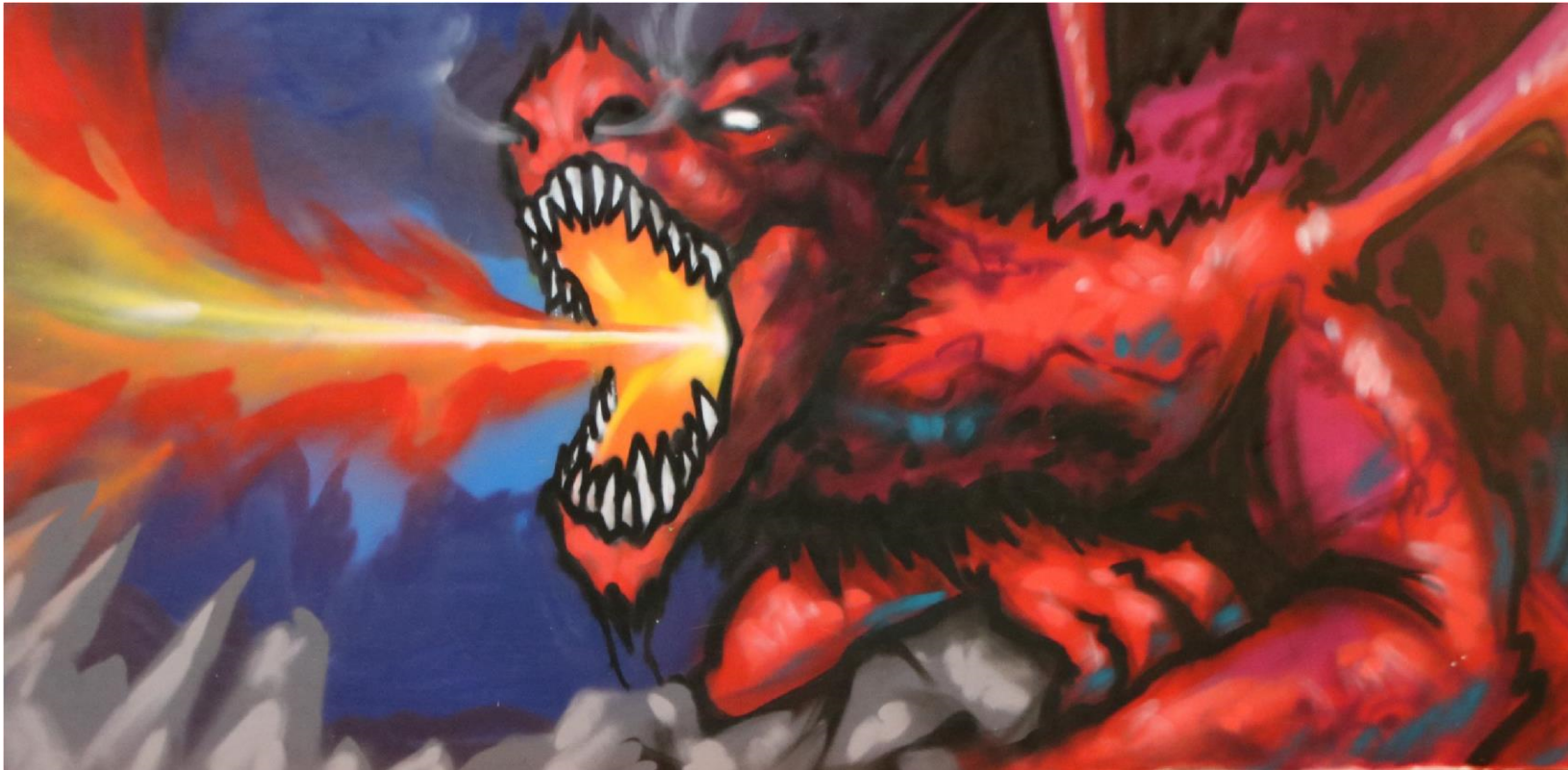
English Graphics only (subtitles can be toggled on/off using Vimeo): <https://vimeo.com/901157003/576d8b7469?share=copy>

Welsh Subtitles burnt-in and Welsh Graphics: <https://vimeo.com/894973606/c2771fc912?share=copy>

Welsh Graphics only (subtitles can be toggled on/off using Vimeo): <https://vimeo.com/901144302/02a66a5a0a?share=copy>

The artists who worked at Tŷ Llywelyn during year two of the artists in residency programme were:

Artist	Type of activity	No. of sessions (FULL DAYS)	Approximate dates
Andy Birch (DIMEONE) - Graffiti Artist	On-site creative activities with patients	12	April - June
Mr Phormula - Rap and Beatboxing artist / Musician	On-site creative activities with patients and staff training activities	6	August 2024
Janys Chambers – Creative Writer	On-site creative activities with patients	6	Jan – March 24
Janys Chambers and Simon Adams	Stage preparation, lighting, sound effects for rehearsed reading/celebration event	2	March 24
Tim Pugh – Environmental Artist	On-site creative activities with patients and one staff training session	6	Sept – December 24
Hayden Davies - Photographer Rich Thomas – Musician	Celebration event	1	December 24



## 2. EXECUTIVE SUMMARY

You can access a [PowerPoint executive summary of the report here](#).



### 3. THE RESIDENTS

The service at Tŷ Llywelyn is designed and funded to cater for the needs of all mentally disordered offenders across North Wales. All forensic patients receive individual plans of care based on a multi-disciplinary team (MDT) assessment of their needs with the patient and take into account the needs and views of carers. Patients are assessed for admission using the following criteria:

- Mental Illness
- Disorder suitable for treatment
- Criminal Offence
- Behaviour unmanageable in the community

The patients often have mental health conditions such as: schizophrenia, personality disorders, autism and bipolar. They commonly report Adverse Childhood Experiences (ACE) that have influenced individuals and their development. Patients may have been judged and socially excluded; face occupational deprivation and loss of skills.

The patients are detained in a secure location, compliant with their treatment programme and medication, and are motivated to engage in their recovery pathway. The staff know them well and work with them for two to five years, sometimes longer. They know their background, their triggers, how to engage them, their relapse indicators, and vulnerabilities.

The Artists in Residence programme took place in the Unit with secure procedures in place. Artists were always escorted by Occupational Therapy staff, doors were locked, alarms are carried by staff and dynamic risk assessments are continual.

#### 4. IMPACTS

Patients at Tŷ Llywelyn were consulted as a group through a focus group and through conversations at events to understand their experiences of the artists' residencies. There were five main themes that emerged from discussions with patients. These themes explored the outcomes of the residencies. The residencies:

## 4.1 Impacts for the men

The participants talked about a number of changes as a result of their participation in the programme.

### 4.1.1 Increased Confidence and Personal Growth

Many participants reported that their confidence in creative activities grew from Year 1 to Year 2.

*"It was exciting as I hadn't done creative writing since school."*

*"At first, I was self-conscious about reading the script, but this year I've got more confidence."*

*"It has increased my confidence. I enjoyed spending time with others, getting to know them."*

### 4.1.2 Sense of Purpose and Distraction from Hospital Life

Engagement in artistic activities provided structure, a sense of normality, and relief from the monotony of hospital life.

*"It takes your mind off being in hospital. It gives a sense of normality, and you have something to occupy your time."*

*"It made me happier, and I could relax more. It gives you something to look forward to."*

*"It gives a sense of pride in achievements, camaraderie, and fulfilment."*

### 4.1.3 Therapeutic, Medical and Emotional Benefits

Participants described the creative sessions as therapeutic, providing mindfulness and emotional regulation. One patient talked about how the sessions helped him to accept his medication, supporting his recovery. Another talked about how the sessions were useful to counter the medication's side effects.

*"It gives you a mindfulness and you are in the moment."*

*"It gives you a sense of reality versus the world where you take medicines – the antipsychotics. When you're in the session, it takes you out of the medication and the ward."*

*"Because of the sessions, I can accept taking the medicine because I'm able to do the creative sessions. It makes taking the medicine more acceptable."*

*"The sessions are like a magic pill! The pills can have a sedentary effect, but the sessions counter this and give the men something to get up for."*

#### 4.1.4 Personal Connections, Social Connections and Community Engagement

Patients highly valued the work they produced which gave them the opportunity to further connect with their families and friends. For example, some patients created art work that they gave to their families as a gift.

*"I want family and friends more involved. It's good for them to see how we're getting on and have pride in it all. I like when we can make gifts for our families to give back to the people who have helped us."*

The Christmas celebration event was also an opportunity to share the work with their families and friends, strengthening personal connections and relationships. A photographer, Haydn Davies created a photo booth for some patients to have photographs taken with their families or with staff members with the images being printed and presented to them on the day. Some patients and their families hadn't had photographs of each other for many years due to the restrictions on bringing in cameras and phones during visits to Tŷ Llywelyn. Gaining up to date images of their loved ones which they could share with the wider family was another example of how the project supported and increased personal connections.

Many participants valued the opportunity to engage socially and work collaboratively. It helped them to integrate and connect with other patients and the staff.

*"I felt better after the sessions. It gives something to talk about with colleagues."*

*"Working with Tim, the Environmental Artist, was a good introduction to Tŷ Llywelyn when I joined."*

Participants enjoyed both group and one-on-one sessions.

*"It would be good to have the option to do one-to-one sessions every now and again with every artist."*

*"Having two facilitators with TAPE helped to work with men as a group and one-to-one."*

#### 4.1.5 Functional Outcomes, Artistic Achievement and Skill Development

Over the two years of the programme so far, several patients have been inspired and motivated to continue with the skills and creative activities they have experienced through the residency programme. Some patients have decided to follow up with the work by enrolling on further courses, attending sessions and joining projects when they leave the Unit. This year as a result of the creative writing sessions one patient has decided to enrol on an Open University course and then pursue a degree in creative writing once he leaves the Unit.

*"I've been inspired to take up a new course with the Open University – a Creative Writing and Critical Analysis course. The sessions are an opportunity to occupy your time to learn new things some of which I can carry on when I'm out. I'm inspired to carry on when I'm out and do a creative writing degree. "*

Many discovered new creative abilities they didn't know they had, and patients have been given certificates to evidence their achievements and skills.

*"The benefits have been that I've learned to give everything a go."*

*"The certificates help. It has shown me I have extra skills I didn't know I had before the sessions."*

The culmination of work and developing relationships with the artists, staff and other patients over the first year meant that patients could further develop their skills and are making the most of prestigious opportunities:

*"I can do strategic things and have more independence in year two as I could work more independently. It made me happier, and I could relax more."*

*"There have been a number of submissions of artworks to the Koestler Awards."*



## 4.2 Impacts identified by the staff

Staff at Tŷ Llywelyn were consulted as a group through a focus group and other meetings to understand their experiences of the artists residencies. There were four main themes that emerged from discussions with staff. These themes explored the outcomes of the residencies. The residencies:

### 4.2.1 Enhanced Therapeutic Relationships

By breaking down barriers in a relaxed, creative environment, both staff and patients can build trust and rapport more quickly than in traditional clinical settings. These sessions take place in a mental health setting, where patients typically have limited opportunities for self-expression and interaction in non-clinical environments. The creative sessions, serve as powerful tools for patient empowerment, therapeutic engagement, and rapport-building between staff and patients in a non-clinical environment. The creative sessions allow staff to observe patients in an unguarded, authentic state, providing deeper insights into their behaviours and progress. Both staff and patients build therapeutic rapport faster due to the creative, non-clinical environment.

*“It gave me an opportunity and space to come to an environment where it didn’t feel so clinical. It was easier and faster to build the rapport and get talking to the patients. It accelerated the rapport building and trust building. It was incredibly helpful, and I got to know them outside of the ward and I saw the interpersonal skills they developed.”*

### 4.2.2 Foster Resilience and Social Skills

Patients develop important interpersonal skills that can be applied beyond the session, contributing to their overall social and therapeutic growth. The structured, gradual introduction of creative activities helps build patient confidence, allowing them to open up and engage more quickly and fully. Patients are empowered through the creative process, with sessions leading to increased self-esteem and ownership of their work

*“It builds the resilience in the patients and builds confidence. They would be interacting with nursing staff more readily.”*

#### 4.2.3 Promote Staff Growth

These sessions provide staff members with unique opportunities for personal development and improve their ability to connect with patients on a more human level. Staff are inspired by the creative process, finding personal development opportunities and new ways to engage with their patients.

*“It was a really good experience. I enjoyed being creative myself. I enjoyed my Fun Fridays.”*

#### 4.2.4 Contribute to Patients Long-Term Mental Health

The lasting effects of increased confidence, ownership, and social interaction demonstrate that the benefits of the sessions extend far beyond the immediate creative activity. Patients showed improved focus and concentration, increased tolerance in group settings, and better social interactions outside of the sessions.

*“It is the gift that kept on giving throughout the week. It would be mentioned over the weekend you would get 4 days of impact out of the 2 hour sessions.”*



### 4.3 Impacts identified by the artists

The artists working at Tŷ Llywelyn were consulted as a group through a focus group and other meetings to understand their experiences of the residencies. One core theme emerged from the discussions. The artists reflected that the creative sessions facilitated emotional connection, they were a catalyst for humanising, healing, and hope. They supported healing and transformation, humanised individuals in the eyes of others and themselves, and provided both practical and emotional hope.

#### 4.3.1 Emotional Connection

Artists built trust gradually through the creative activities and created emotional connections with and between the men. The sessions became safe spaces allowing for deeper self-expression and helped artists and staff challenge preconceptions about residents.

*“It changed how I think about people who commit crimes.”*

*“They treated me like I was one of the guys. It’s amazing to build a relationship like that.”*

*“They started to trust me, and by the end they rehearsed and performed a play together.”*

#### 4.3.2 Therapeutic and Psychological Impact

The therapeutic value of the programme was repeatedly highlighted by the artists, even when therapy wasn't the explicit goal. Participants engaged with difficult emotions and personal histories in constructive, symbolic ways. This suggests the sessions functioned as non-clinical therapeutic interventions, reducing internalised stigma and aiding emotional literacy.

*“It made me realise how powerful this work is.”*

*“It’s more than just paint on a wall. It’s a release for the rubbish.”*

*“He wrote about killing someone in close combat... his character talked about guilt and shame. That felt like a breakthrough.”*

#### 4.3.3 Empowerment through Creativity and Choice

The artists felt that empowerment came not just from creating, but from being taken seriously. Participants were treated as capable and creative, which fostered intrinsic motivation. Choice was crucial: being invited, not required, to speak or create gave a sense of control rarely available in a locked environment.

*“He came back with 10 tracks after initially refusing to record.”*

*“One guy wrote 5,000 words between sessions. That’s time not spent smashing the place up.”*

#### 4.3.4 Reducing Pressure on NHS Staff in the Unit

The artists gave evidence of indirect impact on workforce wellbeing and incident reduction points to the systemic value of the programme. It acts as a preventative mechanism, reducing the emotional and operational load on staff and possibly mitigating risk behaviours through improved mood and routine.

*“Staff said: I’m glad you’re there — I can crack on with other tasks.” “After Friday sessions, incidents reduced over the weekend.”*

## 5. OCCUPATIONAL THERAPIST CASE STUDY – MR X

### Artistic Transformation in Forensic Mental Health

#### **Patient Background**

Mr X, a 42-year-old male, was initially admitted to Ashworth High Secure Hospital following a series of severe offences linked to his paranoid schizophrenia. After demonstrating significant improvement in managing his symptoms and behaviour, Mr X was transitioned to a medium secure unit, where he has spent the last four years. This move represented a crucial step in his recovery, offering a less restrictive environment while still providing necessary psychiatric care and supervision.

#### **Engagement in Arts**

In the past two years at the forensic mental health hospital, Mr X began participating in Arts in Health projects. This initiative aimed to enhance patient well-being through creative expression. Mr X's initial involvement was cautious, but he soon found a deep connection to drawing and painting. His artistic skills flourished, allowing him to create intricate and expressive pieces that captured his inner world.

### **Recognition through Koestler Arts**

In 2022, Mr X's artwork was submitted to the annual Koestler Arts scheme, which celebrates creative work by individuals confined in prisons and secure hospitals. His submissions stood out among over 5,000 entries, and his drawings were shortlisted to the top 600 pieces. This accomplishment led to his work being displayed at a prominent London South Bank art gallery. The sales from this exhibition were split, with 50% going to victim support and the remainder to Mr X, providing both financial assistance and a sense of pride.

### **Continued Success**

Mr X's success continued into 2023, with more of his art being submitted and highly commended by the Koestler Arts judges. His work was displayed again in 2024, and the anticipation for this year's outcomes is high. Over these years, Mr X's art has not only received external recognition but has also become exemplary within the hospital. He was entrusted with creating a wall display for the Unit corridor and the main entrance, showcasing his talent and contributing to the hospital environment.

### **Transition to Low Secure Unit**

In June 2024 Mr X was moved to a low secure unit, a significant step toward eventual reintegration into the community. He expressed profound gratitude to Occupational Therapy, the Art in Health project and the Unit staff for their encouragement and support, acknowledging the pivotal role they played in nurturing his artistic talents. Mr X aspires to continue his journey by applying to the Koestler Arts scheme again in 2025.

### **Impact of Art on Well-being**

The impact of art on Mr X's well-being has been transformative. His engagement in creative projects has significantly increased his motivation and drive. Art has provided a unique platform for self-reflection, growth, and self-discovery, allowing Mr X to explore his innermost thoughts, emotions, and experiences. Within the secure hospital confines, art has been a powerful tool for his rehabilitation, fostering a sense of purpose and hope for the future.

## 6. OCCUPATIONAL THERAPIST CASE STUDY – MR Y

### A Journey Through Arts in Health and Occupational Engagement

#### **Background**

Mr Y, a 26-year-old man, was detained at a Medium Secure Unit (MSU) under Section 3 of the Mental Health Act in 2021. He was transferred from a hospital in England after being convicted of assault in 2012, for which he received a conditional discharge of two years. Mr Y has a documented history of inappropriate behaviours. He has a working diagnosis of ADHD and an extensive history of violence, threats of violence, violent attitudes and antisocial behaviours.

#### **Pathway to Rehabilitation: Initial Assessment and Early Interventions**

In December 2021, Mr Y was assessed by the Occupational Therapist (OT). Our initial discussion that month aimed to establish a rapport and gather comprehensive insights into his needs and aspirations. This initial assessment revealed that Mr Y had a keen desire to participate in several activities. This review identified additional interventions necessary to engage him in more structured activities and address his motivational challenges. Mr Y acknowledged his periods of low drive and lack of full engagement in therapeutic activities, but expressed that in school he used to enjoy art.

### **Engagement through Art**

In 2022, Mr Y was introduced to the 'Arts in Health' project, a pivotal component of his therapeutic journey. This project encompassed various art subjects, and Mr Y showed exceptional interest and participation in all the different theme and art styles, including developing art skills, music, animation, environmental art and graffiti. Although he could occasionally be boisterous, these art sessions marked the periods of his highest stability and concentration. The structured environment of the art sessions provided a therapeutic outlet for Mr Y, promoting selfexpression and emotional regulation.

### **Graffiti Art Project**

One significant milestone in Mr Y's rehabilitation was his participation in a three-month graffiti art project. This project required weekly attendance and active participation, which Mr Y embraced with enthusiasm. Nursing staff observed that the periods before, during, and after these sessions were when Mr Y exhibited the most stability in his behaviour. His commitment to the project and anticipation for future sessions demonstrated a sustained interest and a positive shift in his engagement levels. Mr Y frequently reflected on his experiences in the art groups, expressing a keen interest in the return of the artist facilitators. This ongoing interest highlights the project's impact on his sense of purpose and motivation. The structured and creative nature of the art sessions provided Mr Y with a sense of accomplishment and routine; essential components for his mental health and rehabilitation.

### **Future Aspirations and Challenges**

Mr Y's ADHD diagnosis manifests in a range of behaviours demonstrated in every day interactions, but it is evident how this art project has been beneficial for Mr Y's ADHD.. These are the acknowledged therapeutic benefits:

1. **Focus and Concentration:** During the art sessions we saw how his focus and attention had improved, as the creative process often requires sustained concentration
2. **Emotional Expression:** The groups have provided a non-verbal outlet for expressing emotions
3. **Impulse Control:** While engaging in art projects we have seen a reduced impulsivity by promoting patience and careful planning
4. **Self-Esteem:** Being part of the art projects has boosted his self-esteem and provides a sense of accomplishment
5. **Motor Skills:** the art styles and differing techniques have improved fine motor skills and hand-eye coordination
6. **Stress Reduction:** The ward staff indicated that Mr Y is often less boisterous and calmer after his session

Overall, these art sessions have been a valuable tool for enhancing cognitive and emotional well-being for Mr Y.

## 7. IDENTIFIED AREAS OF COST REDUCTION AND COST BENEFIT TO THE UNIT AND WIDER NHS

The artist residencies at Tŷ Llywelyn demonstrate significant potential for cost savings and operational efficiencies. Based on qualitative data from staff, artists, and patients, four key areas of impact were identified:

### 7.1 Increased Staff Efficiency and Reduced Operational Strain

The artist-led sessions have directly contributed to more efficient use of staff time. During the Friday sessions, both Occupational Therapy (OT) and ward staff reported having more capacity to complete essential but often delayed tasks such as clinical documentation, mandatory training, and patient planning because the artists were independently facilitating sessions with the men.

A notable indirect benefit was the reported reduction in Datix incidents on Fridays. (Datix is the NHS system for reporting adverse incidents such as aggression, accidents, or health and safety breaches.) These incidents require significant staff resources; both for immediate

management and post-incident reporting. Violent incidents, for example, may involve up to three staff members and demand up to an hour per incident to document. Furthermore, triggered alarms increase stress levels across the ward, often escalating risk further.

Staff observed that the creative, calming atmosphere of the artist sessions helped reduce patient anxiety and agitation, which in turn led to fewer incidents, a more stable environment, and reduced reactive workload. These sessions not only improved immediate conditions on Fridays but also had a sustained effect across the weekend. Patients remained more settled, less disruptive, and more engaged into the following week.

Additionally, patients demonstrated improved tolerance for group settings, which reduced the need for intensive 1:1 staff support. This allowed for more flexible and efficient staff deployment. Together, these changes demonstrate a cascade of cost-saving efficiencies initiated by a low-cost, non-clinical intervention.

**Summary of cost benefit:**

- Fewer critical incidents and alarms
- Reduced time spent on documentation
- Decreased demand for 1:1 supervision
- Improved environment for all staff and patients

**7.2 Faster Transitions to Lower Secure Units**

Staff noted that some men appeared to progress more quickly through their treatment plans and were able to move sooner to lower-security settings. This was attributed, in part, to the emotional and behavioural improvements linked to their participation in the artist residencies.

Transitions to lower-secure units not only reflect positive clinical progress but also represent substantial cost savings. Lower-secure placements are significantly less expensive to run and maintain. While more formal tracking is needed to quantify this impact fully, early indicators suggest a strong case for further investigation.

**Summary of cost benefit:**

- Accelerated discharge to lower-cost settings
- Reduced length of stay in high-cost secure care

### 7.3 Reduced Medication Use

Staff reported that some patients showed improved emotional regulation and mental wellbeing as a result of their creative engagement and in some cases, this was associated with reduced medication needs. While not all patients were affected in this way, staff identified instances where reductions in anti-psychotic or sedative medications occurred.

Lower medication usage translates not only into direct cost savings on drugs but also reduces the time needed for administration, monitoring, and side-effect management.

**Summary of cost benefit:**

- Lower pharmacy costs
- Reduced clinical time spent administering and monitoring medication
- Fewer medication-related side effects or complications

### 7.4 Increased Staff Wellbeing and Retention

The residencies have had a clear and positive impact on staff morale. The Friday sessions have become widely known among staff as “Fun Fridays.” Reports indicate that staff now actively volunteer to cover Friday shifts, with some sessions even over-subscribed.

These sessions provide a space where staff can engage with patients outside of their typical clinical roles, fostering better relationships and a more positive work environment. Staff noted they could see different sides of the men, helping to deepen understanding and reduce stigma. Staff reported really enjoying their participation in the creative activities alongside the men. Having a creative outlet at work and gaining further skills, training and interests' benefits staff both at work, increasing techniques and tools to work with the men, and also enriching their personal lives.

This improved atmosphere contributes to greater job satisfaction, potentially improving retention and reducing absenteeism, both of which carry high hidden costs in NHS staffing.

**Summary of cost benefit:**

- Higher staff morale and reduced burnout
- Improved staff-patient relationships
- Potential for improved recruitment and retention

## 8. RECOMMENDATIONS

All participants, some non-participating residents, the artists, staff and the Arts in Health team were asked for recommendations or actions to help further develop and improve the residency programme. There were no significant changes recommended to the programme delivery. It was recognised that the artists' work was of high quality and the variety of artists involved with the programme was working really well.

**Recommendations include:**

- Increase session availability to accommodate demand
- Introduce new creative mediums (e.g., digital art, music production, virtual workshops)
- Provide outdoor sessions for greater creative freedom

- Enhance exhibition opportunities for sharing and celebrating work
- Encourage family involvement to strengthen personal connections
- Integrate more one-on-one sessions alongside group activities
- Aim to understand in more depth the role of art in making medication and hospitalisation more tolerable to inform future therapeutic approaches
- Securing funding for sustainability and longer-term embedding of the project

***Commitment to the programme is needed. Ideally the programme, with a varied offer both in terms of individual and group sessions and art forms, should be embedded within the standard work of the Unit with adequate resources to support care. People – residents, staff and artists – are getting anxious about the uncertainty of the programme not continuing. It has been recognised that it can be damaging to people to provide a much-valued service or activity and then take it away. The anxiety of it not continuing has impacted residents' mental health. It is recommended that if a commitment is to be made to sustain this programme embedding it within the standard work of the Unit, it is done as soon as possible to reduce anxiety.***

#### **Suggested future measurements to support this intervention with further evidence:**

- Measure attendance rates and voluntary return rates
- Measure the time that the men spend on creative activities between sessions and staff time needed, if any, to support this and the outputs they create e.g., word counts for creative writing, artworks made
- Measure incident Datix reports pre/post session days and staff time spent on Datix reports
- Measure staff time saved during sessions
- Self-reported wellbeing metrics from both participants and staff
- Ask staff about the impact of the residencies in all supervision and annual appraisal meetings

- Measure the number of participants engaging in follow-on creative work (e.g., submitting to Koestler, performing, recording, engaging in further educational courses and training)
- Identify a staff member to collect and collate the evidence centrally

## APPENDIX ONE – Methodology

This impact report employed qualitative and quantitative methods to demonstrate the impact of programme from January to December 2024.

Measures included:

### 1. **One focus group and one-to-one interviews with participants either face-to-face or virtually via Zoom or Teams**

The data generated through the focus group and interviews identified common themes and insights arising from participants' perceptions of the programme. Interviews were conducted face-to-face at the Unit using the ORID<sup>1</sup> method. The data (or text) from notes and interviews was analysed using approaches in grounded theory. Thematic results emerged from the data and these results have been used to inform the basis of this report.

2. **Interviews with staff on site during the sessions and one focus group with four members of staff virtually via Teams** The data generated through the interviews was analysed as in point 1 above.
3. **One focus group virtually via Zoom and one phone call with four artists** The data generated through the interviews was analysed as in point 1 above.
4. **Observation of one artist in residence session and an observation of a celebration and sharing of work** The data generated from notes taken during the observations was analysed as in point 1 above.
5. **Two anonymised case studies created by Occupational Therapist Michael Davies at the Unit**
6. **Meetings and discussions with ward staff and management to understand the cost reduction and cost benefit implications of the intervention**

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<sup>1</sup> 1

The ORID method is a focus group process that facilitates a structured discussion that can be used for one-to-one conversations and with small groups (up to 12 people). ORID stands for: Observation, Reflection, Insight & Decision



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### Arts in Health designated capacity within all-Wales Health Boards

Health Board	Population size*	No. of Local Authorities	AiH team members	Strategy in place?	Directorate	Current Team Size in FTE (correct as at 1.08.25)	Number of permanent posts
Aneurin Bevan University Health Board	595,412	5	1 x Arts Development Manager (0.6fte) 1 x Arts in Health Project Officer (0.5fte)	Yes, 5-year Strategy launched in 2023	Service Planning (Director of Strategy, Planning & Partnerships)	1.1fte	1.1fte
Hwyl Dda University Health Board	388,139	3	1 X Head of Arts (1.0fte) 1 x Arts in Health Coordinator (job share 1.0fte, fixed term 4 years) 1 x Arts in Health Administrator (1.0fte vacant post)	Yes, launched as a Charter in 2025	Patient experience	3.0fte	2.0fte
Powys Teaching Health Bord	134,439	1	1 x Arts in Health Coordinator (part time, 0.9fte until March 2025, currently 0.5fte)	No	Mental Health	0.5fte	0.0fte

Swansea Bay University Health Board	389,640	2	1 X Arts in Health Coordinator/ Arts on Prescription Manager (1.0fte)  1 x Music in Health Facilitator (0.3fte)  1 x Project Manager (0.5fte, fixed-term)  In-kind support through 1 x Heritage Lead (part time)  1 x Heritage assistant (part time)	In development	Quality and Improvement Service	1.8fte	1.3fte
Velindre Trust	(specialist services)	n/a	1 x Arts & Health Coordinator (0.8fte fixed term)	In development as a Charter	Estates	0.8fte	0.0fte
Betsi Cadwaladr University Health Board	691,991	6	1 x Arts in Health Strategic Lead (0.6fte fixed term)-soon to be Health Inequalities Delivery Lead (0.5fte)  1 x Arts, Health and Wellbeing Project Coordinator (1.0fte)  1 x Senior Project Support Officer (0.6fte, fixed term)	Yes – 3 year Strategic Framework launched 2024	Public Health	2.1fte	1.5fte**

\*Stats Wales (2024) [Population estimates by local health boards and age](#) [Accessed 7 August 2025]

### Supporting context

Non-permanent posts have been funded by the Arts Council of Wales Capacity Building scheme, with the intention that such posts become embedded within Health Boards, beyond their funded period. To date, there have been two phases of capacity building, with phase 1 lasting 3 years and funding an

arts in health coordinator post (where one was not already in place) or a strategic post. Phase 2 capacity building is intended for 3 years, with years 1 and 2 bids currently submitted/ in progress. This phase was for developing and strengthening teams with Health Board's using funds in different ways.

In BCUHB, phase 1 capacity building was used for the creation of the Arts in Health Strategic Lead post 0.6fte. \*\*This post has been embedded as the Health Inequalities Delivery Lead commencing 7.09.25 with approximately 0.5fte allocated towards overseeing the Arts in Health programme, and 0.5fte allocated to working on social prescribing.

Phase 2 year 1 and 2 funding is allocated to a Senior Project Support Officer post (currently until 30.09.26), with the potential for a further year's funding, subject to submission of a funding bid later this year, once the callout is announced.

Cardiff and Vale University Health Board and Cwm Taf Morgannwg University Health Board do not currently have an Arts in Health programme team. Arts Council of Wales are in talks with both Health Boards to develop/ restart a programme. Previously, Cardiff and Vale had a 3.4fte team and Cwm Taf 1.0fte (fixed term).



<b>Tîm y Celfyddydau mewn Iechyd - diweddariadau a newyddion Chwarter 1</b>	<b>Arts in Health team Quarter 1 updates and news</b>
<p>Mae'r Celfyddydau mewn Iechyd yn faes sy'n tyfu gyda thystiolaeth gynyddol yn dangos gwerth celfyddydau a chreadigrwydd i'n hiechyd a'n lles. Mae Cymru ar flaen y gad, gyda mentrau fel Cyngor Celfyddydau Cymru a Chyddfederasiwn y GIG â Memorandwm o Ddealltwriaeth ers 2017, a datblygiad rhaglen meithrin gallu.</p> <p>Mae gan Fwrdd Iechyd Prifysgol Betsi Cadwaladr gysylltiad hirhoedlog â'r celfyddydau mewn Iechyd, sy'n dyddio'n ôl i ddechrau'r ganrif gyda rhaglenni artistiaid preswyl a mentrau gyda phartneriaid i wella amgylcheddau ysbytai trwy'r celfyddydau a chreadigrwydd.</p> <p>Ym mis Medi 2024, cymeradwywyd ein Fframwaith Strategol tair blynedd ar gyfer y Celfyddydau, Iechyd a Llesiant gan Weithrediaeth Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC).</p> <p>Ein nod yn rhan o hyn, yw rhannu diweddariadau rheolaidd ar ein cynnydd hyd yma, ac felly dyma'r cyntaf mewn cyfres o ddiweddariadau chwarterol byr i rannu ein newyddion gyda chydweithwyr, partneriaid, rhanddeiliaid, ac unrhyw un sydd â diddordeb yn y celfyddydau mewn Iechyd a gwaith ein tîm yn y Bwrdd Iechyd.</p>	<p>Arts in Health is a growing area with increasing evidence demonstrating the value of arts and creativity for our health and wellbeing. Wales is leading the way, with initiatives such as the Arts Council of Wales and the NHS Confederation having a Memorandum of Understanding since 2017, and the development of a capacity building programme.</p> <p>Betsi Cadwaladr University Health Board has a long-standing involvement with arts in health, dating back to the early 00's with artist in residence programmes and partnership initiatives to enhance hospital environments through arts and creativity.</p> <p>In September 2024, our three-year Arts, Health and Wellbeing Strategic Framework was approved by the Betsi Cadwaladr University Health Board (BCUHB) Executive.</p> <p>As part of this, we aim to share regular updates on our progress to date, and so this marks the first in a series of brief quarterly updates to share our news with Health Board colleagues, partners, stakeholders, and anyone with an interest in arts in health and the work of our team.</p>

<p>Gobeithiwn y byddwch yn gweld y diweddariadau yn gipolwg defnyddiol ar y gwaith rydym yn ei wneud. Os hoffech chi gael gwybod mwy am y Celfyddydau mewn lechyd a gwaith Tîm y Celfyddydau mewn lechyd yn BIPBC, gallwch ymweld â'n gwefan yma: <a href="#">Y Celfyddydau mewn lechyd - Bwrdd lechyd Prifysgol Betsi Cadwaladr</a></p> <p>Gallwch anfon unrhyw gwestiwn at: <a href="mailto:BCU.ArtsInHealth@wales.nhs.uk">BCU.ArtsInHealth@wales.nhs.uk</a></p> <p><b>Rhannwch eich gweithgareddau celf ac iechyd: #celfyddydauBIPBC</b></p>	<p>We hope you will find these updates useful as an insight into the work we are undertaking. If you would like to find out more about Arts in Health and the work of the BCUHB Arts in Health team, you can visit our webpage here: <a href="#">Arts in health - Betsi Cadwaladr University Health Board</a></p> <p>You can also send any queries to: <a href="mailto:BCU.ArtsInHealth@wales.nhs.uk">BCU.ArtsInHealth@wales.nhs.uk</a></p> <p><b>Share your own arts and health activities: #artsBCUHB</b></p>
<p><b>Diweddariad chwarter 1</b></p>	<p><b>Quarter 1 update</b></p>
<p><b>Llwyddiant arddangosfa staff Oriol Ysbyty Gwynedd</b></p> <p>Rhwng mis Mawrth a mis Mai eleni, cafodd cleifion, staff ac ymwelwyr i Ysbyty Gwynedd gyfle i weld gwaith celf gan staff BIPBC a oedd yn cael ei arddangos wrth brif fynedfa'r ysbyty. Roedd y gwaith celf hwn yn rhan o arddangosfa dros dro 3 mis o hyd a gydlynwyd gan bartneriaeth rhwng Celfyddydau Cymunedol Gwynedd a Thîm y Celfyddydau mewn lechyd BIPBC.</p> <p>Roeddem yn falch iawn o groesawu ein cadeirydd Dyfed Edwards i'r arddangosfa ym mis Ebrill. Cafodd gyfle i gwrdd â Cheryl Hughes, aelod o staff ac artist, a chlywed am ei chyfraniad hi, yn ogystal â staff o Gelfyddydau Cymunedol Gwynedd a Thîm y Celfyddydau mewn lechyd a rannodd wybodaeth am sut y cafodd yr arddangosfa ei churadu a rhai o'r negeseuon cadarnhaol gan gleifion, ymwelwyr a staff sydd wedi gweld y gwaith.</p> <p>Gwaith yr artist Katie Ellidge sy'n cynnwys ei phortreadau o anifeiliaid sy'n cael ei arddangos ar hyn o bryd. Gallwch rannu eich</p>	<p><b>Successful completion of Oriol Ysbyty Gwynedd staff exhibition</b></p> <p>Between March and May, patients, staff and visitors to Ysbyty Gwynedd were able to see artwork created by BCUHB staff on display in the main entranceway to the hospital. The artwork was part of a temporary exhibition coordinated in partnership by Gwynedd Community Arts with the Arts in Health team at BCUHB, that has seen a variety of work made by staff on display for 3 months.</p> <p>We were delighted to welcome Chair Dyfed Edwards for a viewing in April, where he met with artist and staff member Cheryl Hughes to find out about her involvement, as well as staff from Gwynedd Community Arts and the Arts in Health team to share how the exhibition was curated and some of the positive messages from patients, visitors and staff who have seen the work on display.</p> <p>The current exhibition is the work of artist Katie Ellidge featuring her work on animal portraiture. You can share your</p>

lluniau chi o'r arddangosfa drwy ddefnyddio #artsBCUHB a #gwyneddgreedigol

Mae Celfyddydau Cymunedol Gwynedd wedi curadu cyfres o arddangosfeydd ar gyfer Oriol Ysbyty Gwynedd ers 2011. Dyma'r arddangosfa gyntaf sydd ar gyfer staff BIPBC yn unig. Mae'n arddangos eu hangerdd, eu doniau, eu hobiau a'u crefftau mewn amryw o ffurfiau celf. Rydym yn gobeithio cynnal mwy o arddangosfeydd o'r math hwn yn y dyfodol, ac rydym yn croesawu unrhyw ymholiadau am weithgarwch yn y dyfodol.

photos of the exhibition with us using #artsBCUHB #gwyneddgreedigol

Gwynedd Community Arts have curated a series of rolling exhibitions for Oriol Ysbyty Gwynedd since 2011. This has been the first exhibition dedicated to BCUHB staff, demonstrating their passions, talents, hobbies, and crafts in a range of artforms. We hope to run further exhibitions of this kind in the future, and welcome any enquiries on future activity.



*Capsiwn: Dyfed Edwards, Cadeirydd y Bwrdd Iechyd a Carys Norgain (Cyfarwyddwr Therapiau y Gymuned Iechyd Integredig) yn ymweld â'r arddangosfa i weld gwaith celf a grëwyd gan staff*

*Caption: Health Board Chair Dyfed Edwards and Carys Norgain (Integrated Health Community Director of Therapies) visits the exhibition to view art work created by staff*

## Ymgysylltiad creadigol Uned Heulwen

Ers 2024, mae Celfyddydau mewn Iechyd wedi bod yn gweithio gyda BLAS Pontio i arwain rhaglen allgymorth newydd i drawsnewid Clinig Plant Heulwen yn Ysbyty Gwynedd a'i wneud yn amgylchedd mwy croesawgar a chyfeillgar i gleifion ifanc a'u teuluoedd.

Yn dilyn blwyddyn o ymgysylltu â theuluoedd drwy sesiynau galw heibio, mae'r prosiect wedi'i ddatblygu i fynd i'r afael â'r angen am ofod mwy deniadol a chysurus o fewn lleoliad yr ysbyty. Mae'r gwaith bellach ar y gweill, gyda'r artist graffiti enwog o Gymru, Andy (Dime One) Birch, yn creu murlun ar raddfa fawr ym mlaen y clinig. Nod y dyluniad bywiog yw rhoi hunaniaeth nodedig, sy'n canolbwyntio ar y plentyn, i'r uned, a'i gwneud yn hawdd ei hadnabod fel gofod sydd wedi'i neilltuo i ofal pediatrig.

Dros y misoedd nesaf, cyflwynir gwaith creadigol pellach trwy gydweithrediadau â'r artist gweledol, Eleri Jones, a'r cerddor, Henry Horrell, a fydd yn dod â gweithgareddau celfyddydau rhyngweithiol i fannau aros yn y clinig. Bwriad y sesiynau hyn yw creu profiad mwy cadarnhaol a thawel i blant a theuluoedd wrth iddynt fynychu apwyntiadau. Bydd effaith y rhaglen yn cael ei monitro dros y flwyddyn nesaf i asesu gwelliannau ym mhrofiad cleifion ac archwilio a yw'r dull yn helpu i leihau apwyntiadau a fethir - her gyffredin mewn lleoliadau gofal iechyd.

Dywedodd Rheolwr Gwasanaeth Clinigol Pediatreg (Metron), Kelly Jones: "Mae'r prosiect hwn wedi bod yn gyfle gwych i ni yn yr Adran Cleifion Allanol i Blant, i wneud y lle'n fwy cyfeillgar i blant, pobl ifanc, a'u teuluoedd wrth iddynt fynychu apwyntiadau. Gall dod i'r ysbyty fod yn gyfnod llawn straen,

## Heulwen Unit creative engagement

Since 2024, Arts in Health have been working with BLAS Pontio to lead a new outreach programme to transform Heulwen's Children's Clinic at Ysbyty Gwynedd into a more welcoming and child-friendly environment for young patients and their families.

Following a year of engagement with families through drop-in sessions, the project has been developed to address the need for a more engaging and comforting space within the hospital setting. The transformation is now underway, with renowned Welsh graffiti artist, Andy (Dime One) Birch, creating a large-scale mural at the front of the clinic. The vibrant design aims to give the unit a distinctive, child-focused identity, and make it easily recognisable as a space dedicated to paediatric care.

Over the coming months, further creative work will be introduced through collaborations with visual artist, Eleri Jones, and musician, Henry Horrell, who will bring interactive arts activities to the clinic's waiting area. These sessions are intended to create a more positive, calming experience for children and families as they attend appointments. The impact of the programme will be monitored over the next year to assess improvements in patient experience and explore whether the approach helps reduce missed appointments - a common challenge in healthcare settings.

Clinical Service Manager for Paediatrics (Matron), Kelly Jones, said: "This project has been an excellent opportunity for us in the Children's Outpatient to make the place friendlier for children, young people, and their families when attending appointments. Coming to the

a bydd gwaith Andy yn gwneud yr adran yn hwyl ac yn groesawgar i bawb o bob oed.”

Ychwanegodd Lisa Hother, Swyddog Ymgysylltu: “Ymwelais ag uned Heulwen gyntaf ychydig flynyddoedd yn ôl, ac er bod y staff yn gyfeillgar ac yn groesawgar, ni ellid dweud yr un peth am yr uned. Bydd y prosiect hwn yn trawsnewid yr adran ar gyfer cleifion, eu teuluoedd, a'r staff. Fedra i ddim aros i'w weld a gweld yr effeithiau cadarnhaol.

“Hoffwn ddiolch yn fawr iawn i weithwyr Heulwen, BLAS Pontio, a phawb arall sydd wedi helpu i wireddu'r prosiect hwn.”

Wrth drafod y fenter, dywedodd Andy Birch, artist y murlun: “Rwyf mor falch o fod yn gweithio ar y prosiect hwn, ac mae staff yr Uned wedi bod mor garedig a chroesawgar. Mae'n beth braf rhoi rhywbeth yn ôl i dîm mor anhygoel.”

Dywedodd Mared Eiliw Huws, Cydlynnydd BLAS Pontio, “Mae'r celfyddydau yn cael effaith ddofn ar iechyd a lles, ac rwyf wrth fy modd yn dod ag artistiaid mor dalentog i'r Uned, gan sicrhau bod pawb yn elwa o bŵer anhygoel creadigrwydd.”

Mae'r fenter hon yn tynnu sylw at bwysigrwydd creadigrwydd a chydweithio cymunedol mewn gofal iechyd ac yn dangos sut y gellir trawsnewid amgylcheddau cleifion i gefnogi cysur, llesiant a chanlyniadau gwell. Drwy weithio mewn partneriaeth gallwn helpu i gyflwyno mentrau pwrpasol a phwrpasol er budd poblogaeth Gogledd Cymru.

hospital can be a very stressful time, and Andy's work will make the department fun and welcoming to all ages.”

Lisa Hother, Engagement Officer, added: “I first visited the Heulwen unit a couple of years ago, and although the staff are friendly and welcoming, the same couldn't be said for the unit. This project will transform the department for patients, their families, and the staff. I can't wait to see it in full swing and see the positive effects.

“I would like to say a massive thank you to the Heulwen employees, BLAS Pontio, and everyone else who has helped bring this project to life.”

Discussing the initiative, the artist behind the mural, Andy Birch said: “I am so proud to be working on this project, and the staff at the Unit have been so kind and welcoming. It's heart-warming to give back to such an amazing team.”

Mared Eiliw Huws, BLAS Pontio Coordinator, added, “The arts have a profound impact on health and well-being, and I'm thrilled to bring such talented artists to the Unit, ensuring that everyone benefits from the incredible power of creativity.”

This initiative highlights the importance of creativity and community collaboration in healthcare and demonstrates how patient environments can be transformed to support comfort, wellbeing, and better outcomes. By working in partnership we can help to deliver bespoke and purposeful initiatives benefitting the North Wales population.



*Capsiwn: Murlun newydd gan yr artist Dime One (Andy Birch) yn Uned Heulwen, Ysbyty Gwynedd*

*Caption: A new mural by artist Dime One (Andy Birch) at the Heulwen Unit, Ysbyty Gwynedd*

**Cynhadledd AaGIC “Tra Gallwn Ni”/ “Whilst we still can...”**

Cynhaliodd y Celfyddydau mewn Iechyd stondin gweithgareddau creadigol yng nghynhadledd diweddar AaGIC ar y 15fed a'r 16eg o Fai yn Venue Cymru, Llandudno. Cysylltodd Tîm y Celfyddydau mewn Iechyd â threfnwyr y gynhadledd i gynnig gweithgaredd fel cyfle allweddol i ddod o flaen gweithwyr gofal iechyd proffesiynol a allai elwa o ymgysylltu â'r celfyddydau er lles eu cleifion yn ogystal â lles eu staff.

Crëwyd y gweithgaredd “Tra Gallwn Ni”/ “Whilst we still can...” mewn ymateb i Mike Peters MBE (1959-2025) o The Alarm. Roedd Mike Peters, a aned yn Sir Ddinbych, yn defnyddio'r ymadrodd ‘Tra Gallwn Ni’ i ddatlu'r holl ffyrdd yr oedd yn byw'n gadarnhaol yn ystod ei frwydr tri degawd yn

**HEIW conference “Tra Gallwn Ni”/ “Whilst we still can...”**

Arts in Health held a creative activity stand at the recent HEIW conference on the 15<sup>th</sup> and 16<sup>th</sup> May in Venue Cymru, Llandudno.

The Arts in Health team contacted the conference organisers to offer an activity as a key opportunity to get in front of healthcare professionals who may benefit from engaging with the arts for their patient’s as well as, staff wellbeing.

The activity “Tra Gallwn Ni”/ “Whilst we still can...” was created in response to Mike Peters MBE (1959-2025) of The Alarm. Peters who was born in Denbighshire, used the phrase ‘whilst we still can’ to celebrate all the ways he was living positively through his three-decade

<p>erbyn cancer. Ar ôl darllen stori Mike, gwahoddwyd y cyfranogwyr i ysgrifennu'r hyn y byddent yn ei wneud fel datganiad o'r hyn y byddent yn anelu at wneud mwy ohono i fyw'n dda a byw bywydau boddhaus.</p> <p>Cafodd ei gynllunio fel offeryn myfyrio creadigol syml a chyflym ar gyfer amgylchedd prysur i blannu a hau syniadau ynghylch lles y gellir eu haddasu'n hawdd ar gyfer gwahanol gynulleidfaoedd. Mwynhaodd cynrychiolwyr y gynhadledd ddarllen ymatebion cyfranogwyr eraill a dychwelasant i weld sut roedd y byrddau'n tyfu ac yn esblygu dros gyfnod y gynhadledd.</p>	<p>battle with cancer. Having read Mike's story, participants were invited to write down what they would do as a declaration of what they would aim to do more of to live well and lead fulfilling lives.</p> <p>It was designed as a simple and quick creative reflection tool for a busy environment to plant and seed ideas around wellbeing that can be easily adapted for different audiences. Conference delegates enjoyed reading other participant's responses and returned to see how the boards were growing and evolving over the course of the conference.</p>
<p><b>Er Cof am Mike Peters MBE "Tra Gallwn Ni"</b></p> <p>Roedd Mike Peters MBE yn fwy na dim ond prif leisydd The Alarm - roedd yn ymladdwr, yn freuddwydiwr, ac yn llygedyn o obaith i eraill. Ar ôl cael diagnosis yn cadarnhau cancer sawl gwaith, gwrthodai Mike adael i'w salwch ei labelu. Yn hytrach, defnyddiai hynny i'w ysgogi i fyw bywyd yn ffyrnicach, caru'n ddyfnach, a rhoddi yn fwy hael.</p> <p>Roedd ei arwyddair, "Tra Gallwn Ni," yn amgenach na geiriau neu slogan – dyna sut fyddai Mike yn byw ei fywyd. Byddai hynny'n annog pobl i fentro, ymdrechu i'r eithaf i wireddu eu breuddwydion a gweld gwerth yn y pethau pwysicaf. Hyd yn oed yn ystod ei driniaeth, teithiodd Mike i berfformio o amgylch y byd, cyfansoddodd gerddoriaeth, a llwyddodd i godi miliynau at wasanaethau cancer, gan gynnwys cymorth hanfodol i Fwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC), gan sicrhau effaith barhaol ar gleifion a theuluoedd ledled Cymru.</p>	<p><b>In Memory of Mike Peters MBE "While We Still Can"</b></p> <p>Mike Peters MBE was more than the lead singer of The Alarm—he was a fighter, a dreamer, and a beacon of hope. Diagnosed with cancer multiple times, Mike refused to let illness define him. Instead, he used it as fuel to live more fiercely, love more deeply, and give more generously.</p> <p>His mantra, "While We Still Can," wasn't just a lyric or a slogan—it was a way of life. It urged people to take risks, chase dreams, and hold tight to what matters most. Even during treatment, Mike toured the world, made music, and raised millions for cancer services, including vital support for Betsi Cadwaladr University Health Board (BCUHB), leaving a lasting impact on patients and families across Wales.</p>

Mae'r gwaith celf hwn yn dathlu ysbryd Mike. Gobeithio y gwnaiff gynnig cyfle i chi gyfleu eich dymuniadau—tra gallwch chi.

This art piece honours Mike's spirit. Let it be a space to share what you want to do—while you still can.

*Capsiwn: yr ysgogiad creadigol ar gyfer "Tra Gallwn Ni... /Whilst we still can ..."*

*Caption: the creative prompt for "Tra Gallwn Ni"/ "Whilst we still can..."*



*Capsiwn: cynrychiolwyr y gynhadledd yn ymuno mewn gweithgaredd creadigol yng nghynhadledd AaGIC*

*Caption: conference delegates joining in a creative activity at HEIW conference*

### **Lansio pecyn cymorth NAHN**

Mae Canllawiau Rhwydwaith Cenedlaethol y Celfyddydau mewn Ysbytai (NAHN), dan arweiniad yr ymgynghorydd iechyd creadigol Jane Willis, bellach wedi'i lansio. Cynlluniwyd y Canllawiau wedi'u i gefnogi gweithwyr proffesiynol newydd a phrofiadol sy'n gweithio ym maes y celfyddydau mewn ysbytai. Mae'n cynnwys offer, adnoddau ac astudiaethau achos cynhwysfawr ar gyflawni, strategaeth, gwerthuso, llywodraethu, rheoli a chyllido, yn ogystal â chanllawiau rhaglenni ar gelfyddydau cyfranogol, y celfyddydau a'r amgylchedd, a rheoli casgliadau.

### **NAHN toolkit launched**

The National Arts in Hospitals Network (NAHN) Guidance, led by creative health consultant Jane Willis, has now been launched. The Guidance is designed to support both new and experienced professionals working in hospitals arts. It provides comprehensive tools, resources and case studies on delivery, strategy, evaluation, governance, management and funding, as well as programme guidance on participatory arts, arts and the environment, and collection management.

Mae'r Canllawiau'n cynnwys astudiaeth achos o Gymru ar y Rhaglen Genedlaethol Meithrin Gallu ar gyfer y Celfyddydau ac Iechyd yng Nghymru, dan arweiniad BIPBC, mewn cydweithrediad â sawl partner a chynrychiolydd o raglen Meithrin Gallu Cymru gyfan. Cefnogodd y tîm hefyd y Canllawiau ehangach fel rhan o'r Grŵp Llywio pwrpasol sy'n cynnwys aelodau NAHN o'r GIG, elusennau iechyd a sefydliadau celfyddydol ledled y DU.

Mae'r canllaw yn ei grynswth yma:

[Arts In Hospitals Guidance - National Arts in Hospitals Network](#)

Mae ein hastudiaeth achos Cymru Gyfan ar gael yn yma:

[CASE STUDY/ GOVERNANCE, MANAGEMENT AND FUNDING: AHC Capacity Building Programme A National Capacity Building Programme for Arts and Health in Wales](#)

The Guidance includes a case study from Wales on the National Capacity Building Programme for Arts and Health in Wales, led by BCUHB, in collaboration with several partners and representatives from the all-Wales Capacity Building programme. The team also supported the wider Guidance as part of the dedicated Steering Group made up of NAHN members from NHS, health charities and arts organisations across the UK.

You can find access to the complete guide here:

[Arts In Hospitals Guidance - National Arts in Hospitals Network](#)

Our All-Wales case study can be found directly, here:

[CASE STUDY/ GOVERNANCE, MANAGEMENT AND FUNDING: AHC Capacity Building Programme A National Capacity Building Programme for Arts and Health in Wales](#)

<div data-bbox="459 197 1134 1115"> <p><b>National Arts in Hospitals Network</b></p> <p><b>CASE STUDY / GOVERNANCE, MANAGEMENT AND FUNDING</b></p> <p><b>AHC Capacity Building Programme</b> A National Capacity Building Programme for Arts and Health in Wales</p> <p>Live Music in hospital settings with Music in Hospitals Photo credit: Music in Hospitals and Care</p> <p><b>A national approach in Wales that has seen the appointment of an Arts and Health Coordinator in each Welsh Health Board (HB).</b></p> <p>Written by Dr Teri Howson-Griffiths, Arts in health Strategic Lead (BCUHB), Kathryn Lambert, Head of Arts and Health (H DUHB), Dan Allen (Arts Council of Wales), Angela Rogers (Wales Arts Health and Wellbeing Network) Nesta Lloyd-Jones (Assistant Director, Welsh NHS Confederation) on behalf of the Arts and Health Coordinators Wales Capacity Building Programme</p> <p>Case study written 12/02/2025</p> </div>	
<p><i>Capsiwn: Clawr blaen astudiaeth achos Rhaglen Meithrin Gallu Cymru Gyfan</i></p>	<p><i>Caption: front cover of the All-Wales capacity building programme case study</i></p>
<p><b>I ddod:</b></p>	<p><b>Coming up:</b></p>
<p><b>Yr Eisteddfod Genedlaethol yn Wrecsam</b></p> <p>Bydd tîm Celfyddydau mewn Iechyd yn ymwneud ag eisteddfod Wrecsam – byddwn yn cefnogi BIPBC ym mhabel Partneriaeth Cymru Gyfan gyda gweithgaredd i bobl ifanc a theuluoedd sy'n gysylltiedig â'n gwaith cam 2 ar gyfer Celfyddydau a Meddwl sydd â ffocws ar CAHMS.</p> <p>Byddwn hefyd yn cyfrannu at ddiwyddiad panel mewn partneriaeth ag aelodau ein Grŵp Llywio Partner Celfyddydau mewn Iechyd o bob cwr o Ogledd Cymru yn rhannu ein cydweithrediadau yn Uned Heulwen gyda Pontio, Creu Conwy yn rhannu Taith gan gynnwys gweithgaredd creadigol i gymryd rhan ynddo, ein partneriaeth â Chyngor</p>	<p><b>Wrexham Eisteddfod</b></p> <p>The Arts in Health team will be involved with the Wrexham Eisteddfod – we will be supporting BCUHB at the All-Wales partnership tent with an activity for young people and families linked to our phase 2 work for Arts and Mind which has a CAHMS focus.</p> <p>We will also be contributing to a panel event in partnership with our Arts in Health Partner Steering Group members from across North Wales sharing our collaborations at the Heulwen Unit with Pontio, Creu Conwy sharing Taith including a creative activity to get involved with, our partnership with</p>

<p>Gwynedd ar gyfer Oriol Ysbyty Gwynedd, cenhadaeth ddinesig Prifysgol Wrecsam, a'n gweithgaredd Celfyddydau a Meddyliau yn Nhŷ Llywelyn.</p> <p><b>Dydd Sul 3ydd Awst 1yp – 3yp</b>  <b>Grym y Celfyddydau gydag Iechyd a Llesiant: Gweithgaredd creadigol a thrafodaeth banel ar brosiectau a rhaglenni celfyddydol ac iechyd ledled Gogledd Cymru.</b>  <b>Wedi'i gyflwyno gan Grŵp Llywio Celfyddydau mewn Iechyd BIPBC.</b></p>	<p>Cyngor Gwynedd for Oriol Ysbyty Gwynedd, Wrexham University's civic mission, and our Arts and Minds activity at Tŷ Llywelyn.</p> <p><b>Sunday 3<sup>rd</sup> August 1pm – 3pm</b>  <b>The Power of the Arts with Health + Wellbeing:</b>  <b>Creative activity and panel discussion on arts and health projects and programmes across North Wales.</b>  <b>Delivered by the BCUHB Arts in Health Steering Group.</b></p>
<p><b><i>Cynhadledd GWEHYDDU 2025 Rhwydwaith Iechyd a Llesiant Celfyddydau Cymru (WAHWN)</i></b></p> <p>Mae cynhadledd Rhwydwaith Celfyddydau, Iechyd a Llesiant Cymru (WAHWN) 2025 sef GWEHYDDU yn prysur agosáu. Dyma ddigwyddiad deuddydd a gynhelir eleni ar gampws Plas Coch, Prifysgol Wrecsam ar 8 a 9 Medi, mae tîm y Celfyddydau mewn Iechyd yn ei gefnogi.</p> <p>Nod y gynhadledd yw dod â mwy na 150 o ymarferwyr creadigol, gweithwyr proffesiynol iechyd a gofal cymdeithasol, a llunwyr polisi o bob cwr o'r wlad at ei gilydd i ddathlu rhaglenni celfyddydau ac iechyd Cymru ac ymdrin â'r angen am ddulliau ataliol hirdymor i fynd i'r afael ag anghydraddoldebau iechyd a phwysau ar wasanaethau.</p> <p>Mae'r rhaglen yn cynnwys araith gan Sarah Murphy AS, y Gweinidog Iechyd Meddwl, cyfweiliad wedi'i recordio gyda Syr Michael Marmot, ac anerchiad gan ein Cadeirydd Dyfed Edwards, yn ogystal â chyfres o baneli, cyflwyniadau, gweithdai a gweithgareddau.</p> <p>Mae'r rhaglen gyflawn ar agel yma:  <a href="#">Weave   Gwehyddu 2025 Programme   Wales Arts Health &amp; Well-being Network</a></p>	<p><b><i>Wales Arts Health and Wellbeing Network (WAHWN) WEAVE 2025 conference</i></b></p> <p>The Wales Arts Health and Wellbeing Network (WAHWN) WEAVE 2025 conference is fast approaching – this is a 2-day event being held this year at Wrexham University Plas Coch campus on the 8<sup>th</sup> and 9<sup>th</sup> September which the Arts in Health team are supporting.</p> <p>The conference aims to bring together more than 150 creative practitioners, health and social care professionals, and policy makers from across the country to celebrate Wales' arts and health programmes and address the need for a long-term preventative approach to tackling health inequalities and pressures on service.</p> <p>The programme includes a keynote speech from Sarah Murphy MS, the Minister for Mental Health, a recorded interview with Sir Michael Marmot, and address from our Chair Dyfed Edwards, alongside a series of panels, presentations, workshops and activities.</p> <p>The full programme is available here:  <a href="#">Weave   Gwehyddu 2025 Programme   Wales Arts Health &amp; Well-being Network</a></p>

   <p><b>8-9 SEPTEMBER 2025   8-9 MEDI 2025</b> WREXHAM UNIVERSITY   PRIFYSGOL WRECSAM</p>  <p><small>WITH SUPPORT FROM I GYDA CHEFYDDAU C&amp;B</small></p>       	
<p><b>Celfyddyd a Chrebwyl - prosiect CAMHS</b></p> <p>Fel rhan o raglen meithrin gallu Celfyddydau ac Iechyd Cymru gyfan, gwahoddwyd pob Bwrdd Iechyd sydd â gwasanaeth celfyddydau ac iechyd i wneud cais am gyllid Celfyddyd a Chrebwyl, comisiwn ar y cyd gan Sefydliad Baring a Chyngor Celfyddydau Cymru. Fel rhan o un cam o'r rhaglen Celfyddyd a Chrebwyl, bydd pob Bwrdd Iechyd yn gweithio ar brosiectau sy'n gysylltiedig â phlant a phobl ifanc sy'n mynychu Gwasanaethau Iechyd Meddwl Plant a Phobl Ifanc ac mae'n cynnwys gwerthusiad lleol a chenedlaethol. Bydd ein prosiect yn canolbwyntio ar Ogledd-ddwyrain Cymru gan weithio gydag amrywiaeth o dimau a gwasanaethau i gefnogi pobl ifanc trwy ymgysylltu creadigol. Rydym yn bwriadu cychwyn y prosiect o fis Medi ymlaen, gyda chyllid pellach o bosibl ar gyfer 2026-2027 a 2027-2028 i ddatblygu ein gweithgareddau. Edrychwn ymlaen at rannu sut mae'r prosiect yn datblygu yn ein diweddariad nesaf.</p>	<p><b>Arts and Minds – CAMHS project</b></p> <p>As part of the all-Wales Arts and Health capacity building programme, all Health Boards with an arts and health service were invited to apply for Arts and Minds funding, a joint commission by The Baring Foundation and the Arts Council of Wales. As part of phase of Arts and Minds, all Health Boards will be working on projects linked to children and young people who attend Childrens and Adolescents Mental Health Services and includes local and national evaluation. Our project will be focused on the East of North Wales working with a range of teams and services to support young people through creative engagement. We are looking to commence the project from September, with potential further funding for 2026-2027 and 2027-2028 to develop our activities. We look forward to sharing how the project is developing in our next update.</p>
<p><b>Ac i gloi...</b></p> <p>Gobeithio eich bod wedi mwynhau ein diweddariad chwarterol cyntaf. Edrychwn ymlaen at rannu rhagor o ddiweddariadau o'n gwaith gyda chi.</p>	<p><b>Closing thoughts</b></p> <p>We hope you have enjoyed our first quarterly update and look forward to sharing future updates from our work to date with you.</p>

An abstract graphic design featuring a central white circle with a dark blue border. The circle is surrounded by a dynamic splash of colors including dark blue, teal, and gold. The background is white with scattered splatters of these colors, creating a sense of movement and artistic expression.

Celfyddydau mewn  
Iechyd a Lles

Arts in Health and  
Wellbeing