Annual General Meeting – 17th July 2025

Questions for the Board including Responses

Question Raised		Response
1	**Mike Parry**	As noted in the question, the accommodation for the Perinatal Unit has been raised over a period of time and I will cover this at two levels: The long-term strategy is to relocate the service to modern and fit for purpose accommodation and this is particularly relevant given the plan to demolish the Ablett building when the new AOPMHU is complete. There was originally a proposal to co-locate the service in the new AOPMHU but the current plan is to locate them in the Caledfryn in Denbigh. This will be essentially provide a dedicated clinic room to see patients, options to timetable and book further clinic rooms on a sessional basis and office accommodation for 10 desks in an open plan office and 2 separate offices that could accommodate a further 4 desks. We do feel that location in the AOPMHU should be reviewed again but fundamentally there is a strategy to provide the right accommodation. In terms of the immediate and the current accommodation, I have escalated the reported issues in Estates and will follow up and arrange to visit the premise in the near future to review what is viable to support the current use.
Staff Working Conditions at the Perinatal Unit YGC		
Dear Sir (s) With some considerable regret I find myself having to write this question for the BCUHB AGM. I am writing to raise serious concerns about the current working conditions and accommodation faced by staff at The Perinatal Unit at Ysbyty Glan Clwyd. Over the past 18 months or so, I have observed several issues that not only affect employee wellbeing but also in my estimation, compromises the quality of patient care delivered. The staff have highlighted the inadequacies of their working environment since 2021 and have historically been unable to penetrate the matter to the higher echelons of the management structure - until I personally learnt of their plight in 2023. I found their office space and welfare facilities to be inadequate and in breach of numerous internal and HSE policies. Their latest misfortune is an infestation of ants and rats. Finally FYI, recently recruited staff have also stated that, had they realised and been aware of the extent of the poor facilities being provided within their department, sadly they would not have joined BCUHB! The department's initial optimism and confidence in my being able to solve their predicament (in the short and longer term), has unfortunately transpired to be misplaced – much to my embarrassment. Historically, I have supplied incredibly detailed background information in relation to this matter and despite the urgency I conveyed - sadly nothing of note has	

transpired to resolve the matter or provide with any certainty, an immediate or longer-term solution. What categorical assurances can the Health Board provide, that this matter will now be taken seriously and a solution both <u>immediate</u> and longer term is provided? Addressing these issues is critical to safeguarding the health and safety of both staff and patients I would suggest. I would urge the Board to initiate an immediate review and to develop a clear action plan with detailed timelines. Staff deserve a working environment that respects their wellbeing and enables them to deliver the highest standard of care.	
Question Raised	**Response**
2. Thea Brian Policy Advisor, Care Forum Wales **Calculating Care Home Fees** What are the impediments to the Health Board following the example of the 6 Local Authorities by adopting a nationally recognised methodology for calculating care fees - in North Wales the most commonly used is Care Cubed - and would the Board agree that its implementation would help to alleviate the inequalities in NHS care between North and South East Wales?	We are aware that 5 out of the 6 North Wales Local Authorities have purchased Care Cubed, which is one of a number of Fee Methodology Tools Kits available on the market. The Health Board has commissioned a piece of work to review the available options, which is being finalised. We will continue to engage with North Wales care providers and Care Forum Wales as part of our fee setting process, as set out in the National Framework for the Commissioning of Care and Support in Wales: Code of Practice.
Question Raised	**Response**
3. Fair Treatment for the Women of Wales **Women's Health Operational Team** FTWW: Fair Treatment for the Women of Wales is a pan-Wales charity and disabled people's organisation focused on health inequalities experienced by women and people assigned female at birth. We are currently supporting health boards in their work on implementing the 10-year Welsh Government and NHS Wales Women's Health Plan and have a question as follows: • What consideration is BCUHB giving to developing **a women's health operational team** in recognition of the Women's Health Plan being a	This was highlighted by the Fair Treatment for the Women of Wales (FTWW) as a resource issue at the Women's Health Plan Stakeholder Event and the question was posed to the Executives present at the Optic. It has now been confirmed that dedicated Project Management Office (PMO) support will commence in September 2025. The plan is also to bid for some monies for this PMO support from the £300k allocated to Health Boards to progress the Ministerial Priority in establishing a

huge strategic and operational endeavor aimed at improving the lives, health experiences and outcomes of 51% of the population in North Wales, across all clinical specialties, and to ensure a sustained approach beyond the initial 12 months' financial support confirmed by the Welsh Government?	Women's Health Hub Pathway Finder in each Health Board by end of March 2026. This bid has been submitted to WG on 28.08.25 and the outcome is awaited.
Question Raised	**Response**
4. David Graves MHLD in Special Measures MHLD has effectively been in Special Measures for a decade. In 2018 BCUHB MHLD had been in Special Measures for three years but took a decision to opt out of RCP AIMS WARD ACCREDITATION. Then in place on some wards in some units. This Gold Standard Collates National Best Practice, and brings Lessons Learned it to MH Wards across the Country. It sets practical targets to achieve optimal patient centred Services. This was the same year as the Ockenden Review of Governance. Those who achieved this accreditation faced many Challenges. overcame them only to face more obstacles and deserve much credit. However an Internal Self Accreditation system was instead adopted but has yet to be completed in 2025 (sec 12 applicable to MHLD Wards) has not been written so Generic Ward accreditation applicable across all wards being used …… To expedite improvement and adoption of best practice Could BCUHB reconsider that 2018 decision and adopt RCP AIMS Ward Accreditation Now.	Accreditation: MHLD operate ward accreditation in line with rest of the organisation and this is led corporately. The decision in September 2018 when the current programme was introduced was for all Health Board wards to be assessed using the same Health Board Accreditation programme standards. It is understood that Royal College of Psychiatry (RCP) Accreditation for Inpatient Mental Health Services (AIMS) does not look at standards such as Infection Prevention, Falls etc which is a critical element of quality and safety assurance across our inpatient sites. MHLD wards are included as part of the Health Board programme, receive an accreditation and are supported to achieve the standards set out. Minimum Health Board standard is Bronze. This accreditation programme has been in place since 2018 with a period of pauses due to Covid up and then a decision made to pause and review. The ward accreditation team were instructed by members of the Senior Nursing teams to pause the unannounced visits in order to review the methodology. The Health Board have researched and developed various options of the methodology and currently await sign off of a revised and strengthened methodology; this includes the process for scoring and the way visits are undertaken. As part of the review a new set of ward accreditation metrics have been developed and approved by the Senior nursing team. For areas like MHLD there are additional speciality specific metrics that have been developed. MHLD Practice development nurses have been leading on the speciality area metrics with MHLD Heads of Nursing.

	The ward accreditation team are undertaking support visits to the wards and giving feedback using the new metrics and standards so it is only the scoring and unannounced visits that have temporarily ceased. The ward accreditation team work closely with Practice Development Nurses (PDN's). All the MHLD wards have had support visits form the ward accreditation team alongside the PDN's. Unannounced visits or scored visits will be recommenced, but the ward accreditation team continue to consistently undertake accreditation support visits to the wards across the Health Board to assure quality and safety standards are embedded and being met. MHLD Specific Accreditation: No MHLD wards opted out of the Accreditation process all were part of the unannounced visit programme the same as the general wards. All wards have the same standards they should be achieving for example infection prevention, health and safety etc the additional specific metrics for example MHLD Acute specific questions will cover any speciality specific areas. In addition, MHLD are working to implement all recommendations from the Royal College of Psychiatry (RCPsych) invited services review across all inpatient wards through a robust governance process with supporting evidence requirements.
Question Raised	**Response**
5. Jillian Nye-Rogers **Helping Senior Citizens Stay Well for Longer** Until I retired, I worked for the NGS in the northwest of England on unscheduled care strategies. Senior citizens whose health had deteriorated often presented problems for the NHS and many initiatives were developed to help manage care and reduce the impact on services. (Blocked beds, busy A&E etc). What is being	The proportion and number of older people in the population in North Wales continues to rise and is expected to increase until the late 2030s. The Health Board recognises the significance of supporting older people in North Wales to be able to keep well and stay well, optimising good physical and mental health, and being able to access services effectively and

done to help senior citizens to stay well for longer and identify illness sooner (both mental and physical health)	efficiently. The aging population is a key feature of the Health Boards plans, service delivery and everyday activity. There is a commitment in enabling a shift towards prevention and early intervention in the activity of the Health Board, also encouraging healthier behaviours and lifestyle choices across the life course, including a balanced and nutritious diet, quitting smoking, drinking alcohol within recommended guidelines, being active and having good mental wellbeing. This prevention activity is supported through numerous services across the Health Board e.g., Weight Management Services, Help Me Quit, Dietetics, falls prevention. Partnership working between the Health Board, Local Authority and the Third Sector is key to ensuring that health and well-being outcomes are maximised for older people both at an individual and community level. The role and impact of the wider determinants of health (e.g., housing, income) on older people is recognised and the Health Board works in partnership with the local authorities and third sector to deliver integrated activity to support the population's health and wellbeing needs. **Primary and Community Care** Supporting older people in North Wales is a key priority for Primary and Community Care, with a focus on treating people closer to home, and providing early intervention to maximise wellbeing and independence for people as they age. It is also important to recognise the importance of the vaccination and screening programmes which support prevention and earlier diagnosis, helping to avoid lengthy hospital admissions and promoting better outcomes. **Urgent and Emergency Care** Recognising that for older people hospital in-patient stays can lead to a reduction in independence, which can have significant impacts on health and wellbeing, we have a strategic programme in place which includes a focus on reducing negative impacts of a hospital admission for people experiencing frailty.

	There are four key areas of work: 1. Support at the individual's front door –Ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present. 2. Hospital front door Ensuring patients access safe, timely and clinically effective services at the Hospital Front Door, reducing overcrowding in the Emergency Departments. 3. Hospital flow - Improving patient flow within our hospital sites, acute and community, ensuring safe, timely and effective processes leading to improvements in discharge practice and reducing delays and improving length of stay. 4. Discharge from hospital – Ensuring consistent delivery of effective integrated discharge planning, utilising National Discharge Guidance and reducing the number of pathway of care delays within our hospitals (Acute, Community, Mental Health and Learning disabilities). An example of an initiative in North Wales which focuses on reducing avoidable admissions to hospital is the cross-sector support for care homes, through increasing knowledge and confidence, and sources of support around the health and wellbeing of residents.
Question Raised	**Response**
6. John Bryn Jones **Are Waiting Lists Going Down?** Can we actually rely on the general statement coming from the Welsh Government that waiting lists are really going down?	It is an absolute priority for the Health Board to reduce waiting times for our population and build on the recent progress we have made to address this issue. The Health Board is undertaking a major improvement programme to reduce the number of patients waiting for initial outpatient appointments and treatment, and the number of people waiting more than two years has reduced by 48% and significant further work is underway in order to achieve the target position, despite this being very challenging. To support this priority, we are carrying out additional activity during evenings and weekends wherever possible, as well as outsourcing (offering our longest waiting patients the opportunity of treatment with other health providers who

	can offer speedier treatment), insourcing (bringing clinical teams from other health providers in to work within our hospitals) and measures to ensure we are making maximum use of our own capacity.
Question Raised	**Response**
7. Neil Ackers North Wales Prostate Cancer Support Group **Robots Performing Operations** I am the Chairman of 3 Prostate Cancer Support Groups in Rhyl, YG Bangor and Tywyn, Meirionnydd. North Wales Prostate Cancer Patients I understand will, in the next 5 years attend Arrowe Park Hospital on the Wirral for Radical Prostatectomies instead of having to travel to London. What is the plan for North Wales to have its own **da Vinci Robot** to carry out these operations, so trained Surgeons are attracted to come to BCHUB hospitals instead of those across the border? The initial robot purchased in Bangor was found not to be suitable for Prostatectomies and this is causing a lot of stress and anxiety to men and their families who attend our Support Groups.	**Current Situation and Future Planning** You are correct that North Wales prostate cancer patients will be attending Arrowe Park Hospital on the Wirral for radical prostatectomies over the next 5 years, rather than traveling to London. This represents a significant improvement in terms of travel distance and accessibility for patients. **Regarding the da Vinci Robot for North Wales** Betsi Cadwaladr University Health Board (BCHUB) recognizes the need to acquire a suitable Robotic Assisted Surgery (RAS) platform specifically for prostatectomies. However, the approach is being carefully planned to ensure long-term success and sustainability. The key considerations include: **Workforce Development Priority**: Simply purchasing a da Vinci robot alone would not solve the underlying challenge. The health board needs to secure approximately three specialist surgeons who are trained and experienced in robotic prostatectomy procedures to support all cancer operations effectively. **Collaborative Approach**: BCHUB is currently in discussions with another NHS provider to develop a comprehensive plan for workforce development. This partnership approach aims to ensure that when robotic surgery is repatriated to North Wales, there will be adequate specialist staff to deliver the service safely and effectively. **Lessons Learned**: The experience with the initial robot purchase in Bangor, which proved unsuitable for prostatectomies, has clearly influenced the more cautious and strategic approach now being taken.

	Additional Considerations The challenge of recruiting and retaining specialist urological surgeons is not unique to North Wales. Factors that typically influence surgeon recruitment include: • Access to appropriate technology and equipment • Adequate case volumes to maintain skills • Supportive multidisciplinary team environment • Continuing professional development opportunities • Competitive terms and conditions **Timeline and Next Steps** While a specific timeline hasn't been provided, the health board appears committed to developing a sustainable solution rather than rushing into another equipment purchase without the necessary workforce in place. I would recommend that your support groups consider: • Requesting regular updates from BCHUB on progress with workforce planning discussions • Advocating for patient and family involvement in service planning • Seeking clarity on interim support arrangements during the transition period The anxiety experienced by men and their families is completely understandable, and maintaining open communication with the health board about progress and timelines will be crucial for managing expectations and providing reassurance to your support group members.
Question Raised	**Response**
8. **Dorothy Harland** **Prevention** Prevention rather than cure. Has the NHS accepted that the long-term plan for public good health is to aim to increase the consumption of fibre to 30g each day? To lead by example, prescription and persistence. Refer to Tim Spector at Zoe. Remember the cigarette/cancer problem? Could take a long time for realization. Drastic action needed.	Current public health advice, aligned with the UK's national food model (Eatwell Guide) includes advice for adults to consume 30g of fibre a day to help support good bowel health and contribute towards the prevention of heart disease and type 2 diabetes. Typically, many adults in Wales are consuming less than the recommended 30g a day.

	The Health Board recognises the importance of fibre in the diet and that the potential effects of fibre on diet and health need to be better understood. However, fibre is only one part of a complex picture of interventions and changes that together support people to stay healthy. In order to keep people healthy, the Health Board is committed to continuing to a shift towards prevention and early intervention in its service delivery and particularly in both primary and community care. Looking at the main reasons for ill health in North Wales, a key area of Health Board activity is focussed on preventable long-term conditions such as type 2 diabetes. This includes the importance of encouraging healthier behaviours and lifestyle, including a balanced diet, quitting smoking, drinking within recommended guidelines, being active and having good mental wellbeing, with an aim of maximising health and wellbeing for a thriving North Wales to enable everyone to enjoy good health. However, this work also recognises the wider determinants that affect people's ability to be healthy such as the food environment and access to affordable healthy foods and this is why the Health Board is working with a wide range of partners including schools, local authorities and businesses to address these factors. Specific activity on increasing fibre intake delivered by BCUHB Dietetics include community-based food and nutrition skills training, courses and resources for community-based workers and members of the public. These include practical tips and guidance on how to achieve 30g fibre per day. Further information below: Food and nutrition courses - Betsi Cadwaladr University Health Board Courses – Nutrition Skills for Life®
Question Raised	**Response**
9. Paul Matthews **Waiting Times** Unfortunately had an experience fairly recently, where I get sent from a Drs surgery to the A&E in Wrexham blood results etc as suspected sepsis.	Doctor waits can be a concern for all 3 sites during periods of high demand. All patients are triaged and, if appropriate streamed, in order to assess the urgency of their needs.

Waited in A&E 6.5 hours and not seen by a Dr having asked 3 times. I discharged myself eventually. This can't be acceptable surely even the NHS website says a person with sepsis needs antibiotics within 1-6 hours before going into shock.	Patients referred from GPs to Wrexham Maelor for further investigations would normally be seen by the medical team within the medical assessment unit, however, when there are significant pressures and high demand this impacts on the ability to maintain flow throughout the hospital and see patients as timely as we expect to within our EDs and assessment areas. Whilst waiting times to see a clinician have improved in Wrexham Maelor, this remains a priority focus to continue to improve the position and enable our staff to deliver timely, safe and high quality care to our patients. We apologise that the standard of care and experience was not acceptable on this occasion.