

Bundle Health Board 29 May 2025

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - 25/78 - Welcome, Introductions and Apologies for Absence
Chair
- 1.2 09:33 - 25/79 - Declarations of Interest relating to the Agenda
Chair
- 1.3 09:35 - 25/80 - Minutes of the Previous Meeting held on 27 March 2025
Chair
25.80 - Health Board Minutes 27.03.25 V0.05 (Public) Final Draft
- 1.4 09:40 - 25/81- Action Log
Chair
25.81 - Summary Action Log Health Board (Updated 15.05.25) Public - V2
- 1.5 09:45 - 25/82 - Experience Item
Executive Director of Nursing and Midwifery
25.82 - Experience Item
- 1.6 10:05 - 25/83 - Chair's Report
Chair
25.83 - Chair's Report ENG May Board 2025 (FINAL)
- 1.7 10:15 - 25/84 - Chief Executive Report
Chief Executive
25.84 - CEO Report Final
- 1.8 10:25 - 25/85 - Vice Chair's Report
Vice Chair
25.85 - Vice-Chair Report to Board May 2025
- 2 10:35 - STRATEGIC DIRECTION
- 2.1 10:35 - 25/86 - Citizen Experience Report
Director of Partnerships, Engagement and Communications
25.86 - Citizens Experience Report May 2025 FINAL
- 2.2 10:50 - 25/87 - Strategic Direction and Planning Report
Interim Executive Director of Transformation and Strategic Planning
25.87 - Strategic Direction and Planning Report
- 2.3 11:10 - 25/88 - Foundations for the Future
Chief Executive / Programme Director
25.88 - Foundations for the Future
- 2.4 11:25 - Break
- 2.5 11:35 - 25/89 - Health Board Key Programmes Progress Report
Chief Executive / Director of Corporate Governance / Interim Executive Director of Transformation and Strategic Planning
25.89 - Key Programmes Board Report v2 FINAL
- 2.6 11:50 - 25/90 - Annual Plan - 2024/25 Closure and Look forward to 2025/26
Interim Executive Director of Transformation and Strategic Planning
25.90 - Health Board Paper ADP FINAL
25.90.1 - Health Board Paper ADP - Appendix 1 FINAL
25.90.2 - Health Board Paper - Appendix 2 FINAL
25.90.3 - Health Board Paper ADP - Appendix 3 FINAL
- 2.7 12:05 - 25/91 - Staff Engagement and Experience Report
Deputy Director of People
25.91 - Staff Engagement and Experience Report

- 3 12:20 - INTEGRATED PERFORMANCE
- 3.1 12:20 - 25/92 - Chair's Assurance Report : Quality, Safety and Experience Committee
25.92 - AAA Report for QSE Committee 01.05.25
- 3.2 12:30 - 25/93 - Improving Quality Report
Executive Director of Nursing and Midwifery / Executive Director of Allied Health Professionals and Health Science / Interim Executive Medical Director
25.93 - Board - Improving Quality Report FINAL
- 3.3 12:45 - 25/94 - Chair's Assurance Report : Performance, Finance and Information Governance Committee
Vice Chair
25.94 - AAA Report for PFIG Committee 06.05.25 V1.0
- 3.4 12:55 - 25/95 - Integrated Performance Report
Director of Performance and Commissioning
25.95 - Coversheet - IQPR - HB - May 2025 FINAL
25.95.1 - IQPR - HB - May 2025 FINAL
- 3.5 13:10 - 25/96 - Finance Report
Executive Director of Finance
25.96 - Finance Report Coversheet - Month 12 for Health Board
25.96.1 - Presentation to support M12 Finance Report (Full Version for May 25 HB)
- 3.6 13:25 - Lunch
- 4 13:55 - GOVERNANCE AND ASSURANCE
- 4.1 13:55 - 25/97 - Nurse Staffing Levels Act
Executive Director of Nursing and Midwifery
25.97 - Board Committee Coversheet - Nurse Staffing Levels Annual Assurance Report Spring 2025
25.97.1 - Appendix 1 - Annual Assurance Report of the Nurse Staffing Level May 2025
25.97.2 - Appendix 2 - Annual Assurance Report Summary of Required Establishment Spring 2024 & Autumn 2024
- 4.2 14:05 - 25/98 - Chair's Assurance Report : Audit Committee
25.98 - AAA Report for Audit Committee 08.05.25 V1.0
- 4.3 14:15 - 25/99 - Corporate Governance Report
Director of Corporate Governance
25.99 - Corporate Governance Report
25.99.1 - Corporate Governance Report - Cycle for the Board for 2025-26
25.99.2 - Corporate Governance Report - Schedule for the Informal Board and Board Development
25.99.3 - Corporate Governance Report - Protocol for Reserving Matters to a Private Board or Committee Meeting
25.99.4 - Corporate Governance Report - Terms of Reference
- 4.4 14:25 - 25/100 - Chair Reports of Committees and Advisory Groups
Planning, Public Health and Partnerships Committee
Mental Health Legislation Committee
People and Culture Committee
Remuneration Committee
Local Partnership Forum
Executive Committee
25.100.1 - AAA Report for PPHP Committee 01.05.25 V1.0
25.100.2 - AAA Report for MHL Committee 08.05.25 V1.0
25.100.3 - AAA Report for P&C Committee 10.04.25 V1.0
25.100.4 - AAA Report Remuneration Committee 08.04.25 V1.0

25.100.5 AAA Report Additional Remuneration Committee 19.05.25 V1.0

25.100.6 - AAA Report for LPF Committee 6.5.25 v1.0

25.100.7 - May Board - Executive Committee Report

- 5 14:30 - OTHER MATTERS
- 5.1 14:30 - 25/101 - Review of Meeting Effectiveness
Chair
- 5.2 14:38 - 25/102 - Date of Next Meeting - 26 June 2025
Chair
- 5.3 14:40 - 25/103 - Resolution to Exclude the Press and Public
"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

Betsi Cadwaladr University Health Board (BCUHB)

Unconfirmed Minutes of the Health Board

held in Public on 27th March 2025

at Venue Cymru

Board Members present	
Name	Title
Dyfed Edwards	Chair
Dr Sreeman Andole	Interim Executive Medical Director
Karen Balmer	Independent Member
Clare Budden	Independent Member
Russell Caldicott	Executive Director of Finance
Urtha Felda	Independent Member
Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Dr Jane Moore	Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Mike Parry	Associate Member (Chair of Stakeholder Reference Group)
Fôn Roberts	Associate Member (Representing Directors of Social Services)
Carol Shillabeer	Chief Executive
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Pam Wenger	Director of Corporate Governance
Gareth Williams	Vice Chair
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Stuart Keen	Director of Environment and Estates
Steve Powell	Director Performance and Commissioning
Tehmeena Ajmal	Chief Operating Officer (as from 1 April 2025)
Gareth Evans	Integrated Health Community Director (Central)
Dylan Roberts	Chief Digital and Information Officer
Georgina Roberts	Senior Associate Director, People Services
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Fflur Jones	Performance Audit Lead, Audit Wales
Simon Monkhouse	Financial Audit Lead, Audit Wales
Jim McGuigan	Deputy Medical Director
Geoff Ryall-Harvey	Chief Officer, Llais North Wales
Philippa Peake-Jones	Head of Corporate Affairs
Laura Jones	Acting Corporate Governance Manager

PRELIMINARY MATTERS

25/41 Welcome, Introductions and Apologies for Absence

The Chair welcomed Board Members along with Gareth Evans on behalf of Imran Devji, Paolo Tardivel in the position of Interim Executive Director of Transformation and Strategic Planning and Tehmeena Ajmal who joined the meeting to observe and will be joining the Board as the Chief Operating Officer on 1 April 2025.

The Chair also welcomed Observers, Members of the public and Audit Wales to the meeting.

Apologies were received for Jason Brannan, Deputy Director of People (Georgina Roberts deputising), Imran Devji, Interim Chief Operating Officer (Gareth Evans deputising) and Chris Lothian-Field.

25/42 Declarations of Interest Relating to the Agenda

Prof Mike Larvin declared an interest in the North Wales Medical School item in his position at Bangor University, no further declarations of interest were received.

25/43 Unconfirmed Minutes of the Health Board meeting held on 30.01.25.

It was resolved that the Board:

- **AGREED** that the minutes of the Health Board meeting held on 30.01.25 were a true and accurate record.

25/44 Action Log

Members received the action log and noted progress against the actions.

Patient Experience Story

- In relation to action **24/227** it was noted that a copy of the letter relating to the Pwysau Iach Plant Yng Nghymru (PIPYN) / Healthy Children Healthy Weight in Wales Project has been circulated to members outside of the meeting and this action can be proposed for closure.

Integrated Quality and Performance Report

- In relation to action **25/20.1** regarding the accommodation issue for the Physiotherapy Team, it was confirmed that an interim solution has been sought, the Capital Investment Group are reviewing the issue and will provide a response in due course. Enabling access to Physiotherapy is also being addressed as part of the Performance Report.

It was resolved that the Board:

- **AGREED** to close the actions that were proposed for closure.

25/45 Experience Item

The Chair confirmed that the Board receive an Experience item at each meeting to gain an insight into what is happening within the Health Board for patients receiving services in our area.

The Executive Director of Nursing & Midwifery and Executive Director of Allied Health Professionals and Health Science introduced the Experience item, a video presentation was shared with the Board and the following was highlighted:

- The 'Use Your Welsh' Campaign has been taking place this week to encourage and support all to use whatever Welsh Language they are able to.
- The Campaign has been part of Welsh Language week and the Teams were thanked for their work in providing stalls, films and radio programmes to highlight the importance of speaking Welsh.
- Everyone can be champions and have a positive attitude towards using the Welsh Language.

- The Experience item focussed on a parent who had a positive experience in the Children's Ward with her 6-year-old Daughter.
- Staff communicating with patients and families using the Welsh Language where appropriate was welcomed.
- Using people's first language to communicate provides reassurance to patients and is a fundamental element of the experience and care provided.

In discussing the video presentation, the Board:

- Acknowledged that the video focussed on children and parents and highlighted that this is also important for older and vulnerable patients to be able to communicate using their first language.
- Highlighted that an awareness of the benefits of using the Welsh Language is as important as learning the language.
- Were advised that all Year 1 students who enrol with the North Wales Medical School will complete Welsh Language classes as part of their course and the feedback received from non-Welsh speakers to date, has been positive.
- Confirmed that some staff may be more apprehensive speaking to adults in Welsh rather than children and agreed the need to give staff the confidence to speak to all.
- Thanked all staff for using and promoting the Welsh Language and agreed to continue to develop further in this area.

It was resolved that the Board:

- **NOTED** the Experience item.

25/46 Chair's Report

The Board received the report and the Chair highlighted:

- The Health Board have now been in Special Measure for a two-year period, a series of engagement events and meetings have taken place to share our progress and outline the developments made during this period.
- A Special Measure progress presentation has also been shared with Members of the Senedd in Cardiff Bay followed by questions and discussion.
- Going forward the aim will be to develop meetings around specific matters to discuss with members of the public.
- The Chair and Chief Executive have recently signed the Hillsborough Charter to show the organisation's support for the Charter for Families Bereaved by Public Tragedy. The Health Board has formally adopted the Charter and joined more than 50 public sector organisations across Wales to commit to openness, transparency and accountability when responding to public tragedies. As a Health Board, there are people and families within our communities who have suffered and the role of the organisation is to walk in the shoes of those who have suffered, provide support and encourage all to adopt this way of thinking.

It was resolved that the Board:

- **DISCUSSED** and **NOTED** the content of the report.

25/47 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

- Following the agreement to establish the Executive Committee as a formal decision making Committee of the Board, the report on the meetings that have taken place since the last Board are included in the papers.
- As previously noted, new colleagues are joining the Executive Team: she thanked Imran Devji for his support.
- The Education Steering Group has been established which provides the Health Board with the opportunity to commit to providing education for all. This work links with Partners, the North Wales Medical School, Higher Education Institutions and also In House Training and will report via the People & Culture Committee.
- A recent visit has taken place with local politician Darren Miller MS to the West End Medical Centre which is a practice managed by the Health Board. The practice had previously had issues with staffing, but significant improvements have been made which now includes research opportunities for staff and provision of training for medical students: Darren Millar has also given public recognition of the progress made.
- She had visited the North Wales Adolescent Centre in Abergele, which is part of the Children and Adolescent Mental Health Services (CAMHS). This service provides specialist Mental Health support and it was noted that fewer young people are currently being admitted into the service. There has been significant investment recently to upgrade the bedrooms and the Specialist Eating Disorder Team are working hard to provide support in this area. The service allows young people to be treated in Wales rather than being transferred into England.

It was resolved that the Board:

- **NOTED** the content of the report.

25/48 Vice Chair's Report

The Board received the report and the Vice Chair highlighted:

- The Advanced Cluster Development Conference took place on 25 March 2025 and included more than 80 contributors from the Health Board and partners.
- There is a need for the Health Board to provide focus, guidance and leadership on the future direction of Primary Care.
- There are capacity issues in relation to Neuro-Diversity and the problems faced by the Teams to undertake these complex, multi-disciplinary assessments which can only be resolved by service redesign which is underway.
- He had visited the 'Alternatives to Admission' crisis hub at the Royal Alexandra Hospital which provides a specialist service that aims to keep young people out of Emergency Departments. This was a really positive development, which ideally needs to be replicated in the West and East IHC areas.

It was resolved that the Board:

- **NOTED** the content of the report.

STRATEGIC DIRECTION

25/49 Progress of the Health Board

The Board received the report and the Chief Executive highlighted:

- The Progress of the Health Board and the Special Measures Progress Report would be discussed as one item.

- A series of engagement events with colleagues and the public have been undertaken in relation to the progress made by the Health Board over the last two years since the organisation was escalated into level 5 intervention.
- The importance of marking the two-year period that the organisation has been in Special Measures and providing an Annual Review of the progress made.
- The Welsh Government escalation and intervention framework applies to all Health Boards. The Tripartite meeting which brings together the Welsh Government, Audit Wales and Health Improvement Wales has taken place where decisions are agreed on the level of escalation for all organisations and it has been confirmed that the Health Board is to remain at level 5.
- A meeting with the Cabinet Secretary took place on 5 March 2025 where the progress made by the Health Board was identified.
- There has been clear improvement in the way the Health Board is governed and the Corporate Governance work was recognised by Welsh Government and Audit Wales as clear progress.
- There has been an improvement in terms of managing financial governance and financial performance, providing the Welsh Government with greater assurance that funding invested into the Health Board is being deployed effectively for the people of North Wales.
- There has been progress in relation to culture and it was noted that the Board approved and will launch the Values & Behaviours Framework today by signing the pledge to help drive culture change and improvement across the organisation.
- There is still significant work and progress ahead of us and the item focussing on the Integrated Medium-Term Plan (IMTP) will set out the priorities and focus of work.
- Further work is required across the organisation in areas which include Access to services, Urgent & Emergency Care, Planned Care and Community Mental Health Care.
- In terms of de-escalation, it was suggested work is required to highlight how the organisation may be able to reach level 4.
- The hard work of the staff to reach this position was acknowledged.

In discussing the report, the Board:

- Agreed on the importance of progress to date in terms of effective and appropriate governance as this will determine how the Health Board move forward and tackle the challenges.
- Acknowledged the need for transparency within the organisation, recognising the negatives as well as the positives and being aware of the challenges.
- Questioned what the Health Board should now do in terms of providing evidence to Welsh Government to seek de-escalation in certain areas as it would also be good to demonstrate the progress to the people we serve. It was confirmed that clarity is required in relation to the de-escalation criteria in terms of a route map down from level 5 to 1 to become an effective organisation. Evidence of improvement will be required both internally and externally and to evidence maturity, there will also be a need increase self-assessment of our own progress.
- Referred to item C6: Quality of Care within the report and suggested focus is made in this area to bring the level down from 5 to 4.
- Highlighted item C3: Fragile Services within the report suggesting significant improvement is required in this area.
- Observed that the Health Board is assessed by people's experience of the service they receive therefore it is important that the organisation receive support from partners and Welsh Government to ensure the Health Board develop and succeed. Going forward there is a need to form strategies and create the conditions to deliver for the people of North Wales.

- Thanked staff throughout the Health Board for their hard work, action and progress made to date.

It was resolved that the Board

- **NOTED** the report.
- **RECEIVED ASSURANCE** on the progress made during the first 2 years of Special Measures, along with the challenges highlighted and the focus going forward.

25/50 Special Measures Progress Report

This item was covered under item 25/49 Progress of the Health Board.

25/51 Annual Audit Letter

The Board received the report and the Chief Executive, Director of Corporate Governance and Audit Wales highlighted:

- Appreciation to Audit Wales colleagues for their support with this work and acknowledged the importance of external colleagues reviewing the work of the Health Board to provide assurance.
- The report summarises the work completed during 2024 and focuses on governance, strategic planning and the use of resources including a view of the accounting elements and performance review, it was noted that work continues in other areas.
- The report has been considered by the Audit Committee, all completed reports produced during this period have been through the audit process, recommendations have been produced and the reports have been considered by the Committee.
- In terms of the Structured Assessment, BCU is the only Health Board in Wales to have two Structured Assessments reported in one year however this has highlighted the volume of improvements made over a short period of time. This progress includes the recruitment of Independent Members, the work relating to risk, progress on performance and the development of a long-term plan and clinical plan.
- In terms of the financial element, the Auditor General for Wales (AGW) issued an unqualified true and fair opinion on the Health Board's 2023-24 accounts.
- The areas that were issued a qualified regularity opinion related to a failure to break-even over a three-year period and one case of an irregularly incurred expenditure.
- The AGW also placed a substantive report on the Health Board's accounts to highlight these true and fair and regularity qualifications and also the failure of the Health Board to have an approved three-year plan.
- There were significant improvements in the accounts presented however issues were highlighted within the Remuneration Report and measures have been taken to address this issue by conducting weekly meetings.
- The report includes some recommendations and minor issues and these have been considered in further detail in the Final Accounts Memorandum.
- In terms of performance, there has been a review of partnership working to improve the flow of patients out of hospital which is a challenging area. A number of initiatives have been considered between partners and the Health Board however the figures remain low and further work is required.
- The Team have reviewed the previous recommendations made relating to discharge planning, there has been improvements in some areas however further work is required to respond fully to the recommendations.

- There has also been a review of the arrangement for financial savings and the Team recognised the work completed to reach the control totals for 2023/24 however further work is required going forward.
- Further work is taking place which includes a review of Planned Services, Emergency Services, Funding from Welsh Government for 2020-2024 and also a review of Digital Services.

In discussing the report, the Board

- Highlighted the progress being made which has also been recognised by the Audit Committee particularly in terms of the governance and financial control elements as well as the working relationship with both External and Internal Audit.
- Confirmed that the teams have worked with openness and transparency to ensure a collective approach and, going forward, lessons will be learnt from the issues previously highlighted.
- Referred to the focus on delayed discharge of care and hospital flow confirming that a lot of work has been completed in this area over the last six months and queried when a further review may be undertaken. It was confirmed that the Unscheduled Care review is being completed in three parts. Part one focussed on the discharge element, part two will focus on the flow out of hospitals and the Team are aware of the recent progress highlighted. Part three will focus on the national arrangements and the Team will produce an All-Wales summary to address some of the issues being discussed.
- Recognised that the discharge issue is difficult for the Health Board to impact due to the work required by external partners. It was confirmed that the work with external partners has been reviewed however it is difficult to capture the information due to the complexity of the configuration however the Team can plan this into future audits to address this issue as a broader piece of work.
- Thanked the Team for their work and the positive relationship in supporting the Health Board on the journey to improvement.

It was resolved that the Board:

- **RECEIVED** the report and **NOTED** that the Audit Committee has considered the report and confirmed that the Structured Assessment report presents a fair and balanced view of the organisation, recognising both the positive aspects identified and those areas where further progress is required and
- **NOTED** the management response to the Structured Assessment and that the progress will be monitored by the Audit Committee and reported to the Board via the Chairs Assurance Report.

25/52 Board Effectiveness

The Board received the report and the Director of Corporate Governance highlighted:

- The report builds on previous reports and links to the discussion around de-escalation and the escalation criteria.
- Positive feedback has been received from Audit Wales in terms of Board effectiveness.
- It is important for the Board to undertake a self-assessment on an annual basis to inform the end of year governance arrangements.
- The Board considered the results from the self-assessment at an informal Board session to discuss the key messages and identify areas of priority going forward.

- The key messages included that 90% of Board members agreed the Chair and Chief Executive have a strong relationship and the Executive Directors and Independent Members work well together.
- The facilitated Board sessions completed have been helpful to emphasise individual and collective responsibilities as a Board at strategic level.
- There has been improvement in terms of risk management, this has also been acknowledged by the Board and validated by Audit Wales. It was noted that the Risk Team have also been shortlisted for a Risk Management Award.
- Significant progress is being made in terms of leadership roles and improvements are being made to allow the Board to be more strategic rather than operationally focussed.
- A Governance Improvement Plan will be developed going forward.

In discussing the report, the Board:

- Recognised the work completed under the leadership of the Director of Corporate Governance and congratulated the Risk Team on their nomination.
- Referred to the transformation in the way the Board conduct business which reflects the progress made in the capacity to work together and challenge positively.
- Noted that the public expect the Board to be able to work together to provide the best for the people we serve. Further progress can be made as one team who support and challenge each other equally.

It was resolved that the Board:

- **RECEIVED** the outcome of the self-assessment
- **AGREED** to the areas identified for improvement which will be addressed as part of the Board Governance Improvement Plan.

IMPROVING QUALITY

25/53 Integrated Medium Term Plan (IMTP)

The Board received the report and the Chief Executive highlighted:

- In the earlier report, Audit Wales referred to the first and second duty, to develop a three year Integrated Medium Term Plan (IMTP) and to achieve financial balance over a three year period
- Two years ago, when the Health Board were escalated into Special Measures, the organisation were working on 3 x 90-day cycles as a rapid response to critical issues.
- Last year the Health Board approved an Integrated Annual Plan which included Special Measures and all additional actions over a one-year period.
- This year, the Plan, as a three year IMTP with a balanced budget, represents a significant step forward and signals a move towards de-escalation.
- The Welsh Government are focussing on delivery in line with the Cabinet Secretaries' ambition for the NHS in Wales.
- There has been significant involvement with, and a wide range of contributions from Committees, Groups, Chairs and Board Members into the development of the Plan.
- A summary of the Plan is being produced for staff and the public to highlight the direction of the Health Board and level of ambition for the people and communities in North Wales.

The Board received a presentation and the following was highlighted:

- In terms of improved planning, learning from previous years and other Health Boards has been considered, findings from the Special Measures Independent Reviews have been

incorporated and the Executive Team have engaged more widely both internally and externally.

- The Plan is more targeted and focussed on some key issues and going forward, continuous planning will help the Team to become more agile and responsive to the changing needs of the organisation.
- During the past two years, work has taken place to put down the foundations in terms of governance, relationships, integrated frameworks and the financial control environment to allow the Health Board to become more effective.
- Work has taken place to understand the nature and scale of the problems which include long waits within Planned Care as well as areas such as culture, learning from events and engagement.
- Going forward, there are significant challenges and these relate to areas such as organisational structure, productivity, processes, systems and the need to be aligned to ensure improvements.
- The Foundations for the Future work is a major change programme that will be delivered this year.
- Access to services remains the largest impact on the population across both Planned and Unscheduled Care as well as Primary and Secondary Care including access to Emergency Departments.
- Collaboration with partners is crucial and the need to utilise Primary and Community Care to ensure access to a range of services closer to home.
- A focus on integrating prevention and early intervention into service design needs to be strengthened as the Health Board move forward.
- The services offered by the organisation need to be high quality and this includes the use of digital and estates infrastructure as these are important enablers.
- The overview of the Plan includes five strategic objectives which have been modified from last year to ensure they provide more focused and targeted priorities.
- In terms of performance, the performance requirements for 2025/26 were highlighted along with the Cabinet Secretaries strategic priorities and enabling action which provides some areas that require additional focus.
- There will be a significant challenge to deliver in terms of performance, the delivery expectations for 2025/26 were emphasised to the Board stating that the Ministerial aim is to see improvements in these areas.
- It is important to have a strong start to the year and continue with the same pace going forward to try and achieve the targets set.
- In terms of finance, work has taken place around governance and oversight to reach this position.
- The outturn position is to deliver an £8.6m deficit and it was noted that the Health Board have successfully exceeded the £48m savings target for the current financial year.
- The Health Board has an underlying deficit, predominantly driven through two non-recurrent allocations of resource (£74.6m conditionally recurrent and £82m strategic allocation).
- These allocations are to become recurrent upon satisfying conditions, with the £74.6m recurrent and secured for future years on delivery of the targeted deficit for 2024/25.
- Pay award is centrally allocated in year, the organisation have a Planned Care allocation of £34m that is ring fenced and £9m to support flow and emergency pressures.
- There will be some inflationary cost impacts, growth cost pressures and Planned Care utilisation.
- The savings delivery target is £40m which will move us back into a position of break-even to facilitate the objective to deliver the key first financial duty to break-even.

- Inflation will be a challenge as well as out of area cost exposure and there will be a need to focus on reducing the £40m risk to deliver, work is also taking place in terms of value and sustainability.
- The three-year model was shared which will be challenging to deliver, the £188m underlying deficit remains the same over the three years however this may change as the organisation move forward.
- The Health Board has not previously had a financially balanced IMTP, the key points noted during the meeting will be incorporated into the Plan, this will be submitted to WG by 31 March 2025 and then cascaded across the Health Board for delivery.

In discussing the report, the Board:

- Queried whether there is any allowance for an increase in demand for Cancer referrals, it was confirmed that the figures build in an increase in demand and growth over the period for Cancer as well as other areas such as Planned Care and Mental Health.
- Referred to the third sector as an important partner while noting that it often had limited capacity to engage in meetings not directly related to service delivery. It was confirmed that the Board are keen to engage more effectively with the third sector in the community space in terms of prevention and early intervention and re-examine how the organisation work with community groups. It was suggested that this is monitored through the Planning, Population Health & Partnerships Committee.
- Highlighted the value and sustainability section and queried whether there is a plan to develop a skills audit to ensure the appropriate skills are embedded into the relevant teams. It was confirmed that a skills audit has been included in the Foundations for the Future Programme to ensure staff have the baseline skills required and also equipping staff with the right skills to facilitate change. It was also confirmed that there is an improvement programme within the organisation and work is taking place in this area.
- Suggested the need to address what the organisation may need to focus on over the next ten to fifteen years in terms of providing care for an older population as part of a continuous planning process. It was suggested the Planning, Population Health & Partnerships Committee discuss how continuous planning can be facilitated and monitored going forward.
- Queried the confidence levels to deliver given the large number of actions, whether the targets set are realistic and how the organisation embedded improvements. It was confirmed that the drive for improvement needs to be balanced with our current position and there will be areas that are more difficult to deliver such as Urgent & Emergency Care which will take longer.
- Highlighted the need for an emphasis on delivering productivity gains to generate savings which can in part be invested in service improvement within planned care and in part be used to increase spending on prevention and Primary Care which needs to be at the heart of our strategy.
- Queried how the budgets and resources are aligned to the objectives in the Plan to enable us to deliver the outcomes. It was confirmed that there is a need to focus on utilising funding and this will be clear in the strategy and the clinical service plan as well as having a strong focus on Primary and Community Care.
- Highlighted the savings target and queried whether this will be delivered by transformational change rather than 'salami-slicing'. It was confirmed that there is significant evidence to suggest there are opportunities within the Health Board to create productivity and efficiencies throughout the organisation to improve services and financial delivery.
- Enquired how the Plan will make a difference to the people of North Wales over the next three years. It was confirmed that the organisation will become more effective and change the way the Health Board operate to ensure maximum delivery. The Health Board have a

clear strategy to deliver these plans and there is a need to develop service provision, become a learning organisation, improve access areas including Dental and Primary Care and make significant steps towards achieving access standards in Wales.

Actions:

- **25/53.1** Planning, Population Health & Partnerships Committee to monitor how the Health Board could engage more effectively with the third sector in terms of prevention and early intervention and re-examine how the organisation work with community groups. Planning, Population Health & Partnerships Committee to also focus on the work with partners to develop partnership working further and provide evidence that our partners have influenced our planning and join outcomes.
- **25/53.2** Planning, Population Health & Partnerships Committee to discuss how continuous planning in relation to the IMTP and focus for the next ten to fifteen years can be facilitated and monitored going forward.

It was resolved that the Board

- **RECEIVED** the Plan
- **NOTED** that the Plan is subject to and may require some final minor modifications
- **SUPPORTED** the onward submission of the Plan to Welsh Government on 31 March 2025 in accordance with the agreed timescales.

25/54 North Wales Medical School

The Board received the report and the Deputy Medical Director highlighted:

- As a University Health Board, training and research is a key part of the organisation and this includes the North Wales Medical School.
- The Medical School opened one year earlier than stated in the strategic plan and during September 2024, took its first intake of 80 undergraduates.
- This is positive for the Health Board as qualified doctors tend to stay where they train and then move through the organisation into consultant posts.
- There has been a large intake of Welsh speakers and this aligns to the organisation promoting the use of the Welsh Language.
- The Medical School has a positive impact in terms of research, a research strategy is being developed and this will help to improve outcomes for patients.
- The next step is to increase the intake of graduates from 80 to 130 per year.

In discussing the report, the Board:

- Recognised that the curriculum provides students with unique and excellent experience in Primary Care which is required as the organisation move forward.
- Confirmed the need to ensure students receive a positive experience as this provides opportunities for the recruitment of GPs and Medics in the future to train and stay in North Wales.
- Highlighted that prevention and changing ways of working with patients will become a key role for doctors and this can be built into the training provided by the Medical School.
- Acknowledged the importance of developing multi-disciplinary working and an understanding of disciplines within other teams which can be maximised as part of the training.
- Referred to the Education Steering Group which will focus on excellence in clinical practice and proving high quality placements for students. This work will be fundamental to the success of the organisation and there is a need to continue building relationship with higher and further education and evaluate the outcome for students as the Health Board progress.

- Thanked the Board for the positive working relationship with the Medical School and Bangor University.

It was resolved that the Board:

- **NOTED** the successful establishment of the North Wales Medical School which was delivered one year ahead of the original target and the ongoing development of the collaborative relationship with Bangor University.

25/55 Equality Annual Report

The Board received the report and the Associate Director of People Services highlighted:

- The Health Board is required to publish an Annual Equality Monitoring Report as part of the Public Sector Equality Duty and this includes the Gender Pay Gap Report and the Race Pay Gap Report.
- The report demonstrates the work of the Health Board during 2023/24 up to 31 March 2024.
- All reports have been to the Executive Committee, People and Culture Committee and have come to the Board for approval before 31 March 2025.

In discussing the report, the Board:

- Confirmed that this is part of our statutory duty as it affects staff within our organisation and the People and Culture Committee will discuss this further and report back to the Board.
- Received the actions and priorities included in the reports but queried the aim and outcome of the work. It was confirmed that there is a mismatch between what is required under the statutory duty and what may be required in order for the Health Board to address specific equality issues (for example, any disparity in terms of pay for similar jobs) and this needs to be reviewed in further detail.
- Highlighted gender pay in terms of men receiving higher salaries than women and queried how the organisation can support more women into senior positions. It was confirmed that women who have caring responsibilities may need encouragement in this area and further work is required.
- Referred to the challenges around discrimination and suggested the Health Board need to address all levels of the organisation to demonstrate equality. It was noted that more focus is required to target equality, a Strategic Equalities Forum has been developed and a review of the Executive Groups is taking place to ensure this reflected along with the culture and leadership work
- Stated the need to review the health offer for homeless and vulnerable communities as part of the equality agenda.

Action:

- **25/54.1** People and Culture Committee to discuss the equality agenda in further detail and report back to the Board.

It was resolved that the Board:

- **APPROVED** the Annual Equality Report, Annual Equality Monitoring Report, Gender Pay Gap Report and Race Pay Gap Report for the Health Board to meet its legal obligations to publish by the 31 March 2025.

IMPROVING QUALITY

25/56 Chair's Assurance Report: Quality, Safety & Experience Committee

The Board received the report and the Chair of the Quality, Safety and Experience Committee highlighted:

- The Committee received a demonstration of the new Quality Management System which was positively received and noted the learning would be captured to feed into the strategy.
- A QSE Development Session took place on 24 March 2025 with a focus on Clinical Audit and learning from Deaths which has allowed members to be more confident discussing those matters moving forward.
- The Committee suggested that the All-Wales Anti Sexual Harassment policy is reviewed by the People and Culture Committee.

Action:

- **25/56.1** People and Culture Committee to review the All-Wales Anti Sexual Harassment policy

It was resolved that the Board:

- **NOTED** the contents of the report.

25/57 Improving Quality Report

The Board received the report and the Executive Director of Nursing & Midwifery highlighted:

- The Health Board have the lowest total volume of reported incidents in Wales.
- There are currently three overdue Nationally Reported Incidents which shows a significant improvement in this area.
- The Complaints Team have sustained the improvements made by maintaining over 80% response rate which is a good position compared with other Health Board in Wales.
- Work is taking place in relation to falls training and the Team continue to improve standards and address the issues identified as part of the HSE inspection.
- There has been an improvement in patient feedback with 83% of patients now providing feedback allowing the Team to capture more quantitative data.
- Positive feedback was received following the infection control inspection which took place in December 2024.
- Work continues in relation to inquests and a number of training sessions and meetings with senior coroners have taken place.

In discussing the report, the Board:

- Referred to the behaviour of staff and whether embedding the values and behaviours going forward may have an impact on workforce stress. It was confirmed that work is taking place with Teams to gain further information in this area, support and counselling is being offered where required and the Team are starting to see a reduction.
- Queried the implementation of the Quality Management System (QMS), it was confirmed that an app is being developed and will be piloted. The IMTP will support the progress of the QMS and the aim of the app is to highlight areas that need further focus.
- Suggested that complaints in relation to service access and communication could be linked as patients require information in relation to appointments and queried when significant changes may be apparent. It was confirmed that there is a need to ensure contact and communication is clear including clinicians providing clarity on timeframes. The number of complaints are reducing and there is a link with the recent increase in providing responses to complaints within a 30-day timescale.
- Highlighted that proactive learning is taking place in relation to the Mortality Report in terms of triangulation with the medical examiner information and the coroner inquest.

- Indicated that the report on falls management confirmed a significant increase in deaths related to falls in the over 60s and suggested the need to identify potential falls patients in advance to start improving outcomes.

It was resolved that the Board:

- **NOTED** the report.

INTEGRATED PERFORMANCE AND FINANCE

25/58 Chair's Assurance Report: Performance, Finance and Information Governance Committee

The Board received the report and the Chair of the Performance, Finance and Information Governance Committee highlighted:

- In relation to the establishment, it was clear that the additional costs from using agency, bank or temporary staff was a significant factor in the overspend on staffing costs, despite the fact actual numbers employed were below the funded establishment. This highlighted the importance of wherever possible filling posts with permanent employed staff.
- The Independent Members had had an opportunity to discuss the additional financial controls which had been implemented in the last two months of the year in advance of them being introduced in the private session at the last Board meeting.

It was resolved that the Board:

- **NOTED** the report

25/59 Financial Performance 2024/25 Monthly Report

The Board received the report and the Executive Director of Finance highlighted:

- In order to achieve the target deficit of £8.6m as reported at the last Board meeting, action was taken to set financial controls relating to non-clinical areas to avoid impact on patient care: the current position is £10.2 year to date and the Health Board are tracking towards the £8.6m target. This will be closely monitored to ensure the organisation remain on that trajectory.
- The Health Board are due to receive £82m non-recurrent and £74.6m recurrent funding this year in addition to our core recurrent allocation.
- The savings target was £48m and this has been exceeded, the organisation were thanked for their support in reaching this position.
- The year-to-date expenditure in terms of Capital is £20.1m against a year-to-date plan of £29.2m, reporting an underspend of £9.1m as at Month 11. This is an area that needs to be reviewed and managed closely over the coming days.

In discussing the report, the Board:

- Acknowledged the work of the Finance Team to reach this position and noted the learning that can be utilised going forward into the next financial year.
- Referred to the position in relation to Capital and queried the implications of an underspend at year end. It was confirmed that the Finance Team have a line of sight to spend the allocation however contracts need to be in place for specific programmes of work. If the Health Board fail to be within half a million underspend, this would result in a regulatory breach and a clawback of funds. There is a need to learn and review our ability to deliver large capital programmes to reduce the potential of this situation going forward.

It was resolved that the Board:

- **RECEIVED** and **SCRUTINISED** the report.

25/60 Integrated Performance Report

The Board received the report and the Director Performance & Commissioning highlighted:

- The report relates to Month 11 and provides information to the end of February 2025.
- In terms of quality and performance, no new never events have been reports since July 2024.
- The timely submission of Learning from Event Reports (LFERs) has been highlighted as an area of concern due to the increasing number of overdue submissions which incur financial penalties and immediate improvement is required in this area.
- Clinical Coding compliance remains a significant risk as compliance remains low.
- The current PADR rate is 79% which remains under target.
- The turnover rate for Nursing & Midwifery has reduced to 0.25%.
- In terms of access and activity performance, progress is being made in relation to Referral to Treatment: waiting times remain too high but improvements are being made in this area.
- Patients waiting over 156 weeks and 104 weeks have been the main focus through quarter 3 and 4 and there has been a reduction in both cohorts: there are plans within the IMTP to maintain this momentum.
- The performance against the single cancer pathway (SCP) target remains fragile and further work is required in this area.
- Additional capacity is required in relation to diagnostics however there continues to be a reduction in Therapies waits.
- Work is taking place to develop a sustainable service plan for Children's Neurodiversity services, it was confirmed that this is a challenging issue.

In discussing the report, the Board:

- Queried whether the recent decrease in attendees at Emergency Departments relates to new initiatives: it was confirmed that this improvement links to the work around the 6 goals and managing people at the front door, this is being reviewed to see whether this is sustainable.
- Highlighted the recent two week focus on care pathways and whether this will continue. It was confirmed that this was a 2-week rapid improvement event which highlighted some areas of learning. Some areas are sustainable in terms of process improvement however other areas will take longer to embed as there may be a requirement for additional resource, this remains a continuous process. It was suggested that learning and embedding change is reviewed in more detail by the appropriate Committee.
- Suggested that the People & Culture Committee do a deep dive into the link between absence and stress for staff to determine whether the Health Board could do more to help staff in this area.
- Confirmed that Children's Neurodiversity services has been included as a key priority for the Children's Regional Partnership Board and a plan in being developed to identify how the Local Authorities and the Health Board can work together to address this critical issue. This has also been discussed by the Quality, Safety and Experience Committee in terms of the significant increase in referrals.
- Stated that work is taking place to address the Learning from Events Reports (LEFRs) issue, a new process has been put in place, this is being discussed with colleagues to ensure support is provided to deliver the new approach and avoid receiving fines. It was confirmed

that this has also been discussed by the Audit Committee and an update is now included as part of the regular Conformance Report received by the Committee.

Actions:

- **25/60.1** It was suggested that learning and embedding change is reviewed in more detail by the Quality, Safety and Experience Committee.
- **25/60.2** People and Culture Committee to do a deep dive into the link between absence and stress for staff to determine whether the Health Board could do more to help staff in this area.

It was resolved that the Board:

- **REVIEWED** and **SCRUTINISED** the contents of the report.

25/61 Capital Report and Programme for 2025-2030

The Board received the report and the Executive Director of Finance and Director of Environment & Estates highlighted:

- The Executive Team have used the same prioritisation process as last year as the Plan needs to align with the discretionary allocation.
- Areas including medical devices, infrastructure and digital will be considered separately due to the size, scope and value of the requests.
- Welsh Government have confirmed a discretionary allocation of £17m for 2025/26 which will allow for potential slippage.
- The paper focuses on the discretionary fund and the targeted estate fund and covers the approach to prioritisation.
- Since the report was drafted, the allocation for BCU from the Targeted Estates Fund has been confirmed as 27% of the total for Wales, somewhat above expectations.

In discussing the report, the Board:

- Confirmed the need to move into a different place, in terms to a much more proactive focus on managing our property assets, including disposing of under-utilised land and buildings in order to increase our discretionary capital.
- Agreed that the Board need to be sighted on what has not been included in the Capital programme and the rationale behind those decisions.

It was resolved that the Board:

- **RECEIVED** and **APPROVED** the Capital Programme for submission to Welsh Government.

GOVERNANCE & ASSURANCE

25/63 Chair's Assurance Report: Audit Committee

The Board received the report and the Chair of the Audit Committee highlighted:

- The Committee have discussed the issue around ESR reporting more vacancies than the funded establishment and there is a need for essential work to take place in this area. It was confirmed that this is being reviewed in detail to align the relevant systems.
- The changes that have been issued by Welsh Government to the Standing Orders and have been made, this has been considered by the Audit Committee and the Board is required to approve the changes.

It was resolved that the Board:

- **APPROVED** the changes to the Standing Orders, Reservations and Delegation of Powers (SORD) as highlighted in the report.

25/64 Corporate Governance Report

The Board received the report and the Director of Corporate Governance highlighted:

- The Health Board are awaiting the outcome of a judicial review.
- The Board are asked to receive the recommendations noted in the report.

It was resolved that the Board:

- **NOTED** the contents of the report.
- **RATIFIED** the Chair's Action, dated 18 March 2025.
- **NOTED** the matters considered in the Private Board meeting on 30 January 2025.
- **RATIFIED** the approved Clinicians and Section 12(2) Doctors across Wales.

25/65 Corporate Risk Register

The Board received the report and the Director of Corporate Governance highlighted:

- The Corporate Risk Register has reported to the Risk Scrutiny Group, Executive Committee and Committees during the last cycle.
- The Executive Committee suggested a workshop may be useful to review some of the risks in more detail and ensure the actions are accurate to drive down the risks.
- Following Deep Dive of risk CRR24-18 Operational Planning for Transmittable Diseases and Outbreaks, there has been a reduction in the score.
- The Risk Team had worked with the Lead Directors to split the risks around challenged services to make these more specific, this has been discussed by the Executive Committee and further work is required.

In discussing the report, the Board:

- Recognised the approach was previously refreshed and suggested the current data needs to be reviewed to ensure focus and clarity on dates.
- Supported the views of the Executive Committee in terms of a further review of the Corporate Risk Register to ensure the appropriateness of the actions to address the risk mitigations.

It was resolved that the Board:

- **RECEIVED** the Corporate Risk Register as reported to Risk Scrutiny Group / Executive Team and Committees during January 2025.

25/66 Chair Reports of Committees and Advisory Groups

The Board received the Chair's Reports from the following Committees and Advisory Groups:

- Remuneration Committee
- Mental Health Legislation Committee
- People and Culture Committee
- Planning, Public Health and Partnerships Committee
- Local Partnership Forum
- Healthcare Professionals Forum
- Stakeholder Reference Group

- Executive Committee

The Chair thanked Jane Wild, Associate Member for the work and guidance she has provided as Chair of the Healthcare Professionals Forum (HPF). It was noted that Jane's tenure as Chair of the HPF has come to an end and it was agreed that the Chair would send a letter to Jane thanking her for her time on the Board.

The following was highlighted by the Chairs of the Committees:

- The Performance, Finance and Information Governance Committee have discussed the use of non-recurrent funding for posts and suggested that any contracts that are funded for more than 2 years from non-recurrent funds, should move into permanent posts. It was confirmed that staff on fixed terms contracts are required to be in a post for more than four years to make the post permanent. It was also confirmed fixed term contracts should be used selectively, there is a need to review the approach and this is being discussed as part of the Foundations for the Future Programme.
- The Stakeholder Reference Group have raised concern around timely communication to the third sector in relation to joint funding as early confirmation would allow better planning to be put in place. It was agreed that a commissioning review relating to funding would be completed and reported back to the Performance, Finance and Information Governance Committee with progress noted to the Planning, Population Health and Partnerships Committee.
- The Remuneration Committee ratified the Board level appointments.

Actions:

- **25/66.1** Chair of the Health Board to send a letter to Jane Wild thanking her for her time on the Board.
- **25/66.2** Complete a commissioning review relating to funding for the third sector and report back to the Performance, Finance and Information Governance Committee with progress noted to the Planning, Population Health & Partnerships Committee.

It was resolved that the Board:

- **RECEIVED** and **NOTED** the reports.
- **APPROVED** the appointment of a substantive Executive Director of Finance and the Director of Mental Health and Learning Disabilities.

OTHER MATTERS

25/67 Any other Business (as previously agreed with Chair)

The Chair confirmed that no issues had been raised.

25/68 Review of Meeting Effectiveness

It was agreed that the Board:

- Acknowledged the content of the video presentation and the use of a patient's Mother speaking to camera which provide a closer connection to the story. It was agreed to upload the video presentation to the website to be viewed more widely.
- Noted an improvement in the quality of the papers which is helpful for the Board to understand the content.
- Observed the openness and transparency of the Board meeting as a safe space to speak providing supportive challenge.

Action:

- **25/68.1** Corporate Governance Directorate to upload the video presentation to the website.

25/69 Date of Next Meeting:

Thursday 29th May 2025, 9.30am

25/70 Resolution to Exclude the Press and Public

"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

Health Board Action Log (Public)

Updated 15.05.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
REMAIN OPEN						
1	25/08.2	30.01.25	Vice Chair's Report Director of Corporate Governance to arrange a programme of visits for all Board Members and share in due course.	Pam Wenger Philippa Peake-Jones	March-25 Revid timeline July 25	Remain Open 08.05.25 Initial discussions have been held with the Chair and Chief Executive regarding developing a programme of visits to compliment individual visits by Board members and it has been suggested that a proposal is developed and discussed at the informal Board. 12.03.25 An effective way for a Programme of visits for Board Members is being taken forward with the Chief Executive and Director of Corporate Governance.
2	24/236.1	28.11.24	Improving Quality Report Commission a briefing on the changes to the medical certification and the role of Medical Examiners.	Sreeman Andole Pam Wenger	Dec-24 Revid timeline May 25	Remain Open 22.05.25 Update to be provided. 19.03.25 This action is ongoing, the Interim Medical Director regularly attends the



						<p>Strategic Oversight Group and is working with the Group on a National basis to ensure the roll out of the death certification process. An email has been circulated to the relevant doctors to ensure they are fully informed on the Medical Compliance Certification of Death (MCCD) process.</p> <p>16.01.25 A briefing is being commissioned from NHS Wales Shared Services and will be shared with the Board once received.</p> <p>23.05.25 The National Strategic Oversight Group are reviewing this and once there is a solution this will be communicated.</p>
ACTIONS PROPOSED FOR CLOSURE						
1	25/53.1	27.03.25	<p>Integrated Medium Term Plan PPHP Committee to monitor how the Health Board could engage more effectively with the third sector in terms of prevention and early intervention and re-examine how the organisation work with community groups. PPHP Committee to also focus on the work with partners to develop</p>	<p>Pam Wenger Clare Budden Jane Moore Helen Stevens-Jones</p>	May 25	<p>Action proposed for closure 14.04.25 This action has been included on the forward workplan for the PPHP Committee.</p>



			partnership working further and provide evidence that our partners have influenced our planning and join outcomes.			
2	25/53.2	27.03.25	Integrated Medium Term Plan PPHP Committee to discuss how continuous planning in relation to the IMTP and focus for the next ten to fifteen years can be facilitated and monitored going forward.	Pam Wenger Clare Budden Paolo Tardivel	May 25	Action proposed for closure 14.04.25 This action has been included on the forward workplan for the PPHP Committee.
3	25/54.1	27.03.25	Equality Annual Report People and Culture Committee to discuss the equality agenda in further detail and report back to the Board.	Pam Wenger Dyfed Jones Jason Brannan	May 25	Action proposed for closure 14.04.25 This action has been included on the forward workplan for the P&C Committee.
4	25/56.1	27.03.25	Chair's Assurance Report: Quality, Safety & Experience Committee People and Culture Committee to review the All-Wales Anti Sexual Harassment policy	Pam Wenger Dyfed Jones Jason Brannan	May 25	Action proposed for closure 14.04.25 This action has been included on the forward workplan for the P&C Committee.
5	25/60.1	27.03.25	Integrated Performance Report It was suggested that learning and embedding change is reviewed in more detail by the QSE Committee.	Pam Wenger Caroline Turner Angela Wood	May 25	Action proposed for closure 14.04.25 This action has been included on the forward workplan for the QSE Committee.
6	25/60.2	27.03.25	Integrated Performance Report People and Culture Committee to do a deep dive into the link between absence and stress for staff to determine whether the Health Board could do more to help staff in this area.	Pam Wenger Dyfed Jones Jason Brannan	May 25	Action proposed for closure 14.04.25 This action has been included on the forward workplan for the P&C Committee.



7	25/66.1	27.03.25	Chair Reports of Committees and Advisory Groups Chair of the Health Board to send a letter to Jane Wild thanking her for her time on the Board.	Dyfed Edwards Pam Wenger	May 25	Action proposed for closure 09.04.25 A letter has been sent from Dyfed Edwards to Jane Wild.
8	25/66.2	27.03.25	Chair Reports of Committees and Advisory Groups Complete a commissioning review relating to funding for the third sector and report back to the PFIG Committee with progress noted to the PPHP Committee.	Russ Caldicott Gareth Williams Pam Wenger	May 25	Action proposed for closure 14.04.25 This action has been included on the forward workplan for the PFIG Committee.
9	25/68.1	27.03.25	Review of Meeting Effectiveness Corporate Governance Directorate to upload the video presentation to the website.	Pam Wenger Philippa Peake-Jones	May 25	Action proposed for closure The video presentation has been uploaded to the website.
10	25/20.1	30.01.25	Integrated Quality and Performance Report The Chief Executive to address the accommodation issue in the Physiotherapy Team.	Carol Shillabeer	March 25	Action proposed for closure 08.05.25 This matter has now been closed and no further action is required. 27.03.25 It was confirmed during the meeting that an interim solution has been sought, the Capital Investment Group are reviewing this issue and will provide a response in due course. Enabling access to Physiotherapy is also being addressed as part of the Performance Report.

Closed Actions (as agreed at meeting on 27.03.25)



Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	25/05.1	30.01.25	Patient Experience Story – Mike’s Story Executive Director of Allied Health Professions and Health Sciences to provide feedback on the video presentation and discussion to the Organ Donation Committee.	Teresa Owen	March 25	19.03.25 Feedback was provided to the Organ Donation Committee on 31.01.25. The support of the Board was welcomed and gratefully received.
2	25/07.1	30.01.25	Chief Executive’s Report Invite Trystan Lewis to attend a future meeting of the Board / appropriate Committee to share the work completed in relation to environmental issues.	Pam Wenger Philippa Peake-Jones	March 25	12.03.25 This has been included on the Board forward workplan.
3	25/08.1	30.01.25	Vice Chair’s Report The Board to review access to care at a future Board session.	Pam Wenger Philippa Peake-Jones	March 25	12.03.25 This has been included on the Board forward workplan.
4	25/09.1	30.01.25	Citizens Engagement Report Patient Experience to be discussed at a QSE Committee Development Session.	Pam Wenger Philippa Peake-Jones	March 25	12.03.25 This has been included on the QSE Committee forward workplan and also included on the transfer log.
5	25/09.2	30.01.25	Citizens Engagement Report Discussions to be held around how the themes and trends from Patient Experience link though to the Quality Report.	Pam Wenger Angela Wood	March 25	20.03.25 The Patient Experience Team are reviewing the Citizen feedback to inform future patient stories and PALs activity in order to provide updates that triangulate in the Quality Report going forward.
6	25/09.3	30.01.25	Citizens Engagement Report	Philippa Peake-Jones	March 25	12.03.25 This has been included on the QSE



			A briefing on the new legislation due to be issued to be discussed at a future QSE Committee.			Committee forward workplan and also included on the transfer log.
7	25/14.1	30.01.25	Chair's Assurance Report: QSE Committee The Committee have requested that Organ Donation is discussed at a future Board meeting.	Philippa Peake-Jones	March 25	12.03.25 This has been included on the Board forward workplan.
8	25/15.1	30.01.25	Improving Quality Report QSE Committee to review patient feedback data and discuss how this can be addressed to provide longer term solutions to improve performance.	Philippa Peake-Jones	March 25	12.03.25 This has been included on the QSE Committee forward workplan and also included on the transfer log.
9	25/20.2	30.01.25	Integrated Quality and Performance Report Head of Corporate Affairs to share the report from QSE Committee on clinical coding with Board members outside of the meeting.	Philippa Peake-Jones	March 25	This was shared with Board Members on 31.01.25.
10	24/227	28.11.24	Patient Experience Story Write to government drawing attention to the success of the PIPYN project and invite Ministers to review and support it substantively.	Teresa Owen	Dec 24 Revised timeline May 25	25.03.25 A copy of the letter was circulated by email to Board members. 19.03.25 The letter has been drafted and sent to Welsh Government and a copy will be circulated to Board members for information. 16.01.25 A letter is being drafted and will be shared with Board members.
11	24/104.3	30.05.24	Integrated Quality Management System (QMS) Framework	Angela Wood Pam Wenger	Dec 24	19.03.25 The QSE Committee were given a detailed



			Arrange a demonstration of the developing Quality Management System for Board members.			demonstration of how the QMS works in February 25, once the next stage of testing has been completed the Board will receive a demonstration at a future Board Development. This has been included on the transfer log. 16.01.25 This action has been delayed due to the absence of the former Medical Director and the data available on the 2 services being piloted. An update will be provided to the QSE in February and a further update to be scheduled to the Board in March.
12	24/236.2	28.11.24	Improving Quality Report Improve the visibility of primary care reporting through the Integrated Performance Report.	Stephen Powell	March 25	19.03.25 Task and Finish Groups with regards to Primary Care data have been held and Primary Care metrics have been identified for reporting into all Committee and Board reports from April 25. 16.01.25 This is still on track to deliver and an update will be provided ahead of the next meeting.

Teitl adroddiad: <i>Report title:</i>	Patient Story: A2A Hub Stori Claf: Hwb A2A			
Adrodd i: <i>Report to:</i>	Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 29 May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	A patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting. The digital story will be played at the meeting. A short summary is included in the attached paper.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to note the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery			
Awdur yr Adroddiad: <i>Report Author:</i>	Mandy Jones, Deputy Executive Director of Nursing Leon Marsh, Head of Patient Experience Rachel Wright, Patient and Carer Experience Lead Manager			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	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"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<p>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:</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> <p>In line with best practice, a patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting, but it is not presented as an assurance item. However, the accompanying paper describes some of the learning and actions undertaken in response to the story.</p>				
Cyswllt ag Amcan/Amcanion Strategol:	Quality			
Link to Strategic Objective(s):	N/A			
Goblygiadau rheoleiddio a lleol:	N/A			
Regulatory and legal implications:	N/A			
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	N/A			



<i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A
<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	BAF21-10 - Listening and Learning
<i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	N/A
<i>Financial implications as a result of implementing the recommendations</i>	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	N/A
<i>Workforce implications as a result of implementing the recommendations</i>	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	N/A
<i>Feedback, response, and follow up summary following consultation</i>	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	BAF21-10 - Listening and Learning
<i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	N/A
<i>Reason for submission of report to confidential board (where relevant)</i>	
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations: NA	
Rhestr o Atodiadau: I am willing for my story to be shared with: [√] Level 1 – Any Health and Social Care Professionals within BCUHB [√] Level 2 – Researchers for Service Evaluation and improvement beyond BCUHB [√] Level 3 – Meetings and Conferences with anyone present including public and journalists [√] Level 4 – Anyone including Online, Internet, Social Media and CIVICA	
List of Appendices: Appendix A- Patient Story Summary A2A Hub	

Betsi Cadwaladr University Health Board

A2A Hub / Hwb A2A

An audio-visual story will be played at the meeting.

Overview of Patient Story

The audio-visual story provides a collection of parent, young person, and staff experiences of accessing crisis and unscheduled care.

A mother and daughter share their experience of accessing Emergency Departments when in a mental health crisis, providing suggestions for improvement.

The story describes the Alternatives 2 Admission Pilot project that has been launched to support Children and Young People in Crisis.

Staff share positive experiences of working in the A2A Hub supporting children, young people, and their families.

Key Messages

- The need for alternative spaces to offer children and young persons crisis care support.
- Staff describe the atmosphere in the A2A building as a peaceful and calm space.
- Staff describe the A2A Hub as a 'safe place' to offer support to children and young people.
- Families are very thankful and share their hopes that A2A remains a staple for the Crisis Team.
- Feedback received from children and young people is very positive.

Summary of Learning and Improvement

The patient story has been shared across Child Adolescent Mental Health Service (CAMHS) and the Child Adolescent Mental Health (CAMH) Crisis and Unscheduled Care Team for shared learning and awareness.

As part of the Health Boards commitment to support children and young people it has re-designed its Crisis and Unscheduled Care pathways to ensure all children and young people who are at risk of, or experiencing mental health crisis, are able to access the right care, at the right time, at the right place. For many, this will mean accessing crisis support in the community, avoiding unnecessary use of acute hospital services.

The re-design has focused on expanding the capacity and functionality of the current teams to enable timely access to assessment and intervention whilst ensuring those who do not require hospital care are supported in a safe environment closer to home. One of the projects within this review is the Alternatives 2 Admission/Community Crisis provision – the A2A Hub.

Following a successful bid to Welsh Government in 2023, funding was awarded to develop and deliver an 'Alternatives 2 Admission' pilot scheme within Central Integrated Health Community. An A2A Hub was established based within the grounds of the Royal Alexandra Hospital, Rhyl.

When a child or young person presents at the Emergency Department at Ysbyty Glan Clwyd, who are at risk of, or experiencing mental health crisis they are assessed by a CAMHS Practitioner. A decision will be made as to whether it is appropriate to divert the child or young person from the Emergency Department to the A2A Hub.

The A2A Hub opened on the week commencing 23 December 2024, and in the first 7 weeks of opening the Hub, supported 34 children and young people from being admitted to the paediatric ward at Ysbyty Glan Clwyd. In total 65 contacts have been made with the 34 children and young people, meaning some young people have received more than one supportive intervention.

The A2A Hub environment gives children and young people the ability to decompress, chill out, have a drink and a snack whilst working with staff. There is the opportunity for children and young people to return to the Hub for brief pieces of therapeutic work, utilising the multi-functioning space.

At the A2A Hub offers Coping Strategy Boxes that are jointly developed by children and young people to take home to continue to build on the resource with parents/carers. The Coping Strategy Box is aimed as a 'starter kit', and is a piece of work undertaken with child or young person to help them and their family manage when experiencing crisis. The box will include useful resources and items chosen by the young person that will help them at a time of crisis. This may include objects to support their senses such as smell, touch, taste, sight, and sound. The Coping Strategy Boxes are free of charge to ensure all children and young people are not disadvantaged.

An extensive piece of work has been undertaken to improve coping plans to ensure they are fit for purpose and evidence based coping plans. The plans are now produced collaboratively with the child, young people, parents, and are shaped based on their feedback.

To better understand what matters most to children and young people when designing the A2A Hub, and learning from their lived experiences of accessing Crisis Services, CAMHS have carried out several engagement and co-production events across the region with over 250 young people expressing their views and wishes.

On 14 February 2025 the A2A Hub had its official launch of the pilot project, giving children, young people, families, and external organisations an opportunity to visit the Hub, meet the team and hear all about this scheme. The first phase of the pilot project is to test the Alternatives 2 Admission concept, following this is it the aspiration is to extend the referral pathway to enable the Police, Criminal Justice System and Emergency Department to have the ability to directly refer children and young people to the A2A Hub. Funding has been agreed to extend this service to 2025 – 2026. Further revenue funding is required to continue

this service post 2026. It is the vision to replicate this service across all Integrated Health Communities.

The CAMH Crisis and Unscheduled Care team invite young people, parents, and carers to provide feedback on their experience of the service which enables them to continuously improve patient care based upon what matters most to them and promotes the principles of Prudent Healthcare.

The Patient and Carer Experience Team will share this feedback and will continue to work with all services to promote the patient experience initiatives outlined above. The Patient and Carer Experience Team extend their gratitude and appreciation to the storytellers and staff for sharing their experiences.



Teitl yr adroddiad: <i>Report title:</i>	Chair's Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	29 May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides information on key issues within the organisation and external work with Government and other partners:</p> <ul style="list-style-type: none"> • Meetings with Elected Representatives • Appointments • Details of visits and meetings 			
Argymhellion: <i>Recommendations:</i>	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Chair			
Awdur yr Adroddiad: <i>Report Author:</i>	Chair			
Pwrpas adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <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>	Derbyniol <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>	Rhannol <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>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
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: <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>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			

<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	There are no specific implications arising from this report.
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	Not applicable at this stage.
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	Not applicable at this stage.
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	The issues raised impact across a range of risks.
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	There are no specific implications arising from this report.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	There are no specific implications arising from this report.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable.
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	The issues raised impact across a range of risks.
<p>Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential Committee (where relevant)</i></p>	Not applicable.
<p>Next Steps: <i>Implementation of recommendations</i> Not applicable to this report.</p>	

Report of Chair to Betsi Cadwaladr University Health Board May, 2025

Some of the work I have undertaken since my report to the March Board is summarised below.

Board and Committees

Our financial year end brings additional work for **Audit Committee** as is usual. We are grateful for the work of the committee together with officers from our Finance Department and colleagues from Audit Wales. The Board will receive the full financial report in July.

All committees and the Board will now have a key role in supporting the progress of our **IMTP and Annual Plan**. It is important that relevant committees can monitor the work and scrutinise in appropriate detail with a strong focus on the outcomes being achieved for our population.

Mike Parry's term as **Chair of SRG** and representative on that committee comes to an end in June. Mike has served as SRG representative of Town and Community Councils since June 2019 and as Chair and Associate Member of the Board since October 2023. I am very grateful to Mike for his commitment to the Health Board, our staff and the people of our region. The SRG has been reenergised under his leadership and now has strong links to the Board. Diolch yn fawr, Mike.

The name of the current **Vice Chair of the SRG, Peter Lewis**, has been put forward as the **prospective new Chair**. The Board are invited to give our support and forward Peter's name to the Cabinet Secretary for Health and Social Services as the Board's nomination for the role of Chair and Associate Member of the Board.

Similarly, Jane Wild's term of office as representative of **Healthcare Professionals Forum** and Associate Member of the Board has now come to an end. We are very grateful for Jane's dedication and contribution to the work of the Board. I am pleased to confirm that the Cabinet Secretary has endorsed **Emma Adamson**, the new Chair of HPF, as representative and Associate Member on the Board. We look forward to working with and supporting Emma during her term of office. Croeso Emma.

Developing the Organisation

The Ministerial Advisory Group (MAG), published their recommendations at an event in Cardiff following the recent work in the wider Welsh NHS. ([NHS Wales performance and productivity: independent review](#)) As expected, much of the focus is on **improving access to care** and developing more efficient and effective ways of working. Our current efforts as a Health Board are very much focussed on reducing waiting times in planned care, as is the focus of the Cabinet Secretary and government. But we also understand that creating a sustainable Health and Well-Being service for the people of our region **involves a broad approach** with an emphasis on prevention, early intervention and working with partners and communities. I hope that our work on the Annual Plan and IMTP will give us an opportunity for a **renewed focus** whilst also ensuring improved access to care.

Engaging with others

I was very pleased to have the opportunity to visit **Canolfan Glanhwfa, Llangefni** and see the great partnership work in this community hub. This is an excellent example of renovating a large, old chapel and developing comprehensive community services to meet the needs of the population. This type of facility undoubtedly has a positive impact on the health and well-being of people in the area and an opportunity for partnership working with ourselves as a Health Board.

I recently visited and officially opened the **new IV Access Suite at Ysbyty Glan Clwyd**. This is the first of its kind in Wales and is the result of efforts over a three year period by a small team and the work is truly inspiring. The innovation not only improves patient outcomes and upskills staff but also has a positive impact on patient waiting times and treatment at home or closer to home, thus freeing up hospital beds. I hope the Team will be able to share their work with us as a Board in the near future.

Below is a summary of some of my meetings and visits for the period up to May 21, 2025.

Date	Meeting / Visit
26 March 2025	Independent Members Meeting
26 March 2025	Board Development Session
27 March 2025	Board Meeting
3 April 2025	End of Year Review with Cabinet Secretary
7 April 2025	Vascular Service Meeting with MS/MPs
7 April 2025	Canolfan Lleu Public Meeting
8 April 2025	Remuneration Committee
9 April 2025	Sesiwn Lles Nantlle
10 April 2025	People and Culture Committee
14 April 2025	St David's Hospice
15 April 2025	Nursing and Midwifery Awards Shortlisting
15 April 2025	IM Appraisal
17 April 2025	Executive Post Shortlisting
17 April 2025	BBC Interview
17 April 2025	Visit to Staff Art Exhibition at Ysbyty Gwynedd
23 April 2025	Filming with the Communications Team
23 April 2025	IM Appraisal

23 April 2025	Culture and Leadership Programme
24 April 2025	Attendance at Advanced Clinical Leadership Event in Conwy Business Centre
24 April 2025	IM Appraisal
24 April 2025	Jan Williams, Chair Swansea Bay Health Board
29 April 2025	Publication of the Ministerial Advisory Group Report on NHS Wales Performance and Productivity, Cardiff
29 April 2025	IM Appraisal
29 April 2025	Jan Williams, Chair Swansea Bay Health Board
1 May 2025	Planning Population Health and Partnerships Committee
1 May 2025	Quality Safety and Experience Committee
1 May 2025	Dafydd Gibbard, Chief Executive Cyngor Gwynedd
6 May 2025	IM Appraisal
6 May 2025	Local Partnership Forum
8 May 2025	Digital Summit. Cardiff
12 May 2025	Executive Medical Director Interviews, Wrexham
12 May 2025	Planned Care Touchpoint
13 May 2025	Board Briefing
13 May 2025	Meeting with Cabinet Secretary for Health and Social Care
13 May 2025	Canolfan Lleu Working Group
14 May 2025	Canolfan Glanhwfa, Llangefni
14 May 2025	Ysbyty Cefni, Llangefni
15 May 2025	HEIW Health Science Conference, Venue Cymru
15 May 2025	Peter Lewis, Vice Chair SRG
16 May 2025	Lesley Griffiths MS, Wrexham
16 May 2025	Care Forum Wales, Wrexham
19 May 2025	Sioned Wyn, Teledu Chwarel TV
19 May 2025	IM Appraisal

19 May 2025	Senior Leadership Team, Conwy Business Centre
19 May 2025	IM Appraisal
19 May 2025	Remuneration Committee
19 May 2025	Planned Care Touchpoint
20 May 2025	Audit Committee
20 May 2025	Visit to the new IV Access Suite at Ysbyty Glan Clwyd



Teitl adroddiad: <i>Report title:</i>	Chief Executive Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 29 May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. The report outlines some of the key engagement activities undertaken both within the health board and more broadly with partners and the public.</p> <p>It covers the period end of March to the 15th May 2025. Some of the content is further expanded in other reports on the Board agenda.</p>			
Argymhellion: <i>Recommendations:</i>	The Board is asked to DISCUSS and NOTE the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Chief Executive			
Awdur yr Adroddiad: <i>Report Author:</i>	Chief Executive			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <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>	Derbyniol <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>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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: <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>				
Cyswllt ag Amcan/Amcanion Strategol:	Relates to all objectives			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:				
Regulatory and legal implications:				
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	N/A			

<i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A
<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	
<i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	No recommendation results in a financial decision or implication
<i>Financial implications as a result of implementing the recommendations</i>	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	No recommendation results in a workforce decision or implication
<i>Workforce implications as a result of implementing the recommendations</i>	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	N/A
<i>Feedback, response, and follow up summary following consultation</i>	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	
<i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	N/A
<i>Reason for submission of report to confidential board (where relevant)</i>	
Camau Nesaf: Gweithredu argymhellion	
<i>Next Steps:</i> There are a range of actions to address relating to the content of the report.	
<i>Implementation of recommendations</i>	
Recommendations are to discuss and note.	
Rhestr o Atodiadau:	

CHIEF EXECUTIVE REPORT

1.0 INTRODUCTION

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of March and 15th May 2025.

2.0 KEY DEVELOPMENTS

2.1 Cabinet Secretaries Priorities

Members of the Executive and wider Board attended the Event hosted by the Cabinet Secretary for Health and Social Care on 8th April 2025 where he outlined his priorities for Health and Social Care for the coming year. The full statement is available [here](#).

- more focus on prevention
- a shift to primary and community services
- a digital NHS
- a shift to regional working; and
- improving leadership and developing the NHS workforce

The priorities align, in the main, with the Integrated Medium Term Plan that the Board approved in March 2025 and submitted to the Welsh government for consideration.

The Cabinet Secretary announced that he will be introducing an annual public accountability forum where he will meet with NHS bodies in public, as part of holding the NHS to account for meeting our priorities.

2.2 Ministerial Advisory Group NHS Wales Performance and Productivity

Representatives of the Executive Team and wider Board attended the Event hosted by the Cabinet Secretary on 29th April 2025 where the report of the Ministerial Advisory Group was launched. The Cabinet Secretary accepted the **29 recommendations made by the Ministerial Advisory Group on NHS Performance and Productivity**, which was set up in October to look at the effectiveness of current NHS Wales arrangements.

The review, led by Sir David Sloman, focused on planned care, diagnostics, cancer performance and urgent and emergency care and considered ways to improve productivity and performance, including digital and data and improving regional working.

The Ministerial Advisory Group report – which is published alongside the Welsh Government's response – makes 29 recommendations, including suggestions for improving waiting list management, removing unwarranted variation in treatment, using national and regional plans to establish sustainable services and enhancing leadership within NHS Wales.

The Executive Team is now reviewing the Report to ensure that it can respond to recommendations.

2.3 Executive Team

Significant recruitment has been taking place over the last 18 months to develop a strong Executive Team to lead the organisation. The organisation welcomes Tehmeena Ajmal as Chief Operating Officer, joining the health board in early April 2025. The recruitment for the Executive Medical Director has also now competed, with Dr Clara Day being appointed, likely commencement in September 2025. In the meantime, Dr Sreeman Andole will continue as Interim Executive Medical Director and thanks go to him for his continued leadership and commitment to the organisation. The

recruitment of the Executive Director of People and Organisational Development is due to commence shortly.

As part building a strong and effective Executive Team, the next stage of Executive Team Development has taken place with a session held in May 2025. The Executive Team will be undertaking the Affina Team Journey development, as one of the first teams in the organisation to implement this approach.

3.0 MEETINGS/VISITS

3.1 An Audience with the CEO – Culture Change Leaders

A cross section of staff across the organisation have come forward to become culture change leaders. This is a key role in supporting the Culture & Leadership Programme and I am grateful to them for volunteering. I joined them for a discussion about the culture we want to see in the future to ensure we are a compassionate, collective and inclusive organisation. It was a very rich discussion about the experience of those who attended, both good and bad, which gave me food for thought. There was a lot of energy and enthusiasm amongst us all on taking this work forward.

3.2 Vascular Briefing

Following changes to our vascular provision within the health board, we provided a briefing on TEAMS for MPs and MSs from the West to explain further the changes and the reasoning behind them.

We work closely with vascular experts in Wales and the wider UK and, together with our Health Board clinicians, we took the decision to pause the direct provision of planned and emergency open abdominal aortic aneurism (AAA) surgery following their collective advice as part of our continuous assessment.

In the short term this means that the Royal Stoke University Hospital working with our clinicians will carry out the small number of surgeries, around 10-15 annually. Our collaboration with Stoke is long-standing and this builds on the strong partnership approach in place. All other vascular service activity will continue as normal.

3.3 Ysbyty Glan Clwyd Resuscitation Service

I had the opportunity to visit the Nick Nelhans Resuscitation Training Unit at Glan Clwyd Hospital and meet the dedicated staff. Named in honour of the late Dr Nick Nelhans who was a fierce advocate for resus training and instrumental in securing the space the unit now occupies. I completed the online resus training module and had a tour of the facility by Sarah Bellis the services manager and we spoke about the work done by the resus team with Save a Life Cymru, who supplied defibrillators to every site within Betsi Cadwaladr's portfolio of buildings.

Finally, I attempted some chest compressions on a digital patient which was a great reminder of my nursing training. I would urge everyone to get booked in for resus training, as you never know when it may be needed.

3.4 Seren Betsi Award

Part of developing an organisation where employees feel happy, supported, and valued involves taking the recognition of their efforts and contributions seriously. We want to improve how valued colleagues feel in their workplace by actively encouraging peer recognition and creating a culture of appreciation. As part of our refreshed approach to valuing, recognising and celebrating colleagues regularly, the much-loved Seren Betsi awards are back. This recognises colleagues who

demonstrate our new organisational values of compassion, openness and respect in their work. A Seren Betsi will be awarded each month.

I was very pleased to present this award to Amy Sandham, Ward Manager at Ysbyty Glan Clwyd's SDEC. I surprised Amy at work and presented her with an award, pin badge and certificate in recognition of her caring and hardworking approach. Amy was nominated by her colleagues who unanimously praised her compassion and kindness.

3.5 Meet the Coroner

A second 'Meet the Coroner' event was held at the end of April, this event is held every quarter. At this last meeting a over a 100 staff attended, more information on the event can be found here [Coroner's visit helps demystify inquest process for healthcare workers](#). Following this event the Senior Coroner asked that the Board be made aware that the numbers attending and their engagement was commendable.

A recent inquest examined the sad death of a young baby, in summer 2023. The findings of the Coroner resulted in a Regulation 28 notice Prevention of Future Death. A full apology has been issued to the family and a public statement made, set out below.

Angela Wood, Executive Director of Nursing and Midwifery Services at Betsi Cadwaladr University Health Board, said: "We would like to extend our deepest sympathies and heartfelt condolences to Mr and Mrs Stockwell-Parry following the tragic death of baby Etta. We recognise the profound impact this has had on the family, and we are truly sorry for the pain and loss they have endured.

"Since this tragic event in July 2023, we have carried out a thorough review of the care provided and taken significant steps to ensure that the issues identified have been addressed. We are committed to learning from this and have implemented a range of measures to strengthen our training and clinical oversight to ensure the safest possible care for mothers and babies.

"We want to reassure expectant mothers and families in our care that this was an isolated incident. Providing safe, compassionate care is our highest priority, and we remain committed to upholding the highest standards of care across our maternity services."

4.0 Conclusion

The report intends to give an overview of key activities undertaken by the Chief Executive as well as important matters to draw attention to which may or may not be subject of other more detailed reports. Feedback on the report is welcome.

5.0 Recommendations

Members of the Board are asked to note.

- NOTE the updates provided in this report.



Teitl yr adroddiad: <i>Report title:</i>	Vice Chair's Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	29 May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides information on key areas of engagement undertaken since the last Board meeting.			
Argymhellion: <i>Recommendations:</i>	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Vice Chair			
Awdur yr Adroddiad: <i>Report Author:</i>	Vice Chair			
Pwrpas adroddiad: yr <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <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>	Derbyniol <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>	Rhannol <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>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
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:				
<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>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Meetings cover a range of strategic priorities.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	There are no specific implications arising from this report.			
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable at this stage.			

<i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable at this stage.
<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	
<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 issues raised impact across a range of risks.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	
<i>Financial implications as a result of implementing the recommendations</i>	There are no specific implications arising from this report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	
<i>Workforce implications as a result of implementing the recommendations</i>	There are no specific implications arising from this report.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	
<i>Feedback, response, and follow up summary following consultation</i>	Not applicable.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol)	
<i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	The issues raised impact across a range of risks.
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)	
<i>Reason for submission of report to confidential Committee (where relevant)</i>	Not applicable.
Next Steps: <i>Implementation of recommendations</i> Not applicable to this report.	

Report of the Vice-Chair to the Betsi Cadwaladr University Health Board, 29 May 2025

It has been a busy couple of months since our last meeting, with some interesting and generally very positive developments in policy thinking from the Welsh Government providing an impetus for strategic change: while my visits to both primary care and mental health have provided food for thought on the variation – both unwarranted and sometimes warranted – in the service we provide to people across North Wales.

Primary and Community Care

In my last report, I stressed how I had increasingly come to realise that the drive to improve performance and productivity in our acute and elective services was of critical importance not just to reduce unacceptably long waits in planned care, but also to free up resources to 'shift left' enabling primary and community care to develop broader-based and preventative interventions which in the long-term will reduce demand for secondary care.

The potential for using best practice to significantly improve productivity was highlighted by the report of the **Ministerial Advisory Group on NHS Performance and Productivity** ([NHS Wales performance and productivity: independent review](#)) published on 29 April in conjunction with a forum with NHS leaders addressed by the Cabinet Secretary which I attended with colleagues from the Board.

At the same time, we need to recognise that some of the measures which we are taking to address long waits – necessary though they are – are not addressing the fundamental issues with our productivity but rather buying in extra capacity. As the Executive recognise, as we move forward, we will need to redress the balance, with a much stronger emphasis on changes to current practice reflecting learning from elsewhere.

Although the Ministerial Advisory Group's report, perhaps inevitably given its remit, had relatively little to say about primary and community care and mental health, a greater focus on prevention and a shift to primary and community care were highlighted as the first two of his five priorities when **the Cabinet Secretary set out his agenda for the year ahead** in a major speech on 7 April (which again provided an opportunity for a discussion forum bringing together Executives and Chairs/Vice-Chairs from across Wales). ([NHS Confederation speech | GOV.WALES](#)). The challenge of course is to translate this focus into real change on the ground.

There is also, I think, a growing recognition at a national level that the acute problems faced by our Urgent and Emergency Care services can only be addressed by a much greater focus on early intervention and stronger support in the community particularly for those with chronic conditions and the frail elderly population. I was encouraged at the most recent meeting of the Vice-Chairs Peer Group to hear a joint presentation from the NHS Executive leads for Primary Care and the 'Six Goals' programme which recognised that a proliferation of short term initiatives had been unhelpful and stressed the need for a sustained emphasis on two things, a **Single Point of Access** for clinical support to identify alternatives within the community to being taken to Emergency Departments for individuals needed urgent care and the development, based on Minor Injuries Units, of **Urgent Care Centres**, with a consistent 'offer' to the public and able to deal with minor illness as well as minor injuries.

The need for us, as a Health Board, to focus much more coherently and consistently on developing preventative and primary and community care services - and increasing our funding of them – is a consistent message from colleagues who I meet as part of my role as Vice-Chair. I reported briefly at the last meeting on the **Workshop on Advanced Cluster Development** which I had attended the day before the Board where it was clear that morale in primary care particularly amongst GPs

was generally low, with pervasive frustration at the lack of any clear primary care strategy from the Health Board, the complexity of structures around clusters and the failure by the Health Board and Regional Partnership Board to find resources to mainstream even highly successful local initiatives funded by cluster development funding.

I heard a similar message when I met **Primary Care Cluster leads from the West** in April where some successful community based services were at risk because pilot funding had come to an end, and while in all three of the visits to GP practices I have made in recent weeks (in **Dolgellau**, **Llangollen** and **Hwb Iechyd Cybi** in Holyhead), there were excellent examples of great services, I also was consistently told that there was so much more potential to provide care closer to home (including access to therapies and diagnostic services, better integration with MIUs and even the delivery of minor surgical procedures) than we are currently mobilising.

The visits to the three GP practices highlighted the fact that there are some significant differences in terms of the choices practices make in terms of the deployment of resources. Some have moved significantly to use Advance Nurse Practitioners to deliver a large share of the care e.g of chronic conditions, whereas others still prefer to use GPs, whether partners or salaried, to directly provide most of the care. Some of this, of course, reflects the employment market (and recently it appears that there has been a significant shift in the availability of trained GPs looking for permanent positions) but it also reflects the personal preferences of the partners.

I was somewhat more concerned by the variation in community care highlighted by the two Community Hospitals I visited recently, **Ysbyty Penrhos Stanley** in Holyhead and **Denbigh Hospital**. At the former, an excellent model of co-locating a Treatment Room, the MIU and elements of the former Urgent Primary Care Centre was delivering a wide range of services to the local community without having to travel to Ysbyty Gwynedd, but a long-held aspiration to deliver IntraVenous (IV) care had not been realised, even though the budget required would be quite small: whereas in Denbigh, although the MIU was perhaps less developed, I visited a fully-functioning IV suite, with about 12 chairs and patients receiving a range of treatments. Without this facility, I was told that many of the patients who needed IV antibiotics would have had to be treated as inpatients, filling much-needed acute beds.

While it is right that services should be tailored to the needs of local communities, there is clearly a need for a much more consistent offer in terms of our community hospitals and MIUs, with a really strong focus on providing care closer to home and keeping patients away from our acute hospitals wherever possible.

Although I am somewhat frustrated about what I perceive as a relative lack of energetic engagement with primary and community care on the part of the Health Board as an organisation, I have also been heartened by a number of developments recently.

Firstly, the appointment of our new **Chief Operating Officer, Tehmeena Ajmal**, who has worked extensively on community services will provide an impetus. Secondly, I was invited to join an informal meeting of the Executive facilitated by **Katrina Percy of the National Association of Primary Care**, which confirmed my view that our senior leaders completely understand the need to 'shift left' and that the issue has not been lack of interest, but 'crowding out' of these issues by more immediate challenges – focusing on putting out fires rather than fitting smoke detectors, as our new Interim Executive Director for Strategy and Transformation so elegantly puts it.

I was also impressed to hear from Simon Jones, our Associate Director of Primary Care in the East IHC about the work done to develop **SICAT (Single Integrated Clinical Assessment and Triage)** and link this with our Out of Hours Service, to support patients who have contacted 999 or 111 but where an ambulance is not available. This will provide an excellent basis for the SPOA which Welsh Government and the NHS Executive want us to develop.

Last but not least, I visited Dolgellau with Adam Mackridge, our Head of Community Pharmacy, to visit **the pharmacy 'robot'** which allows the Out of Hours Service to issue prescriptions which can be collected at any time of the day or night, seven days a week. This is a first for Wales which gained some very positive media attention when it was launched and which significantly improves access to immediate treatment in a very rural area which could be vital in preventing cases of sepsis, for example.

Mental Health

There have also been significant strategy developments in terms of Mental Health with the launch of '**Understanding: A Suicide Prevention and Self-Harm Strategy**' ([Understanding: a suicide prevention and self-harm strategy | GOV.WALES](#)) and the **Mental Health and the Mental Health and Well Being Strategy 2025 – 2035** (<https://www.gov.wales/mental-health-and-wellbeing-strategy-2025-2035>).

The latter in particular confirms the intention of the Welsh Government to adopt a radically new approach to mental health provision, with a much stronger focus on early intervention (though the provision of **open access, single session support** to anyone who is suffering from poor mental health, anxiety or depression) available via telephone (developing the 111 press 2 service), online or in person, a much greater focus on person-centred care and in the longer term the ambition of drastically reducing the need for inpatient care. I attended a briefing on this led by Ciara Rogers, Head of the Strategic Programme for Mental Health in the NHS Executive on the day the Strategy was launched, as well as meeting with her through the Vice-Chairs Network. I also had the opportunity to meet her recently on a one-to-one basis.

As I have flagged up before, this is an approach is one which I strongly welcome and which is supported by the MHLD Senior Leadership team, who I meet regularly. However, it is clearly very ambitious and will require significant support from the Health Board as a whole to adopt.

In addition to my regular meetings with Teresa Owen, as Executive Director with responsibility for MHLD and Iain Willkie and colleagues, I had a specific briefing on the work underway to strengthen our **community pathways**, which also involves a staffing review. This is likely to highlight the need for greater investment in our community services, particularly after the withdrawal of local authority social workers across all six local authority areas, from what were formerly integrated teams providing Care Coordination to patients.

I made a return visit to the **North Denbighshire Community Mental Health Team at Hafod**, where I sat in on the morning MDT meeting on the day before a Bank Holiday weekend: this highlighted the number and acuity of individual patients in crisis our CMHTs are dealing with and reminded me of the resilience and dedication of our mental health staff. I also visited, the **Older People's CMHT at Glan Traeth** in Rhyl.

Finally, I was pleased to have the opportunity to visit **Caledfryn**, the former Council Headquarters in Denbigh, which we have acquired and which should in time provide much better quality accommodation for a number of our mental health and CAMHS teams.

Gareth S. Williams
Vice-Chair

May 2025



,Teitl adroddiad:	Citizen Experience Report		
Report title:			
Adrodd i:	Betsi Cadwaladr University Health Board		
Report to:			
Dyddiad y Cyfarfod:	Thursday, 29 May 2025		
Date of Meeting:			
Crynodeb Gweithredol: Executive Summary:	<p>This report provides the Board with a summary of the key themes from our engagement with citizens over recent months, drawing insights from a range of sources. These include:</p> <ul style="list-style-type: none"> • Day-to-day interactions with patients, carers, and families, • Conversations with the public and partners in their communities and at events • Interactions on our digital channels • Correspondence from Members of the Senedd and Parliament, and • Engagement activities undertaken by Llais. <p>Marking the fifth report to Board, this edition reflects on the period January to March 2025 of citizen feedback. The key themes are:</p> <ul style="list-style-type: none"> • Access to services • Communication and information • Waiting times • Patient experience and environment <p>This report highlights the feedback received recently and also details some of the actions that are underway to address these issues. The Health Board recognises that despite the progress detailed in this report, there is still some way to go to address the challenges longer term.</p> <p>The feedback and insights are crucial in developing the Health Board's plans and this years' Integrated Medium Term Plan (IMTP) and Annual Delivery Plan 2025/26 outlines steps towards tackling these challenges.</p>		
Argymhellion: Recommendations:	The Board is asked to note the report.		
Report presented by:	Dyfed Edwards, Chair		
Awdur yr Adroddiad: Report Author:	Helen Stevens Jones, Director Partnerships, Engagement and Communications		
Pwrpas yr adroddiad:	I'w Nodi <i>For Noting</i>	I Benderfynu arno <i>For Decision</i>	Am sicrwydd <i>For Assurance</i>

Purpose of report:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <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>	Derbyniol Acceptable <input checked="" 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>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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:				
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:				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Involving and understanding the experience of our citizens runs through all the Health Board's strategic objectives and plans			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	There are no legal implications other than noting that all public services in Wales have a duty to engage and consult with citizens. This has been strengthened through a range of UK and Welsh Government policies and legislation such as the NHS (Wales) Act 2006			
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?	Not applicable for this report.			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)	There are no specific risks associated with this paper.			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	There are no specific financial implications associated with this report			

<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no specific workforce implications associated with this paper.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (Or links to the Corporate Risk Register)</p>	<p>Not applicable</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps:</i> <i>Implementation of recommendations</i></p>	
<p>Rhestr o Atodiadau: Dim</p> <p><i>List of Appendices:</i> None</p>	

HEALTH BOARD MEETING IN PUBLIC

29th MAY 2025

CITIZEN EXPERIENCE REPORT

1. Introduction

1.1 This report highlights key themes emerging from our recent engagement with citizens. It draws on a variety of sources, including:

- Day-to-day interactions with patients, their carers, and families,
- Conversations with the public and partners in their communities and at events
- Interactions on our digital channels
- Correspondence from Members of the Senedd and Parliament, and
- Activities and citizen engagement led by Llais.

1.2 Listening to and understanding the experiences of the people of North Wales is vital to improving the way we design and deliver care and services. By gathering and analysing these insights, we can identify the issues that matter most to our population. We are committed to achieving sustained improvements and are increasingly fostering collaboration between our staff and the citizens of North Wales to address and resolve ongoing challenges.

1.3 This report summarises recent feedback and outlines the actions currently underway to address the issues raised. The Health Board acknowledges that, while progress has been made, significant work remains to address the challenges in a sustainable, long-term way.

1.4 The feedback and insights received are essential in shaping the Health Board's strategic direction. They have informed the development of this year's Integrated Medium-Term Plan (IMTP) and the Annual Delivery Plan for 2025/26, which set out key steps to address these ongoing challenges.

2. Themes and actions from the last period:

2.1 Dental care

- **What people told us:** Access to NHS dental care needs to improve across North Wales.

What we are doing: We have awarded contracts worth over £1.5 million to expand NHS dental provision and are running a further procurement exercise covering General Dental Services, Orthodontics, Oral Surgery, and Non-Urgent Access - totalling over £5 million. The new Dental Access Portal, launched in February 2025, is already helping simplify and centralise access to routine care, ensuring fairer allocation of appointments across Wales.

2.2 Waiting times and access – Neuro Developmental Services and mental health support for children and young people

- **What people told us:** Families and professionals want faster access, clearer pathways, and more joined-up support for neurodivergent children and young people.

What we are doing: We are working with the North Wales Regional Partnership Board to develop a whole-system, integrated model of care. A refreshed governance framework is in place, and over 100 people helped shape priorities at a regional co-production event. Early initiatives have reduced new referrals by 25%, and no child now waits over four years. A new Needs Profiling Tool is being tested, and a regional protocol for better information sharing is under review. Work is also underway to improve transitions to adult services and redesign assessment pathways to increase access and efficiency.

What people told us: Children and young people need better access to timely, joined-up mental health support, with earlier intervention and reduced crisis presentations.

What we are doing: We are delivering a Child and Adolescent Mental Health Services (CAMHS) Improvement Programme aligned with national priorities to improve quality and access across all children's mental health pathways. Early models have been redesigned with a focus on prevention, brief interventions, and support through local partnerships. Waiting times have significantly reduced, with across Mental Health Measure standards. A redesigned crisis model has led to a 70% reduction in Section 136 presentations and a 31% reduction in unscheduled admissions to paediatric wards. Since launching in January 2025, the commissioned Crisis Hub/Alternatives to Admission (A2A) service has supported 266 contacts in its first quarter.

2.3 Dermatology Services

- **What people told us:** Dermatology waiting times, particularly in the West, are too long.

What we are doing: We commissioned an external provider to support dermatology services in the west, helping to reduce delays while we work on long-term solutions. Since January 2025, over 2,500 appointments have been delivered through this arrangement, improving access for patients and relieving pressure on the service.

2.4 Emergency Departments

- **What people told us:** Families raised concerns about young people in mental health crisis attending Emergency Departments, particularly around the unsuitability and impact of the busy environment.

What we are doing: Following a successful Welsh Government funding bid, an 'Alternatives 2 Admission' (A2A) pilot was developed in Central Integrated Health Community. The A2A Hub, co-produced with young people and families, officially opened on 14th February 2025 to provide a calmer, more appropriate setting for support.

- **What people told us:** Patients raised concerns about long waits in Emergency Departments, particularly the impact on frail individuals.

What we are doing: A Frailty Service has been introduced through Same Day Emergency Care (SDEC) at Ysbyty Gwynedd to support patients more effectively, reduce waiting times, and help people return home safely. Feedback on the service has been positive.

2.5 Gynaecology waiting times

- **What people told us:** Gynaecology waiting times are too long and need urgent attention.

What we are doing: The Women's Service is taking forward key improvement actions including clinical and clerical validation, targeted waiting list initiatives, and making best use of capacity across North Wales. Alongside this, the service is developing sustainable solutions such as virtual and group clinics, expanding nurse-led services, and working with primary care to optimise referral pathways.

2.6 Cancer Services

- **What people told us:** Communication with patients, carers and healthcare professionals outside of standard hours needed improvement.

What we are doing: Cancer Services have centralised their out-of-hours triage service to the Alaw Unit, helping improve consistency and responsiveness.

- **What people told us:** Patients wanted more information and support when newly diagnosed with cancer.

What we are doing: A test of concept has been launched in the Alaw Unit to deliver a pre-treatment information service, supporting patients at the point of diagnosis.

- **What people told us:** Families wanted a more supportive and private space on Enfys Ward.

What we are doing: The quiet room on Enfys Ward at Ysbyty Glan Clwyd has been refurbished with support from relatives, creating a more comfortable space for reflection and conversation.

- **What people told us:** Patients and carers felt there were limited opportunities to be involved in shaping Cancer Services.

What we are doing: A co-production workshop with patients from the North Wales Cancer Forum and staff led to the launch of a new engagement structure for Cancer Services on 9 April 2025, ensuring patients have a continuing voice in service development.

2.7 Physiotherapy Musculoskeletal Services

- **What people told us:** Physiotherapy musculoskeletal (focusing on the muscles, joints, posture and movement) waiting lists are too long.

What we are doing: A pilot Community Appointment Day was held for patients referred to physiotherapy. The event brought together assessment, health advice, rehabilitation, and community support into a single appointment. Feedback was overwhelmingly positive, with around 90% of attendees saying it was a great way to reduce waiting times and should be expanded to other services.

2.8 Bereavement Suite, Ysbyty Gwynedd

- **What people told us:** The bereavement suite on the Midwifery Ward at Ysbyty Gwynedd was not fit for purpose.

What we are doing: Following feedback and a successful funding process, a newly refurbished bereavement suite was opened on 7th February 2025. Families affected by baby loss, including those who supported fundraising efforts, were invited to attend the opening and help shape the space.

3. Themes from patients, carers and families from the Patient Experience Team

3.1 Our Patient Advice and Liaison Service (PALS) provides information, advice, and support to resolve issues and concerns about our services. Every week they speak with hundreds of patients, carers and family members.

3.2 Between 1st January 2025 to 31st March 2025 PALS logged 1831 cases. 1712 of those were enquiries, 80 were compliments received in writing and 39 were suggestions. It took PALS on average 6.27 working days to resolve an enquiry. The top 3 reasons why patients/relatives contacted PALS included:

- Appointments
- Clinical treatment or assessment
- Communication

3.3 Patient and Carer Experience awareness training sessions were delivered by PALS Officers to 56 staff across North Wales, including Student Nurse Forum, newly qualified nurses and the Health Psychology Service.

3.4 From 1st January 2025 to 31st March 2025 a total of 11879 All Wales real-time feedback survey responses were received. Patient satisfaction remains high with 81.66% of patients 'very satisfied' with their overall experience of accessing Health Board services.

Key patient findings from the real-time survey feedback include:

- 81.70% of staff 'always' introduced themselves
- 81.64% of respondents were 'always' given all the information needed
- 82.53% of respondents were 'always' involved in decisions about care
- 84.90% of respondents 'always' felt listened to
- 81.84% felt staff 'always' took the time to understand what matters to them

What people have said was good about their experience:

- *'Doctor and nursing staff were all very open and approachable. I had some questions which were answered clearly, and I appreciated their willingness to provide me with information' (Colwyn Bay Hospital Outpatients).*
- *'My consultant explained my results and ongoing care. I was introduced to my specialist nurse who is monitoring me. She listened to me and discussed personal*

issues I have and referred me for extra support. My ongoing monitoring was fully explained to me. I feel confident about my care and support' (Wrexham Maelor Hospital, Shooting Start Unit).

- *'A lovely, friendly, accepting ward. Everything was explained as far it was at all possible. I am very shy and yet I felt completely at home' (Conwy Ward, Ysbyty Gwynedd).*

3.5 Between 1 January 2025 – 31 March 2025, 3249 Emergency Department feedback survey responses were collected via Civica feedback system. In March 2025 respondents rated their overall experience of accessing Health Board services as 6.62 out of 10, with 10 being excellent (Beacon Dashboard 10/4/2025).

In March 2025 the Health Board was ranked the 2nd highest Health Board in Wales to capture Emergency Department feedback, and has the 4th highest average satisfaction score across All Wales Emergency Departments (Beacon Dashboard 10/4/25).

3.6 Key patient findings from the All-Wales Emergency Department feedback survey include:

- 58.59% were always well cared for
- 63.24% always felt listened to
- 56.35% always understood what was happening with their care
- 63.36% always felt things were explained in a way that they could understand
- 31.44% felt from the time they needed to use this service they waited shorter than expected

3.7 What people have said was good about their experience:

- *Doctors and Nurses were wonderful. Working under extreme pressure, they always do their best. I cannot say a word against my treatment. The waiting time in A&E is unfortunate but cannot be helped. Thank goodness for the NHS (Ysbyty Glan Clwyd).*
- *Doctor and nurses were brilliant from start to finish, they put me at ease and explained everything that they were going to do (Wrexham Maelor Hospital).*
- *The staff were amazing having to deal with many difficult as well as poorly patients. They were friendly, and apologetic about being nursed in the corridor. I felt listened to (Ysbyty Gwynedd).*

3.8 In January 2025, Carers Trust Wales commissioned a short film to showcase the positive partnerships between NEWCIS and staff at Wrexham Maelor Hospital supporting unpaid carers. The film was shown at Carers Trust's Network celebration event at the Senedd on 4 February 2025, which was attended by Dawn Bowden MS, Minister for Children and Social Care. The film will also be used to support Welsh Government training as part of the Carer Aware programme.

3.9 PALS Officers visited 6 wards/service areas across Ysbyty Gwynedd, Ysbyty Glan Clwyd, Wrexham Maelor Hospital to undertake 'Care to Share' discovery interviews. The following wards were visited:

Ysbyty Glan Clwyd:

- Ward 5 – positive feedback regarding nursing staff and cleanliness of the ward. Patients suggested communication could be improved between staff.
- Ward 1 - positive feedback regarding all staff on the ward, hand hygiene and the way information is shared between health professionals. No suggestions for improvements were made by patients.
- Ward 7 - very positive feedback regarding staff, patient information, cleanliness of ward and hand hygiene. Patients felt information was shared clearly, call bells were answered promptly.

Wrexham Maelor Hospital:

- U5 Orthopaedic Suite – staff were fantastic, information was shared well between health professionals and patients. Patients suggested improvements with regards to signage to direct them to the ward.
- Samaritan Ward – staff were friendly. Patients raised not all staff introduced themselves.

Ysbyty Gwynedd:

- Hebog Ward – excellent care, excellent staff, staff introduced themselves and there was a good level of cleanliness on the ward, Patients suggested improvements could be made in the length of time it takes for staff to respond to call bells.
- Ffrancon Ward - positive feedback regarding nursing staff and cleanliness of the ward.

As part of the 'Care to Share' interview process patients were asked a series of qualitative questions to capture their real time experience of being an inpatient. Following the patient interviews, PALS worked with relevant Ward Managers to identify areas of improvement based on patient feedback through 'you said, we did' learning methodology. Feedback from patients highlighted friendly staff and kind staff. Areas of improvement identified related to improved signage on wards, poor communication call bells not being responded to timely and the quality of food. PALS are working with relevant services to improve these experiences.

- 3.10 Palliative Care and End of Life is a Ministerial priority for 2025 to 2028. The Health Board's priority will be implementing the SWAN bereavement model of care across North Wales. Two permanent B7 Macmillan SWAN Nurses were appointed in March 2025, with Macmillan funding their roles for the first 12 months. They will be starting their roles in June 2025 as clinical specialists providing information, advice, and emotional support to bereaved families, individuals, and staff.

The SWAN Model of Care will include the recruitment of staff SWAN Champions, the SWAN symbol by the bedside to alert all staff that the patient & family are in an end-of-life care situation, comfort packs the family can use if they are staying with their loved ones and memory boxes.

- 3.11 Stories provide the Health Board with an opportunity to learn from individual experiences. Below are examples of patient stories captured:

My Diabetic Journey - The storyteller is a patient who, in her late 30's, has been recently diagnosed with Type 2 Diabetes. She describes her 'diabetic journey' where she initially

felt shocked and overwhelmed about her diagnosis and unsure about how to manage the condition. She describes the lifestyle changes that she has made, both nutritionally and through physical activity, as well as the role of medication and support from Healthcare Professionals as well as her family, to reduce her HbA1c level (the level of glucose / sugar in her blood). The story was shared as part of the Public Health Diabetes Transformation Programme, where 'lived experience' stories are being used to inform the process of redesign of care and treatment provided for patients identified as at risk, or living with Diabetes.

Alternatives 2 Admission Pilot - The story provides a collection of parent, young person, and staff experiences of accessing crisis and unscheduled care. A mother and daughter share their experience of accessing Emergency Departments when in a mental health crisis, providing suggestions for improvement. Following a successful bid to Welsh Government in 2023, funding was awarded to develop and deliver an 'Alternatives 2 Admission' pilot scheme within Central Integrated Health Community. An A2A Hub was established based within the grounds of the Royal Alexandra Hospital, Rhyl. The story describes the Alternatives 2 Admission Pilot project that has been launched to support Children and Young People in Crisis.

4 Community conversations

Since the last Citizens' Experience report in January 2025, a wide range of engagement activity has taken place, including both formal and informal conversations with the public, patients, staff, and partners. Across this engagement, recurring themes have remained consistent - such as outpatient waiting times, access to services, ambulance and Emergency Department delays, and communication.

4.1 Delays and referral waiting times

Feedback gathered through ongoing health and wellbeing engagement events, including Bitesize Health (BSH) drop-ins, continues to highlight the significant **impact of waiting times** for treatment. While individuals report a range of conditions, orthopaedics - particularly hip and knee surgery - remains one of the most frequently mentioned. The consequences of long waits are not limited to delayed care; in some cases, they have led to the development of new health issues. For example, a woman attending an event in Gresford shared that after waiting over two years for a knee operation, she is now experiencing problems with her other leg due to overcompensation.

Concerns were also raised regarding the **response time for urgent referrals**. In one instance, a patient expressed frustration at having to wait an extended period for an urgent gynaecology appointment, prompting them to consider private healthcare due to fears about their condition worsening.

Waiting for a diagnosis or treatment also has wider impacts beyond the patient. One example involved a woman whose condition deteriorated significantly while awaiting a dementia diagnosis, including episodes of confusion and disorientation that required emergency support from her daughter.

Engagement with individuals whose first language is not Welsh or English has underscored additional access barriers. Regular attendance at British Red Cross drop-in

sessions for asylum seekers and refugees in Wrexham has revealed similar issues. These sessions, which provide essential support with food, clothing, housing, and health, have shown that long waits for services such as physiotherapy or follow-up appointments are common.

Refugees and asylum seekers often rely on third sector health visitors or caseworkers to navigate the system, with staff frequently spending long periods attempting to contact GP practices or primary care providers—including dental services—without success. Partners supporting non-English or non-Welsh speakers have also flagged particular difficulties in accessing mental health support.

4.2 Other issues raised

Car parking at Health Board hospital sites continues to be a frequently raised concern. Engagement with older people on Anglesey highlighted ongoing issues at Ysbyty Gwynedd, particularly the limited availability of disabled parking bays. Some individuals reported that after multiple unsuccessful attempts to find parking, they had to abandon their visit and miss appointments as a result.

Additional concerns related to the **hospital environment** were also raised. Participants noted that both the café and general shop at Ysbyty Gwynedd have remained closed since the COVID-19 pandemic. The absence of these facilities has impacted patients, carers, and visitors, who expressed a need for a quieter space to rest, purchase refreshments, or access everyday essentials - especially when the main restaurant is busy and noisy.

Student feedback gathered at Bitesize Health (BSH) engagement events also highlighted gaps in accessible information and support. At the Coleg Meirion-Dwyfor Dolgellau event, students raised concerns about the **lack of clear information** from the Health Board regarding services available for those with mental health needs and learning disabilities. Similarly, at a BSH event held at Bangor University campus, students expressed **unpaid care** for a family member.

4.3 Tywyn Community Hospital

Concerns about the temporary closure of the inpatient ward at Tywyn Community Hospital continue. Some residents are unhappy about the length of time it has taken for the Health Board to make a decision on the future of the ward. Questions about recruiting staff and services for end-of-life care have also been routinely raised. This issue has again been highlighted through an S4C news report in April.

4.4 Positive feedback

Although many of the experiences shared highlight dissatisfaction or frustration, these are often balanced by more positive feedback. A recent piece of targeted engagement, led by our Cardiac Rehab Team in partnership with a local Heart Failure Group in Rhyl, explored gender bias in care and generated highly constructive responses. Patients were eager to share their personal stories about treatment, access to services, medication, and symptoms - some even shared images of newly fitted pacemakers. Feedback from patients included:

“learnt so much today about medication and that I am not alone or unique”

“good to speak with others who have been through the same thing”

“I did not have symptoms of a heart attack - it was not what I expected' - 'feel much better after listening to everyone today”

At a pilot Community Appointment Day for patients referred to physiotherapy around 90% of patients who attended the day thought it was a great way to get the waiting lists down and think other services should do the same. Feedback from the session included:

“I just wanted to say, after visiting the Community Drop-In, what a great experience it was. It was very well organised from start to finish. From my point of view, I was referred following a hip x-ray requested by my doctor. I was able to see the x-ray (which helped me understand the problem) and discuss both the long and short term outlook. More than that, I had a shoulder problem which I hadn't bothered the doctor about and was given advice on exercises for that. I then went to have a blood pressure and blood oxygen test (normal) and while I was there discussed my asthma medicine with the pharmacist which is likely to result in me changing my inhaler. In short, the health outcomes from the visit were well beyond the reason I had been referred.”

“What was really good was that I didn't feel rushed. The staff listened, discussed actions I can take and overall it was a very positive experience, much better than I expected.”

Other positive feedback has come from the Women's Health Conference held in March at Rhyl Pavilion

The event was an awareness initiative aimed at highlighting the inequitable access to health services for women. It included informative presentations on women's health issues from Betsi Cadwaladr University Health Board and women's champions in the fields of health and social care. It was also an opportunity to celebrate women who inspire so many people on a daily basis. The event was held during International Women's Week 2025 and reflected on the recent launch of Welsh Government's Woman's Health Strategy which was published in December. Feedback included:

“I just wanted to extend my sincere appreciation for the incredible conference. It was truly informative and inspiring, with a strong focus on the real issues that women face daily. The event created an empowering space for discussion, reflection, and learning.”

“Fantastic representation from across sectors and across North Wales. Made the effort to get away from my info stand and catch up with colleagues old and new. It's only possible to update each other when we have events like this where we have dedicated time to listen, share and network. Diolch/thank you.”

5 Digital conversations

5.1 Over the last two months, the digital communications team responded to 92 cases (a query handled through a direct/ private message that is complex, or requires further support, usually from PALS or the Complaints Team) and received an additional 2024 comments and messages from social media users to the Health Board's official channels.

Examples of queries for this period include: requests for contact information, PALS support or signposting to service and health information, hosted on our website.

Key themes relating to messaging and queries for this period were:

- The new Dental Access Portal
- General information on vacancies
- Positive messages and feedback on services (Audiology, ED)
- Queries relating to the Womens Conference Held in March

5.2 As part of the Winter 2024/25 Communications Campaign, targeted advice and information were developed and published to support the public in managing common winter health issues and navigating services appropriately. The campaign focused on promoting pharmacy services, minor injury units, winter safety, and mental health support via 111 (option 2).

The digital campaign reached 315,712 social media users, with 10,443 actively engaging with the content. Analysis of user behaviour showed that the most frequently searched topics were hospital and ward information, dental access, and minor injury unit locations.

Content was co-produced in collaboration with the pharmacy service, contributing to increased public uptake of the Common Ailments Scheme and the Sore Throat Test and Treat service during the winter period.

6. Correspondence from Members of the Senedd and Parliament

6.1 300 enquiries were received from MSs and MPs during the first three months of this year, significantly higher than the same period last year, and is an indication that the new MPs elected last July have settled quickly into their roles. Despite the increased caseload more than 70% of all queries are answered within our 15 working day deadline, up from 64% at the end of December.

The issues raised by elected representatives so far in 2025 largely reflect concerns that have been consistently highlighted over the past year, with waiting times for various services continuing to be a central focus. If current trends continue, queries about waiting times for orthopaedic surgery are set to fall by more than two-thirds while issues surrounding medication prescribing and access issues will fall by the same measure.

Conversely, there is an anticipated increase in concerns related to waiting times for ADHD assessments, dermatology, gynaecology, and the progression of cancer treatment. These issues are currently on track to more than double in frequency by year-end.

Seven politicians of all parties, along with the Older People's Commissioner, have written to complain about the Health Board's decision to end the British Red Cross Emergency Department Well-being and Home Safe Service for people attending hospital Emergency Departments in May.

Although it is too early to draw definitive conclusions from the political queries received during the first quarter, they offer a useful indication of ongoing or emerging issues, as well as early signs of progress in areas where improvements have been implemented.

The following statements have been gathered from correspondence sent by politicians on behalf of their constituents. They provide a snapshot of the problems experienced by patients across our services.

6.2 Waiting time – Ophthalmology

Constituent Case: The constituent, a former nurse now aged 84, was placed on the ophthalmology waiting list in June 2019, but waited around three years until she was seen. She says that she then had some procedures which did not help, and eventually removed a cyst on her eye herself. She says that she experiences “irritation, permanent and persistent eye watering” and “as a direct consequence, significantly contributed to my depression for which I rely on a repeat prescription for Fluoxetine.”

This is particularly concerning as she is blind in her right eye, and any further delay risks significant deterioration in her vision and quality of life.

She is waiting for an eye operation, which was requested in October 2023, and her eyesight is deteriorating rapidly. As a former nurse and nurse manager, she has given her working life to care for other people. Now she needs some care of her own.

6.3 Waiting time – Neuro Developmental Assessments

Constituent Case 1: My constituent has been waiting for a neurodevelopmental assessment for her eight-year-old son for over three years. The long wait times are very distressing for the family, and the lack of access to an assessment adversely affects his life and his family.

Constituent Case 2: Her daughter is now struggling emotionally, socially and academically as without a diagnosis she is not receiving the crucial help and support she needs. All the health and school professionals involved state it is vital she is assessed before high school in September.

Constituent Case 3: She is very worried about her son, as he is having behavioural difficulties both at home and in school. She is hopeful that if he is diagnosed with a condition, then treatment could possibly help to alleviate his disruptive behaviour. He has no sense of time and space, his body clock and even his immune system are completely dysregulated. At our last appointment, his doctor who has been very supportive even suggested that we move as this authority seem to be knocking this request back every time.

6.4 Tertiary / other providers

Constituent Case 1: This delay has had a catastrophic impact on her life. She suffers from daily pain that is only partially relieved by strong medication, including Tramadol and Oramorph, both of which come with significant risks of dependency and side effects. She has lost the ability to perform even the most basic daily tasks such as shopping, housework, cooking, and dressing herself. The mental and emotional toll of this ongoing situation is severe. She is just 45 years old yet she feels completely debilitated.

Her condition has negatively affected her marriage, her ability to care for her children, and her overall mental health. She has reported experiencing severe depression, with

thoughts of whether her family might be better off without her, a deeply distressing admission that underscores the urgency of this situation.

Constituent Case 2: Please advise when he might next receive an appointment or a date for surgery in Liverpool (if this is still the case). He is currently in temporary accommodation and we are concerned for not only his physical health, but also his mental health whilst he waits for his operation. He has been told by the local authority that he can remain in his current accommodation until they find him more permanent housing in his home town. He currently has a good support network in place and people who help him get access to his haemophilia medication.

6.5 Access to NHS Dentistry

Constituent Case 1: We have received an email from a constituent who wishes to enlist with the British Army, but is unable to do so because of the health of his teeth. He has not been able to find an NHS dentist nearby due to a chronic shortage of dentists in North Wales, and private dentists have quoted a minimum of £3,000 for treatment.

Constituent Case 2: Miss R tells me that, as she is on Universal Credit and her partner is on a low wage, private orthodontic treatment for R is simply not an option for them. She also tells me she feels the practice are being very unfair, particularly when R is now halfway through his treatment.

6.6 Waiting time – Dermatology

Constituent Case 1: This elderly lady has a potential cancerous growth on her face and is desperate to see a dermatologist, but unfortunately her family has contacted us to say that her appointments are being cancelled and that they have been let down again this week.

Constituent Case 2: He has had a recent diagnosis for a new skin cancer but has been told the treatment target time is 10-11 weeks. This is causing him a lot of distress and he is very concerned about how this delay in treatment might impact his outcome.

Constituent Case 3: She is still waiting and has received no correspondence, she is an urgent cancer referral patient, and this was since September last year.

Constituent Case: She attended an appointment on 27th November 2024 with concerns about suspected melanoma on her face and back. These were classed as urgent, but she has been informed there is a waiting time of five months to see a dermatologist, as there is currently only one dermatologist serving Betsi Cadwaladr. In the meantime, she has been prescribed chemotherapy cream for her facial moles, but the moles on her back remain untreated. These moles are particularly concerning as they are described as black and changing shape. She has been advised to consider private treatment, though she is unsure of the costs involved, which places her in a difficult position.

6.7 Waiting time - General & Gastro Intestinal Surgery

Constituent Case 1: For the past ten years, she has endured severe daily pain in her lower left abdomen and pelvis, yet she remains undiagnosed and untreated despite numerous consultations with healthcare providers.

Constituent Case: The constituent states he has been on the waiting list since May 2023 and he is experiencing severe discomfort and concern about the delay. He would like to know how much longer he may have to wait.

Constituent Case 3: As she is suffering from upper abdominal pain which is severe enough to wake her during the night, my constituent contacted the hospital on the 8th of January and states that she was told that the waiting list for a clinic appointment is currently 18 months and much longer for a surgery date.

6.8 Waiting time – Urology

Constituent Case 1: He advises that he has been waiting since August for surgery for stones in his bladder. He had a pre-op in November and was told the surgery would be carried out before January. This did not happen, however, and he understands the pre-op is no longer valid. He says he has been told the surgery may now proceed in June, but this is not confirmed and he has not received a date. He says his condition is causing him some discomfort, and he is suffering continual bleeding as well as having to be prescribed repeated courses of antibiotics

Constituent Case 2: He is immensely concerned about the current state of his health, due to symptoms of prostate cancer. I understand that my constituent's GP sent two urgent referrals since December 2023, nonetheless, he remains concerned that the urgency of his referral and suspected cancer concerns have not enabled him to have an appointment.

6.9 Access to Mental Health services

Constituent Case: We understand that he was formally discharged from adult mental health services in 2023, and he has been left without ongoing support as he is expected to manage his behaviour. This hasn't been possible for him, and he has experienced further challenges as some traumatic childhood memories have recently been unlocked. His mother has advised that his behaviour is having an adverse impact on both his and her physical health.

7. Activities and engagement with citizens undertaken by Llais

Llais is an independent statutory body, set up by the Welsh Government to give the people of Wales much more say in the planning and delivery of their health and social care services.

Over the last three months, Llais North Wales has engaged with citizens via a range of activities, including events, forums, consultations, and direct advocacy. In particular, and as part of their work plan, they have engaged with citizens across Flintshire and also in Kinmel Bay in March as part of the Llais Local approach.

Key themes and concerns identified are as follows:

7.1 Access to Primary Care

Accessing primary care services, particularly GP and NHS dental appointments, was one of the most frequently raised concerns across engagement forums. Many people described significant challenges when trying to access the care they need in a timely and affordable way.

- **GP Access** - A common frustration was the difficulty in booking appointments with GPs. Patients shared experiences of long waits on the phone, with lines often engaged and appointments gone by the time they got through. Same-day appointment slots were especially limited, and digital systems like eConsult proved difficult for some, particularly older people or those without internet access.

“It’s impossible to get through on the phone, and when you do, the appointments are already gone.”

“You have to be lucky at 8am. If you’re not quick enough, that’s it.”

- **NHS Dental Care** - Many participants also reported the absence or loss of NHS dental provision in their area, with practices offering only private appointments. For those unable to afford private care, this resulted in delayed treatment or self-management of dental problems, sometimes in unsafe or distressing ways.

“There’s no NHS dentist here anymore – I can’t afford to go private.”

“I ended up filling my own tooth with a kit from the chemist.”

7.2 Secondary Care

People shared a wide range of experiences related to secondary care, including emergency departments, hospital-based services, and the transition between health and social care. Several consistent themes emerged:

- **Pressures in Emergency Departments (A&E)** - Many described long waits in emergency departments at Ysbyty Gwynedd, Ysbyty Wrexham Maelor, and Ysbyty Glan Clwyd, with some individuals reporting delays of up to 36 hours. Overcrowding, uncertainty, and discomfort were common concerns.

“I waited 12 hours in a corridor on a trolley.”

“A&E is disorganised and scary – you don’t even know when you’ll be seen.”

- **Hospital Parking and Transport Issues** - Difficulties with parking at major hospitals created stress and impacted appointment attendance. People also raised issues around poor integration of cross-border services, particularly between Wales and England.

“You have to arrive hours early just to get a parking space.”

- **Lengthy waiting times** - Lengthy delays for specialist services—including audiology, cataract surgery, neurodevelopmental assessments, and respiratory care—were a major concern. Some patients felt forced to pay privately to access timely treatment.

“I’ve waited five years for a hearing aid appointment.”

“My cataract surgery was only possible after I paid privately – it wasn’t affordable, but I couldn’t wait any longer.”

- **Social Care and Hospital Discharge Concerns** - There were reports of patients being discharged without appropriate support or follow-up, highlighting gaps in coordination between health and social care services.

“I was sent home from hospital two days before Christmas with nothing in the house – no food or support.”

“My dad was discharged with no care plan. We didn’t even get a number to call.”

7.3 Positive Feedback About Individual Staff and Services

Amid wider system frustrations, many participants expressed gratitude for the professionalism and compassion of individual staff members and teams.

“The district nurses are excellent – kind and professional.”

“Llangollen Health Centre have really improved – it’s so much easier to get seen face-to-face.”

7.4 Report on engagement with citizens across Flintshire

As part of the Llais Local initiative, 291 individuals across 11 community groups in Flintshire shared their experiences of health and social care services. Participants highlighted persistent issues with accessing GP appointments, particularly the 8am phone scramble, and long delays for NHS dental services, forcing some to travel to Chester and others to pay privately.

There were widespread concerns about long waits in emergency departments, ambulance delays of up to 9 hours, and difficulties securing blood tests due to limited local capacity. Patients reported feeling excluded by the shift to online systems for prescriptions, especially older people unfamiliar with digital tools. Hospital parking, particularly at Wrexham Maelor, was described as chaotic and distressing, compounded by estate upkeep concerns.

Long referral and treatment waits - especially in eye care, respiratory, and surgical services - were frequently raised, with some facing years-long delays. Carers spoke of being overwhelmed due to a lack of respite support, and cross-border communication failures between English and Welsh NHS systems further disrupted continuity of care. As a result, formal representations have been made to BCUHB and the Welsh Ambulance Service to address these recurring issues.

7.5 Report on engagement with citizens in Kinmel Bay

As part of its local engagement work, Llais North Wales held a forum in Kinmel Bay to explore the unique pressures on health and social care caused by the town’s sharply fluctuating population, which rises from 8,000 to over 40,000 during the tourist season. Attendees - including residents, local councillors, healthcare professionals, and third-sector partners - raised serious concerns about access to GP appointments at Kinmel Bay Medical Centre, with some patients making hundreds of calls without success.

Residents described long delays and poor conditions at Ysbyty Glan Clwyd's emergency department, including a 36-hour wait and concerns over cleanliness and patient dignity. Hospital discharge planning was seen as inadequate, particularly for vulnerable patients living alone. Carers and disabled residents reported feeling overlooked, while issues of cross-border health access, housing of homeless individuals in caravan parks, and lack of support for unregistered patients were noted.

The practice reported treating thousands of non-residents each year without additional funding, prompting calls for a tourism levy to support local primary care. Practical suggestions included improved hospital transport, parking, and better ED communication (e.g., name displays or call buzzers).



Teitl adroddiad: <i>Report title:</i>	Strategic Direction and Planning Report
Adrodd i: <i>Report to:</i>	Health Board
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 29 May 2025
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none">• Introduce the Strategic Direction and Planning Report.• Summarise the process to refresh the Health Board’s Well-being Objectives and to set out the resultant proposed objectives.• Set out the proposed approach to developing longer term service solutions relating to Tywyn and Penley Hospitals.• Provide an update on Hywel Dda University Health Board’s Clinical Services Plan (CSP) Programme and to highlight the Public Consultation, which will run from 29 May – 31 August 2025.
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none">• APPROVE the proposed Health Board well-being objectives (2025)• CONSIDER AND DISCUSS the proposed process and timeline for developing sustainable solutions for Tywyn and Penley Community Hospitals.• NOTE the update on Hywel Dda University Health Board’s CSP programme and Public Consultation, which will run from 29 May – 31 August 2025.
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning.
Awdur yr Adroddiad: <i>Report Author:</i>	Kamala Williams and Wendy Hooson, Heads of Health Strategy and Planning.

Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>		Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <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>	Derbyniol <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>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>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:</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>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		<p>The items covered in this paper align to the following the Health Board strategic objectives:</p> <p>Objective 2 - Developing strategy and long-lasting change.</p> <p>Objective 4 – Improving quality, outcomes and experience.</p>		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		<p>Well-being objectives</p> <p>In July 2023, the Minister for Social Justice and Chief Whip wrote to Health Boards confirming changes to the Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act), this places social partnership duties on public</p>		

	<p>bodies and substitutes 'fair work' for 'decent work' in the 'A Prosperous Wales' well-being goal within the Well-being of Future Generations (Wales) Act 2015 (WCFG Act).</p> <p>Health Boards were advised to plan for a general review of their well-being objectives, noting that this should consider how their objectives contribute to 'fair work'. The fair work provisions commenced on 1st April 2024.</p> <p>Service Change</p> <p>Section 183 of the National Health Service (Wales) Act 2006 requires local health boards (LHBs), with regard to services they provide or procure, to make arrangements to involve and consult current and prospective service users, or their representatives, on:</p> <ul style="list-style-type: none"> • Planning to provide services for which they are responsible • Developing and considering proposals for changes in the way those services are provided • Making decisions that affect how those services operate <p>In addition, when undertaking service change, NHS organisations are required to be mindful of their duties under the - Equality Act 2010 (which includes the Public Sector Equality Duty and the Socio-economic Duty); the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (which amends the NHS (Wales) Act 2006 to impose a Duty of Quality) and the Welsh Language (Wales) Measure 2011.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Yes (with regards to the well-being objectives)</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p>	<p>Yes (with regards to the well-being objectives)</p>

<p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	<p>Failure to fulfil the statutory duties as per the SPPP and WBFG Acts (with regards to the well-being objectives)</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>N/A</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>N/A</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>N/A</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Well-being objectives links to the following corporate risks:</p> <p>CRR 24-01: People, Culture and Well-being: There is a risk that BCU does not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care.</p> <p>CRR 24-16: Leadership: There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation.</p> <p>The Tywyn and Penley item links to the following corporate risk:</p>

	<p>CRR24-19: Community Care Provision: There is a risk that the Health Board may not be able to provide safe, effective and timely care to patients in the community, and the Health Board not fully meeting its obligation to commission and provide accessible and high-quality community care, Discharge to Recover and Assess (D2RA), Care Home support services and Continuing Health Care (CHC) services.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p>Camau Nesaf: Next Steps: As described in the accompanying report.</p>	
<p>Rhestr o Atodiadau: List of Appendices: Annex 1 – Table summarising the development of the proposed Health Board Well-being objectives (2025)</p>	

Strategic Direction and Planning Report

▪ Introduction

The Board has 5 Strategic Objectives in the Integrated Medium Term Plan for 2025/2028, this report focuses specifically on taking forward 'Strategic Objective 2: Delivering Strategy and long lasting change'. The report details issues and opportunities of strategic significance and/or pertaining to service change that individually or cumulatively may influence healthcare for north Wales residents.

In addition to this report a new executively led subgroup of the Health Board's Executive Committee, the 'Strategic Planning and Service Change Group', has been established to help strengthen mechanisms to improve arrangements for oversight and scrutiny of strategic planning and service change across the Health Board.

Three specific areas are focussed on in the report:

- The amended Health Board well-being objectives, which are being presented to Board for approval.
- The proposed approach to developing longer term service solutions relating to Tywyn and Penley Hospitals.
- An update on Hywel Dda University Health Board's Clinical Services Plan (CSP) Programme and to highlight the Public Consultation, which will run from 29 May – 31 August 2025.

▪ Proposed changes to Health Board well-being objectives

Introduction

In July 2023, the Minister for Social Justice and Chief Whip wrote to Health Boards confirming changes to the [Social Partnership and Public Procurement \(Wales\) Act 2023](#) (SPPP Act), which places social partnership duties on public bodies and substitutes '[fair work](#)' for 'decent work' in the 'A Prosperous Wales' well-being goal within the Well-being of Future Generations (Wales) Act 2015 (WBFG Act).

Health Boards were advised to plan for a general review of their well-being objectives, noting that this should consider how their objectives contribute to 'fair work'. The fair work provisions commenced on 1st April 2024.

Whilst the primary focus of the review has been on fair work and socially responsible procurement and contracting, consideration has also been given to the broader well-being objectives to ensure that they remain fit for purpose and in accordance with an audit of the process for reviewing the Health Board's objectives which formed part of the scope of the Auditor General's review carried out in August 2024.

Engagement

A Well-being Task and Finish Group was established in July 2024 to oversee the work to review the well-being objectives. In order to ensure a structured and proportionate approach to reviewing the objectives, discussions have taken place with:

- Welsh Government
- Office of the Future Generations Commission
- Other Health Boards (Swansea Bay University Health Board and Hywel Dda University Health Board)
- Trade Union representatives

In addition:

- A public and staff survey was published on social media and in the staff bulletin.
- Questionnaires were distributed to each of the three Public Services Boards in North Wales.
- Progress updates have been provided to the PPHP Committee in August and October 2024 and the Workforce Partnership Group in November 2024.
- A briefing paper was shared with the Stakeholder Reference Group in October 2024 with a link to the public and staff survey provided.

The proposed well-being objectives were presented to and endorsed by PPHP Committee on the 1st May 2025. Feedback from PPHP Committee has been included in this report, see next steps section and Annex 1 respectively.

Key areas of work

In addition to the engagement work described above, the review has been informed by evidence gathered from:

- An assessment of current 'fair work' practice and socially responsible 'procurement and contracting. Gaps have been identified and actions to advance fair work, procurement and contracting have been agreed
- Health Board and partnership well-being activities that address health inequalities, prevention, the wider determinants of health and decarbonisation
- A BCUHB summary of the non-pay parts of the 2022 – 2024 Collective Agreement

This work, along with the engagement feedback, has provided the basis upon which the well-being objectives have been reviewed and helped to identify gaps in alignment with the seven sustainable development principles described in the WCFG Act (2015).

The Health Board's current well-being objectives (2018 – 2024)

- Improve physical, emotional and mental health and well-being for all.
- Target our resources to those with the greatest needs and reduce inequalities.
- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being.
- Improve the safety and quality of services.
- Respect people and their dignity.
- Listen to people and learn from their experience.

Proposed well-being objectives (2025)

(See also Annex 1 for details of the changes)

Further to a review of the evidence and engagement feedback the proposed well-being objectives, as set out in the box below, were developed which:

- Align with the Health Board's Values and Behaviours Framework
- Seek to maximise the Health Board's contribution to all seven of the sustainable development goals described within the WCFG Act (2015)
- Strengthen the wording of three of the current well-being objectives and add two new objectives in direct response to Welsh Government legislation. Two of the current wellbeing objectives have not changed

Proposed Health Board well-being objectives (2025)

- Improve physical, emotional and mental health and well-being for all.
- Target our resources to those with the greatest needs and reduce inequalities.
- Work in partnership to support people and develop communities to manage their health and prevent ill health.
- Continuously improve the quality and safety of services.
- Listen and learn from people's experience.
- Workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive working environment where rights are respected.
- Contribute to the environmental, economic, social and cultural well-being of north Wales.

Finance

There are no cost implications or budget required for implementation in respect of this paper.

Workforce

There are currently no workforce implications associated with implementation of this paper. Any workforce requirements relating to the Social Partnership Duty and the Procurement Act 2023 will be determined as the impact of the new regulations become known. Actions

to advance fair work and the non-pay parts of the 2022 – 2024 Collective Agreement are being undertaken within existing resources or in partnership with Local Authorities, Higher Education or the Third Sector.

Risks

Individual service areas are accountable for ensuring any risks within their specific areas of delivery are identified and recorded, and mitigations set in place as far as is feasible

Equality and Diversity

An Integrated Equality Assessment and Socio-Economic Impact Assessment have been completed and no unintended consequences were identified. Respect, quality and safety are embedded in the proposed well-being objectives and the Health Board's Strategic Equality Plan (SEP). The overarching objectives in the SEP resonate and support BCUHB's proposed well-being objectives.

Next steps

- As part of the broader engagement on the development of the Health Board's long-term strategy - a further review of the well-being objectives will be undertaken with partners and stakeholders that is aligned to timescales for engagement on the 'strategic intent for North Wales' (Q4 2025 / 26). This will include consideration of the messages contained in the report *'No time to lose: Lessons from our work under the Well-being of Future Generations Act'* published by Audit Wales in April 2025.
- The development of the Health Board's long-term strategy will bring together the strategic objectives, well-being objectives and key strategic plans into one place, setting out a framework for the Integrated Medium-Term Plan. This will include measurable improvements against an agreed set of indicators that will be aligned to the strategic vision and set against the well-being objectives and national outcomes frameworks.

▪ Tywyn and Penley Hospitals

Introduction

Tywyn and Penley Community Hospitals have both been subject to service change, specifically the temporary closure of inpatient beds, which has been driven by a combination of workforce challenges and sustainability concerns.

This section details the background to the changes, engagement to date and the process and proposed timescale for developing long-term, sustainable service models, which seek to balance the needs of both communities affected by the changes, whilst ensuring that the solutions are realistic and achievable.

Tywyn Community Hospital

Tywyn is situated in a rural area of South Gwynedd, which presents challenges to the local community in terms of ease of access to healthcare services.

Tywyn Community Hospital provides a range of community healthcare services, including outpatient care, minor injury treatment, and rehabilitation support. Prior to the temporary closure it also had a 10-bed inpatient ward that provided care for patients who required ongoing support but did not need admission to an acute hospital and were not yet able to be cared for in their home.

The hospital serves an ageing population with more than one-third of residents aged 65 and over many of whom have complex health needs, this has created a growing demand for services such as rehabilitation, mental health and end of life care. Workforce recruitment and retention challenges have created difficulties in the delivery of safe, sustainable inpatient services.

In April 2023, Dyfi Ward at Tywyn Hospital was temporarily closed due to a shortage of trained nursing staff. The decision followed repeated attempts to recruit and heavy reliance on agency staff. Mitigation included:

- Increasing inpatient bed capacity at Dolgellau Hospital (from 14 to 18 beds).
- Redeploying staff to the new Tuag Adref (Homeward Bound) community service, which has been developed to offer support and prevent delays to patients ready to leave hospital who may be waiting for a care package in their own home.
- Establishing a new Treatment Room to provide wound care, blood tests, and catheter management.
- Reopening the Minor Injuries Unit (now open five days a week).
- Launching a Wellbeing Hub to support health promotion and community engagement.

Recruitment has been successful. However, workforce skill mix, retention and resilience remain significant issues preventing the reopening of the ward safely, sustainably and without likely detriment to the other clinical and community services provided at the hospital.

Tywyn engagement and feedback

Engagement has included:

- A public meeting attended by over 100 residents and senior Health Board leaders.
- Regular updates to the local MS and MP.
- A recruitment campaign supported by the local community.
- A Health Board-led workshop (April 2024) and Llais public forum (November 2024), both highlighting strong support for accessible, locally delivered care and concern over the loss of inpatient services.

Six priorities were identified through engagement: recruitment, integrated working, digital care, prevention, workforce development, and enhanced community care. These priorities will inform the on-going process to identify sustainable solutions for this site.

Penley Hospital

Penley provides community inpatient care and serves a rural area of South Wrexham, with an older population and growing care needs. It operates as a step-down facility — supporting patients who no longer require acute hospital admission but still need ongoing care whilst they recover or undergo rehabilitation prior to returning home or moving to another care setting.

Historically Penley Hospital has provided step-down facilities only, there are no other services provided on site. Key features of the service provided at Penley include:

- Low-acuity inpatient beds typically for older adults.
- Step-down care following discharge from an acute hospital.
- End-of-life care although this is only available for patients with very specific health care needs and is not routinely provided.

On 19 December 2024, Penley Hospital's inpatient beds were temporarily closed. Key issues behind the decision included:

- Sustainability of the care model due to the very limited number of patients suitable for care in this particular setting.
- Vacancies and reliance on temporary staff.

Penley engagement and feedback

Staff meetings will be convened on a regular basis to ensure staff are informed of developments and a stakeholder mapping workshop session has been arranged for the 20th of May. In addition, working with Llais, a 'drop in' session for interested parties is being arranged for June.

Delivering sustainable solutions for Tywyn and Penley

Whilst re-opening the beds at Tywyn and Penley remains an option, given the challenges outlined above the Health Board is duty bound to consider other ways of delivering safe, sustainable high-quality services that meet the needs of the respective local communities. To do this in an open and transparent way, which discharges the Health Board's legal and regulatory obligations, it is proposed that a formal service review and options appraisal will be undertaken for both services. The Chief Operating Officer is the Senior Responsible Officer (SRO) for this work.

The key stages and proposed timeline for this process are detailed in table 1, for Penley and table 2 for Tywyn, please see overleaf. It should be noted that a number of the stages will be carried out concurrently and that we intend to implement ongoing engagement

mechanisms throughout the process e.g., regular briefings and follow up sessions with Llais and local community representatives as new data comes in.

Table 1 – Penley proposed timeline and process for service review and options appraisal

Stage		Detail	Proposed timeline*
1	Produce an 'Issues' paper	Conclude service review i.e., baseline assessment (current state) to include details of who and how existing services were/are used and why change is being considered.	Mid-June
2	Engage with Stakeholders	Produce and implement an engagement and communication plan to support the service review and options appraisal.	June to mid-July
3	Options formulation and appraisal	In line with Welsh Government (WG) guidance How to make changes to health services: guidance for NHS organisations GOV.WALES Judgement on level of change i.e., whether substantial to be made. Identify preferred option(s)	By the end of July
4	Consultation	Preparation of consultation materials/undertake consultation.	Mid-August to end of September
5	Analysis and recommendation	Consideration of information gathered/produce a recommendation.	October to November
6	Approval of recommendation	Recommendation to Board	December <i>(Subject to special arrangements for Board approval in December)</i>

***Note: Timelines related to this process are subject to change (usually extension) through dialogue and feedback.**

Table 2 – Tywyn proposed timeline and process for service review and options appraisal

Stage		Detail	Proposed timeline*
1	Produce an 'Issues' paper including engagement outcomes.	Conclude service review i.e., baseline assessment (current state) to include details of who and how existing services were/are used and why change is being considered. Consider feedback from previous engagement activity.	By end of May
2	Options formulation and appraisal	In line with Welsh Government (WG) guidance How to make changes to health services: guidance for NHS organisations GOV.WALES Judgement on level of change i.e., whether substantial to be made. Identify preferred option(s)	By mid-July
3	Consultation	Preparation of consultation materials/undertake consultation.	Mid-July to end of September
4	Analysis and recommendation	Consideration of information gathered/produce a recommendation.	October to November
5	Approval of recommendation	Recommendation to Board	December <i>(Subject to special arrangements for Board approval in December)</i>

***Note: Timelines related to this process are subject to change (usually extension) through dialogue and feedback.**

Risks and mitigations

- Staff who have been temporarily redeployed may no longer be available to support the preferred service model.

Mitigation – The Chief Operating Officer will be meeting with members of staff affected by the closure, in addition West and East IHCs’ will be undertaking regular ongoing engagement with staff.

- The current timescale for completion of the process is challenging and as such there is limited opportunity to recover time if delays occur at any stage.

Mitigation – Appropriately resourced programme structure in place to support the process.

- Senedd elections are expected to take place in May 2026, whilst the period of sensitivity ('purdah') preceding elections is not fixed to any particular date the general convention is that governments, ministers and civil servants will exercise caution in making announcements or decisions that might influence the election in the weeks preceding the elections.

Mitigation – The proposed process has been streamlined as far as possible in order to conclude in advance of purdah.

- Delays relating to any elements of the process which are outsourced e.g., production of materials in an accessible format e.g., British Sign Language (BSL)

Mitigation – Outsourcing will only occur where in-house capability does not exist. The programme management arrangements will include contingency planning to ensure that any remedial action required is undertaken in a timely fashion.

- Given the Health Board’s challenging financial position any additional resource required to support preferred recommendations would need to be assessed against other important priorities.

Mitigation - Under this scenario the Health Board will be required to make a decision on the relative priority of any resultant business cases as part of the development of the 2026/29 Integrated Medium Term Plan (IMTP).

Financial implications

If formal consultation is required funding will be required to support production of consultation materials and to secure external expertise to undertake the necessary quality assurance, independent analysis and reporting of the results.

Workforce implications

It is recognised that staff who were substantively employed in both services prior to the temporary closure have and continue to face uncertainty whilst the service review, options appraisal and if required formal consultation are concluded.

Feedback from staff side representatives has reinforced the need to ensure - adherence to

workforce policies, that staff are not disadvantaged whilst the review process is underway and that appropriate communication is in place.

▪ Hywel Dda University Health Board Clinical Services Plan Programme update

The aims and objectives of Hywel Dda University Health Board's Clinical Services Plan programme are, please see below:

Aim:

To develop a series of options for the services within scope in response to service fragilities or unsustainability, based on the principles of care that is safe, sustainable, accessible, and kind.

Objectives:

- Respond to Critical Care service fragility
- Respond to Emergency General Surgery service fragility
- Sustainably improve access and reduce waiting times for patients for Planned Care (Ophthalmology, Dermatology, Urology, and Orthopaedics) and Diagnostics (Endoscopy and Radiology)
- Improve standards and respond to service fragility within the Stroke service

Phase 1 of the programme (production of an Issues Paper) included a clinically led assessment of the nine service areas within scope, across all sites within the Health Board.

Please see Board papers here:

<https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/>

Phase 2 of the programme (Options Development Process) focused on the development of a series of deliverable options to address the issues identified in the Issues Paper. The options development process also involved representatives from interdependent services such as Therapies, WAST, and Swansea Bay, to name but a few.

Please see Board papers here:

<https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/>

Phase 3 of the programme (Public Consultation, which will run from 29th May – 31st August 2025) and will seek views on:

- The suitability of each of the service change options for the nine services in scope, including any positive or negative impacts

- Any alternative options or new ideas which should be considered for the nine services in scope
- The impact of the proposed options on how services are organised at our four acute hospital sites (Bronglais, Glangwili, Prince Philip, and Withybush hospitals)

Please see Board papers here:

<https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-30-january-2025/board-agenda-and-papers-30-january-2025/3-7-1-clinical-services-plan-pdf/>

Board decision - The Board of Hywel Dda University Health Board will make a formal decision on the Clinical Services Plan options in Winter 2025.

▪ Recommendations

The Board is asked to:

- **APPROVE** the proposed Health Board well-being objectives (2025).
- **CONSIDER AND DISCUSS** the proposed process and timeline for developing sustainable solutions for Tywyn and Penley Community Hospitals.
- **NOTE** the update on Hywel Dda University Health Board's CSP programme and Public Consultation, which will run from 29 May – 31 August 2025.

Development of proposed Health Board Well-being objectives (2025)

The Health Board has: (Additions in response to feedback from PPHP Committee are in bold)	PROPOSED WELL-BEING OBJECTIVES (Changes to current objectives are in bold italics):	Alignment with the sustainable development well-being goals
Not made changes to two of the current well-being objectives:	<p>Improve physical, emotional and mental health and well-being for all</p> <p>Target our resources to those with the greatest needs and reduce inequalities</p>	<p>A Healthier Wales</p> <p>A more equal Wales</p>
Strengthened the wording of three of the current well-being objectives:	<p>Work in partnership to support people <i>and develop communities to manage their health and prevent ill health</i></p> <p><i>Continuously</i> improve the safety and quality of services</p> <p>Listen <i>and learn from people's experiences</i></p>	<p>A Wales of more cohesive communities</p> <p>A Healthier Wales</p> <p>A Healthier Wales</p>
Added an objective that ensures compliance with changes made to the WCFG Act (2015) which substitutes fair work for decent work in the 'a Prosperous Wales' well-being goal.	<i>Workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive working environment where rights are respected</i>	A Prosperous Wales
<p>Added an objective that ensures compliance with the SPPP Act (2023) and the WCFG Act (2015) by:</p> <ul style="list-style-type: none"> - Strengthening the Health Board's procurement, contracting and commissioning processes - Embedding social partnership - Promoting the Health Board's role as an anchor organisation - Collaborate with partners to maximise bio-diversity and green space 	<i>Contribute to the environmental, economic, social and cultural well-being of North Wales</i>	<p>A resilient Wales</p> <p>A Wales of vibrant culture and thriving Welsh language</p> <p>A globally responsible Wales</p>

The Health Board has: (Additions in response to feedback from PPHP Committee are in bold)	PROPOSED WELL-BEING OBJECTIVES <i>(Changes to current objectives are in bold italics):</i>	Alignment with the sustainable development well-being goals
<ul style="list-style-type: none"> - Implementation of the Decarbonisation Action Plan - Promoting and protecting the Welsh language 		



Teitl adroddiad: <i>Report title:</i>	Foundations for the Future – Programme Report: Design Phase			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 29 May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> • Provide an overview of the Foundations for the Future Programme • Outline the key programme management approach including indicative timeframes • Provide an outline Design for the Operating Model to include Strategy, Culture, People, Structures and Processes 			
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • DISCUSS the programme • ENDORSE the proposed approach in proceeding to more detailed design; with a further report coming through to Board in the Autumn 2025. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive			
Awdur yr Adroddiad: <i>Report Author:</i>	Contributors: Ffion Johnstone, Programme Director Foundations for the Future Georgina Roberts, Senior Associate Director of People Services			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

	<i>existing mechanisms / objectives</i>	<i>mechanisms / objectives</i>
<p>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:</p> <p>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:</p>		
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>	<p>The items covered in this paper align to all the Health Board strategic objectives:</p>	
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>		
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</p>	<p>In outline – this will be further updated as the work progresses</p>	
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary been undertaken?</p>	<p>In outline - this will be further updated as the work progresses</p>	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p>	<p>Risks to delivering Strategic Objective 1: Building an Effective Organisation</p>	
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>The financial elements of the work will be undertaken through the design phase and brought forward to Board in the Autumn. Resource effectiveness is a key outcome of this work.</p>	
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>The workforce implications will be detailed in the paper to Board in Autumn 2025. This will include the deployment of the Organisational Change Policy.</p>	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Feedback and insights form a key part of the Discovery phase work and the outline Design Phase and are referenced in the report.</p>	
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p>	<p>Well-being objectives links to the following corporate risks:</p> <p>CRR 24-01: People, Culture and Well-being:</p>	

<p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>There is a risk that BCU does not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care.</p> <p>CRR 24-16: Leadership: There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>N/A</p>
<p>Camau Nesaf: Next Steps: As described in the accompanying report.</p>	
<p>Rhestr o Atodiadau: List of Appendices:</p>	

Foundations for the Future

Introduction and Background

The purpose of this report is to:

- Provide an overview of the Foundations for the Future Programme
- Outline the key programme management approach including indicative timeframes
- Provide an outline Design for the Operating Model to include Strategy, Culture, People, Structures and Processes

The health board was escalated by Welsh Government into Level 5 (Special Measures) in February 2023, and a largely new Board was established including a new Chair and Chief Executive to lead long-lasting improvement.

During the summer of 2023, a series of Independent Reviews, engagement with colleagues and stakeholders, as well as other sources of insight identified a need to review the organisations Operating Model, i.e. how it is set up and how it works. The purpose of this review and subsequent redesign is to better meet the needs of the people of North Wales through building a more effective organisation.

The Foundations for the Future Programme has therefore become a major priority for the Board, and has been designated as one of four health board Major Change Programmes. The work also became a priority within the Welsh Government Special Measures Priorities in the latter part of 2024/25.

Approach

An Operating Model describes the core components of how an organisation should work in order to successfully deliver its purpose and strategic objectives, i.e. better serve the needs of the people of North Wales in the case of Betsi Cadwaladr University Health Board. A Discover, Design, Deliver approach has been taken to the work that examines the merits of the existing operating model, considers and designs improvements or a new model, and then focuses on delivering the model to maximise the benefits of the change.

The Discovery Phase concluded in November 2024 having engaged and drawn together a range of insights during the summer of 2024. This followed an Executive Portfolio Review that concluded in spring 2024.

The Discovery Phase report also forms part of the Design methodology and therefore more detail on the findings is provided further in this report.



Figure 1: The Discover, Design and Deliver Approach to the Foundations for the Future Programme

The Design Approach

An evidence-based organisational design approach to the operating model has been taken. In summary the key features of the evidence include:

- **Business alignment first, structure last:** Business alignment is the most comprehensive and important part of the organisational design process as it sets the foundation for all of the design choices, including structure.
- **Learn from the past whilst not being tied to it:** While it is helpful to review past organisational designs for lessons learned, it is essential to design the organisation for the needs both of today and what is anticipated in the future.
- **Aim to retain top talent however caution against designing around this:** Talent is a significant investment and essential to success. While retention is important, an approach that builds new talent for the here and now and the future is also important.
- **Design for flexibility:** Organisations can be impacted by conditions beyond its control. Creating a design that allows for flexible careers, new technologies, and continual learning enables the organisation to flex with change without the need for a full redesign.
- **Design for clarity:** In a strong organisational design, people understand their roles. They know where they fit into the big picture and understand what they are accountable for. Decision rights are commonly known and people are aware of how information flows in the organisation.

6-Step Organisational Design Process: Setting The Foundation Through Business Alignment

A 6-step approach to Organisational Design has been taken. It has been essential to ensure that business alignment is the core creating the confidence that the organisation can be set up to deliver its core purpose and objectives.

STEP 1. Examine the mission, vision, and values

The mission, vision, and values shape the purpose and the goals of the strategic plan. They inform performance standards, metrics, and behavioural expectations for example.

STEP 2. Review the strategy

The organisations strategic approach should take a long-term as well as a medium and annual view, aligned to deliver the long-term goals of the organisation.

STEP 3. Gather information

This step focuses on both formal and informal information and insights into the strengths and weakness of the existing organisational design to inform future design. This step incorporates the Discovery Phase Report.

STEP 4. Consider the organizations within the organization

This step focuses on gathering information from within the organisation, enabling the different views and ideas for the future to help inform the design. These differences may be based on geography, culture, make up of staff groups and existing functions. Importantly, the learning in this step influences both the organisational design and its implementation.

STEP 5. Creating/redesigning the organisation

The core element of this step is to set out what the organisation needs to enable it to meets its purpose and strategy.

STEP 6. Finally, a new structure

The final step of creating organisational structure should draw all of steps together, with a clarity of what is needed from a structure. For example, to streamline decision-making across the organisation, a flatter structure with fewer layers may be needed. Another example is where

technical specialists can advance their careers without needing to take a leadership and management role.

Mission, Vision and Values (Step 1)

For the NHS in Wales, the core purpose of Health Boards as outlined in the NHS (Wales) Act 2006 focuses on two key elements. The Act has been built upon with subsequent legislation including the NHS Finance (Wales) Act 2014; the Social Services and Wellbeing (Wales) Act 2015; the Well-being of Future Generations (Wales) Act 2015; and more recently the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

The core purpose of the health board is:

1. *Improving the health and wellbeing of the population; and*
2. *Providing/securing excellent healthcare services.*

Organisational Values and Behaviours

The Boards role is to set culture and strategy and oversee delivery and performance of the organisation. As part of delivering against its purpose the Board set out 9 areas of strategic intent relating to culture, leadership and engagement, including setting the organisational Values and Behaviours Framework, approving this in November 2024:

1. Compassion

- We will take care of each other
- We will provide a good place to work, learn and succeed

2. Openness

- We are honest
- We are accountable
- We empower each other
- We are innovative in delivering safe, quality and reliable care

3. Respect

- Everyone counts
- We work together and appreciate individual differences
- We say thank you and well done

Organisational Design Principles

The Board approved a set of co-developed Organisational Design Principles in November 2024, with the intention that these would guide the design and development of services and approaches to delivering for the population. These are therefore key in designing an operating model that supports delivery of the Boards strategic objectives.

Design Principle	Outline
People first	Prioritise a people centred approach to support better health and well-being outcomes
Inclusive	Bring together the right people to collaborate and co-design services
Wise spending	Best value and quality within available financial resources
Simplify, standardise and adopt best practice	Recognise complexity, streamline and reduce inappropriate variation
'Digital first'	Adopt and promote new ways of working, harnessing the potential of digital innovation
Equity and accessibility	Equitable and accessible services which take account of the diverse needs of the communities we serve.
Consistent with the Health Board's Values	The Health Board values 'Compassion, Openness and Respect', guide our behaviours and decision-making.

Figure 2: Organisational Design Principles approved by Board November 2024

Strategy (Step 2)

Welsh Government context

The Welsh Governments extant health and social care strategy is 'A Healthier Wales' published in 2017. It has subsequently published refreshed Actions (Dec 2024) [A Healthier Wales - Action refresh 2024-25](#). In December 2024 the NHS in Wales was issued with the Planning Guidance for the next 3 year period; as a set of expectations for delivery by NHS organisations within Wales [Technical Planning Guidance to NHS Wales](#). This acted as the core guidance in the development of the health boards Integrated Medium term Plan submitted to the Welsh Government at the end of March 2025.

More recently the Cabinet Secretary set out his priorities for the coming year, in a speech to NHS leaders across Wales (7th April 2025 [NHS Confederation speech | GOV.WALES](#)).

The 5 key 'change' priorities include:

- more focus on prevention
- a shift to primary and community services
- a digital NHS
- a shift to regional working
- and finally, improving leadership and developing the NHS workforce

Finally, the focus on performance is clear. The Welsh Government commissioned a Ministerial Advisory Group on [NHS Wales performance and productivity: independent review](#) that sets out a golden thread through the recommendations as levers for change:

- A focus on using evidence-based standards and taking out unwarranted variation
- A strong and empowered clinical leadership voice
- Transparency of data and a commitment to "improving in public"
- Sharper accountability and performance management
- A reduction in bureaucracy and more effective operational management
- A narrowing of targets, and
- Aligning financial flows with performance priorities

Health Board context

The health board was formed in 2009 following reforms across the NHS in Wales. These reforms merged a number of organisations across the North Wales region. The integrated nature of the health system in Wales has been subject to positive commentary (Ministerial Advisory Group Report on Performance and Productivity being the latest), however there is considerably further to go in reaping the rewards of system level working across the range of service areas.

The health board was re-escalated to level 5/Special Measures in February 2023; however over the proceeding 10 years demonstrated significant difficulty for the organisation to develop and deliver health services that effectively met the needs of the population. The range of fundamental areas that require significant focus are cited in the Level 5/Special Measures escalation as:

- Finance, strategy and planning
- Performance and outcomes
- Fragile services
- Governance
- Leadership, capability and culture
- Quality of care

In addition, the health board needs to progress sufficiently that it can reliably meet its statutory duties, for example developing and implementing a 3-year Integrated Medium Term Plan (IMTP) that is financially balanced and delivers the performance standards expected. The Health Board has set out its strategic objectives within the IMTP; these respond to the NHS Wales Planning

Framework and the specific actions required to build an effective organisation to better serve the people of North Wales. The Cabinet Secretary change priorities and the response to the Ministerial Advisory Group were not specifically addressed in the IMTP, having been published following the submission; however, there is alignment to the organisation's strategic objectives.

5 strategic objectives

1. Building an effective organisation
2. Developing Strategy and long-lasting change
3. Creating compassionate culture, leadership and engagement
4. Improving Quality Outcomes and experience
5. Establishing an effective environment for learning

The health board strategy and clinical services plan are key deliverables within the IMTP; however, the key strategic intent/direction can be summarised as:

- Focus on health and wellbeing (not only ill-health) – enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities
- Enhance the coordination of care for people with long term conditions and improve access to a broader range of community based services, investing in integrated primary and community care
- Improve access, outcomes and experience in secondary and specialist services, developing and enhancing highly quality, high value and sustainable pathways of care for the region, delivering in partnership
- Create an environment for healthcare that is future focused, maximises the opportunities of digital care, research, innovation and improvement and invests in the development and wellbeing of the workforce

Gather information (Step 3)

The Discovery phase work [available here](#), gathered comprehensive insights in relation to the current Operating Model. These insights were provided by colleagues within the Health Board, by those charged with providing independent, professional reviews, and by functions who work with the Health Board. All of these, without exception, have been hugely valuable.

Seven key themes emerged as a result of the analysis of the insights provided:

- 1. The Operating Model of 2021/22 focused largely on operating structures.** There is consensus that this was incomplete and there were some views that this was rushed. Moving forward the inter-relationships between structures, strategy, processes, people and culture will be critical to the success of the organisation.
- 2. Perhaps the strongest theme that emerged was a lack of clarity of roles and responsibilities as well as systems and processes relating to accountability, responsibility and autonomy.** This also included the role and decision-making of corporate functions and directorates as well as operational services.
- 3. Equity** was cited as a key issue. An **inconsistency of approach across the organisation leads to unwarranted variation and a 'postcode lottery'**, although there has been a value placed by some on local solutions based on local need. In-built issues relating to systems, processes and structures affect equity, for example differences in critical digital systems and a perceived lack of parity across pan-BCU services.

4. **Multi-professional teamworking** featured as a key theme. Feedback indicated the increased profile over recent years of professions such as pharmacy and allied health professionals and health scientists, however general management and in particular non-clinically qualified professional leaders and managers role appeared to be under-valued. Additionally, silo working appeared more prominent. Feedback indicated that a more clearly defined and developed clinical leadership model and forming more multi-professional team work would benefit the organisation.

5. There were some key messages relating to **resources, layers and bureaucracy**. The work undertaken by Internal Audit indicated a significantly higher cost to the changes in structure in 2022 than was intended, with difficulty identifying the benefits derived from the changes. The number of 'layers' in the organisation and the level of bureaucracy was also cited in the feedback, with a sense that greater efficiency and effectiveness could be achieved if this was addressed.

6. There were a range of comments relating to **how change happens**. In particular the feedback indicated that the changes have been rushed and were incomplete. Given the number of changes in the organisation since it was established in 2009, there was reluctance to see a complete restructure moving forward. Suggestions were made in relation to potential changes however there was no consensus on what should happen. There was however a strong theme that change should be managed as a programme of work, prioritising communication and engagement and preparing for change.

7. Finally, there was considerable feedback from external bodies regarding the **ability of the organisation to effect strategic change**, with both the Planning Review (undertaken by Sally Attwood) and the feedback from external functions indicating the complexity of the Operating Model. If the Health Board is to successfully design and delivery strategic change, an effective operating model is critical.

Organisational perspectives (Step 4)

A number of Design Workshops were held during December 2024 and January 2025, following the publication of the Discovery Report. These workshops, supplemented by follow-up dialogue with groups and further engagement for the outline design provided in this report have been highly valuable and underlines the commitment to co-design and continuous engagement throughout this process.

Key themes from the design workshops include:

Theme A: **Senior Managers**: Reducing the gap between senior managers and the "shop floor" was highlighted as important, improving clarity on leadership, management and reporting lines, as well as joined up working between clinicians and other professionals/colleagues. Clear, consistent direction from the Executive Team, understanding roles and portfolios was also felt to be important.

Theme B: **Decision Making**: Significant focus on decision making and the need for clarity as to "who" could make decisions, the need for "evidenced" based decisions, transparency in decision making, timely decisions and communication of decisions.

Theme C: **Change without understanding/communication**: People indicated an increased focus on preparation for change in systems and processes, enhancing significantly communication that does not rely solely on the intranet and emails.

Theme D: **How Services could be configured**: A strong design message focused on the need for a clear strategy of organisational direction, particularly regarding service provision, taking into account population need. Views highlighted the need to change the emphasis from Acute to Community and Primary Care and look at network and pathway approach. The need for consistent names for services that deliver the same outcomes, as well as clear remits of functions and what they are accountable for. The need to be one organisation, which is a learning organisation.

Theme E: **Roles and Responsibilities:** Increasing a focus on autonomy and accountability, the need for clear objectives that cascade (the golden thread) so people can be held to account. Managing the structure so “role creep” and extra layers cannot emerge. Need visibility of roles and who is leading on what, enabling freedom to act promoting innovation.

Theme F: **Support/Corporate Functions:** Design feedback focused on the need for clarity of remit for corporate functions so roles and responsibilities are easily understood. This includes the balance of specialised leadership and support as well as quality assurance/holding to account.

Theme G: **Governance and Reporting:** A need for clear, communicated governance routes, reducing the (many) layers of “checking homework” currently. Improved version-controlled documents, with potential for a document “repository” to reduce duplication. Scheme of delegation needs to be really clear and communicated. Revising the approach and flow of reporting upwards.

Theme H: **Planning and Strategy:** Feedback included the need of consistency of planning, with a model supporting the delivery of strategic intentions and the focus on shared goals as one organisation. This should also include decommissioning or cessation of certain work, as well as enabling an innovative space for ideas and suggestion for improvement.

Key themes from the Getting it Right First Time (GiRFT) reports – highlighted design elements

There have been a number of Getting It Right First Time (GiRFT) Reviews that have examined the progress and potential of specialities. This work is clinically led and managerially supported combining wide-ranging data analysis, with the input and professional knowledge of senior clinicians.

The analysis of these reports indicates come consistent themes key to the future design of the health board:

- The need for greater pan-BCU working to reduce silo working and to improve standardised care
- The need for greater collaboration and joint working between clinicians and managers at all levels
- Clinical engagement within specialties a key feature, to help develop medium- and longer-term service plans.
- Features of workforce (recruitment, morale, retention), use of estate, core facilities/infrastructure (e.g. theatres) and performance

Creating/redesigning the organisations Operating Model (Step 5)

An Operating Model describes the core components of how an organisation should work in order to successfully deliver its purpose and strategic objectives. Taking into account the first 4 steps of organisational design, Mission, vision and values; strategy; information gathered in the Discovery Phase and organisational perspectives an Outline Design (Operating Model) has been developed.

The Operating Model approach focuses on organisational success in the short, medium and long-term. Tushman and O’Reilly’s approach identifies five key elements to this success. *‘Winning Through Innovation: Leading Change and Organisational Renewal’* describes the need for organisations to be ambidextrous, i.e. to be able to put in place ways of working that enable success in the short term without jeopardising or overlooking long term organisational achievement.

It is the alignment of the key factors of strategy, culture, people, structures and processes that enable organisations to be more successful in achieving their strategic goals.

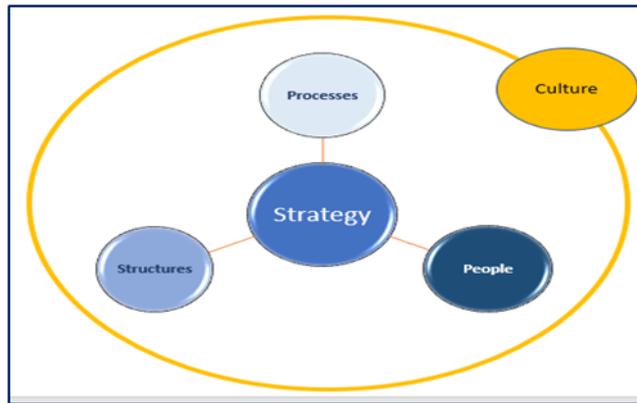


Figure 3: Tushman and O'Reilly Model for Leading Change and Organisational Renewal

Five High Level Outcomes for the Operating Model have been developed and form the core elements of the Foundations for the Future. If successfully implemented these outcomes will have created a more effective organisation, more able to deliver better outcomes for the North Wales population.

Outcome 1 - Strategy: BCU has a clear strategic intent for the short, medium and long term

Outcome 2 - Culture: The culture is based on compassion, with staff engaged and empowered

Outcome 3 - People: Staff have clear roles and responsibilities, and are supported to achieve common goals

Outcome 4 - Structures: The organisations' structure enables effective delivery of our goals

Outcome 5 - Processes: Key business and people management processes are streamlined and standardised

Work has been undertaken to the next level of detail in terms of the component parts relating to each Outcome and will steer the work of each workstream within the Foundations for the Future Programme.

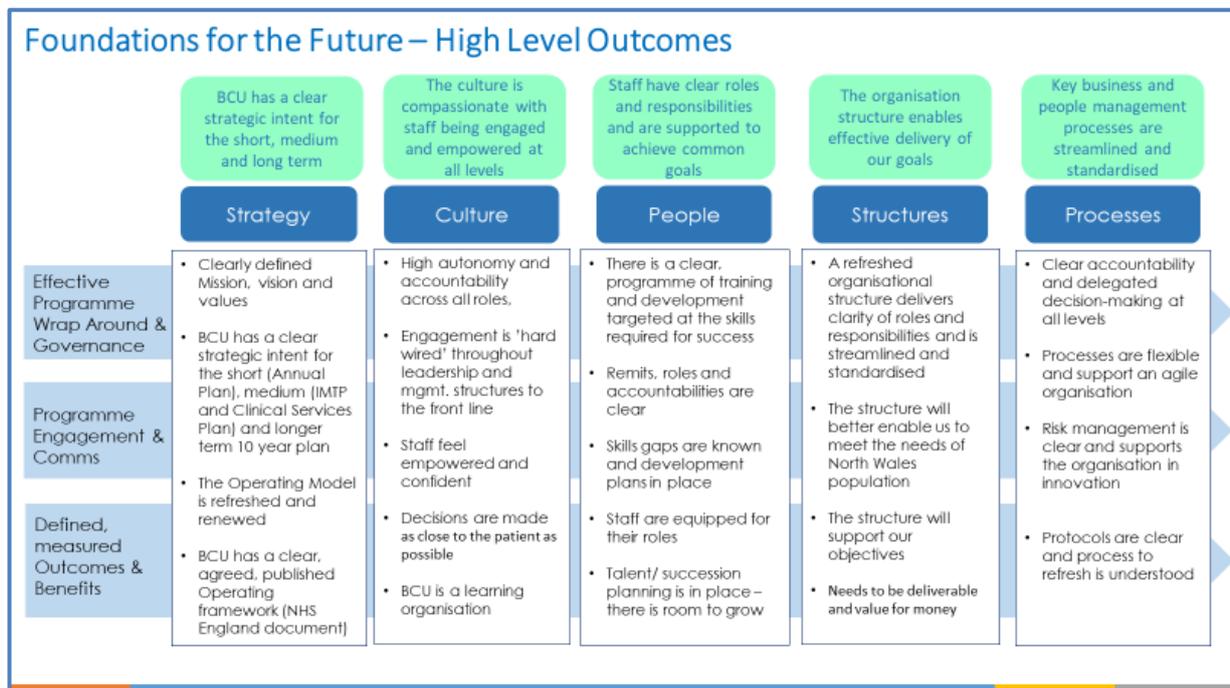


Figure 4: High Level Outcomes of the revised Operating Model

In line with the insights gathered in the Discovery Phase specially regarding the way in which change has been led and implemented previously, a Programme Approach is being undertaken that balances the core components of the Operating Model in pursuit of the outcomes.

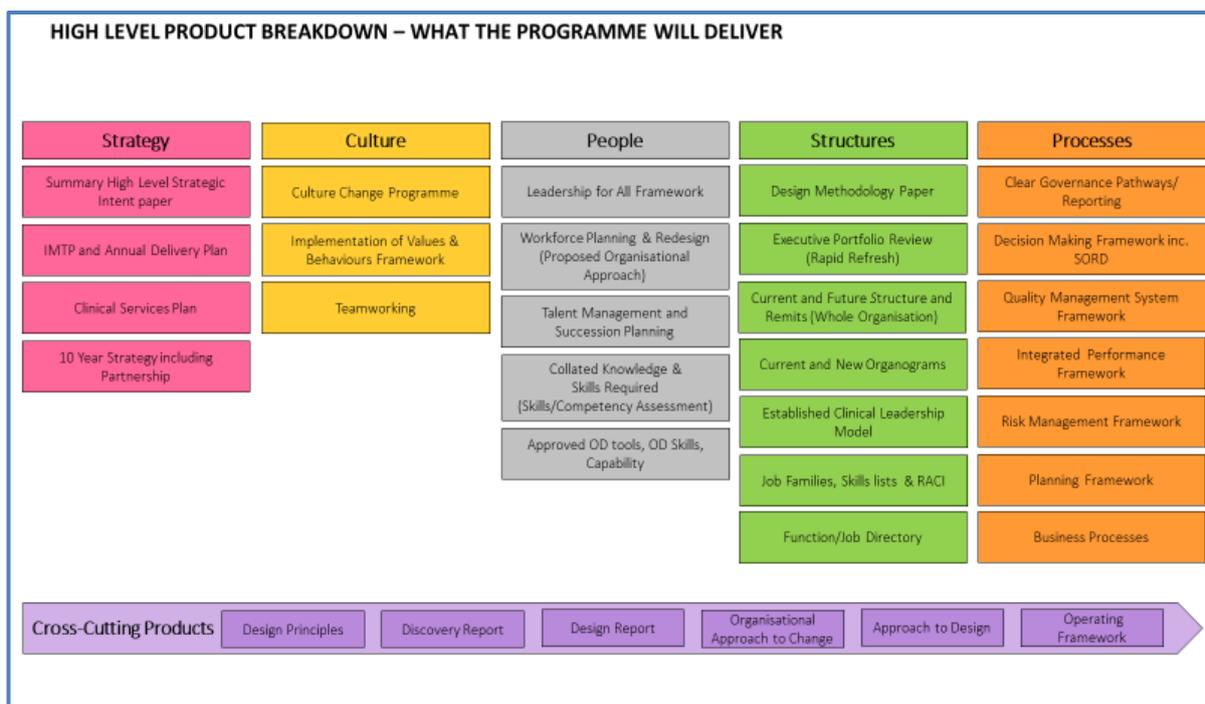


Figure 5: Programme Deliverables – Foundations for the Future Programme

Members of the Executive Team will be taking a leadership role in the workstreams to include:

Strategy – Executive Director of Transformation and Strategic Planning

Culture – Deputy Director of People and Organisational Development

People – Executive Director of Nursing and Midwifery

Structures – Executive Director of Allied Health Professional and Healthcare Scientists with Programme Director

Processes – Director of Corporate Governance and Executive Director of Finance

An underpinning communications and engagement workstream will be led by Director of Public Engagement and Communications

The Foundations for the Future Programme Board is chaired by the Chief Executive.

The Board Committee with oversight of the Programme is the People and Culture Committee, however all Committees have a specific inter-relationship with this work.

Structure (Step 6)

In order to be successful, the health board needs an organisational structure that enables the improvement of health and wellbeing of the population, and the provision/commissioning of high quality, high value healthcare services. Components include a structure that can successfully enable the following:

- A focus on prevention and the enhancement of a place-based, integrated primary and community care system (focusing on creating a seamless health & care system by collaborating with Local Authorities, third sector organisations and other partners).
- Enable regional working, particularly for secondary and specialist care, including working with other healthcare partners
- A reduction in inequity of provision and variation and drive increased consistency and reliability of patient care
- Increase effectiveness and efficiency/productivity through simplifying and streamlining ways of working and the systematic adoption of best practice

- An enhanced experience for patients/citizens and staff
- Enable a greater focus on quality management, improving value in healthcare and sustainability of services

There are a limited number of operating models, and learning from other healthcare organisations/establishments and the evidence base around successful organisations within the United Kingdom has been undertaken to draw out common features.

From all the information and evidence gathered from the steps within this process it has become clear that A, B and C below are a core model that should be adopted as an organisational structure to have the best chance of becoming high performing and delivering excellent patient outcomes for the people of North Wales.

Core Model:

A: Integrated Primary and Community care (place based)

B: Regional Secondary and Specialised services (including Hospital Management)

C: Corporate Functions

Core Model A: Integrated Primary and Community care (place based)

The core components of this element are to aid delivery of:

- A focus on population-based health management
- A greater emphasis on prevention
- Enabling a shift of care to primary and community settings
- Investing in integrated teamworking in primary and community care, enabling a greater emphasis on continuity of care, proactive care management for people with long-term and/or complex health needs
- Enabling further integration of health, care, housing and third sector working focused on improving health and wellbeing outcomes
- Delivering consistent approaches/frameworks for delivering primary and community care, with warranted local variation to meet the needs of specific populations/communities

Core Model B: Regional Secondary and Specialised services (including Hospital Management)

The core components of this element are to aid delivery of:

- A focus on working across the region (in line with Welsh Government expectations), with local variation in approaches where warranted
- A greater emphasis on streamlining and simplifying pathways of care, enabling a greater consistency and spread/adoption of good practice
- Systematic approach to specialty service planning and delivery, enabling a concentration of expertise (clinical and non-clinical) in functional areas
- Hospital based management that recognises the importance of geographically based coordination

Core Model C: Corporate Functions

The core components of this element are to aid delivery of:

- A focus on implementing the outcomes of the Executive Portfolio Review, where new Directorships have been developed or existing Directorships modified, e.g Director of Environment and Estates

- A greater emphasis on clarity of remit including streamlining corporate functions, developing the required functionality and centralising expertise in specialist areas, e.g. legal services
- Systematic approach to streamlining (in line with Cabinet Secretary expectations) enabling the right balance of support between corporate functions and local service delivery, including business partnering approaches
- Enhanced teamworking across corporate functions, reducing risk of silo working

Work is currently underway to further engage on the services that should be placed within each of the core models, i.e. the start of the detailed design. The initial contributions over the few weeks have been extremely helpful and over the summer months further discussion on the detail will take place, should the Board support the direction of travel.

Looking forward to Delivery

There are a number of key aspects of preparation that are now essential ahead of the Delivery Phase, expected later in the year. These include the preparation for the Organisational Change Policy detail to be enacted, ensuring the support to staff whose role may change. This includes consultation and further engagement and it is essential that this takes place in partnership with Trades Union partners.

A number of measures will therefore be progressed with Trade Union partners and more broadly:

- Very senior roles (excluding Executive Board members) will be subject to interim/temporary recruitment only. The level to be discussed with Trades Unions.
- Existing contract periods for interim/secondees will be considered and extended to account for the timeframes of Foundations for the Future, providing stability and consistency
- Any new business critical recruitment/roles will be subject to scrutiny/exception consideration bearing in mind the organisation is at Level 5/Special Measures escalation and progress on key objectives must be maintained and accelerated.
- Job Evaluation for senior banded roles to be subject to additional measures.

Capacity to deliver an extensive change programme has been examined by the Programme Board. Moving expertise around the organisation and prioritising this work is preferable to seeking external agents to come into the organisation. This continues to be worked through especially for the significant amount of work there is in the Structures workstream.

Progress and oversight will continue via the People and Culture Committee, with the *indicative* timetable as follows:

- Summer 2025: detailed design of the structures stream; finalising prioritised work in other workstreams
- Autumn 2025: Further engagement and consultation on structures workstream
- Quarter 4 2025/26: Early implementation as aspects of the structures workstream, leading to full implementation Spring 2026.

Conclusion

The Foundations for the Future Programme is a significant enabler for the organisation to better meet the needs of the North Wales population. It is fundamental to the sustainability and success of both service provision and being a good place to work and develop.

The report has set out the approach to the work in terms of Discover, Design and Deliver and is now mid-way through the Programme of work. The 6-step design approach has drawn out the core operating model outcomes, the work that underpins delivery and important sets out structural change within the health board that will aid the delivery of the strategic direction.

In relation to Level 5/Special Measures, the Programme sets out how the issues Welsh Government have indicated require attention will be addressed.

Recommendations

The Board is asked to:

- **DISCUSS** the programme
- **ENDORSE** the proposed approach in proceeding to more detailed design; with a further report coming through to Board in the Autumn 2025.

Teitl adroddiad: <i>Report title:</i>	Health Board Key Programmes Progress Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	29 th May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to provide an overview of progress against the organisation's 'key programmes' listed below.</p> <ul style="list-style-type: none"> - Mental Health Electronic Healthcare Record (EHR) - Electronic Healthcare Record (EHR) - LIMS/RISP/ePMA digital programmes - Llandudno Orthopaedic Hub - Ablett Mental Health Unit - Royal Alexandra Hospital - Well-being hubs: Caledfryn, Conwy West, Holyhead, Bangor, Penygroes 			
Argymhellion: <i>Recommendations:</i>	<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> • NOTE the report and current position of key programmes • AGREE to receive further summary updates at Board with the individual programmes reported at committee level in with Annual Delivery Plan cycle • RECEIVE ASSURANCE that the Executive committee has oversight of all these programmes 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim) Dylan Roberts, Chief Digital and Information Officer Stuart Keen, Director of Environment and Estates			
Awdur yr Adroddiad: <i>Report Author:</i>	Geraint Parry, Portfolio Office Lead			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	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"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <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>	Derbyniol <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>	Rhannol <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>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

<p>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:</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>	
<p>Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i></p>	<p>To support the Integrated Medium Term Plan (IMTP)</p>
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<p>Not applicable</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Not applicable</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	<p>Not applicable</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>Not applicable</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf / <i>Next Steps:</i> Implementation of the plans going forward for each programme</p>	
<p>Rhestr o Atodiadau / List of Appendices: N/A</p>	

Key Programmes Progress Report

The purpose of this paper is to provide an overview of progress against the organisation's 'key programmes' covered within the next section of the paper.

▪ Introduction

This report seeks to provide the Board with a progress report on a selection of 'key programmes' within the Integrated Medium-Term Plan (IMTP), supporting the delivery of Strategic Objective 2 – Delivering Long Lasting Change. This does not represent the totality of projects and programmes underway which utilise resource, however denotes those highlighted as worthy of regular reporting to Board.

The aim is to keep Board Members better sighted on the progress made, key challenges and plans going forward. This is the first iteration of this report which will evolve over time and feedback would be welcomed in relation to any other aspects that would be helpful to include in this progress report going forwards.

These Key Programmes are separate from the four Major Change Programmes, although there are a number of inter-dependencies between both sets of programmes. The list of Key Programmes is:

- Mental Health Electronic Healthcare Record (EHR)
- Electronic Healthcare Record (EHR)
- Maternity Electronic Healthcare Record
- LIMS and RISP replacement programmes
- ePMA
- Llandudno Orthopaedic Hub
- Ablett Mental Health Unit
- Royal Alexandra Hospital
- Well-being hubs: Caledfryn, Conwy West, Holyhead, Bangor, Penygroes

▪ Mental Health Electronic Healthcare Record (EHR)

Background

The All-Ages Mental Health scope includes a large and complex service, operating across 200 locations in North Wales with over 2,300 dedicated professionals, supporting 40+ specialty services for North Wales residents and some cross-border patients.

The lack of digital enablement has been identified as a contributory factor to patient deaths, impacting clinical decision-making, staff retention, recruitment challenges, and regulatory compliance. This has been highlighted in a number of Health Inspectorate Wales (HIW) reports and external reviews, underscoring its significance as a current issue.

The project strategically aligns with National and Local Strategies, including Ministerial Priorities. Without this project, BCUHB will fail to meet strategic goals and priorities.

The All-Ages Mental Health Services at BCUHB require significant changes and modernisation, with a clear need for an Electronic Healthcare Record (EHR) system to improve workflows, clinical delivery, data capture, and transparency. This modernisation effort supports a necessary cultural shift within BCUHB aimed at enhancing the quality and safety of patient care.

Current Position

A detailed commercial plan is in place for the All-Ages Mental Health project, and the procurement process has progressed to the Invitation to Tender stage. There is a focus on engagement and change planning, alongside initiating work with services for current state process mapping to support transformation and adoption.

From a technical and data perspective, efforts are concentrated on improving paper patient case notes, conducting digital device and data migration surveys, and preparing for system readiness.

Key Challenges

The project will need to actively manage and align the project budget to the outcome of procurement activities. Recruitment delays within the All-Ages Mental Health change team remain a concern, with a resource profile now created but full recruitment yet to be achieved. Similarly, resource gaps persist in the technical and data domains, although a key lead has been appointed and efforts are underway to align the resource profile with planned tasks.

In addition, the digitisation of patient records work package (linked to scanning legacy case notes) is being refocused to tackle issues related to the quality of paper case note data. There is also a renewed emphasis on standardising case notes, which is critical to ensuring consistency and accuracy across the system.

Plan To Go Forward

The plan going forward includes progressing tasks in line with the detailed commercial plan for procurement, with the next stage involving the finalisation and commencement of evaluation activities. The draft Project Initiation Document (PID) will be shared with the Project and Programme Boards for review and approval.

To manage funding and costs, spend for Financial Year 25/26 will be reprofiled to account for the procurement outcome. Resource management efforts will focus on expediting the recruitment of key roles and ensuring resource profiles are aligned with the tasks planned. Additionally, there will be a strong emphasis on realising both financial and non-financial benefits, alongside maintaining high levels of staff engagement to ensure the successful embedding of change.

Key dates:

Apr 25: Invitation to Tender;

Nov 25: Contract Award;

Nov 26: First service Go-Live;

up to Mar 29: roll out to all MH Services

▪ Acute and Community EHR

Background

The Health Board currently lacks a modern Electronic Health Record (EHR), operating instead with a fragmented mix of national, local, and paper-based systems, impacting daily on the quality of care. BCUHB are, like all Health Boards in Wales, digitally immature, as highlighted by the Healthcare Information and Management Systems Society - Electronic Medical Record Adoption Model (HIMSS EMRAM) digital maturity assessment conducted in 2023, which rated the organisation at stage 1 out of 7.

This limited digital maturity contributes to BCU's Special Measures designation, which reflects some of the organisation's challenges in delivering joined-up care and poses risks to patient safety. The absence of modern, digitally enabled systems is also impacting staff, who are left without tools that meet clinical and operational needs. Obsolete digital infrastructure continues to hinder the transformation of care delivery, resulting in inconsistent quality of care across services.

To address these challenges, investment in a comprehensive EHR and a supporting digital transformation programme is essential in achieving BCU's strategic vision—delivering clinically-led, digitally-enabled healthcare aligned with the quadruple aim for the people of North Wales.

Current Position

A draft Outline Business Case has been created to present the case for change, the preferred way forward, and associated costings. It has been shared with key teams and will be presented to the Health Board for support.

In parallel, a transformation approach has been developed to outline how to deliver transformation and large-scale change to achieve the benefits outlined in the business case, all aligned to wider discussions around change and the Foundations for the Future programme.

The Welsh Government has requested that all health boards pause EHR development while working with Digital Health and Care Wales (DHCW) to establish an all-Wales policy and guidance. The expected timescales for the release of this policy and guidance are within the next six months.

Key Challenges

There is funding uncertainty for the Financial Year 25/26, with no identified BCU funding, which risks leaving inadequate resources to progress the EHR programme beyond the socialisation phase. Additionally, a

directive from the Welsh Government to pause local EHR activities while awaiting a national roadmap could cause further delays in the programme's development.

A cautious approach has been used to identify the cash-releasing benefits, which do not make the EHR cost-neutral, resulting in a funding gap. 10% of the identified productivity gains are being used to contribute to cash-releasing benefits to reduce this gap. However, this programme's primary purpose is to deliver quality and safety benefits as well as contribute to addressing the Health Board's recruitment and retention challenges.

Plan To Go Forward

BCUHB stakeholder engagement involves socialising the Outline Business Case (OBC) content with key stakeholders across the organisation. The OBC will then go through the various committees culminating at the Health Board. Following this, the OBC will be submitted to Welsh Government for review.

Third-party assurance will involve collaborating with other health boards through an established working group to lay the foundations for change. An action plan will be developed to determine the approach for engagement and approvals with Welsh Government, ensuring alignment with the national business case and the new ministerial guidance on NHS Wales performance and productivity.

▪ LIMS digital programme

Background

Pathology currently has two LIMS systems, Telepath, used in Blood Transfusion and TCL2016, used in other disciplines. The national LIMS Programme (LIMS2) will replace both legacy systems and is being led nationally by DHCW.

Originally due to close in September 2025, the programme is currently time bound to finish by the middle of December, due to the expiry of Citrix licencing and Microsoft support of legacy systems. A number of updates have been presented to the Executive Team during 2024 and to PPHP in February 2025 to report on delays and increased costs to the programme because of issues with DHCW, the supplier and some Health Boards not meeting their testing targets.

Current Position

The National programme is currently behind schedule. This has been primarily caused by delays in legacy data migration and integrations with national systems such as the Welsh Clinical Portal (WCP) and the Enterprise Master Patient Index (EMPI), a patient identification system, as well as delays in system build, which have had an impact on testing by Health Boards.

BCUHB is fourth in the current deployment schedule, with a target date of September 2025. Given the current position of the national programme, meeting this September date will be challenging.

It is believed that the delivery of a TCL2016 replacement by the end of 2025 is likely. However, due to the issues nationally, it is unlikely that a replacement of Telepath is achievable in this timeline.

The extension of Citrix licencing into 2026 is a national decision and will mean a significant cost burden for NHS Wales. A Citrix extension would be required to continue with TCL2016, however, not for extension of Telepath. The extension of Telepath incurs separate cost implications.

Key Challenges

For TCL2016, several key deliverables from Digital Health and Care Wales (DHCW) remain outstanding. These include the configuration of security groups, implementation of General Practitioner Testing Requesting (GPTR) and General Practitioner (GP) links, and key DHCW-led integrations such as the Enterprise Master Patient Index (EMPI), which is critical for aspects of the national electronic health record (EHR). Additionally, a single unresolved system fault continues to prevent Mortuary module sign-off. There are over 200 outstanding defects that require resolution by DHCW. A newly identified risk has also emerged regarding patient merging, which had not previously been discovered due to limitations in testing capability.

In terms of deliverables expected from Health Boards other than BCUHB, the completion of User Acceptance Testing (UAT) scripts remains pending, as does the implementation of analyser interfacing. BCUHB have completed their testing requirements.

For Telepath, the overall volume and complexity of work required has proven to be significantly greater than initially anticipated. The pool of resources available nationally to carry out this work is small and already contending with competing priorities. Furthermore, there have been notable delays in DHCW deliverables related to Blood Transfusion (BT) data migration and configuration, these are now more than 18 months behind DHCW's original target completion dates.

Plan To Go Forward

Regarding TCL2016, a joint letter from all Health Board Senior Responsible Owners has been submitted to the DHCW pre-Local Partnership Board (LPB) meeting on 8th April 2025. The letter calls for DHCW to develop a robust contingency plan to cover the possibility of the programme extending into 2026. Furthermore, DHCW must collaborate with system suppliers to ensure the system is fully fit for purpose and ready for User Acceptance Testing (UAT) within the current project timescales. Other Health Boards will also be required to commit to undertaking UAT within the agreed timeframes to prevent further delays.

In terms of Telepath, concerns have already been escalated to the National Programme Board. DHCW is expected to re-plan the Blood Transfusion component, with one possible proposal involving BCUHB extending both Telepath and DART—the document management system for records—in order to safeguard service continuity.

A comprehensive paper will be submitted to the Executive Committee, outlining the cost implications associated with the most likely scenarios to support the successful completion of the project.

▪ RISP digital programme

Background

RISP is the All-Wales Radiology Informatics System replacement programme that will replace the existing radiology systems (Fuji PACS {Synapse} and RadIS) with a new up-to-date, integrated radiology system that will modernise and improve the operation of Radiology. This is a key project for BCUHB, as the current RadIS system is outdated and the PACS contract is nearing its end. The programme necessitates a standardisation and change in practice and operation across the Health Board.

The RISP Full Business Case (FBC) and BCUHB local implementation costs were originally presented to PFIG in 2023 with regular updates to the Executive Team since to report on delays and increased costs to the programme because of issues with DHCW and the supplier.

As part of the Digital Health and Care Wales (DHCW) led RISP procurement, Philips Healthcare were awarded the RISP contract. Philips are collaborating with Soliton IT, which will provide the Radiology Informatics System (RIS). Philips have also partnered with several other system providers to deliver the complete solution to all Health Boards in Wales.

BCUHB will be the first large Health Board to go live, the date of which has been delayed several times from the original proposed date in September 2024.

Current Position

The revised go-live date of 21st July 2025 has been formally agreed upon. While progress has been made in areas such as data migration and training, critical challenges remain, particularly around end-to-end system integration and technical dependencies. The fully integrated system is still unavailable, with no confirmed delivery date.

Radiology Information System (RIS) training began on 6th May 2025, and early feedback has been positive. However, some system configurations require adjustments, and additional training sessions are planned to address these issues.

Regarding data migration, the Picture Archiving and Communication System (PACS) migration was completed ahead of schedule, successfully transferring 8 million studies. RIS migration testing is currently ongoing, with most of the previous issues having been resolved. Document migration is making progress, and the clean-up of Qaelum (supplier) data is underway.

Progress with User Acceptance Testing (UAT) is continuing; however, the lack of a fully integrated system is having an adverse effect on workflow validation. The revised UAT sign-off date is set for 30th May 2025, although this deadline remains at risk.

In relation to Technical Workstreams, planning for hardware delivery and software installation is ongoing. The modality cutover instructions, which outline the plan for transitioning from the old system to the new one, have been finalised. Engineers are being brought in to carry out necessary reconfigurations. Despite this, issues related to networking and system integration still need to be resolved.

Philips has submitted a draft cutover plan, to transfer from the old system to the new system. The plan is currently under review by both Soliton and Fujifilm (suppliers).

Key Challenges

Implementation delays remain a significant issue, as BCU still lacks full visibility of the integrated RISP system. This lack of visibility limits the ability to assess operational impacts, as the complete workflows cannot yet be observed. The handover of the integrated RISP system was initially delayed, with a final delivery originally expected by 23rd April 2025. However, this date has now passed without delivery, and there is currently no confirmed date for when the system will be available. This uncertainty places the July go-live date at serious risk.

Connectivity issues have also had a detrimental effect, particularly on third-party and national system integrations. These problems have slowed overall progress and still require resolution.

In terms of training and data migration, obstetrics workflows need further attention, and there is a need to standardise processes across different sites. On a more positive note, most of the previous data migration issues have now been resolved.

Plan To Go Forward

The Health Board are continuing to work closely with DHCW and all suppliers involved to address the ongoing challenges and maintain progress. A formal escalation concerning the end-to-end system took place on 10th March 2025. This prompted a response from Philips, which is currently under review by both BCU and DHCW.

· ePMA digital programme

Background

Betsi Cadwaladr University Health Board (BCUHB) is implementing an e-Prescribing and Medicines Administration (ePMA) system across all inpatient areas by March 2026. This is a key priority for Welsh Government (WG) and is part of the NHS Wales programme, Digital Medicines and Transformation Portfolio (DMTP).

A Full Business Case (FBC) was approved by BCU in March 2024 and Welsh Government approval in May 2024 enabling BCU to sign a contract with its supplier Better Care in July 2024. BCU's ePMA solution is a first of type in Wales.

Welsh Government allocated for Financial Year 24/25 & 25/26, £5,984,044 (Revenue) and £1,360,000 (Capital) funding. BCU contributed an additional £800,000 of Capital funding.

Current Position

The programme is experiencing challenges relating to integration, training, and testing (some of which relates to recruitment difficulties as only fixed term roles can be offered), which is now influencing the overall timelines.

Go live is now predicted for Autumn 2025. There are two potential approaches which will be considered by the programme board on 29th May. Either the period in between implementation on sites will be reduced, effectively condensing the rollout to fit within the existing timeline, or the implementation period will be extended into FY 26/27.

Key Challenges

There have been significant complexities within the technical workstreams, including integration to national systems including the Welsh Patient Administration System (WPAS) and locally to Symphony.

The ePMA programme was set up with sufficient funding to exploit the use of bank staff, external agencies and contractors, to deliver an ambitious target. Current recruitment restrictions have impacted the overall programme, as the Establishment Control Review (ECR) and procurement processes remain challenging for short-term recruitment and roles needed to support ePMA. Some roles, including those for as little as three weeks, follow the same process, which remains slow. We have been advised that there is a block on all agency staff, which is needed by ePMA to enable full rollout, as the staffing banks have limited resources.

Welsh Government funding ends in March 2026. Should implementation go beyond this date, additional funding will be required from the Health Board to support it.

Plan To Go Forward

A formal revised timeline was presented to an extraordinary programme board on the 15th May and a revised plan was agreed with the objective of completing by March 2026. This will be re-presented to the next scheduled programme board on the 29th May. This includes a review of the financial plan to confirm the programme's needs for delivery into the next financial year, if required.

The focus will be on using external companies through existing procurement frameworks to provide short-term technical work, ensuring that progress is maintained.

There is ongoing recruitment for short-term roles to support training (120 Band 5s for 3 weeks), with the route to market to be confirmed. Discussions are being held with the bank to support, alongside using the provider Better (where a single tender waiver will need to be agreed) as a conduit to the resource.

▪ Digital Maternity programme

Background

In response to serious concerns identified in national reviews—including the Ockenden report, East Kent inquiry, and the CTMUHB investigation—the Welsh Government has mandated digital transformation across maternity services. The Digital Maternity Cymru (DMC) Project was established to develop a 'Once for Wales' digital maternity system. In line with Ministerial Priority 5 and national expectations, BCUHB is implementing the BadgerNet system, following the prescribed procurement framework.

Current Position

The Full Business Case (FBC) has received local approval, with the Welsh Government ambition of implementing the digital maternity solution by March 2026. This target aligns with key strategic documents, including the NHS Women's Health Plan 2025–2035 and the BCUHB 3-Year Plan. The project is currently in its start-up phase, focusing on establishing robust governance and foundational processes. Project team members have begun site visits to familiarise themselves with local teams, facilities, and workflows, initiating an ongoing programme of meaningful and personable user engagement.

Key Challenges

In terms of governance, internal structures have been established; however, there remains a need for greater clarity on how BCUHB's delivery aligns with the national scope and timeline. This includes gaining a better understanding of System C's delivery capacity as the supplier, as well as the specific role of Digital Health and Care Wales (DHCW) within the overall programme.

Defining the deployable scope of BadgerNet (supplier) within the available timeframe and existing capacity is a critical task. The extent of functionality to be implemented may ultimately depend on the selected rollout strategy and the organisation's operational readiness.

From a financial perspective, while the Year 1 implementation costs are partially funded by the Welsh Government, there is a recurring cost pressure of approximately £248,000 per annum from Year 2 onwards. This presents a challenge to long-term financial sustainability.

Plan To Go Forward

Senior leaders across the four participating Health Boards will establish governance arrangements designed to support collaboration, prevent duplication of effort, and facilitate the sharing of deliverables where appropriate.

The Project Initiation Document (PID) is currently being updated and will be reviewed by the project board in its next iteration. Midwifery professionals will be recruited to assist with process mapping, stakeholder engagement, and change management activities.

Lessons learned from other Health Boards will be taken into account, with a particular focus on end-user devices, connectivity, ergonomics, and information governance.

▪ Llandudno Planned Care Hub

Background

The development is a ring-fenced elective Orthopaedic surgical hub and regional centre of excellence at Llandudno Hospital, specialising in high volume, low complexity (HVLC) care. The hub will deliver 1,900 Orthopaedic procedures per year. This increases surgical activity by 734 patients per year, as well as providing further protection for existing inpatient activity which remains vulnerable to unscheduled care pressures and replaces existing cold-site capacity which is no longer fit for purpose. It will also deliver a significant investment in additional infrastructure, which supports the future sustainability of the wider Llandudno site. The specific objectives are: to reduce waiting times by increasing activity levels; and to improve service efficiency, resilience and ultimately patient outcomes. The project is a Ministerial priority.

Current Position

Construction works commenced in 2024 and remain in progress. The current activities include erecting the internal partitions and mechanical and electrical installation. The current contractual completion date is 16/01/2026 with the contractor having confirmed they are working to target 15/12/2025 and intervention is in progress to secure an earlier completion but there is no guarantee this will yield an earlier date. There have been a number of changes and hence a number of contract variations. Each variation has the potential to give rise to time and cost risk to the Health Board under the terms of the contract. The impact of these along with ongoing design development associated with contractor design remains ongoing and a significant risk. There is also a potential overspend associated with the changes and variations which is currently around £200k higher than the WG held contingency. Clinical and Operational workshops are underway to finalise the operation model and the clinical commissioning programme. The outcome of an audit from January 2025 on the management of the project is expected.

Key Challenges

There have been a number of challenges and issues associated with the delivery of the construction phase. Mitigation actions have already been implemented and remain under review and management. The key risks are:

1. Closure of remaining contractor design packages. To mitigate this risk, normal project management engagement is ongoing supplemented by Director led engagement and intervention which to date has offered some benefits.
2. Develop an integrated programme from works completion, building commissioning, service commissioning and ultimately go-live. This is ongoing.

3. Conclusion of the mechanisms to administer the terms and conditions of the Building Contract.
4. Mitigation of a projected project overspend.

Plan Going Forward

The plan for the next period is:

- BCUHB are continuing to push all project stakeholders to complete the works at the earliest opportunity and as close to an operational go-live of October 2025.
- In parallel, normal contract administration mechanisms remain and that includes the development of an integrated programme and management of a potential overspend.
- The remaining design issues are a significant risk and are also being addressed.
- The Health Board will undertake a review of recommendations from the January 2025 audit.

▪ Ablett Mental Health Unit

Background

The redevelopment of the Adult and Older Person Mental Health Unit, the Ablett Unit is a development which was commenced a number of years ago. The proposal was developed in conjunction with the Mental Health and Learning Disabilities team within the Health Board. The scheme was granted Planning Permission in November 2023 and related to the new hospital building and an energy centre together with associated landscaping, car parking and site vehicular access and also the provision of a new multi-storey car park and associated works. The new car park increased the number of parking spaces by 16 due to the site of the new building being on an existing car park. The development will need the electrical infrastructure project completing to provide enough electrical energy and assumed the current Ablett Building was to remain. The funding was confirmed as being £84.5m in December 2022. The design is developed to a good level and was used by the building contractor to develop a works cost. In November 2023 the anticipated project outturn cost was £117.7m with benchmarking suggesting this was above the upper limit of a reasonable cost. Opportunities to reduce the specification offered no material benefits and no progress has been made since then with the onus on the Health Board to develop an affordable solution. The project is a Ministerial priority.

Current Position

During March 2025, options to progress the scheme were considered and raised informally with the Welsh Government. Initial feedback suggested that the Welsh Government would look to the Shared Services Partnership for assurance in respect of the proposals. In April 2024, a formal proposal was presented to Shared Services Partnership together with some supplementary information and an offer to meet or provide additional information. The proposal retained the current planning consent since to redesign the building would prolong the project and result in abortive costs. The formal proposal considered three core areas:

1. Inflation: The impact of construction inflation has been significant and continues at a rate of between £3m and £4m per year for every £100m.
2. Commercial Offer: Soft market has indicated that some cost reductions could be achieved through the use of an alternative contractor.

3. Scope of Works: This covers three elements:
 - a. The building could be reduced in size by about c.400m². Rather than redesign the building, this would be shelled.
 - b. We would retain the anti-ligature scope, mechanical ventilation and BREEAM Excellent. These were reviewed but felt to be matters which, if reduced, would either increase operational risk or impact the potential contribution to net-zero.
 - c. The original scheme included a multi-storey car park and the retention of the old Ablett. As a key change we would demolish the current building and replace it with a surface car park on the site. There would be the need to amend a Planning Condition.

At present very limited feedback has been received and the engagement remains ongoing. The proposal has the potential to reduce the total cost from £117.7m in 2023 (estimated as £125.7m now) to about £108.1m now.

Key Challenges

There remain many challenges and at the present time, the project is unaffordable. The key challenges are:

- Understanding the evaluation criteria being applied by Shared Services Partnership to inform their review of the proposed way forward. This is mitigated to a limited degree through engagement.
- At present there is no indication whether Shared Services Partnership agree to a core proposal of an inflationary increase, a more commercial approach and the omission of the multi-storey car park. Again, mitigation is through engagement.
- If agreed, there still remain risks most notably the need to vary the current planning consent and ensure the completion of the electrical infrastructure project. These are currently being mitigated through engagement and programme management respectively.

Plan Going Forward

At present, feedback on the proposed Health Board way forward is required. If this is negative and no compromise can be agreed a wider project review will be required.

▪ Royal Alexandra Hospital

Background

The development of improved facilities at the Royal Alexandra Hospital in Rhyl has been on going for greater than 5 years and is part funded through All Wales Capital funding and the Integrated Rebalancing Capital Fund (IRCF). The project is a Ministerial priority. The current proposals will deliver a range of expanded and redesigned services within new and existing facilities on the RAH site, enabling collaborative working with partners and supporting regeneration plans for the local area:

- Provision of care closer to home beds in Rhyl, supported by the Community Resource Team (CRT)
- Provision of a Minor Injuries and Ailments Unit to support the reduction of A&E attendances at YGC.
- Provision of a treatment zone to enable community nurses to undertake more complex activity
- Re-provision of the Community Dental Service in fit for purpose surgeries.

- Re-provision and extension of radiology services to support the new services and deliver ultrasound scanning
- Re-provision of existing services in clinically compliant environments on the RAH site:
 - Provision of sexual health services.
 - Provision of a range of outpatient services including therapy services.
 - Older People's Mental Health Services
 - Adult Psychology Services
 - Child and Adolescent Mental Health Services (CAMHS) and Paediatric Occupational Therapy (OT) services
- Provision of advice and information through third sector presence onsite
- Delivery of preventative programmes such as smoking cessation to support self- management.
- Creation of multi-disciplinary accommodation to enable integrated working between primary, community, local authority and third sector.
- Improvement to the physical environment for patients and staff, including achieving a greater level of statutory compliance.

The Royal Alexandra Hospital is a Listed Building. The project has stalled on account that whilst the business case is 'approvable', it is not 'affordable' and BCUHB have been considering a route to address this. In the past, the focus has been on reducing the capital cost of the new build element however this did not address the issues associated with the value for money and utilisation of the existing building. To address this, the Health Board has taken the following actions:

- Reduce the new build from 3 storey to 2 storey.
- De-risk the refurbishment of the listed building through surveys.

Whilst this approach would support the new build, it would not support works to the listed building beyond external repairs.

Current Position

Discussions are ongoing between the Health Board and Welsh Government funding streams and it is expected that the submission of the business case for the new clinical unit will be September 2025. The procurement process for the refurbishment to the existing RAH building is set to begin in May 2025 but at present, indications are that this will not be sufficient to allow approval of the business case and an alternative strategy is being developed to:

- Separate the construction of the new build from the refurbishment of the listed building. This includes a pre-application meeting with Denbighshire Council for the new application for the new building. A meeting has also been held with Denbighshire Council Rhyl Regeneration team to discuss this and soft market testing with Registered Social Landlords (Housing Associations) for part of the listed building.
- To progress a Pre-Construction Services Agreement to progress the new build as quickly as possible.
- Review the utilisation of the listed building, seek legal advice and consider other uses of the building to support to funding and over-arching Rhyl regeneration programme. A key option is the use of part

of the building by a Registered Social Landlord perhaps for key worker accommodation. The use(s) may develop with partner engagement.

•

This alternative strategy is to deliver the new facility as quickly as possible whilst safeguarding the future of the existing building, delivering optimum value for money and supporting the wider initiatives to regenerate Rhyl town centre. A programme for this split approach is being developed to take account of pre-election sensitivity period.

Key Challenges

There are significant risks and a mitigation approach aligned with a costed risk register is being developed. Specific risks and challenges include:

1. Achieving a balanced and sustainable revenue model for the facility.
2. Achieving an acceptable capital cost.
3. Satisfying Welsh Government scrutiny process.
4. Developing a sustainable model of accommodation so the facility does not become simply offices or storage.
5. Supporting the wider Rhyl regeneration programme.
6. Developing an energy efficient design.
7. Understanding and managing the condition of the existing building.
8. Satisfying and discharging planning conditions.
9. Finalising the services to be included in the development and then seeking assurance they will move and are financially sustainable from a revenue perspective. This relates particularly to the inclusion of primary care.
10. Loss of confidence from partners.

Plan Going Forward

The IRCF programme prioritisation and assurance process remains ongoing. The development of a delivery plan acceptable to the two funding streams and to address the risks remains a focus with engagement ongoing.

■ Caledfryn Well-being Hub

Background

The purchase and refurbishment of a local authority building to develop a Health & Well Being Hub in Denbigh. The Health & Well-being Hub would bring services, currently located in multiple sites across Denbigh town, into modern facilities, enabling service expansion, further integration and delivering more sustainable, holistic services. This will include:

- Primary care services including GP Surgeries
- Community Resource Team (CRT) including third sector staff working alongside the CRT

- Older people's mental health, community mental health team, mental health community rehabilitation team, peri-natal mental health and integrated learning disability team
- Children's services including health visitors, school nurses and potentially the flying start team. Child & Adolescent Mental Health Service (CAMHS), early intervention and schools in-reach service.
- Cluster based early intervention services and community midwifery services
- Opportunities to provide space for other third sector organisations e.g.: MIND are being explored.
- Multi-disciplinary team established to care for people affected by Long Covid
- Planned estates rationalisation

Current Position

BCUHB completed on the purchase of the building on 26/03/2025. The IHC is leading on the project management of design development to accommodate the identified services to be included in the facility and to securing the necessary commitment and service confirmations to realise the benefits of the scheme. This includes finalising the services to be accommodated in the facility, what space they will take and what space will be vacated as a result of their move and how space can be mitigated through the use of shared facilities.

Key Challenges

- Project governance and delivery visibility to BCUHB. To mitigate this, the delivery structure is being reviewed to provide improved corporate visibility.
- Securing a primary care service within the location. This is subject to ongoing review but at the present time, no doctors surgery have committed to relocate to the property.
- Delivery of a sustainable revenue model for the facility. This is to be developed.
- Capital costs associated with the final scope of works (being developed).
- Delivery programme. To address this, a project programme overlaid on BCUHB gateways is to be developed.
- Integration of the new facility into a wider BCUHB estate rationalisation and estate strategy. This is to be developed.

Plan Going Forward

The plan for the next period is to:

- Nominate a project Senior Responsible Officer and implement BCUHB oversight on the delivery.
- Finalise the project delivery programme and governance (to include BCUHB milestones and IRCF/WG milestones).
- Seek confirmation on services to be included.
- Continue design development.

▪ Conwy West Well-being Hub

Background

This programme is part of the Integrated Rebalancing Capital Fund (IRCF) with the objective of developing integrated health and wellbeing facilities, serving the towns of Conwy and Llandudno Junction and the wider area.

Current Position

The project is in early stages. A potential site has already been identified with the Local Authority and some funding in the financial year agreed to develop a business case. However, along with the wider IRCF programme, BCUHB are required to provide project delivery assurance and a prioritisation process to ensure a sustainable cashflow for the IRCF programme and integration in Health Board Governance.

Key Challenges

A risk register is under development, but current key risks include:

- Finalising the services to be included in the development and then seeking assurance they will move and are financially sustainable from a revenue perspective. This relates particularly to the inclusion of primary care.
- Retention of the site or loss of confidence from the local authority.
- Cost escalation. The scheme has already increased from £18m to £30m.

Plan Going Forward

The IRCF programme prioritisation and assurance process remains ongoing.

▪ Holyhead Well-being Hub

Background

The proposal is to locate the integrated hub on a central site in Holyhead providing a single point of access to health, social care and wellbeing services and thereby helping to support the regeneration of the town centre. The scheme is also part of the Integrated Rebalancing Capital Fund (IRCF) programme.

Current Position

The project is in early stages. A potential site has already been identified with the Local Authority. However, along with the wider IRCF programme, BCUHB are required to provide project delivery assurance and a prioritisation process to ensure a sustainable cashflow for the IRCF programme and integration in Health Board Governance.

Key Challenges

A risk register is under development, but current key risks include:

- Finalising the services to be included in the development and then seeking assurance they will move and are financially sustainable from a revenue perspective. This relates particularly to the inclusion of primary care.
- Retention of the site or loss of confidence from the local authority.
- Cost escalation.

Plan Going Forward

The IRCF programme prioritisation and assurance process remains ongoing.

▪ Bangor Well-being Hub

Background

A further large project part funded through the Integrated Rebalancing Capital Fund (IRCF) programme. A Health and Wellbeing Centre was proposed to be developed in the old Debenhams building to create a modern facility that meets the current and future needs of the general population of Bangor and surrounding areas, but also supports individuals in an environment that positively promotes health and well-being.

Current Position

The project is in early stages. A potential site has already been identified with the Local Authority but initial feedback is that the valuation for the site is unaffordable. An alternative possible site has also been identified with other challenges such as being a listed building. Again, along with the wider IRCF programme, BCUHB are required to provide project delivery assurance and a prioritisation process to ensure a sustainable cashflow for the IRCF programme and integration in Health Board Governance.

Key Challenges

- Finalising the services to be included in the development and then seeking assurance they will move and are financially sustainable from a revenue perspective. This relates particularly to the inclusion of primary care with one of the key practices having withdrawn from the development.
- Developing an acceptable capital and revenue model.
- Retention of the site or loss of confidence from the development partners.
- Cost escalation.

Plan Going Forward

The IRCF programme prioritisation and assurance process remains ongoing.

▪ Penygroes Well-being Hub

Background

A further project part of the Integrated Rebalancing Capital Fund (IRCF) programme. This case proposes the development of a Health & Well-being Centre to be situated within the heart of Dyffryn Nantlle valley in the village centre of Penygroes. The Health & Well-being Hub would bring services into modern facilities, enabling future service expansion, further integration and delivering more sustainable, holistic services. This will:

- Enhance Primary and Community Care services, including a GP practice
- Support integration through co-location of primary, community, mental health, social care and third sector services

The development was originally c£50m to include the Health and Well being centre, a theatre, housing and new offices. A number of partners withdrew and the current proposal is reduced to include just a Health and Well being centre at about £10m plus housing delivered by a Registered Social Landlord. Funding had previously been awarded to the Registered Social Landlord at £1.2m to develop the larger scheme.

Current Position

The project is in early stages. A potential site has been identified and positive engagement to deliver the smaller scheme. Further public consultation is anticipated for the summer 2025 and a with all IRCF projects, BCUHB are required to provide project delivery assurance and a prioritisation process to ensure a sustainable cashflow for the IRCF programme and integration in Health Board Governance.

Key Challenges

- Finalising the services to be included in the development and then seeking assurance they will move and are financially sustainable from a revenue perspective. This relates particularly to the inclusion of primary care with one of the key practices having withdrawn from the development.
- Developing an acceptable capital and revenue model.
- Closure of what design information from the original scheme can be used for the smaller scheme.
- Retention of the site or loss of confidence from the development partner, and local population given the previous proposal.
- Cost escalation.

Plan Going Forward

The IRCF programme prioritisation and assurance process remains ongoing.

▪ Summary & recommendation

This first iteration of this report provides some historical context to a number of the challenges across these areas. These are some commonalities across the programmes in terms of the nature of the challenges being experienced, including funding and delivering the programmes within the cost envelope. Revisions to schemes are being explored where appropriate in order to balance the different factors. Within the DDaT related programmes there are also thematic challenges relating to legacy data migration, system integration, training and testing.

Each of the programmes require partnership work outside the Health Board, including with national NHS bodies and external contractors in order to deliver successfully for the population of North Wales and efforts are ongoing to ensure partners deliver on these requirements within agreed timeframes.

Each of the programmes has a clear sight on the underlying challenges and have developed plans to take forward. The organisation will be driving forward this work via a Strategic Planning and Service Change group which will report into the Executive Committee. This will be supplemented by regular reporting to Board Sub-Committees and the Board.

The Health Board is asked to:

- **NOTE** the report and current position of key programmes
- **AGREE** to receive further summary updates at Board with the individual programmes reported at committee level in with Annual Delivery Plan cycle
- **RECEIVE ASSURANCE** that the Executive committee has oversight of all these programmes

Teitl adroddiad: <i>Report title:</i>	Annual Delivery Plan - 2024/25 Closure and Look forward to 2025/26			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	29 th May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to provide an overview of progress against the 2024/25 Annual Delivery Plan. The paper outlines the progress made by year end and highlights some of the challenges experienced. Where work did not conclude in the year the paper articulates a mapping exercise of where work will be taken forward during the next 12 months, including a change control for approval. The paper concludes with the Annual Delivery Plan for 2025/26 with assigned leads and quarters.			
Argymhellion: <i>Recommendations:</i>	<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> • RECEIVE ASSURANCE on the progress made throughout the year along with the challenges highlighted • APPROVE the change controls outlined within the paper • RECEIVE the Annual Delivery Plan for 2025/26 and AGREE that oversight will be via the relevant Board committees with an overarching report to Board. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive (Accountable Officer)			
Awdur yr Adroddiad: <i>Report Author:</i>	Paolo Tardivel, Interim Executive Director of Transformation & Strategic Planning (Lead Executive)			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
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:				

<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>	
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	To support the Annual Plan and Special Measures
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf / <i>Next Steps:</i> Implementation of recommendations	
Rhestr o Atodiadau / List of Appendices: (in supporting pack) Appendix 1: 2024/25 Monitoring Report Appendix 2: Change Control – Objectives not completed by Year End Appendix 3: 2025/26 Annual Delivery Plan	

■ Introduction

This report presents a summary of progress made throughout 2024/25 against the commitments made in the Annual Delivery Plan. It provides an overall summary of progress made by year end, including identifying key achievements and outlining the completion rate achieved. The report also summarises some key challenges, looking forward to 2025/26 and further refinement and strengthening of the organisational approach.

This report includes detailed assurance statements in Appendix 1 for the remaining objectives in Quarter 4, supplementing the objectives previously reported to Board throughout the year. The paper also outlines the change control for approval for those objectives which did not complete in the year and concludes with a copy of the 2025/26 Annual Delivery Plan.

■ 2024/25 Progress

The 2024/25 Annual Delivery Plan contained 314 milestones in total that were due to be completed during the year, all set within the context of the 5 previously agreed Strategic Objectives.

Sample of key delivery highlights from 2024/25:

- **Corporate Governance:** Significant progress against a range of governance activities, supported by external assessment from Audit Wales, and the organisation is in a much more stable position as a result. This includes further progress and implementation of the Board Assurance Framework, the Corporate Risk Register, and the implementation of a Risk Management Dashboard, which is driving improvements operationally and triangulating with the planning process.
- **Quality Management System:** Continual development and implementation of the Quality Management System, with a key focus on Quality Planning. This has featured in a revised approach to the development of the IMTP along with focused work on Challenged Services. This work has been supplemented by the development of an in-house application, which was positively received in a presentation to QSE.
- **Executive Recruitment:** This year has seen a strengthening of the Executive Team through substantive appointments. A permanent Chief Operating Officer, the arrival of a Director of Environment and Estates, a Director of Performance and Commissioning, and the substantive appointment of an Executive Director of Finance following an interim period. Plans to recruit to all outstanding Executive posts are in motion.
- **Emergency Planning:** A comprehensive review of emergency plans and business continuity plans across the organisation resulting in the development of an improvement programme of work which is in the process of being delivered.
- **Foundations for the Future:** Discovery phase complete with themes identified which were outlined in a Discovery report. Currently in outline design phase with options being socialised with staff. Detailed design being conducted over the Summer.

- **Electronic Health Record (EHR):** £12m of funding secured for the multi-year programme for the Mental Health EHR. Outline Business Case (OBC) now in final draft and readiness assessment work well underway as part of broader transformation approach, all aligned to Foundations for the Future programme.
- **Finance:** Over-achieved against the savings target. Coupled with strong financial stewardship this led to over delivery against the control total. Alongside this, legacy issues around procurement were successfully addressed as part of the contract procurement review.
- **Planning:** Improved planning processes as part of implementing the Integrated Planning Framework led to the Health Board approving its first financially balanced IMTP
- **Culture Change:** Continued focus on this priority programme of work, including the launch of the Culture change leaders with circa 100 staff across the Health Board undertaking to spread change. Key achievements include the co-design of a new set of Values and Behaviours for the organisation based around Openness, Respect and Compassion. These were formally launched by the Board with Board Members all signing a Values and Behaviours pledge.
- **Citizens Experience:** A broad programme of engagement work underway ensuring the voices of patients, communities and stakeholders are heard, all outlined in a regular report to Board which is now embedded into cycles of business.
- **Partnerships:** The role of the Stakeholder Reference Group has strengthened with members more involved in shaping the direction of travel
- **Planned Care:** Eradication of the most extreme waits and commencement of reduction of backlogs for patients experiencing extended waits. Teledermoscopy has now been implemented across all 3 areas of the Health Board.
- **Pharmacy:** Ground-breaking technology being trialled in Dolgellau which allows patients to access medication from a robotic machine out of hours. This will also provide insights for future methods for supplying medicines in rural settings.
- **Urgent and Emergency Care:** The establishment of a System Resilience Hub provided improved co-ordination and management of pressures across North Wales. This led to the system demonstrating greater resilience in line with the aims. Additionally a new frailty unit was opened in Ysbyty Gwynedd.
- **Primary Care:** Advancement of the Same day offer including on the day urgent primary care, the integration of GP Out of Hours and SICAT, and supplementary services to support practices with their highest risk patients.
- **Prevention:** A range of engagement activities delivering including work by the Well North Wales team to develop a collaborative model with partners to social interventions.
- **Mental Health:** Strong performance against a range of metrics including the development of the eating disorders service in line with Royal College standards and high levels of compliance against Royal college perinatal standards.
- **Concerns Management:** Following Board approval of an Integrated Concerns Policy in July 2024, significant strides have been made in implementation with the Health Board acknowledged for having the best response times in Wales.
- **Nursing Workforce:** Significant efforts around recruitment and retention led to reductions in agency usage and improved nursing turnover rates, which are consistently in the top 3 in Wales.

The following summary table provides the completed summary of progress.

Strategic Objective	Completed Deliverables
1: Building an effective Organisation	51 out of 55
2: Developing Strategy and long-lasting change	41 out of 53
3: Creating compassionate culture, leadership and engagement	16 out of 16
4: Improving Quality, Outcomes and Experience	138 out of 167
5: Establishing an effective environment for learning	22 out of 23
Overall	268 out of 314 (85%)

Table 1 – 2024/25 Annual Delivery Plan completion overview

The full year figure of 85% represents a high completion rate by year end and an increase on figures reported in individual quarters through the year. This is reflective of increased controls deployed during the year and an increasing maturity. Where challenges have emerged within different areas, enhanced monitoring and support has been enacted to enable course correction and by year end this has led to a higher completion rate. It is however important to acknowledge that not all commitments were delivered in the originally agreed timescales and that incremental delays will impact upon the timescales for delivering the end goal, something that is a focus for improvement going forward.

In acknowledging the high level of overall completion it is important to recognise that not all things are equal and some of the outstanding elements represent some significant challenges for the Health Board. This includes work within Strategic Objective 4 which will be a considerable focus in the next year to ensure delivery expectations are met and clinical services are strengthened. A number of the commitments which were delivered in this year’s plan were also foundational in nature, and the subsequent actions in the 2025/26 plan will be more stretching to deliver in terms of making a difference to the population of North Wales.

Taking these factors into account the process of assurance and reporting will continue to evolve moving forward, with the aim to increase the focus on the outcomes to the population, as well as ensuring actions are delivered on time. This is covered further in the 2025/26 section of the document on page 6.

The Board has received updates against milestones for quarters 1, 2 and 3 and further details can be found in Appendix 1 in the supporting pack for all the remaining milestones from Quarter 4.

▪ Special Measures

Special Measures priorities have been incorporated into the Annual Delivery Plan throughout 2024/25, to provide a single integrated approach to Health Board Planning. The Health Board meeting in [March received a comprehensive update](#) on progress by year end and elements of that work are also incorporated into Appendix 1 of this report, denoted with the with the  icon.

This information is also drawn out to support specific meetings with Welsh Government and forms part of routine monitoring to the escalation and intervention team at Welsh Government. Evidence is collated against all priorities set for the Health Board and this is all submitted to Welsh Government for assessment.

▪ Change Control

The Health Board has operated a robust change control process for the Annual Delivery Plan throughout the year, providing a transparent and auditable approach to any changes requested.

As the year has now drawn to a close and the final assessment for the plan complete, an end of year review has been undertaken against any commitments not completed. This process has been triangulated against existing planning processes for the 2025-28 plan, as many services took proactive steps to incorporate current work into the planning cycle where it was already deemed unlikely to conclude by March 2025.

As part of this process, steps are also undertaken to assess the potential to retire any objectives that have subsequently been superseded by newly agreed priorities. This has resulted in a change control summary that is presented to the Board for final approval. Of the 46 objectives that did not complete, 38 are already covered by priorities within the IMTP, 7 are proposed to retire, leaving one objective which is proposed for addition into the 25/26 plan. The details are included at Appendix 2 in the supporting pack.

▪ 2025/26 Annual Delivery Plan

The Annual Delivery Plan for 2025/26 was developed alongside the Integrated Medium-Term Plan (IMTP), with the priorities therefore being aligned with those in the three year plan. Following Board approval of the plan the final touches have been applied to agree owners and dates. A more detailed programme of work underneath the priorities has also been developed to support more detailed tracking and assurance.

Building upon the learning gained throughout the last two years further evolution of the monitoring and assurance process will occur. Through implementing learning gained from Special Measures during 2023/24 the organisation has enhanced the level of maturity in Annual Delivery Plan monitoring in 2024/25. Whilst recognising that the completion rate of agreed objectives remains an important part of demonstrating the organisation can deliver upon its commitments, it is important to recognise that this data is a piece of the overall information but does not represent the whole story. The improved level of completion for the 24/25 plan highlights that the organisation is maturing and delivering more consistently across the range of objectives, however there is now a requirement to make a step change in ensuring that the delivery of actions translates into a high level of delivery against key outcomes.

Therefore in order to complement existing reporting mechanisms, it is proposed to elevate assurance reporting to the sub-objective level within the plan. There will be a greater focus on how the overall programme of work is progressing against the key outcomes required and ensuring this is the year we make a real difference. This will also ensure that we reflect more strongly the patient voice and the barometer by which the public will assess our success and enable us to focus more resource on making change happen as opposed to assurance and reporting. The Annual Delivery Plan is included at Appendix 3 in the supporting pack.

▪ Recommendation

The Health Board is asked to:

- **RECEIVE ASSURANCE** on the progress made throughout the year along with the challenges highlighted
- **APPROVE** the change controls outlined within the paper
- **RECEIVE** the Annual Delivery Plan for 2025/26 and **AGREE** that oversight will be via the relevant Board committees with an overarching report to Board.

Appendix 1: 2024/25 Monitoring Report

Key:	Completed	Not Completed
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Delivery Objective Ref	SRO	Delivery Objective Action	Assurance Rating	Assurance Statement
1A Board Effectiveness 	Carol Shillabeer	(Q2)1A.1 Complete substantive recruitment of Executive members of the Board		Significant progress has been made with substantive appointments in key positions and a notable reduction in interim roles, reflecting a strong shift toward stability in the Executive Team. While some new vacancies have arisen, it is important to note that the posts identified at the time of setting this objective have predominantly been filled substantively with only the Executive Director of Workforce outstanding.
1B Risk Management 	Pam Wenger	1B.2 Development of a risk management dashboard to improve triangulation with planning and performance as well as other directorates		The dashboard pilot launch and demonstration received overwhelmingly positive feedback and proceeded to implementation. Live demonstrations were provided to the Executive Team, Risk Management Group, Senior Leadership Teams, and 400 risk leads via video. The dashboard, now live on the BCU risk pages, incorporates the 24/25 risk appetite on the Corporate Risk Register page. Additional communication efforts are planned to encourage engagement and utilisation in the coming months.
1F Legislative Improvements	Jane Moore	1F.6 Review Business Continuity Plans and arrangements across the Health Board		A comprehensive review of Business Continuity and Emergency Plans has occurred via IHCs, MH/LD and Womens services. The review has highlighted: 1 - Out dated plans 2 - The requirement to update contact details 3 - Sign off and governance routes requiring clarification A full programme of work has been designed and developed based on the reviews and work has commenced to update all business continuity plan across the health board.
		1F.7 Review Emergency Plans across the Health Board		See combined update above in 1F.6.
1G Workforce Planning	Jason Brannan	1G.8 Support ongoing and new initiatives to streamline national and international recruitment		Ongoing initiatives for nursing and medical staffing are being supported with the introduction of the Education Training Plan (ETP) model from Health Education and Improvement Wales (HEIW) across all relevant staff groups. The ETP for 2025/2026 has been submitted to HEIW, and international recruitment plans are in place for the same period.
		1G.9 Continue to work with local education providers in Higher and Further Education to support 'Grow our Models' initiatives that ensure development opportunities are available for staff progression, and for others across North		The People Services Teams are actively collaborating with local education providers in both Higher and Further Education to advance the 'Grow our Models' initiatives. These efforts are designed to create and enhance development opportunities that facilitate staff progression, ensuring that individuals across North Wales have access to valuable resources for their professional growth. By fostering these partnerships, the teams aim to cultivate a supportive environment that empowers staff and promotes continuous learning and development within the region.

		Wales, supporting a local Health Board workforce supply		
		1G.10 Continue to support flexible working and the redesign of services in order to stabilise the current workforce by optimising the way in which we work across services and localities		Workforce Planning is being integrated through practical ongoing support for all BCU Services and has been built into the wider workforce planning approach. Promotion of flexible working continues as part of routine conversations and addressing any resistance within services. In addition, People Services are rolling out new policies across all areas to further formalise the approach.
		1G.11 Continue to reduce agency usage, reviewing fixed term and locum arrangements to provide a more sustainable workforce. Remain focused upon maintaining the improvements in nursing and midwifery staff turnover seen in 2023-24		There have been significant reductions in agency usage across the Health Board year to date. Plans are being developed through the Value & Sustainability Workforce programme to continue this progress into the 2025/2026 period, aiming to meet Welsh Government targets. Reductions in the Registered Nursing and Midwifery Turnover Rate since April 2023 have been maintained.
		1G.12 Ensure that enablers, such as digital, continue to be considered in respect to the improvements they offer for workforce skill-mix, recruitment and retention, as well as the improvements offered to service quality		Recruitment delays impacted on the commencement of the work which has therefore not concluded in-year as originally planned. Further work to complete this objective will continue into 25/26 with work in each of these areas highlighted across the 25-28 plan.
1H Quality Management System 	Angela Wood	(Q3) 1H.3 During this time, the Health Board will apply the emerging QMS to arising quality improvement initiatives, so that they follow a whole system QMS ethos, and to also learn so that the overall QMS deployment is successful		The Quality Management System (QMS) has made significant progress and continues to follow a comprehensive plan for implementation and integration within the organisation, as part of a long-term strategy. The focus to date has remained around existing challenged services in terms of honing the approach, and the roll out plan during the next year will see this extend to wider arising quality improvement initiatives.
1I Welsh Language	Teresa Owen	1I.4 Incorporating an additional Service Level Agreement into the in-house translation demand, which will see the Health Board maximising its potential and expertise, providing a translation service to two health sector organisations in Wales		The Service Level Agreement (SLA) with Aneurin Bevan Health Board has been agreed and signed, and the translation portal is operational with monitoring arrangements in place. This achievement directly supports the objective by integrating the additional SLA into the translation service, enhancing the Health Board's capacity to serve two health sector organisations in Wales. Established monitoring arrangements will ensure adherence to the SLA and maintain high service quality, ensuring both health organisations benefit fully from the enhanced translation services.
1J Decarbonisation	Russell Caldicott	1J.2 Continue to support our workforce to identify other decarbonisation opportunities for wider adoption		A training module on sustainability and decarbonisation has been developed and implemented into staff development programmes for targeted cohorts, providing staff with the necessary support on sustainability & decarbonisation.
	Stuart Keen	1J.3 Install onsite renewable energy generation facilities where viable to do so		A high-level appraisal has been submitted to the Health Board by Vital Energi, energy solution specialists. The Health Board have commenced reviewing a number of opportunities within the

			appraisal to support achieving renewable energy generation facilities, however installation is yet to commence, and this objective is planned to be delivered in phases over a number of years.
		1J.4 Consider the feasibility of progressing low carbon heat generation for non-acute sites larger than 1,000m2 by 2030	The feasibility was considered however it did not align with funding criteria. Alternative options were also explored but proved unsuccessful within the timeframes, therefore at this stage it is deemed not feasible to proceed.
	Russell Caldicott	1J.5 Ensure that all new medium and large freight vehicles procured after April 2025 meet the future modern standard of ultra-low emission vehicles in their class	The Health Board has established contracts with external providers for medium and large freight vehicles. The Estates department conduct regular reviews of the fleet and prioritise the use of low emission vehicles as part of the decarbonisation plans.
	Stuart Keen	1J.6 Progress the procurement of Zero-Carbon backed electricity (currently being reviewed on an All-Wales basis).	Shared Services have confirmed the plan to progress to 100% zero-carbon electricity by 2025 and 100% offset gas by 2030. The energy contract is integrated into the All-Wales Energy Procurement Strategy.
	Russell Caldicott	1J.8 Consider carbon impact when procuring services, sourcing locally where possible	This work is taken forward jointly between BCU and shared services. Sourcing locally where possible is embedded into practice and tracked as part of a quarterly reporting schedule.
	Dylan Roberts	1J.9 Continue to make the case for digital solutions that offer the potential of using less paper, in addition to the patient safety opportunities that digital solutions can provide	A benefits exercise on digital solutions was undertaken and outlined the potential to improve quality and safety of care, support a reduction in preventable mortality and morbidity, a reduction in paper records, and a lower carbon footprint. The benefit realisation process was subsequently utilised part of the strategic work on the development of an Electronic Healthcare Record.
2A 10 year strategy 	Paolo Tardivel	(Q3) 2A.2 Establish a systematic approach, commencing with identified health needs, collation of evidence, design principles, and clinical and citizen reference groups	The systematic approach to planning is progressing, particularly with the ongoing development of Population Health packs tailored for each Integrated Health Community (IHC) and Mental Health sector. This initiative is complemented by the establishment of the Organisational Design Principles, which received approval during the January Board meeting and played a key role in shaping the Integrated Medium-Term Plan (IMTP) for the period spanning 2025 to 2028. The work to implement clinical reference groups did not complete within year and this be implemented during 25/26 to finalise the work of this objective.
		(Q2) 2A.6 Collation of a high level summary of findings, and commence identifying the key strategic opportunities to test with stakeholders	Resource constraints delayed the completion of this work which is now being taken forward in 25/26 with the development and refresh of the Health Board's 10-year strategy along with associated work on the Clinical Services Plan.
2B Clinical Services Plan 	Sreeman Andole	(Q3) 2B.1 During 2024/25 the Health Board will develop a draft CSP that adequately incorporates the known clinical requirements of the next 3 years	Capacity constraints within the senior medical leadership team have impacted upon completion of this objective. A Clinical Services Plan Framework has been developed and socialised in the first instance and this will be progressed further in the coming year.
2C Commissioning 	Russell Caldicott	2C.5 Support operational teams within the organisation to apply commissioning principles to services provided directly by the Health Board, using best practice	Demand & capacity work has been undertaken to construct the 2025/26 activity plan. At present work has been prioritised around first outpatient appointments, day case activity and Referral to Treatment (RTT) activity. All activity types including non-RTT activity will be included in the 2026/27 demand & capacity exercise as this work matures.

		'demand and capacity' modelling and prioritising additional support to areas of highest clinical need		
2D Capital Priorities – supporting change to happen	Stuart Keen (BCUHB - Estates)	2D.1 Llandudno Orthopaedic Centre. In 2024-25 the Health Board will deliver the Llandudno Orthopaedic surgical hub, with surgery commenced on site, delivering 1,900 orthopaedic procedures per year when fully operational		This work is delayed from original timescales. In November 2024, a new revised construction schedule was submitted by the contractor suggesting a delay from the current June 2025 completion date. The schedule has been subject to an external review with a current target completion date of the 15th December 2025.
		2D.2 Ablett replacement programme. In 2024-25 the Health Board will complete the business case for the construction of the Adult and Older Persons Mental Health facility on the Glan Clwyd Hospital site, aiming to commence construction within 2024-25, and continuing into 2025-27		The current scheme is facing challenges as it remains over budget and does not align with the established affordability criteria. In response, the Capital Team is actively exploring alternative procurement routes that could enhance affordability. Once these options are finalised, they will be presented for discussion at the Capital Working Group and taken forward during 2025/26.
		2D.3 Royal Alexandra Hospital. In 2024-25 the Health Board will continue to work with partners, including Denbighshire County Council, to complete a review of the proposed redevelopment of the Royal Alexandra Hospital in order to resubmit the proposal for capital funding support. Work in subsequent years will be scoped in line with the proposal outcome		The project is progressing in line with plans however the review did not complete in the year. The addendum to the 2021 full business case is being delivered in two stages to facilitate funding decisions in 2025/26. There are planned submissions of the New Build design and costs in May 25, followed by the Royal Institute of British Architects (RIBA) Stage 3 design for the existing Royal Alexandra Hospital building in August 25 prior to resubmitting the proposal for capital funding.
		2D.6 Progress the major Capital programme Schemes, including: Ysbyty Gwynedd Compliance Programme		The Ysbyty Gwynedd Compliance Programme is a small to medium sized programme of work relating to building safety, such as, fire alarms, electrical and water works. The scheme was not included in the all-Wales priority list and other funding options were therefore required. Targeted estates funding bids have now received approval from the Welsh Government and are now progressing to support the improvement of fire safety aspects.
		2D.7 Develop a capital estates plan for the Shooting Star Unit, which will provide additional capacity for treatments and outpatient clinics		The expansion of the Shooting Star Unit remains a high priority for the Wrexham Maelor acute site, however challenges which include budget constraints have inhibited progress to date. Work is underway in order to develop a viable proposal within the constraints into the 25/26 planning year.
2E Digital, Data and Technology	Dylan Roberts	2E.3 Transformation of the DDaT Operating Model. The organisation will continue to modernise the running and delivery of Digital, Data and Technology. This will bring in the minimum capabilities and skills necessary to improve DDaT maturity against industry benchmarks.		Following Executive agreement, progress has been achieved in the permanent recruitment of specialist roles and the initiative has been strategically divided into two distinct recruitment cohorts. Additionally, external expertise has been successfully secured through a newly established Augmentation Contract.

		2E.4 Essential Services Programme. The Health Board will upgrade infrastructure technology to prevent major IT failures and protect against cyber-attack.		Despite funding limitations, the Health Board successfully delivered all agreed projects on time and within budget. Additionally, Welsh Government slippage money was fully utilised by 'Oven Ready' schemes that could be quickly deployed. Completed work includes firewall installation across acute sites, Windows 11 migration, and work on the Wide Area Network (WAN) upgrade.
		2E.5 The DDaT team will be active contributors to the activity outlined in other priorities within the plan including 5D Intelligence Led and 5E Learning Organisation		A range of contributions are underway in relation to cross-functional engagement, knowledge sharing, and advancing intelligence-led initiatives.
		2E.6 Major Projects. The Health Board will work on the following priority projects which for which the Health Board is dependent on to continue operating:		The organisation is delivering 15 major complex programmes in parallel, demonstrating the capacity and capability to manage multiple complex initiatives effectively, Further details are outlined in the subsequent specific objectives.
		2E.6a Patient Numbering/WPAS : Providing clinical staff with a patient-centric view of information to support high quality care to support patient flow and clinical decision making.		All BCU led work specified for completion this year has been successfully accomplished and this work is now being transitioned into Business as Usual. Some additional work is required rom DHCW around the Cancer tracker to build upon this local progress and will be supplemented in 25/26.
		2E.6b Optimisation of Existing Systems: Optimising the functionality of our existing systems, making sure that the system meets user expectations and provides maximum value		A Digital User Experience Group was established to oversee this optimisation work. The Group undertook an application portfolio review and decisions have been made on the future use of the Welsh Clinical Portal (WCP), along with the Cito and Epro systems, which involve decommissioning some legacy systems to reprovision elsewhere, and agreement that Cito will be utilised as an Electronic Document Repository Management System (EDRMS). Further optimisation work has also been undertaken with users around the Electronic Admissions System (EAS) and the Stream Boards.
	Teresa Owen	2E.6d Therapy Manager Replacement: Replacement of our at risk Therapy Manager system		The Agile project approach for the Therapy Services System Replacement was agreed on 29th January 2025, with phased functionality releases planned across 19 sprint cycles until March 2026. However, the delivery timeline for the Minimum Viable Product extends beyond the current system's risk period, requiring a 12-month support extension with the existing supplier.
	Dylan Roberts	2E.6e Mental Health System: Provide MH with a suitable system for their needs and to enable patient information to be captured effectively and shared with partners appropriately.		The Outline Business Case is approved, with £12m funding from Welsh Government over four years. The initial plan is delayed due to a longer pre-procurement stage. The delay did however provide an opportunity to clarify and align expectations with suppliers at the outset, reducing future issues. Work will continue throughout 25/26.
		2E.6f Joint Medical School: Improve WiFi and network connectivity providing blanket coverage and highspeed reliable connectivity into Medical School locations within the BCU Estate.		All objectives of the technical workstream have been successfully met and costs for the capital bid were provided. However this objective was not allocated funding and was subsequently de-prioritised in a later prioritisation exercise and is therefore proposed to be put on hold at this stage.
		2E.6g Electronic Prescribing Management System (ePMA): Paper medicines charts		The project experienced a three-month delay in funding approval from the Welsh Government. Critical steps were taken to progress the project, including the signing of the supplier contract and

		and prescriptions will be replaced by a digital prescribing and medicines administration system Pan BCU		the initiation of recruitment. Project funding has now been secured, and actions are progressing into 25/26.
		2E.6h Teledermoscopy: Implement a specialist digital image storage and viewer to enable dermatologists to assess suspected skin cancer without the need for a face-to-face		Teledermoscopy has now been successfully implemented in all 3 sites following a phased rollout. This significant milestone marks the transition of the project to Business as Usual (BAU) operations.
		2E.6i Attend Anywhere/Virtual Consultations: Increase in the number of pathways where appointments and reviews are carried out virtually		The business case was approved and endorsed by the Executives in February. The contract/procurement process for the Attend Anywhere platform has begun to expand the service further with new pathways added, including paediatric outpatient and chemotherapy. The targeted take-up has been profiled over three years with an expectation of three-fold increase.
		2E.6j Single Sign on: Further roll-out beyond the ED's (Phase 1) to clinical areas such as wards/clinics etc.		Single Sign-On (SSO) has now been rolled out to acute ward areas and will continue in a phased approach.
		2E.6k Cancer Network Information System Cymru (CANISC): To recreate MDT forms, and cancer dataset forms, for clinical management. As well as specific forms for palliative care and screening.		Cancer Dataset forms for all tumour sites have been successfully implemented and the Senior Team has opted for a local solution in place of MDT forms. In Palliative Care, new referrals are now managed on the new system.
2H Strengthening Planning (SM)	Paolo Tardivel	2H.1 Implement the agreed action plan produced in response to the Planning Review to enhance capacity and capability for planning		Due to resource constraints and the need to prioritise supporting the IMTP process, not all of the Planning Review actions have completed. A review of the remaining actions and the work required have been prioritised and will be concluded early into the 25/26.
2I Finance Governance Environment (SM)	Russell Caldicott	2I.1 Enhance and monitor the Financial Governance Environment, key elements being continual refinement of the recently endorsed Standing Orders, Scheme of Reservation & Delegation and Standing Financial Instructions		The Standing Financial Instructions (SFI), Standing Orders (SO), and Scheme of Delegation have been updated by the Health Board in collaboration with the Director of Governance.
		2I.5 A key component of the Procurement of goods and services centres upon the review of single tender waiver and contract approval process controls, including Welsh Government approval where required		A robust approval process for Single Tender Waiver and Single Quote Waiver is now established and is fully compliant with Standing Financial Instructions.
		2I.6 First draft of recurrent Finance staffing requirements		The first draft of staffing requirements has now been developed following the substantive appointment of the Executive Director of Finance. This will be subject to further review as part of the Foundations for the Future programme.

3B Citizen Engagement	Helen Stevens-Jones (BCUHB – Partnerships, Engagement and Communication)	3B.2 A Citizens Experience Report, produced every other Board meeting, will inform Board members about the key themes of interest and concern to the public		The Citizen’s Experience Report is now firmly established as part of Board reporting. The report summarises recent themes from various citizen interactions and partnerships and provides valuable insights from patients, carers, families, community and Llais activities.
3C Being a Good Partner	Jane Moore	3C.3 The Health Board will seek to achieve greater integration of services, shared approaches to improving the wellbeing of the population and innovative and transformative ways of working that tackles much wider social, economic and environmental factors. Working in this way will enable a shared values approach, where community is at the heart of decision-making		A range of prioritisation of prevention engagement activities have been delivered during the year, including the development of population health packs to support the planning process, and work by the 'Well North Wales' team to develop a collaborative model with partners to social interventions, alongside further research work and Bevan projects. These initiatives have widely socialised over the year including Board Development sessions, a Regional Partnership Board session and Population Health workshop.
	Helen Stevens-Jones (BCUHB – Partnerships, Engagement and Communication)	3C.7 The Health Board will explore opportunities to prioritise collaborative activities that offer the potential to address mutual challenges in ways that have greater impacts for North Wales residents. These include (but are not limited to) opportunities to procure more locally and to co-locate or position services in locations that best meet population needs whilst simultaneously improving value and efficiency for the partners involved		The Health Board has made strenuous efforts to build strategic relationships to maximise the potential for co-location of services to meet service and population demands. Examples include the integrated health and wellbeing hubs with local authorities, facilitated through the Regional Partnership Board and the subsequent estate rationalisation.
		3C.8 The Health Board will fully commit with the expectations of the Social Partnership and Public Procurement (Wales) Act, recognising it to be an opportunity to further deepen its commitment as an anchor institution		Plans have been iteratively developed throughout the year to embed the organisation as an anchor institution. This included mapping and engaging related initiatives which were summarised in a paper to the Executive team in February 2025, with proposed actions outlined for future to build in progress to date.
4B Prevention	Imran Devji	4B.9 Corporate Parenting. The Health Board will commit to the Welsh Government Corporate Parenting Charter and consider ways in which it can support care experienced children and young		The Health Board accepted and signed the charter which has been embedded into practice and continues to evolve in terms of practical implementation.

		people to have the same opportunities in life as all children and young people in Wales		
	Jane Moore	4B.10 Mental well-being. Through supporting delivery against the North Wales Together for Mental Health Strategy the Health Board will aim to improve mental health and well-being across all ages, and to promote the 5 Ways to Wellbeing for service users and staff		The Mental Wellbeing Programme is actively delivering across multiple initiatives, including partnerships with schools and community groups, suicide prevention strategies, perinatal mental health pilots, and the promotion of the Five Ways to Wellbeing to address mental health needs across North Wales.
		4B.11 Continue to develop the work of the Health Board pathways of care team to maximise prevention and a public health approach within them		The Public Health Team is initiating a programme for 2025/26 to 2027/28 aligned with the Health Board's Priority Programmes, integrating population health data, public health expertise, and a prevention-focused approach to support the Health Board Plan. The programme includes a dedicated Consultant in Public Health to enhance prevention within Planned Care pathways, supported by a preliminary logic model for both the Prevention and Health Intelligence Programmes.
		4B.12 The Health Board will continue to implement plans which support elimination agendas including Hepatitis B & C, and Tuberculosis		Developments in relation to the elimination of Tuberculosis and Hepatitis B&C include:- <ul style="list-style-type: none"> - Securing funding through Public Health Wales to deploy a 'find and treat' mobile screening event in Wrexham, to encourage vulnerable populations to access TB and Blood Borne Virus screening and subsequent treatment. - Service continues to provide work to support elimination agendas and health protection. Hepatitis B&C <ul style="list-style-type: none"> - The BCUHB Hepatitis B and C Elimination Steering Group continues to plan and coordinate activities to support the collective ambition to achieve the elimination of Hepatitis B and C as a public health threat by 2030. - Using feedback from Welsh Government, a three-year plan (2024-27) has been produced providing an update on future actions to pursue.
	Jason Brannan	4B.13 As an anchor organisation with 20,000 employees the Health Board will encourage employees and their families to lead healthy lifestyles since doing so will have a big impact upon the health of the North Wales population		Counselling and Psychology service support remains in place for all BCUHB staff and working to full capacity with support mechanisms in place to support those with immediate care and support through crisis interventions. There are a number of sessions being delivered across the Health Board including Menopause Café's, Men's Health Support Sessions, Woodland wellbeing sessions that make the most of outdoor environments, and Health and well-being champion programmes.
4C Primary Care and Early Intervention	Russell Caldicott	(Q3) **4C.9 Improve Board visibility of primary care performance data		A task and finish group was formed to address this work with progress made during the year. The presentation of the improved data pack is scheduled as part of the Integrated Performance Report and the May Board meeting, and subject to Board approval this objective will therefore complete just outside the scheduled period.

4D Community Care and Clusters	Chris Stockport	4D.6 Further development of 'one stop' models of care to enhance the delivery of care for people with diabetes and related conditions		Progress continues in the development of the Long Term Conditions Hub approach. A Diabetes One-stop model is fully functioning at Healthy Prestatyn Iach (HPI) with 873 patients seen across the year and this is being built upon with additional practices having received training to implement the model locally as part of a wider rollout. Work is nearing completion around the evaluation of a Respiratory Diagnostic Hub, reviewing success factors from a pilot area to develop a case to spread across North Wales. Patient Reported Experience Measures (PREM's) also demonstrates high patient satisfaction with this model, outperforming areas where the model is not yet implemented.
		4D.7 Implement actions to improve access to dental services, including: Explore options for supportive model of contracting for salaried model of delivery		The planned review to explore options has taken place and this outlined several recommendations on how to improve service delivery, performance, finance and structure. Further work is required to translate into delivery of improved services.
	Imran Devji	4D.8 Implement actions to improve access to dental services, including: Commission additional community dental activity using the Oral Needs Assessment to identify areas of highest need		Contract awards have now been formally approved by the Health Board and submitted to Welsh Government. Outcome letters to providers have been shared and plans to implement are now being taken forward.
		4D.9 Implement actions to improve access to dental services, including: Commence work with HEIW to address barriers to recruitment of international dental staff		Work with HEIW has commenced a comprehensive review of primary care dental services was undertaken. The review addressed the barriers and outlined plan around recruitment and retention, education and development, and an operating model. The work to translate these foundational activities into service delivery improvements will be taken forward in 2025/26.
	Jane Moore	4D.2 Roll out of the All Wales Diabetes Prevention programme, targeting the avoidance of developing type 2 diabetes		There has been significant preparatory work which has been undertaken in 24/25 to inform the case for change. This work has provided the foundations for considering how diabetes care and prevention is delivered across the pathway and will inform how the Health Board provides this. The rollout will take place in the next year with plans in place to shape the delivery element.
4E Planned Care 	Imran Devji	(Q3) 4E.2 Make improvements in the way that appointments and procedures are booked, to make this more efficient and more convenient and accessible for patients		The Welsh Patient Referral Service (WPRS) has been fully implemented in Dermatology and Max Fax, with ENT the latest specialty in the rollout plan. All other services will follow throughout the year. The patient benefits are already being realised as referrals are now seen by consultants digitally, with immediate feedback provided to GPs. This results in greater efficiency for both patients and the Health Board.
		(Q3) 4E.5 Conclude the new build areas and refurbishment of Llandudno Hospital to create an elective orthopaedic centre, with the first patients scheduled to receive treatment during 2024-25. Alongside the Health Board is progress work to design a phase 2 expansion of the Llandudno elective surgical hub development		This work is delayed from original timescales. In November 2024, a new revised construction schedule was submitted by the contractor suggesting a delay from the current June 2025 completion date. The schedule has been subject to an external review with a current target completion date of the 15th December 2025.

<p>4E.7 Undertake further work to understand the increase in referral rates in North Wales in comparison to benchmarking information from other Health Boards. In doing so the Health Board will specifically seek to understand the impact of implementing the Community Health Pathways platform in other Health Board. As an organisation seeking to apply the best evidence to all decision making the Health Board will agree an implementation plan for Community Health Pathways if the evidence of impact supports this including incorporating the learning of Health Boards that have already deployed it</p>		<p>Significant progress has been made in engaging with other Health Boards to understand and learn from the increases in referral rates and the implementation of community health pathways. BCUHB has been actively involved in the All-Wales Community Health Pathways (CHP) programme, which has been live in Cardiff and Vale for five years and across other Welsh Health Boards for up to 12 months. BCUHB joined the programme in January 2025 and is currently in the 'preparing to launch' phase, with a go-live date set for early Summer. The BCU team is in regular communication with New Zealand counterparts and NHS Executive teams, as well as clinical editors across other Welsh Health Boards, to share experiences and lessons learned. While benchmarking and impact evaluation across Welsh Health Boards is ongoing, BCU's participation will contribute to an All-Wales assessment once live.</p>
<p>4E.9 Undertake work to identify the potential for different service configurations and the impact they would have for those living with multiple long-term conditions, seeking to deliver more coordinated care resulting in less hospital visits. This will inform the work covered elsewhere on our 10 year strategy (priority 2A), and upon value and sustainability (priority 1E) in particular. Depending upon the findings and recommendations of this work, the Health Board will seek to implement a different offer for those with multiple LTCs during the 2025-26 year</p>		<p>The 10 Year Strategy is a key interdependency of this objective and therefore work has been delayed in line with revised timelines for the strategy during 25/26 and the specifics of this objective will be incorporated directly into the strategy.</p>
<p>4E.14 Undertake a baseline assessment/review of oral health services across BCUHB to include SC, CDS and GDS to inform the future service model required to meet demand</p>		<p>A GIRFT review of Max Fax and Oral Surgery has taken place and the findings assessed alongside the ongoing Community Dental and General Dental Services Report. These are being integrated into a full baseline assessment, however this work is yet to fully conclude and will be carried forward into 25/26.</p>
<p>4E.15 Development commenced of a 5-year oral health plan for North Wales, outlining the future service model.</p>		<p>The development of a longer term plan is dependent upon the baseline assessment described in objective 4E.14 above and will follow once that work is complete.</p>

4F Cancer Care 	Imran Devji	4F.1 Maintain access standards for treatment within 62 days by the end of 2025		The Health Board has been unable to achieve the suspected cancer pathway access standard of 70% patients treated within 62 days of suspicion of cancer. The challenges in performance during 2024/25 has been due to reduced capacity in key specialties, primarily endoscopy and dermatology, together with ongoing pressures within urology and oncology services. Insourced capacity is now in place for endoscopy with waiting times for suspected cancer patients reducing and insourced capacity for suspected cancer patients within dermatology will become available from April 2025 in order to improve performance in 2025/26.
	Sreeman Andole	4F.2 Implement our clinically led 'Cancer services road map' for the Health Board, and in so doing contribute to the overall shaping of the Health Board 10 year strategy		A 5-year roadmap for cancer services, overseen by the Cancer Partnership Board has been developed which provides clear direction for the ongoing development and improvement of services. With enabling works progressing across several key areas, the roadmap ensures a structured and focused approach to implementation, offering confidence that cancer services will continue to evolve and meet future needs.
	Imran Devji	4F.3 Eliminate the backlog of suspected cancer referrals in dermatology, including implementing the use of Teledermoscopy		The Health Board has been successful in commencing Teledermoscopy services during 2024/25 and insourced capacity will become available in April 2025 to continue to recover the backlog position. This is supplemented with the development of a business expand Dermatology clinic capacity in Connah's Quay. The required outcomes have not been achieved in year, and will progress throughout 25/26 as part of continued focus on challenged services.
	Sreeman Andole	(Q3) 4F.4 In Urology, build on the success of the Health Board mpMRI biopsy pathway redesign where diagnostic times have been significantly shortened, using this impetus to revise our overall future model of urology cancer care and additional pathways		The future model of Urology Cancer care service was presented in an SBAR to the Executive Committee in February 2025. This detailed the available options for Urology Cancer care to North Wales Patients, including the required volume of procedures for Cystectomies, Prostatectomies and Nephrectomies. It was agreed to commission services from an external partner, namely Wirral University Teaching Hospital NHS Trust, to deliver immediate capacity for these major cancer pathways.
	Imran Devji	(Q3) 4F.5 In colorectal cancer, sustain improvement in endoscopy waiting times made during 2023-24, and review Health Board colorectal pathways including undertaking work to more closely align workforce requirements to support future demand. This will include building on the successes of nurse led triage models of care within the Health Board requirements to support		Improvements in this area have been sustained and are below the Single Cancer Pathway average. Additionally, a business case outline proposal has been developed to expand and build upon the nurse-led triage of care across all three sites within BCUIB, aiming to further improve service delivery and patient care and reduce reliance on insourcing.
		(Q3) 4F.6 Progress with implementing Postmenopausal Bleeding (PMB) clinics in gynaecology on each acute hospital site		Progress has been made throughout the year with the primary focus to date being around the development of a sustainable model across BCU, and the full implementation will complete during the coming year.
	Sreeman Andole	4F.7a Continue to support the development and use of new NICE approved cancer treatment regimens		One of the key contributing factors to the increasing demand for oncology is the increasing number of approved NICE regimens that are being released for initial and subsequent lines of therapy. The Cancer Pharmacy Governance team have been supporting the development of the regimens,

			ensuring utilisation of the Chemocare system is within policy, managing applications for non-approved regimens and providing training on Chemocare to all clinicians.
			4F.7b Our Haematology service will maintain Referral to Treatment (RTT) time at 26 weeks throughout the year and aims to undertake substantive recruitment of consultants and reduce the number of NHS locums working within the speciality by the end of 2024/25
			4F.8 Review of Oncology completed at Exec Team with respect to readiness for transitioning towards standardisation
4G Urgent and Emergency Care 	Imran Devji		(Q2) 4G.2 Improvements in Same Day Emergency Care Services (SDEC), including improved consistency across the whole Health Board, increased activity in SDEC, and an increase in ambulance attendances directed straight to SDEC
			(Q3) 4G.3 Improvements in ambulance and non-ambulance use of Minor Injury Units (MIU's)
			(Q2) 4G.6 Conclude a review of the feasibility of consolidating patients that are medically fit for discharge in support wards optimised for reablement rather than medically-focused care
			4G.7 Aligned to bringing the local Six Goals programme into a firmer change control environment, under the PMO Major Change Portfolio, the Health Board will draw in the expertise of NHS Wales colleagues to develop a refreshed five year improvement plan for Urgent and Emergency care in the Health Board
			(Q2) 4G.8 Improvements in ambulance handover times, operating within agreed
			Haematology RTT waiting times is achieving and maintaining the 26 week standard agreed and routine monitoring is considered business as usual. Additionally, significant work has been undertaken to reduce locums, specifically through a number through progressing individuals towards their Certificate of Eligibility for the Specialist Register (CESR), and subsequently securing permanent contracts.
			The review was undertaken which included an assessment of the effective utilisation of funding, highlighting key achievements, workforce challenges, and recommendations for future actions and funding needs. Recurrent funding options remain under review to enhance service quality, ensure stability and growth, and support staff recruitment and retention.
			Further improvement work within SDEC units has taken place and the ringfencing of SDEC was clearly articulated within the winter resilience plan, however wider pressures across acute sites has led to regular overnight escalation which affects the ability to increase activity levels. Pathways for patients transported by ambulance continue to be developed however this has yet to realise demonstrable benefits and work will continue during 25/26 to bring this to fruition.
			There has been increase in non-ambulance attendances at MIU, in the region of 2,000 across BCU, however expanding the use to ambulance patients has yet to be realised. Further work is required as part of strategic UEC plans in terms of consistent opening hours, consideration of expansion to minor illness, and reviewing overall models of care for Urgent Care in to change the way in which patients access our overall Urgent and Emergency Care services.
			A review was undertaken and as part of the winter plan for 24/25 'Green Wards' were implemented as a pilot across BCU, which generate some benefits whilst not addressing the underlying issues. The learning from this work is being integrated into the Optimal Flow workstream of the UEC Major Change programme, alongside complementary work on D2RA (Discharge to Recover and Assess) pathways for complex patient, with the aim being to reduce the number of clinically optimised patients who remain in beds, which would negate the need for these wards.
			Support has been secured from the NHS Wales Executive to take forward this work, however at this stage the organisation is still working within the context of a 1 year plan, and work to drive forward a 5 year plan to drive forward service change will need to carry forward into next year.
			Various initiatives have taken place over the past few months and during short periods some pockets of improvement have been noted, and the system has shown more resilience this winter, supported

		system tolerances and in alignment with Full Hospital Protocols in North Wales		by the establishment of the System Resilience Hub. However, achieved sustained improvements has not materialised and the agreed trajectories for this year were not achieved.
4H Diagnostics	Imran Devji	(Q3) 4H.5 The Health Board will, within quarter one of 2024-25, finalise a detailed plan to address internal Health Board endoscopy provision in order to reduce reliance upon additional insourced endoscopy provision. That plan will include a robust workforce plan that maximises non-medical skill-mix, trajectories for internal increases in capacity to inform the need for ongoing additional insourced contracted activity, and attainment of JAG (Joint Advisory Group on GI Endoscopy) accreditation		Insourcing of additional endoscopy is continuing on all three sites in accordance with a phased plan to increase endoscopy activity on each site, and Cancer cases remain the priority on a pan North Wales basis. The backlog increase has slowed, and a business case has been submitted to address the underlying issues. The original intent to reduce reliance upon additional insourced endoscopy provision however has not been possible due to resource difficulties and further work is scheduled in the 25-28 plan.
		4H.7 The Health Board will continue to maximise laboratory diagnostic capacity, optimize diagnostic pathways and explore increasing the use of digital solutions to best meet demand on services		The LIMS (Laboratory Information Management System) and RISP (Radiology Informatics System Procurement) programmes are progressing, however some challenges have been identified, including technical issues and shared dependencies between DHCW and the supplier. This has introduced risks to delivery for BCU which are being mitigated and work to address these challenges are therefore continuing into 25/26.
	Teresa Owen	4H.8 In medical physics, the Health Board is currently progressing capital proposals to improve nuclear medicine provision in North Wales, including the delivery of Positron Emission Tomography (PET) scanning within North Wales		The Full Business Case is progressing however work has not concluded within year and will be taken forward to conclusion during 25/26.
	Teresa Owen	4I.2 AMH: Development of an Eating Disorders Service providing Tier 2 and emergency provision, in line with Royal College of Psychiatry standards		There has been significant progress in the development of the Eating Disorders Service. Key staff have been recruited and trained in compliance with NICE guidelines. The service is now accepting Tier 2 referrals for patients with primary eating disorder diagnoses. Referral pathways have been strengthened with other services, including the Weight Management Service (WMS), and successfully co-facilitated two 12-week pilot programmes for binge eating disorder groups.
		4I.3 AMH: Development of perinatal services to support compliance with the Royal college of Psychiatry perinatal community standards		The service development for 2024/25 has successfully met the Royal College of Psychiatrists (RCPsych) Standards. The organisation is 97% compliant against the 100% target for Type 1 standards, 96% compliance against the 80% target for Type 2 standards, and 88% compliance against the 60% target for Type 3 standards. Plans to are in place to ensure maintained delivery of these high standards.
		4I.4 AMH: Introduction of a trauma informed approach to the inpatient and community aspects of the North Wales Forensic Service and Specialist Rehabilitation Services		The service has successfully recruited a fully trained team working through the four practice levels of the Wales Trauma-Informed Practice Framework (2022). An evaluation of trauma knowledge within the forensic team has been completed, with 60% of the workforce undergoing Trauma Awareness training. For the rehabilitation teams, an evaluation programme is underway, with two of four inpatient units participating and awareness training initiated in one unit. Trauma Awareness is now included in the induction process for new staff.

		(Q3) 4I.5 AMH: Development of the Early Intervention in Psychosis Service		The Early Intervention in Psychosis (EIP) Regional Service has initially been established in the East area, providing specialist care with positive patient feedback. A review of data is being undertaken to assess the current service model and the next steps are around exploring options to move capacity to achieve a more equitable service across North Wales.
		4I.6 AMH: Completion of anti-ligature work planned for 24/25		Anti-ligature capital work scheduled for 2024/25 has been completed, with ongoing work planned for 2025/26 and governance oversight in place. Anti-ligature training has been delivered and regular risk reviews conducted, with progress monitored through divisional and organisational capital governance processes.
		4I.7 AMH: Local Primary Mental Health Support Services (LPMHSS) Pathways development work		The Adult Community Mental Health Pathway group has implemented an interim Standard Operating Procedure (SOP), introduced the Mental Health Wellbeing Practitioners role, developed an online appointment system, standardised patient communications, and supported the all-ages Mental Health Electronic Health Record. These actions have improved referral management, enhanced service delivery and safety, supported workforce development, and progressed the LPMHSS pathway.
4I Adult Mental Health, Learning Disability, CAMHS and Neurodevelopment 	Imran Devji	(Q3) 4I.11 CAMHS: Develop transition pathways for long-term conditions within childhood		Work continues to develop transition pathways for long-term conditions within childhood across services. Some pathways are more well-developed than others, however progress being made in a number of areas, and additional support is being arranged from adult services for some of these pathways. Moving forward, efforts will remain focused on reaching agreement on additional transition pathways across various services within CAMHS and ND.
		(Q3) 4I.15 ND: Reduce long waits within the service by implementing the agreed ND model		Due to additional funding from Welsh Government to support reduction in waiting times for ND assessments, the service was able to undertake the assessment for those children waiting over 4yrs in 2024/25. These were all booked, and assessments were undertaken by 31st March 2025. In addition, validation of the waiting list was conducted on those waiting the longest and over 60 children waiting were removed from the list.
		(Q3) 4I.16 ND: Explore less medicalised approaches to triage assessment and for addressing lower acuity presentations in order to help balance demand and capacity, leading to shorter waits		A Regional Partnership Board (RPB) engagement event in March 25 attended by all partners and Welsh Government colleagues, further developed and explored alternatives to current operation models to improve services for children in North Wales. Actions from the 2 day event will be taken forward by the RPB.
	Teresa Owen	4I.17 LD: Agree models of care for Adult ECRS, Community and Inpatient learning disability services.		The Learning Disabilities programme has progressed across Community, Inpatient, and Enhanced Care Rehabilitation Services (ECRS), with active engagement in national improvement work and a clear portfolio of activity aligned to service objectives. The ECRS Plan 2024–25 demonstrates models of care have been reviewed, developed, agreed and are progressing through appropriate governance. This is a longer-term programme of work which will remain in the plans for 2025/26 and beyond.
4J Currently Challenged Services 	Imran Devji	(Q2) 4J.3 Dermatology: Establish the viability of an expanded GPWSI (GP with special interest) model for referrals to secondary care that could be managed differently, for triage of referrals, and for the provision of minor operations		Delivering upon this objective had been dependent upon appointment to BCU wide clinical lead. Now that leads are in place the development of a sustainable model can be taken forward and integrated into the Dermatology Network once fully established, ensuring expansion of GPWSI service and approval of the Minor Outpatient Procedure business case. The continued progression of this objective is detailed in the 25/26 year plan.

Sreeman Andole	4J.6 Oncology: Implement further offers of non-medical prescriber training		Challenges posed by reduced substantive consultant staffing, has impacted the capacity to mentor non-medical prescribers. The service is unable to increase numbers until those currently completing courses and competencies have been approved and completed. Plans are being actively worked on to address these needs to ensure the continued delivery of high-quality care, and ensure expansion in the future.
	(Q2) 4J.7 Oncology: During the first half of 2024-25, complete the review of all current cancer regimes to ensure all of those that are suitable for home delivery are being offered in that way		The review has been successfully completed. Homecare services are currently operating at maximum capacity. To support further transfers, additional funding will be required for both pharmacy resources and Advanced Nurse Practitioners (ANPs) to manage the increased patient load under Homecare services.
	4J.9 Oncology: Complete planning to repatriate the delivery of Stereotactic Ablative Radiotherapy (SABR) into the Health Board, reducing travel requirements as patients currently receive this treatment in England		The planning work undertaken by the Health Board for this objective has been completed and a report has been presented to the NHS Wales Joint Commissioning Committee (JCC). This outlines the proposal by BCU to repatriate a small cohort of patients for treatment locally to the North Wales Cancer Treatment Centre of Lung Cancer Stereotactic Ablative Radiotherapy. The paper is currently with the JCC internal governance process and decision is expected soon.
	4J.10 Oncology: Continue to expand the use of 'Attend Anywhere' software, delivering greater convenience for appropriate patients and improving clinic capacity		Technology is now in place and appointments are now being undertaken via virtual platforms where appropriate and clinically safe to do so and has seen a 15% increase in uptake.
	4J.11 Oncology: Build on successful recruitment to the first Consultant Radiotherapist post to ensure post holder is supported to achieve training goals within 18 months of appointment		Ongoing training is progressing as planned, with appropriate support in place. Training goals for the first 18 months remain on target for successful completion.
Imran Devji	(Q2) 4J.12 Ophthalmology: Collaboratively agree a service model for ophthalmology in North Wales that delivers a sustainable service footprint		This work has been delayed due to gaps in senior medical workforce and will now be taken forward as part of challenged services work in 25/26.
	(Q2) 4J.13 Ophthalmology: Continue to monitor service performance against GIRFT standards in Ophthalmology, challenging areas of variance before then proceeding to identify and then implement improvements in response		Monitoring of service performance is routinely undertaken as part of national Eye Care measures reporting, with variances being a key element of the reporting. Improvements achieved include the commencement of North Wales train and treat education centres which are supporting waiting list reductions. This has been supported by key work around data and coding completeness, a refresh of Standard Operating Procedures (SOP's) and a Pan BCU training refresh.
	(Q3) 4J.15 Ophthalmology: Expand the utilization of patient feedback questionnaires to support the redesigned clinical pathways in Cataract care, Glaucoma care, and Macular		Progress has been made in this area with patient feedback being widely collected and aligned with wider organisational work around Patient Reported Outcomes Measures (PROM's) and Patient Reported Experience Measures (PREM's). Further work is required in the coming year to translate this data collection into broader improvement work to redesign pathways.

	Degeneration care. This relates to both Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMS)		
	(Q3) 4J.15a Ophthalmology Pan BCU Clinical Lead appointed		There is currently no Clinical Lead in place, however the Ophthalmology National Clinical Implementation Network are supporting the Health Board with implementation of required improvements.
	(Q3) 4J.17 Orthodontics: Consider alternative treatment pathways and packages to maximise the combination of both local and regional provision		A GIRFT review has been successfully completed and the wider work around alternative pathways is being incorporated into an integrated oral health plan as also described above in 4E.14 and 4E.15.
Sreeman Andole	(Q1) 4J.19 Plastic Surgery: Agree and sign the updated Service Level Agreement (SLA) between the Health Board and partner organisations, with ongoing monitoring in accordance with the SLA		The contract with Mersey West Lancs has now been reviewed and approved.
Imran Devji	4J.21 Plastic Surgery: Implement additional dressings clinics to address current variation in provision across North Wales		Whilst some progress has been reported on completing this objective, additional Minor Outpatient Procedure capacity is necessary for full implementation. A Business Case to address this has been submitted and is going through the necessary governance for approval. Work will continue towards completion during 25/26.
	4J.22 Plastic Surgery: Once assured that above priorities are fully implemented and resilient, commence work to agree the future longer-term model for plastics provision for residents in North Wales		Delays in agreeing the Service Level Agreement (SLA) have impacted upon progressing this work which is now commencing during 25/26.
	4J.22a Contract with St Helens & Knowsley in place, with a consistent partnership clinical model and data sharing model operating across BCUHB - Plastics		The contract with Mersey West Lancs has now been reviewed and approved, with the clinical partnership model and data sharing an inherent part of the agreement.
Sreeman Andole	4J.23 Urology: Progress implementing GIRFT recommendations, monitoring impact		The GIRFT and Royal College of Surgeons recommendations have been successfully merged into a unified Urology Improvement Plan, which has been agreed by the BCU Executives. There have been challenges experienced during the year in delivering upon the plan, which is now being mitigated by enhanced monitoring.
	4J.24 Urology: Increase the delivery of diagnostic and day case urology on all three sites, aligned to providing care closer to home principles		This objective has not been achieved this year and is dependent upon resolving the emergency care aspect of the service in the first instance with work to agree on-call models taking precedence.
	4J.27 Urology: Stabilise the delivery of the pelvic oncology service in Bangor		The stabilisation of the pelvic oncology service in Bangor is being actively pursued, with urology cancer procedures commissioned to external providers or other health boards to ensure continued

			service delivery. A long-term plan is in place to repatriate these services to North Wales, though significant challenges remain, including workforce, skills, recruitment, equipment, and technology, as well as alignment with the All Wales Plan.
		4J.28 Urology: Continually review the delivery of prostatectomy services that cannot currently be delivered in North Wales, and use the learning from this to inform a viable plan and timescales for robotic-assisted urology provision in North Wales	A review was undertaken appraising viable options for prostatectomy provision external to the Health Board. This resulting proposal incorporates a recommendation that serves as a potential solution for robotic-assisted Urology surgery and this preferred option has been approved.
		4J.31 Vascular: Develop a Memorandum of Understanding (MOU) to support increased regional working	The Vascular Network team have agreed a series of improvements with surgical teams in the IHC's with a clear understanding around regional working reached. This has resulted in a series of actions dispersed across the Vascular Clinical services action plans, Network plans and Special Measures Independent review actions to enhance all areas of the network.
		4J.35a 17 vascular related pathways approved by Strategic Clinical Effectiveness Group for implementation including audit and evaluation cycles	There have been challenges in completing the full range of pathways originally identified. 10 pathways have progress and are undergoing local sign-off before submission to the Clinical Effectiveness Group (CEG). Resource constraints have hampered the remaining 7 and an evaluation is required around prioritisation in the next 12 months.
		4J.35b Emergency Diabetic Foot Pathway implemented and clinical audit cycle in place to monitor improvements in access, outcomes and experience	The Emergency Diabetic Foot Pathway has been successfully developed and agreed across the regions, with associated key performance indicators in development to monitor improvements in access, outcomes, and patient experience.
	Imran Devji	4J.36 Stroke: Implement improvement plans that enable each of our health communities to achieve a level B for Sentinel Stroke national Audit Programme standards	None of the 3 sites have consistently achieved an overall score above a Level D. There have been some amendments to national standards in this area too, with for example the standard for first CT reducing from 1hr to 20 minutes which poses additional challenges for the service which are undergoing evaluation in order to develop revised improvement plans.
		4J.38 Stroke: Continued recruitment and retention of key clinical posts for medical and nursing	Recruitment and retention remains an issue for the service. Difficulties have been experienced in recruiting a Psychologist to each Stroke Team which has consequently led to the withdrawal of the service and has had an impact on the referral service. Progress against this objective is reliant on the outcome of a review of future funding arrangements.
4K Women's Services	Imran Devji	4K.1 Supporting Local Delivery of the Women's Health Plan for Wales	The Women and Children's Network has been established by the NHS Executive to advance the Women's Health Plan (published December 2024) and local arrangements are in place to take the work forward. This is a multi-year piece of work that will continue throughout the next 3 year plan.
		4K.2 Implementation of the Maternity and Neonatal Safety Support Programme recommendations	The recommendations are being implemented in line with expected timescales in what is planned to be a 3 year programme of work overall. The phase 1 priorities of the programme focused on early identification of the deteriorating mother and baby, with 134 priorities identified overall. National guidance is currently being sought around phase 2.

		4K.3 Progression and implementation of national recommendations including Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE)		This objective has been embedded into the core work for the Clinical Governance Lead for Women's services and is now managed as part of Business as Usual arrangements.
		4K.4 Preparing for the introduction of the Digital Maternity Cymru Solution		The Full Local Business Case was approved and submitted to Welsh Government along with the Digital Priorities Investment Fund. The anticipated go-live date for the system across all Health Boards remains the end of March 2026, and all planned preparatory work during this year has completed and further activity scheduled for next year to support the implementation.
		4K.6 Supporting the implementation of the Preconception Strategy and population health work streams		The launch of the local Preconception Strategy has been an advanced step in women's health. Efforts are ongoing locally to align this strategy with the Welsh Government's 10-Year Women's Health Plan, with local stakeholder workshops taking place to strengthen initiatives and ensure all commitments are fully realised.
		4K.9 Reviewing the best configuration for endometriosis services in North Wales		A thorough review of the options to develop a North Wales endometriosis service has been undertaken and a three-year strategy for a North Wales Endometriosis Centre was subsequently developed. This proposal envisions a dedicated centre led by two specialist consultants, alongside a plan to increase the proportion of laparoscopic procedures using transferrable skills from complex endometriosis surgery. Exploring viable next steps will continue into 2025/26.
		4K.9a Consider the women's Health Plan for Wales and develop a deliverable Plan for North Wales work with the third sector and with women's representative groups to develop proposals		The launch of the Women's Health Plan for Wales represents a significant advancement in addressing the gender health gap. The collaborative workshop involving key stakeholders in Quarter 4 has helped integrate its priorities into the Health Board's Strategic Objectives, while the ongoing development of the Women's Health Hubs will further support the successful implementation of these goals in 2025/26. These steps are pivotal in ensuring better health outcomes for women across Wales.
4L Children	Imran Devji	4L.5 Maintain engagement with the national programmes to improve and develop services for children with health and well-being concerns and the needs of children and families related to growing awareness of neurodiversity		Engagement with national programmes through Welsh Government and the NHS Executive has been consistently maintained to enhance and develop services for children in North Wales. Moving forward, there will be a closer alignment of ND within BCU to the CAMHS improvement programme, with actions related to this integration continuing as part of the 2025/26 planning.
		4L.6 Progress the UNICEF's Baby Friendly Initiative (BFI); the Healthy Weight, Healthy Wales Initiative; The Right Door Approach, and the National Immunisation Framework, as well as the Health and Social Care Ministerial Priorities		BCUHB received a visit from UNICEF team for neonatal stage 3 accreditation and high levels of compliance were reported. Standards of engagement with national initiatives continue to progress well. The service remains fully involved in relevant initiatives and is now fully engaged with the Wales Child Health Clinical Network Group, ensuring continued collaboration and development.
		4L.7 Signing of Corporate Parenting Charter and consider ways of implementing the charter commitments		The Welsh Government Corporate Parenting Charter has been reviewed within Children's services to explore how the organisation can support its principles. The formal acceptance and agreement to sign the Charter occurred in May 2024 and the continued implementation of its commitments now embedded within the 25–28 plan.

		4L.8 Implement the Maternity and Neonatal Safety Support Programme (Priorities for Improvements and the PERIPrem Programme in Wales): Complete and monitor delivery of initial recommendations for year 1		Actions related to the initial implementation and year 1 activities have been completed and continued progress on implementation of the Maternity and neonatal safety support programme will continue into 25/26 and beyond.
4M Pharmaceutical Services	Imran Devji	4M.2 Establish a strategic 'Medicines Value Group' to provide over-sight and direction to implementation and system cascade for full system medicines value programmes. This will include consideration of the evidence base that can be drawn into current and projected financial opportunities and patient outcome impact assessments		The Medicines Value group has been established and has identified significant financial gains. This value workstream, led by the Chief Pharmacist, is now being integrated into the broader Value and Sustainability programme to ensure a cohesive approach.
		4M.3 Transform how some of the most innovative and life-saving medicines including cancer therapies, intravenous antibiotics, radiopharmaceuticals and parenteral nutrition are prepared by commencing a five-year 'Transforming Access to Medicines (TRAMS)' programme. This will not only focus on the technical pharmacy services itself, but will also be an investment in people, providing the opportunity for professional leadership and innovation in pharmaceutical treatments		Significant progress has been made across several key initiatives aimed at improving clinical pharmacy services and patient outcomes. An Independent Review has led to the development of an outcome-focused plan for the next 1-3 years, while the Medicines Value Group has delivered substantial financial savings of approximately £13 million. Transforming Access to Medicines (TrAMs) has enabled home-based IV antibiotic treatments, and the Enhancing Community Pharmacy Use & Robotic Dispensing Pilot has met key targets, with ongoing research evaluation. Additionally, progress on the North Wales School of Pharmacy in collaboration with Bangor University is well underway, with advanced curriculum and regulatory accreditation in place. Looking ahead, the Chief Pharmacist's Office will lead five transformation programmes focused on improving patient quality, workforce development, value delivery, digital integration, and service resilience, ensuring that pharmacy teams and innovative practices play a central role in achieving the Health Board's strategic goals.
	Sreeman Andole	4M.4 Implement actions that improve the use of community pharmacy, including: Implement the pilot project for robotic dispensing of urgent medicines		The planned service enhancements within the Community Pharmacy Service are being actively implemented. This includes the expansion of the Sore Throat Test and Treat (STTT) and Urinary Tract Infection (UTI) services, the increase in Pharmacist Independent Prescriber Service (PIPS) sites, and the growth of Common Ailments Service (CAS) consultations. Additionally, progress is being made in the Inhaler Review Service (IRS) and the Pharmaself REMEDY pilot to improve access to medicines in out-of-hours settings.
5A University Partnership	Sreeman Andole	5A.2 Develop joint academic posts that underpin the teaching and research agendas (see Priority 5C)		Strong progress is being made in developing joint academic posts to support the teaching and research agendas within cancer services. A joint academic post has been agreed, and arrangements to advertise the position are underway. Proposed honorary appointments have been submitted and are scheduled to go before the University's Senate for approval. Additionally, a comprehensive plan to advance academic careers is being developed as part of the 2025-28 strategy, covering all three years. Further actions will be carried forward into the next planning period to ensure continued development and support for academic roles across all disciplines.

		5A.3 Continue to work with Bangor University to support training of Physician Associates, and subsequent placement within the Health Board		The organisation continues to work with Bangor University to support training of Physician Associates (PA) through the North Wales Medical School. The Health Board hosts placements for PA students undertaking their university course, an arrangement that has been in place for 5 years. Agreement has been reached nationally to continue with these arrangements and the Health Board will therefore continue to host placements for 12 students across the 3 localities and GP practices.
		5A.4 Work with Bangor and Wrexham Universities to identify advanced learning opportunities for other healthcare professionals, and non-clinical staff, to progress academic knowledge.		A Memorandum of Understanding (MoU) with Bangor University is in place providing 3 pathways for medical and health care professionals to gain qualifications to support them in their development and progress their academic knowledge. Medical and Health Professions Education courses are delivered by distance learning to gain qualification such as PGCert, PGDip and MA. All qualifications are mapped to the BCU Leadership Hub. Building upon this progress, discussions are underway with Wrexham University to replicate the arrangement.
5B Research, Development and Innovation	Sreeman Andole	5B.4 Increase honorary research appointments and clinical academic posts (see priority 5C)		There have been 6 additional posts approved and in the process of recruitment. The job description for a joint appointment in cancer has been approved by the Royal College approval and will subsequently be advertised by Bangor University. Discussions are also ongoing regarding joint appointments in mental health.
		5B.5 Generate additional RD&I commercial opportunities in device and technology development, learning from successful models elsewhere		A North Wales Trittech Institute Hub has been established, based upon a model implemented in Hywel Dda.
		5B.6 Build further upon a number of already research-rich primary care practices to expand the opportunity that directly managed primary care can provide in research and innovation delivery		A number of strands of foundational work has taken place during the year, which will continue to be built upon during the next 3 years. Incentivisation schemes have been developed and bids have been submitted to external bodies to develop primary care hubs for commercial research. Work is also underway with Health and Care Research Wales to support the delivery of commercial pharmaceutical interventional research
5C Academic Careers	Sreeman Andole	5C.2 The Health Board will then explore how to resource the created proposal in order to proceed to implementation (5C.1 directly relates to the above as a continued objective) Continue conversations with academic partners to create a proposal for how Academic career pathways might bring opportunities for all partners to grow academic practice and innovation in North Wales. In doing so the Health Board will take a broad view to offering opportunities that extend across all professional crafts (including non-clinical professionals), and with a particular attention to professional areas that are		Conversations with academic partners exploring academic career pathways to support students and further develop the workforce took place in June 2024. It was agreed to establish a working group to identify opportunities for students to join the Health Board and this has led to significant foundational work being put in place, however completion of the objective will continue into 25/26.

		hard to recruit, retain, or where significant service change is anticipated		
5D Intelligence Led	Dylan Roberts	5D.7 Implement dashboard standards, applying design principles and embedding data stewardship		The dashboard development group is established, with documented standards and a robust process ensuring the quality and appropriateness of dashboards published via IRIS, the Information Reporting Intelligence System. This Objective is complete, and the team will continue to implement and refine these standards as part of ongoing core business activities.
5E Learning Organisation	Angela Wood (BCUHB - Corporate Office)	5E.2 The Health Board will then implement change to address the potential improvements identified through the review of how the organisation investigates and learns from serious incidents. In doing so, the Health Board will apply the principles of the emerging Quality Management System redesign, further increasing the opportunity to implement learning		The review on how the organisation investigates and learns from serious incidents was completed during Quarter 1 and findings were presented by the Director of Nursing to the Executive Team on the 26th June. The Integrated Concerns Policy was approved by Board in July and launched on 1st September 2024 and this has introduced a more integrated approach to handling incidents, complaints, and mortality reviews, supporting a culture of learning and improvement. A Quality dashboard has been developed with a theme analysis on complaints to support learning as part of the QMS principles.

▪ **Appendix 2: Change Control – Objectives not completed by Year End**

Change Reference	2024/25 Milestone	Proposal	Justification of change
2425-034	1A.1 Complete substantive recruitment of Executive members of the Board	Retire	This deliverable was introduced as part of Special Measures in order to ensure there was emphasis on re-building a functioning Executive Team. Since then a large amount of recruitment has taken place and the Executive Team is in a much more stable position. Remaining posts to be filled are in progress and this activity is now business as usual in nature.
2425-035	1G.12 Ensure that enablers, such as digital, continue to be considered in respect to the improvements they offer for workforce skill-mix, recruitment and retention, as well as the improvements offered to service quality	Map to existing IMTP priority	New priorities under 2D incorporate this requirement.
2425-036	1H.3 During this time, the Health Board will apply the emerging QMS to arising quality improvement initiatives, so that they follow a whole system QMS ethos, and to also learn so that the overall QMS deployment is successful	Map to existing IMTP priority	New priorities under 1D incorporate this requirement.
2425-037	1J.3 Install onsite renewable energy generation facilities where viable to do so	Add to 25/26 Plan	Work will continue throughout 25/26 therefore proposed to add this to plan.
2425-038	2A.2 Establish a systematic approach, commencing with identified health needs, collation of evidence, design principles, and clinical and citizen reference groups	Map to existing IMTP priority	New priorities under 2A incorporate this requirement.
2425-039	2A.6 Collation of a high level summary of findings, and commence identifying the key strategic opportunities to test with stakeholders	Map to existing IMTP priority	New priorities under 2A incorporate this requirement.

2425-040	2B.1 During 2024/25 the Health Board will develop a draft CSP that adequately incorporates the known clinical requirements of the next 3 years	Map to existing IMTP priority	New priorities under 2A incorporate this requirement.
2425-041	2D.1 Llandudno Orthopaedic Centre. In 2024-25 the Health Board will deliver the Llandudno Orthopaedic surgical hub, with surgery commenced on site, delivering 1,900 orthopaedic procedures per year when fully operational	Map to existing IMTP priority	New priorities under 2C incorporate this requirement.
2425-042	2D.2 Ablett replacement programme. In 2024-25 the Health Board will complete the business case for the construction of the Adult and Older Persons Mental Health facility on the Glan Clwyd Hospital site, aiming to commence construction within 2024-25, and continuing into 2025-27	Map to existing IMTP priority	New priorities under 2C incorporate this requirement.
2425-043	2D.3 Royal Alexandra Hospital. In 2024-25 the Health Board will continue to work with partners, including Denbighshire County Council, to complete a review of the proposed redevelopment of the Royal Alexandra Hospital in order to resubmit the proposal for capital funding support. Work in subsequent years will be scoped in line with the proposal outcome	Map to existing IMTP priority	New priorities under 2C incorporate this requirement.
2425-044	2D.7 Develop a capital estates plan for the Shooting Star Unit, which will provide additional capacity for treatments and outpatient clinics	Retire	Delivery was not viable within year. Will be assessed for prioritisation as part of objective 2C.1 within the 25/26 ADP. <i>2C.1: Review the schedule of prioritised business cases in light of the outcome of the All-Wales capital prioritisation exercise.</i>
2425-045	2E.6d Therapy Manager Replacement: Replacement of our at risk Therapy Manager system	Map to existing IMTP priority	New priorities under 2D incorporate this requirement.

2425-046	2E.6e Mental Health System: Provide MH with a suitable system for their needs and to enable patient information to be captured effectively and shared with partners appropriately.	Map to existing IMTP priority	New priorities under 2D incorporate this requirement.
2425-047	2E.6f Joint Medical School: Improve WiFi and network connectivity providing blanket coverage and highspeed reliable connectivity into Medical School locations within the BCU Estate.	Retire	There is no funding available to continue this objective and therefore this was de-prioritised as part of a wider prioritisation exercise within DDaT.
2425-048	2E.6g Electronic Prescribing Management System (ePMA): Paper medicines charts and prescriptions will be replaced by a digital prescribing and medicines administration system Pan BCU	Map to existing IMTP priority	New priorities under 2D incorporate this requirement.
2425-049	2H.1 Implement the agreed action plan produced in response to the Planning Review to enhance capacity and capability for planning	Map to existing IMTP priority	New priorities under 2B incorporate this requirement.
2425-050	(Q3) **4C.9 Improve Board visibility of primary care performance data	Map to existing IMTP priority	New priorities under 4B incorporate this requirement.
2425-051	4D.2 Roll out of the All Wales Diabetes Prevention programme, targeting the avoidance of developing type 2 diabetes	Map to existing IMTP priority	New priorities under 4P incorporate this requirement.

2425-052	4E.5 Conclude the new build areas and refurbishment of Llandudno Hospital to create an elective orthopaedic centre, with the first patients scheduled to receive treatment during 2024-25. Alongside the Health Board is progress work to design a phase 2 expansion of the Llandudno elective surgical hub development	Map to existing IMTP priority	New priorities under 2C incorporate this requirement.
2425-053	4E.9 Undertake work to identify the potential for different service configurations and the impact they would have for those living with multiple long-term conditions, seeking to deliver more coordinated care resulting in less hospital visits. This will inform the work covered elsewhere on our 10 year strategy (priority 2A), and upon value and sustainability (priority 1E) in particular. Depending upon the findings and recommendations of this work, the Health Board will seek to implement a different offer for those with multiple LTCs during the 2025-26 year	Map to existing IMTP priority	New priorities under 2C incorporate this requirement.
2425-054	4E.14 Undertake a baseline assessment/review of oral health services across BCUHB to include SC, CDS and GDS to inform the future service model required to meet demand	Map to existing IMTP priority	New priorities under 4O incorporate this requirement.
2425-055	4E.15 Development commenced of a 5-year oral health plan for North Wales, outlining the future service model.	Map to existing IMTP priority	New priorities under 4O incorporate this requirement.
2425-056	4F.1 Maintain access standards for treatment within 62 days by the end of 2025	Map to existing IMTP priority	New priorities under 4D incorporate this requirement.

2425-057	4F.3 Eliminate the backlog of suspected cancer referrals in dermatology, including implementing the use of Teledermoscopy	Map to existing IMTP priority	New priorities under 4D incorporate this requirement.
2425-058	4G.2 Improvements in Same Day Emergency Care Services (SDEC), including improved consistency across the whole Health Board, increased activity in SDEC, and an increase in ambulance attendances directed straight to SDEC	Map to existing IMTP priority	This work is being taken forward as part of workstream 2 of the UEC major change programme (4E)
2425-059	4G.3 Improvements in ambulance and non-ambulance use of Minor Injury Units (MIU's)	Map to existing IMTP priority	This work is being taken forward as part of workstream 1 of the UEC major change programme (4E)
2425-060	4G.7 Aligned to bringing the local Six Goals programme into a firmer change control environment, under the PMO Major Change Portfolio, the Health Board will draw in the expertise of NHS Wales colleagues to develop a refreshed five year improvement plan for Urgent and Emergency care in the Health Board	Map to existing IMTP priority	This will be part of the work of phase 2 of the Clinical Services Plan (2A)
2425-061	4G.8 Improvements in ambulance handover times, operating within agreed system tolerances and in alignment with Full Hospital Protocols in North Wales	Map to existing IMTP priority	New priorities under 4E incorporate this requirement.

2425-062	4H.5 The Health Board will, within quarter one of 2024-25, finalise a detailed plan to address internal Health Board endoscopy provision in order to reduce reliance upon additional insourced endoscopy provision. That plan will include a robust workforce plan that maximises non-medical skill-mix, trajectories for internal increases in capacity to inform the need for ongoing additional insourced contracted activity, and attainment of JAG (Joint Advisory Group on GI Endoscopy) accreditation	Map to existing IMTP priority	New priorities under 4D incorporate this requirement.
2425-063	4H.7 The Health Board will continue to maximise laboratory diagnostic capacity, optimize diagnostic pathways and explore increasing the use of digital solutions to best meet demand on services	Map to existing IMTP priority	New priorities under 4D incorporate this requirement.
2425-064	4H.8 In medical physics, the Health Board is currently progressing capital proposals to improve nuclear medicine provision in North Wales, including the delivery of Positron Emission Tomography (PET) scanning within North Wales	Map to existing IMTP priority	New priorities under 4D incorporate this requirement.
2425-065	4J.3 Dermatology: Establish the viability of an expanded GPWSI (GP with special interest) model for referrals to secondary care that could be managed differently, for triage of referrals, and for the provision of minor operations	Map to existing IMTP priority	New priorities under 4J incorporate this requirement.
2425-066	4J.6 Oncology: Implement further offers of non-medical prescriber training	Map to existing IMTP priority	New priorities under 4J incorporate this requirement.
2425-067	4J.12 Ophthalmology: Collaboratively agree a service model for ophthalmology in North Wales that delivers a sustainable service footprint.	Map to existing IMTP priority	New priorities under 4J incorporate this requirement.

2425-068	4J.15 Ophthalmology: Expand the utilization of patient feedback questionnaires to support the redesigned clinical pathways in Cataract care, Glaucoma care, and Macular Degeneration care. This relates to both Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMS)	Map to existing IMTP priority	New priorities under 4J incorporate this requirement.
2425-069	4J.15a Ophthalmology Pan BCU Clinical Lead appointed	Map to existing IMTP priority	New priorities under 4J incorporate this requirement.
2425-070	4J.17 Orthodontics: Consider alternative treatment pathways and packages to maximise the combination of both local and regional provision	Map to existing IMTP priority	New priorities under 4J incorporate this requirement.
2425-071	4J.21 Plastic Surgery: Implement additional dressings clinics to address current variation in provision across North Wales	Map to existing IMTP priority	New priorities under 4J incorporate this requirement.
2425-072	4J.22 Plastic Surgery: Once assured that above priorities are fully implemented and resilient, commence work to agree the future longer-term model for plastics provision for residents in North Wales	Map to existing IMTP priority	New priorities under 4J incorporate this requirement.
2425-073	4J.23 Urology: Progress implementing GIRFT recommendations, monitoring impact	Map to existing IMTP priority	New priorities under 4J incorporate this requirement.
2425-074	4J.24 Urology: Increase the delivery of diagnostic and day case urology on all three sites, aligned to providing care closer to home principles	Map to existing IMTP priority	New priorities under 4J incorporate this requirement.
2425-075	4J.27 Urology: Stabilise the delivery of the pelvic oncology service in Bangor	Retire	This service is currently commissioned with Wirral University Teaching Hospital Trust. Future evaluation will be considered as part of broader work on clinical services planning (2A).

2425-076	4J.35a 17 vascular related pathways approved by Strategic Clinical Effectiveness Group for implementation including audit and evaluation cycles	Retire	Capacity issues meant that not all 17 were able to be progressed. A re-prioritisation exercise was undertaken and the 10 most important were prioritised, which included the merging of some pathways. It is proposed to retire this milestone in line with that re-evaluation and any requirement for further pathway development can be assessed as a future point.
2425-077	4J.36 Stroke: Implement improvement plans that enable each of our health communities to achieve a level B for Sentinel Stroke national Audit Programme standards	Retire	Stroke services were not prioritised for specific inclusion within the IMTP and is being managed as part of Business as Usual arrangements. Therefore it is proposed to retire this milestone from ADP tracking however the work remains in the scope of the local Stroke improvements plans.
2425-078	4J.38 Stroke: Continued recruitment and retention of key clinical posts for medical and nursing	Retire	Stroke services were not prioritised for specific inclusion within the IMTP and is being managed as part of Business as Usual arrangements. Therefore it is proposed to retire this milestone from ADP tracking however the work remains in the scope of the local Stroke improvements plans.
2425-079	5C.2 The Health Board will then explore how to resource the created proposal (for academic career pathways) in order to proceed to implementation.	Map to existing IMTP priority	New priorities under 5C incorporate this requirement.

Betsi Cadwaladr University Health Board

Annual Delivery Plan 2025-26



We are committed to improving the health and wellbeing of everyone in North Wales. Over the next three years, we will provide high-quality, effective, and efficient healthcare services, working closely with our communities and partners.

Our new plan (the first, financially balanced “Integrated Medium-Term Plan” produced by Betsi Cadwaladr University Health Board) sets out how we will deliver on national priorities and respond to the serious challenges that led to our escalation to Special Measures in 2023.

The Annual Delivery Plan for 2025/26 describes the priorities that support us in achieving those longer term aims and is set against our five strategic objectives of:

- Building an Effective Organisation
- Developing Strategy and Long-lasting Change
- Creating Compassionate Culture, Leadership and Engagement
- Improving Quality, Outcomes and Experience
- Establishing an Effective Environment for Learning

We will live our values—Openness, Compassion and Respect—in everything we do. These values were shaped by our staff and partners, and we are proud to uphold them.

The Annual Plan, as part of the wider IMTP, forms the basis of all our work for the next year and should be incorporated into all team and personal objectives with progress against each recorded on an ongoing basis.

Carol Shillabeer, Chief Executive.

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
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2025/26 Annual Delivery Plan

1: Building an effective organisation						
1A: Effective systems of governance						
1A.1	Develop and progress a Governance Improvement Plan to continuously improve governance arrangements, embedding recommendations from the 2024/25 Structured Assessment. The plan will include measurable actions to improve governance arrangements, ensuring that Board and Committee effectiveness is reviewed on an ongoing basis and improved accordingly	Director of Corporate Governance				Q4
1A.2	Undertake an annual formal board effectiveness self-assessment in accordance with good practice	Director of Corporate Governance				Q4
1A.3	Develop a Governance Hub, Governance Toolkit and handbook and ensure that training and support is available for managers to understand the governance arrangements across the Health Board	Director of Corporate Governance			Q3	
1A.4	Improve governance arrangements so they align to and support delivery of the organisation's strategic objectives and enable whole system quality-based decision making	Director of Corporate Governance		Q2		
1A.5	Conduct risk maturity audits to measure and strengthen risk management and risk governance to ensure consistency in risk management practices across the Health Board	Director of Corporate Governance			Q3	
1A.6	Complete the roll out of the three levels of the agreed risk management training	Director of Corporate Governance			Q3	
1A.7	Deliver the training and support to managers in application of the SOs, SFIs and SoRD, with specific focus on procurement in securing value for money and engagement with the wider market in placement of orders for goods and services (linked to 3A.6)	Director of Corporate Governance			Q3	
1A.8	Enhance the Accountability Agreements Framework with all staff who have responsibility for managing expenditure within the budget issued, for the purposes for which it was provided and adherence to the Health Boards approved SOs, SFIs and SoRD, specifically in regard to recruitment and commissioning of goods and services	Director of Corporate Governance			Q3	
1A.9	Deliver a recovery plan to eliminate the backlog of overdue Learning from Events Report (LFERs, which are part of the claims and redress process with the Welsh Risk Pool), and embed a new process to ensure future timely submission and also a reduction in the number case LFERs that are 'red deferred' (which necessitate significant review and resubmission)	Director of Corporate Governance	Q1			

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
1B: Establishing the Foundations for the Future						
1B.1.	1B.1. Conclude the Design Phase, having been through a process of co-design, testing and consultation, gaining formal approval to proceed to the delivery phase and implementation via the necessary governance	Chief Executive		Q2		
1B.2	Implement the first phase of the new operating model, completing the 2025/26 work plan across structures, strategy, people, processes and culture (linked to 3A.6)	Chief Executive			Q3	
1B.3	Develop the operating model work plan for 2026/27, including implementing the second and third phases and mechanisms to continue to monitor how it is being embedded and sustained across all aspects of structures, strategy, people, culture and processes	Chief Executive				Q4
1C: Responding to Legislative Requirements						
1C.1	Complete a review of the current arrangements in relation to Regulatory Assurance to ensure the governance arrangements are robust and demonstrate improvements in compliance	Director of Corporate Governance			Q3	
1C.2	Re-establish the legislation library, processes to capture new legislation, the dissemination of that legislation to the relevant areas of the Health Board and the development of plans to deliver any necessary changes	Director of Corporate Governance			Q3	
1C.3	Improve processes to prepare for, respond to and embed learnings from any requests made by national Inquiries	Director of Corporate Governance		Q2		
1C.4	Implement the Health Board's Three-Year Plan based upon the Health and Safety Executive (HSE) HSG65 Plan, Do, Check, Act process methodology	Director of Environment & Estates				Q4
1C.5	Develop options for the introduction of an organisational wide system for monitoring audit recommendations	Director of Corporate Governance		Q2		
1C.6	As an Operator of Essential Services, implement any actions required resulting from the forthcoming Cyber Security and Resilience Bill	Chief Digital & Information Officer		Q2		
1C.7	Develop a Health and Safety Improvement Plan ensuring improvements are made to the Health Board's current Health and Safety Policy, guidance and practices	Director of Environment & Estates			Q3	
1C.8	Develop a robust system of audit and action which informs the Health Board's readiness and implementation of the latest Medical Devices and Procurement Regulations	Executive Director of Allied Health Professionals & Health Science				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
1D: Implementing the Quality Management System (QMS)						
1D.1	Ratify a standardised QMS Maturity Assessment for Health Board services and development of a governance framework to enable operationalisation and agree an associated rollout plan	Executive Director of Nursing & Midwifery		Q2		
1D.2	Complete a series of communication exercises and briefing sessions to keep BCUHB workforce informed about QMS utilising an educational and myth busting approach designed to strengthen knowledge and understanding of QMS	Executive Director of Nursing & Midwifery	Q1			
1D.3	Integrate a QMS approach into the approach to Clinical Services Planning and early identification of challenged services	Executive Director of Nursing & Midwifery			Q3	
1D.4	Evaluate the Health Board's design and implementation of the QMS	Executive Director of Nursing & Midwifery		Q2		
1D.5	Improve the quality of estates infrastructure and buildings through <i>(linked to 2C.5)</i>	Executive Director of Nursing & Midwifery				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
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2: Developing strategy and long-lasting change

2A: Developing and delivering a Health Board Strategy and Clinical Services Plan

2A.1.	Work with partners to develop a high-level Strategic Intent for North Wales that will provide an outline of the joint priorities and areas of collaboration for the next 10-Years	Executive Director of Transformation & Strategic Planning				Q4
2A.2	Complete the diagnosis phase of the 10-Year Strategy development including agreement on the scope and development of a baseline assessment setting out a summary of the population health needs; performance; drivers for change; outcomes and quality standards	Executive Director of Transformation & Strategic Planning				Q4
2A.3	As part of the broader engagement on strategy development, review the Health Board Well-being objectives, ensuring continued alignment with the requirements of the Well-being of Future Generations (Wales) Act 2015 and Social Partnership and Public Procurement (Wales) Act 2023	Executive Director of Transformation & Strategic Planning				Q4
2A.4	Maintain regular dialogue with partners and stakeholders to inform strategy development via partnership boards and stakeholder groups	Executive Director of Transformation & Strategic Planning				Q4
2A.5	Complete phase 1 of the CSP focusing on services that are currently assessed as most challenged. This will develop well rounded plans based on a Quality Management System (QMS) approach, prioritising service improvements that can be made in the short to medium term in order to stabilise these services	Executive Director of Transformation & Strategic Planning			Q3	
2A.6	Develop a Digital and Data Roadmap to underpin the Health Board's clinical and organisational transformation (linked to 2D.2)	Chief Digital & Information Officer	Reporting through 2D.2			

2B: Strengthening Planning and Commissioning

2B.1	Develop proposals to enhance capacity and capability for organisational wide planning, building upon the action plan produced following the Independent Review of Planning in 2024/25	Executive Director of Transformation & Strategic Planning		Q2		
2B.2	Conduct a review of learning with stakeholders of the most recent planning cycle, updating the Integrated Planning Framework with any associated improvements and implementing them in the next planning cycle	Executive Director of Transformation & Strategic Planning				Q4
2B.3	Complete the National Planning Maturity matrix assessment and incorporate the outputs into the plans to improve the organisation wide planning system and capability	Executive Director of Transformation & Strategic Planning				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
2B.4	Undertake a review of current and future commissioning commitments, drawing out the capacity required. This will form a baseline from which feasibility, risk and inter-dependencies can be assessed	Director of Performance and Commissioning			Q3	
2B.5	Conduct a Third Sector review, undertaking a review of unit price and contract currencies within contracts and complete an exercise to ensure that the standard and consistency of commissioned documents and processes meets expected standards	Director of Performance and Commissioning				Q4
2B.6	A review of insourcing/outsourcing contracting will be undertaken leading to a plan for improvement and development	Director of Performance and Commissioning	Q1			
2C: Improving the Environment, Estate and Facilities						
2C.1	Review the schedule of prioritised business cases in light of the outcome of the all-Wales capital prioritisation exercise	Director of Environment and Estates	Q1			
2C.2	Progress work in relation to major capital schemes including prioritisation of: Orthopaedics Hub in Llandudno, Electrical Infrastructure at Glan Clwyd Hospital, Royal Alexandra Hospital in Rhyl, Ablett Mental Health unit in Glan Clwyd Hospital, Nuclear Medicine consolidation, Health and Well-being hubs, decarbonisation and anti-ligature work	Director of Environment and Estates				Q4
2C.3	Align ambitions relating to Health and Wellbeing Hubs to available capital funding. These play an important role in the Health Board's plans relating to primary care, the medical school, partnership working and shift left	Director of Environment and Estates		Q2		
2C.4	Develop and commence implementation of a fit for purpose estates strategy to include estate rationalisation, decarbonisation and climate resilience, as well as maximising the potential and use of existing estate and opportunities with partners. Acknowledging that the estates strategy will be led by and informed by the Health Board's 10-Year Strategy and Clinical Services Plan	Director of Environment and Estates				Q4
2C.5	Maximise the potential of strategic disposals, partnership work and resultant capital receipts to reinvest in a modern and fit for purpose estate and infrastructure	Director of Environment and Estates				Q4
2C.6	Support organisational business continuity through the capital process, including the Wrexham Maelor and Ysbyty Gwynedd business continuity cases	Director of Environment and Estates				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
2C.7	Work with Bangor University to support the development and growth of the North Wales Medical School	Director of Environment and Estates			Q3	
2C.8	Provide leadership in the identification, prioritisation and delivery of schemes through the Integration and Rebalancing Capital Fund (IRCF), including participation in the Regional Partnership Board (RPB)	Director of Environment and Estates		Q2		
2C.9	Undertake a comprehensive assessment of facilities standards and performance, informing at improvement and development plan	Director of Environment and Estates			Q3	
2C.10	Complete the Welsh Government Adaptation Climate Change Risk Assessment, develop an action plan to address the risks identified, utilising the adaptation toolkit and liaising with PSB and other key partners	Director of Environment and Estates				Q4
2C.11	Build strategic relationships with partners including Local Authorities and Third Sector organisations to understand the opportunities to collaborate and implementation routes	Director of Environment and Estates				Q4
2D: Enhancing digital, data and technology approaches						
2D.1	Secure a multimillion-pound investment from Welsh Government for the EHR Transformation Programme which will reduce paper records and be a key enabler for service transformation	Chief Digital and Information Officer			Q3	
2D.2	Develop a Digital and Data Roadmap to underpin the Health Board's clinical and organisational transformation (linked to 2A.6)	Chief Digital and Information Officer		Q2		
2D.3	Delivery of a digital maternity EHR and patient facing app, which will eliminate paper records	Chief Digital and Information Officer				Q4
2D.4	Completion of the implementation of the replacement diagnostics systems, RISP and LIMS	Chief Digital and Information Officer				Q4
2D.5	Procurement and delivery of Phase 1 of the Mental Health EHR programme informing the wider EHR transformation agenda	Chief Digital and Information Officer				Q4
2D.6	Complete the Therapies Manager System developments and increase the user satisfaction rating through Floorwalking and Engagement Teams	Chief Digital and Information Officer				Q4
2D.7	Complete the minimum viable recruitment of expertise to deliver basic 2020s DDaT services, appointing to all key funded posts within 25/26	Chief Digital and Information Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
2D.8	Effectively deliver, through strict prioritisation and effective resource management, the DDaT enabled portfolio of projects and programmes, with particular focus on benefits realisation. This exercise will include pausing or deferring some projects where necessary due to financial pressures	Chief Digital and Information Officer				Q4
2D.9	Complete delivery of phase 5 Welsh Patient Administration System (WPAS) including treatment function codes, cancer tracker, copy correspondence and patient numbering	Chief Digital and Information Officer				Q4
2D.10	Implement electronic Prescribing and Medicines Administration (ePMA) across acute sites	Chief Digital and Information Officer				Q4
2D.11	Develop a proposal for a Digital Academy training programme and launch a communications campaign so that staff feel empowered to use technologies	Chief Digital and Information Officer				Q4
2D.12	Support the implementation and roll-out of the NHS Wales App for maximum impact and benefit to include the uptake of its use for repeat prescriptions	Chief Digital and Information Officer		Q2		
2D.13	Eradicate unsupported systems and devices in line with available resources	Chief Digital and Information Officer				Q4
2D.14	Develop a clear cyber response plan for the organisation	Chief Digital and Information Officer		Q2		
2E: Developing and delivering value and sustainability						
2E.1	Design and deliver a refreshed value and sustainability programme for 2025/26, which has clear outcomes based on broader measures of value, to deliver qualitative, performance and financial improvement. This includes delivery of nationally aligned initiatives under the five workstreams of: Clinical Value, Workforce, Continuing Healthcare, Medicines Management and Non-Pay and Procurement	Executive Director of Finance				Q4
2E.2	Focus on Clinical Variation to take advantage of nationally identified opportunities to expedite reductions in waste, harm and unwarranted variation	Executive Medical Director				Q4
2E.3	Build on work to embed value principles into the wider organisational frameworks: planning, commissioning, multi-professional workforce modelling, performance, leadership and quality	Executive Director of Finance		Q2		
2E.4	Design a value training programme as part of the journey towards a Value Academy for North Wales and a longer-term commitment to building knowledge and capacity in delivering value-led improvement	Executive Director of Finance				Q4
2F: Improving workforce planning and development						
2F.1	Fully embed the training programme for workforce planning across the organisation with easy access guides and how to access support for teams to develop their plans	Director of People		Q2		
2F.2	Detailed workforce plans to be in place for all key services across the organisation	Director of People				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
2F.3	Develop a suite of workforce planning tools to support teams and services develop and maintain their workforce plans	Director of People			Q3	
2F.4	Develop an organisational strategic workforce planning framework, including integration into the other relevant organisational frameworks such as Planning and Quality	Director of People			Q3	
2F.5	Conduct a comprehensive workforce analysis for therapy services in a prioritised manner	Executive Director of Allied Health Professions & Health Science		Q2		
2F.6	Development of therapy services plan, contributing to new clinical service models to support reductions in waiting times	Executive Director of Allied Health Professions & Health Science			Q3	
2F.7	Develop a Governance Framework to guide the operationalisation of the HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales (for HCPC registered professionals)	Executive Director of Allied Health Professions & Health Science				Q4
2F.8	Fully implement Variable Pay and agency control framework and ensure a 30% reduction in agency expenditure during 2025/26. This will be supplemented by no off-contract expenditure and reductions to zero spend for specific staff groups	Director of People			Q3	
2F.9	Ensure effective implementation of job planning policy to include ensuring that >90% of all Consultants have an agreed job plan in place at all times	Director of People				Q4
2F.10	Reduce sickness absence levels through adherence to key policies such as Attendance at Work	Director of People			Q3	
2G: Working with regional partners						
***	A separate monitoring mechanism will be implemented for these priorities which sit with external partners to deliver					

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
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3: Creating compassionate culture, leadership and engagement

3A: Culture Development

3A.1	Fully implement and embed the Values & Behaviours Framework into our organisational policies, processes and practices so that staff live the values and behaviours in their day-to-day work	Director of People	Q1			
3A.2	Conclude the Discovery phase of the Culture & Leadership Programme through a Synthesis Report which will guide our future culture and leadership approaches	Director of People		Q2		
3A.3	Co-produce draft Design phase priorities for further development in 2026/27 which shapes our compassionate, diverse and inclusive leadership approaches, identify what is going well and which areas need to be strengthened	Director of People			Q3	
3A.4	Complete roll out of the Culture Change Leader (CCL) programme. The CCL role has been established to support the Culture & Leadership Programme. Leaders are drawn from a cross section of staff across the organisation who come together to make a difference by looking at the Health Board's current culture and helping to shape culture for the future	Director of People			Q3	
3A.5	Build staff engagement through implementation of the staff engagement plan (including staff survey actions, staff stories, common PADR objectives (golden thread) and engagement events/activities) hard wiring engagement throughout leadership and management structures to the front line	Director of People				Q4
3A.6	Improve governance arrangements so they align to and support delivery of the organisation's strategic objectives and enable whole system quality-based decision making. This alongside using the RACI model (Responsible, Accountable, Consulted, Informed) in role profiles to describe individuals roles and responsibilities for activities and deliverables will support creating high autonomy and accountability across all roles	Director of People				Q4
3A.7	The Health Board will improve its systems and processes to ensure the transfer of learning as a Learning Organisation is increasing the opportunity to share learning and improve patient care	Director of People	Reporting through 5E.2			

3B: Leadership Development

3B.1	Design a series of workshops to strengthen key areas of the Integrated Leadership Development Framework (LDF), with a focus on developing leadership skills in specific areas for example, workshops to embed the principles of compassionate leadership to enable leaders and managers to understand the benefits of a compassionate approach and how to apply compassionate behaviours in the workplace and to support to leaders and managers to have conversations with their staff through a compassionate lens, to build confidence and skills in managing difficult or challenging situations	Director of People		Q2		
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Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
3B.2	Develop a core programme/offering for middle managers and leaders across the organisation. To be aligned with the ongoing national strategy building a core management competency framework across NHS Wales working with Health Education and Improvement Wales (HEIW) and a range of academic partners	Director of People				Q4
3B.3	Review and evaluate the first senior level programme – Glyder Fawr (Advanced Clinical Leadership Programme) delivered in 24/25 in readiness for the second cohort of this national HEIW led programme commencing at the end of Q1 25/26	Director of People	Q1			
3B.4	. Undertake a review of BCUHBs Coaching and Mentoring Network which will include: - A review of the effectiveness of the coaching network to ensure there are sufficient coaches to meet demand, that coaches on the network are actively coaching, that appropriate resources and support /supervision is in place. - A toolkit will be developed to support mentors across the organisation along with a co-designed mentoring network proposal.	Director of People				Q4
3B.5	Evaluate the outcomes from previous cohorts of the Mynydd Mawr – Foundations of Leadership and Management programme (delivered 24/25) to identify learning outcomes and impact in the workplace	Director of People	Q1			
3B.6	Launch new programme 'Leadership for All – 'Moel Famau', providing an introduction to leadership for all staff across the organisation irrespective of whether they are in a formal leadership role	Director of People		Q2		
3B.7	Develop a set of metrics and reports from the Leadership hub, to analyse: user engagement, themes, attrition rates	Director of People		Q2		
3C: Citizen engagement and partnership working						
3C.1	Complete implementation of the recommendations in the independent review of engagement specifically: - Finalise and implement the 'Betsi Way' engagement framework, ensuring it is evidence-informed, high quality, and co-developed with agreed engagement principles. - Implement a structured reporting system to track and publicly share at least three concrete examples of how community feedback has influenced corporate plans, services and improvements - Establish a community of engagement practice within the Health Board, providing at least two training sessions and developing a toolkit to support staff with best practices and evidence-based approaches	Director of Partnerships/ Communications & Engagement				Q4
3C.2	Increase engagement reach by 30% through targeted on-line community interactions, including at least four digital campaigns and expanded use of social media platforms	Director of Partnerships/ Communications & Engagement				Q4
3C.3	Expand the engagement programme across at least five North Wales communities, collaborating with key partners to ensure added value for residents, stakeholders and the Health Board	Director of Partnerships/ Communications & Engagement			Q3	
3C.4	Review the strategic approach to engagement with communities, specifically mapping out the next two years	Director of Partnerships/ Communications & Engagement			Q3	

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
		Communications & Engagement				
3C.5	Conduct at least three community listening events in rural areas, ensuring participation from at least 50 local residents, to gather feedback on healthcare needs and service improvements	Director of Partnerships/ Communications & Engagement				Q4
3C.6	Reset the Health Board's representation at the Regional Partnership Board establishing a structured reporting process to improve decision making	Director of Partnerships/ Communications & Engagement	Q1			
3C.7	Trial a surgery-style approach with local councillors in two local authorities to support issue identification, evaluating its effectiveness in improving communication and engagement, with a view to expanding the approach across all local authorities	Director of Partnerships/ Communications & Engagement		Q2		
3C.8	Further the Health Board's commitment to children and young people by developing an approach to ensure their voices influence decision making (Youth Voice approach) (linked to 4L.2)	Director of Partnerships/ Communications & Engagement		Q2		
3C.9	Work with partners to co-develop and publish an Anchor Institution Principles and Charter with clearly defined principles ensuring alignment with community needs and organisational priorities	Director of Partnerships/ Communications & Engagement				Q4
3D: Welsh language and Culture						
3D.1	Build on the planning completed within 2024/25 and transition from planning to operational delivery of the Standards and 'More than just words', focusing initially on acute settings	Executive Director of Allied Health Professions & Health Science			Q3	
3D.2	Adopt the Language Choice Scheme to a specific vulnerable patient group	Executive Director of Allied Health Professions & Health Science			Q3	

<i>Ref</i>	<i>Descriptor</i>	<i>Lead Executive</i>	<i>Qtr1</i>	<i>Qtr2</i>	<i>Qtr3</i>	<i>Qtr4</i>
3D.3	Explore the potential of adopting a 'Welsh Language Champions Programme' in order to encourage and celebrate language development success within the workforce	Executive Director of Allied Health Professions & Health Science		Q2		
3D.4	In collaboration with the National Centre for Learning Welsh, deliver a tailored training programme in Speech and Language Therapy Services, which have been identified as a priority workforce group	Executive Director of Allied Health Professions & Health Science			Q3	
3D.5	Promote the use of Welsh Language within the organisation	Executive Director of Allied Health Professions & Health Science	Q1			

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
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4: Improving quality, outcomes and experience

4A: Prevention and Early Intervention

4A.1	Implement plan to target resources for the most vulnerable groups (e.g. – those experiencing homelessness, Gypsy, Roma and Traveller communities) which will contribute to reducing inequalities in healthy life expectancy	Executive Director of Public Health				Q4
4A.2	Creating the foundations for change, providing the Health Board with the means to demonstrate the impact of current prevention and early intervention activity across identified priority areas and determine where this could be improved	Executive Director of Public Health				Q4
4A.3	Develop proposals for Health Board to prepare and respond to health protection threats, enhancing the delivery of Health Board services to protect people in North Wales against existing, new and emerging health protection threats and hazards	Executive Director of Public Health				Q4
4A.4	Implement the National Immunisation Framework (NIF) for Wales locally and continue to provide improved resilience and variation	Executive Director of Public Health				Q4
4A.5	Refer to 'Section 4P – Diabetes' for the 2025/26 delivery priorities	Executive Director of Public Health	Reporting through 4P			

4B: Primary Care including Clusters

4B.1	Full engagement in the implementation of the national 'Primary Care Model' for Wales and focus on delivering the national Primary Care Programme. This will include development of proposals to complete the rollout of the audiology first point of contact and earwax removal service (see also Diagnostics 4D.c.11)	Chief Operating Officer				Q4
4B.2	Develop the Primary Care 'same day' offer to provide more equitable access to primary care as alternatives to Emergency Department attendance. This relates to in-hours primary care access and also to the provision of out-of-hours primary care, 111 and Minor Injury Units	Chief Operating Officer				Q4
4B.3	A pathways of care approach will be adopted to ensure that primary care professionals have access to the resources they need so that secondary care referrals only occur where they will add value to the patient	Chief Operating Officer		Q2		
4B.4	A 'Primary Care Academy' approach will support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability	Chief Operating Officer				Q4
4B.5	Access to primary care dentistry is a key priority and a GDS procurement process will be moved forward alongside consideration of new and innovation ideas to increase patient access (linked to 4O.1)	Chief Operating Officer		Q2		
4B.6	Sustainability support will be reviewed in order to bolster support to contractors that are in difficulty. Where appropriate discussions will be held with national partners	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4B.7	Progress the strategic approach to a mixed model of primary care that supports contractors to remain independent contractors and identifies ways in which directly managed practices can innovate, support independent contractor 'neighbours', test new ways of working, and increase involvement of primary care in research	Chief Operating Officer			Q3	
4B.8	Implement the new GMS Contract Assurance Framework	Chief Operating Officer	Q1			
4B.9	Improve accuracy, visibility and use of primary care performance data	Director of Performance & Commissioning		Q2		
4B.10	Develop proposals that address areas of poor primary care estate impacting upon care delivery, including the proposals currently progressing in Penygroes, in Conwy West locality, in Bangor, in Denbigh and in Holyhead	Director of Environment & Estates				Q4
4B.11	Work with Primary Care providers in North Wales to prepare and expand suitable training environments for Medical Students from the North Wales Medical School	Executive Medical Director	Reporting through 2C.7			
4B.12	Scope and test a model for commissioned community pharmacy services focused on long-term condition management, starting with hypertension	Chief Pharmacist	Reporting through 4M.4			
4B.13	Develop proposals to expand the use of cluster-based Care Home support services that can provide timely assessment to minimise otherwise avoidable hospital conveyances and improve outcomes for Care Home Residents, including support to carers	Chief Operating Officer				Q4
4B.14	'One stop' models of care that enhance the delivery of care for people with diabetes and related conditions will continue to be tested and if successful, expanded	Chief Operating Officer				Q4
4B.15	Discussions (internally and with partners) will be progressed to a conclusion as to whether the current 14 cluster footprints are optimal or whether a change of focus to pan-cluster footprints would be preferable	Chief Operating Officer	Q1			
4B.16	Generate a proposal to develop a community collaborative model as an integrated Health and Social Care provision for North Wales, ensuring 'pooled' resources for 7-day provision as a collective through utilising established practices such as Trusted Assessor	Chief Operating Officer			Q3	
4C: Community Care						
4C.1	Generate options to increase provision of Enhanced Community Care (ECC)	Chief Operating Officer	Q1			
4C.2	Develop a business case for increased ECC outlining options, costs, benefits, risks and possible funding streams	Chief Operating Officer		Q2		

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4C.3	Progress business case through Health Board governance to seek support for preferred option	Chief Operating Officer			Q3	
4C.4	Subject to available funding, undertake any necessary staff consultation, commence recruitment for agreed staffing, implement pathway changes, commence delivery of increased provision for ECC	Chief Operating Officer				Q4
4C.5	Review options to increase District Nursing provision at the weekend including the nature and level of weekend demand	Chief Operating Officer	Q1			
4C.6	Develop a business case for increased weekend community nursing capacity outlining the options, costs, benefits, risks and possible funding streams	Chief Operating Officer		Q2		
4C.7	Progress business case through Health Board governance to seek support for preferred option	Chief Operating Officer			Q3	
4C.8	Subject to available funding, successful recruitment and outcome of staff consultation, work to agree implementation plans, commence recruitment and commence increased community nursing for weekends	Chief Operating Officer				Q4
4C.9	Review opportunities to increase Specialist Palliative care capacity in the East to bring cover up to the same level as other parts of BCU	Chief Operating Officer	Q1			
4C.10	Seek options to identify and secure funding additional weekend Palliative Care CNS hours	Chief Operating Officer		Q2		
4C.11	Commence recruitment for agreed SPC CNS hours and undertake consultation with existing staff on changing work patterns; subject to available funding	Chief Operating Officer			Q3	
4C.12	Develop implementation plans to commence increased SPC CNS capacity for weekends and bank holidays; dependent on staff consultation, recruitment and prioritisation of resources	Chief Operating Officer				Q4
4D: Planned Care, Cancer & Diagnostics						
4Da: Planned Care						
4D.a.1	Develop and implement the next stage of the Validation Approach in the Health Board; focusing on delivering high levels of data quality, updated waiting lists and application of waiting list policies	Chief Executive	Q1			
4D.a.2	Implement locally the 8 nationally agreed Interventions Not Normally Undertaken (INNU), and the pipeline of INNUs that follow	Chief Executive	Q1			
4D.a.3	Develop and implement best practice standards (GIRFT/Optimisation Framework) for referral advice and guidance (pre-referral) focusing on high volume, high opportunity specialties as a priority and rolling through other specialties thereafter	Chief Executive				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4D.a.4.	Assess the opportunities for Referral Triage and Alternative Pathways in high volume specialties as a priority; drawing up and commencing the implementation of service redesign proposals, learning from other organisations	Chief Executive		Q2		
4D.a.5.	Implement the Health Pathways (including Pathway Alliance Programme) in priority specialties	Chief Executive			Q3	
4D.a.6.	Implement specific specialty 'direct listing', specifically focused on ophthalmology as a priority	Chief Executive		Q2		
4D.a.7.	Progress the implementation of the new Booking Service, enabling a consistent approach across the organisation	Chief Executive				Q4
4D.a.8.	Review and update outpatient clinic templates, incorporating GIRFT/Optimisation Framework standards, across high priority specialties	Chief Executive		Q2		
4D.a.9.	Implement a revised DNA/CNA approach, including overbooking mechanisms where DNA/CNA rates are above 5%	Chief Executive		Q2		
4D.a.10.	Develop and implement the revised model for Pre-Operative Assessment	Chief Executive			Q3	
4D.a.11.	Identify specialty by specialty high utilisation opportunities to enable focused and targeted approach to achieve the 85% utilisation threshold	Chief Executive				Q4
4D.a.12.	Review each specialty to identify opportunities for increased day case, and minor-ops/procedure room (Right Patient, Right Place-type) approach. Implement priority specialty improvements	Chief Executive			Q3	
4D.a.13.	Undertake a systematic approach to validating, data cleansing all Follow-up lists	Chief Executive			Q3	
4D.a.14.	Implement See on Symptoms (SoS) and Patient Initiated Follow-up (PIFU) on all priority specialties (linked to Optimisation Frameworks/GIRFT)	Chief Executive			Q3	
4D.a.15.	Recalibrate capacity from follow-ups to new appointments in priority specialties, following assessment of opportunity	Chief Executive	Q1			
4D.a.16.	Introduce an enhanced demand and capacity modelling approach that takes into account all aspects of planned care and cancer pathways	Chief Executive			Q3	
4D.a.17.	Implement a programme of in-year commissioned capacity to support 2025/26 delivery	Chief Executive				Q4
4D.a.18.	Develop integrated specialty plans for 2026/27 based on the progress made across specialties in 2025, to include workforce, finance, commissioning aspects	Chief Executive				Q4
4Db: Cancer Care						
4D.b.1.	Recovery of the Health Boards cancer position and improved performance against the Suspected Cancer Pathway referral to treatment target, aiming to achieve 80% of cancer patients treated within 62 days of suspicion of cancer by March 2026	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4D.b.2.	Clearance of the over 62-day waits is a priority as this is currently a large number of pathways. The Health Board will need to factor in the backlog clearance over the first 6 months towards delivering the 80% treated within 62 days standard by March 2026	Chief Operating Officer				Q4
4D.b.3.	Commission of additional external resource in endoscopy and dermatology whilst seeking to develop and recruit to more sustainable models of care to meet the needs of our population across north Wales	Chief Operating Officer	Q1			
4D.b.4.	Work to improve referral pathways with the introduction of the Community Health Pathways tool	Chief Operating Officer		Q2		
4D.b.5.	Introduction of nurse led triage model for patients with suspected colorectal cancer to increase the number of patients referred straight to test and reduce overall waiting times	Chief Operating Officer		Q2		
4D.b.6.	Optimise the agreed teledermoscopy service and develop the evidence case to expand	Chief Operating Officer				Q4
4D.b.7.	Investigate the case for new models for the assessment of women with post-menopausal bleeding to reduce time to diagnosis of gynaecological cancers	Chief Operating Officer		Q2		
4D.b.8.	Develop a proposal for the expansion of robotic assisted cancer surgery	Chief Operating Officer				Q4
4D.b.9.	Consider a proposal to repatriate some services from England to north Wales; some plastic surgery and specialist radiotherapy procedures	Chief Operating Officer			Q3	
4D.b.10.	Work with the charity Maggie's and the Steve Morgan Foundation to open a new Maggie's cancer support centre in the grounds of Ysbyty Glan Clwyd in 2025	Chief Operating Officer				Q4
4Dc: Diagnostics						
4D.c.1.	Complete demand and capacity reviews for all diagnostic services, with implementation of identified improvement plans to deliver sustainable services and to deliver against forecast trajectory targets for reportable diagnostic services	Chief Operating Officer				Q4
4D.c.2.	Ensure service delivery is equitable and high-quality experience for patients	Chief Operating Officer				Q4
4D.c.3.	Undertake a rapid review of workforce capacity and skill mix to inform recruitment and retention strategy	Chief Operating Officer		Q2		
4D.c.4.	Deliver the major national information technology projects currently underway in Radiology and Pathology; subject to available resource prioritisation	Chief Operating Officer			Q3	
4D.c.5.	Progress the development of the medical illustration service to support the teledermoscopy service	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4D.c.6.	Complete estates reviews for all diagnostic services, with prioritisation and progression of identified improvement projects	Chief Operating Officer				Q4
4D.c.7.	Progress the Regional Diagnostics Hub project within the Planned Care Programme	Chief Operating Officer				Q4
4D.c.8.	Progress Endoscopy, Nuclear Medicine/PET-CT and Digital Cellular Pathology business cases	Chief Operating Officer		Q2		
4D.c.9.	Maintain capacity for a workstream to focus on transformational change, including AI	Chief Operating Officer				Q4
4D.c.10.	Integrate diagnostics quality assurance approaches with the Health Board QMS	Chief Operating Officer				Q4
4D.c.11	This will include development of proposals to complete the rollout of the audiology first point of contact and earwax removal service	Chief Operating Officer	Reported through 4B.1			
4E: Urgent and Emergency Care						
4E.1	Implementation of the remote clinical assessment services framework - Implement a 'Single Point of Access' (SPOA) hub for urgent and emergency care 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. The work will include assessing the current pathways, their effectiveness, consistency of usage and implementing alternative pathways that both reduce attendance at ED and provide suitable alternative to admission for ED clinicians to access when patients do present in an emergency. This will include trialling appointments in areas such as Ophthalmology, SDEC, Urgent Primary Care Centre's and Dental	Chief Operating Officer				Q4
4E.2	Implement Community Based Falls Response Services 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. This Community Service will be both a stakeholder of the SPOA hub as well as a pathway out of it. Both of these interventions will ensure that high risk patient groups (such as falls and breathlessness that make large contributions to the demand on ED) are supported in the most effective way	Chief Operating Officer			Q3	
4E.3	Ensure implementation of Primary Care Model, including delivery of national Primary Care Programme, and development of Primary Care Same Day Offer (4B.1 & 4B.2) is fully integrated into this workstream and delivers expected outcomes in terms of attendance at Secondary Care	Chief Operating Officer	Linked to 4B.2			

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4E.4	Implement an Acute Front Door Frailty Service at all acute hospitals – integrated with community frailty services - that ensures that older people with frailty dependent on prioritisation of available resources are streamed to the most appropriate services within the hospital when required as quickly as possible and, where possible, discharged home on the same day. This will include an evaluation of the different approaches to acute front door frailty services in place inside and outside the Health Board	Chief Operating Officer				Q4
4E.5	Implement the Welsh Health Circular (WHC) - Ambulance Patient Handover Guidance to ensure timely transfer of patients from ambulance crews to Emergency Department (ED) staff	Chief Operating Officer		Q2		
4E.6	Implement actions described in the Optimal Hospital Flow 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 will support a reduction in deconditioning, and the early identification within the first 24hrs of admission and communication of any support requirements on discharge which should support a reduction in pathways of care delays once embedded across both acute and community inpatient areas. This will be supported initially by two Optimal Hospital Flow Facilitators who will create and roll out training resources – a national initiative that is being tested in BCU to assess its impact. This work on reducing pathway delays is critical to removing surge capacity from routine use	Chief Operating Officer				Q4
4E.7	Introduce actions to improve pathways of care delays and discharge planning through: a) a single North Wales approach to validation of delays to support more effective reviews with Local Authorities, b) increasing the number of assessments undertaken by 'trusted assessors' including ensuring assessment takes place the right environment, reducing the dependency on contended social care resource, and reducing assessment delays, c) exploring options in relation to right sizing of both step up and step down community capacity, subject to the prioritisation of available resources.	Chief Operating Officer				Q4
4F: Adult Mental Health & Learning Disability						
4F.1	Work with the NHS Executive to deliver the emerging Mental Health strategic improvement programme including patient centred safety, crisis care and access to community services	Executive Director of Allied Health Professions & Health Science	Q1			
4F.2	Continue to improve quality and safety of care, including full delivery of the Royal College of Psychiatry (RCPsych) Mental Health Invited Service Review	Executive Director of Allied Health Professions & Health Science				Q4
4F.3	Continue to improve access to and reduce waiting times for North Wales citizens needing support from Community Mental Health Service	Executive Director of Allied Health Professions & Health Science				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4F.4	Develop a coherent overarching model for the delivery of care to people experiencing mental health crisis	Executive Director of Allied Health Professions & Health Science				Q4
4F.5	Deliver phase 1 of the Mental Health Electronic Healthcare Record (HER) programme as a developing template for the wider transformation above (Linked to 2D.5)	Executive Director of Allied Health Professions & Health Science	Reported through 2D.5			
4F.6	Deliver progress across specialist service improvement projects, including Perinatal and Eating Disorder services	Executive Director of Allied Health Professions & Health Science				Q4
4F.7	Deliver, with Capital Estates colleagues the 2025/2026 programme for Anti-Ligature estates work	Executive Director of Allied Health Professions & Health Science				Q4
4F.8	(Contribute to 2B.5, with focus on iCAN, Parabl (Talking Therapies) and Community Advocacy Service) 2B.5 Conduct a 3rd Sector review, undertaking a review of unit price and contract currencies within contracts and complete an exercise to ensure that the standard and consistency of commissioned documents and processes meets expected standards	Executive Director of Allied Health Professions & Health Science	Reported through 2B.5			
4G: CAMHS						
4G.1	Develop a CAMHS Strategic Workforce Plan and refreshed Training Strategy which will be informed by our Training Needs Analysis undertaken across CAMHS	Chief Operating Officer		Q2		
4G.2	Sustain Mental Health Measure Part 1a compliance against target for assessment and deliver the Part 1b target for intervention across all teams	Chief Operating Officer			Q3	
4G.3	Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits	Chief Operating Officer	Q1			
4G.4	Develop proposals for Alternatives to Admission with our partners to ensure holistic provision of CAMHS is accessible for all children and young people including those young people who have chaotic lives with no access to safe accommodation	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4G.5	Evaluate the implementation of Schools in Reach into core CAMHS offer within IHCs to provide sustainable whole school approach to emotional health and well - being at the most accessible and consistent environment in young people's lives within all schools across North Wales	Chief Operating Officer				Q4
4H: Neurodevelopment						
4H.1	Complete the waiting list stratification exercise and consider prioritisation criteria	Chief Operating Officer		Q2		
4H.2	Launch a prudent assessment process across the teams	Chief Operating Officer		Q2		
4H.3	Finalise a business case to address the longest waiters	Chief Operating Officer	Q1			
4H.4	Gain approval for an Information Sharing Protocol with partners	Chief Operating Officer		Q2		
4H.5	Engage fully with the Children's RPB to develop a needs-led service model	Chief Operating Officer				Q4
4I: Dementia services						
4I.1	4I.1 Embed Emergency Department (ED) dementia improvement work in Integrated Health Communities (IHC)	Executive Director of Nursing				Q4
4I.2	4I.2. Identify good practices elsewhere	Executive Director of Nursing			Q3	
4I.3	4I.3. Identify current BCUHB Emergency Department (ED) practices	Executive Director of Nursing			Q3	
4I.4	4I.4. Enhance range and volume of dementia education and training	Executive Director of Nursing			Q3	
4I.5	4I.5. Evaluate training	Executive Director of Nursing				Q4
4I.6	4I.6. Facilitate extensive assessment of environments	Executive Director of Nursing	Q1			
4I.7	4I.7. Local action plan development and monitoring	Executive Director of Nursing			Q3	

<i>Ref</i>	<i>Descriptor</i>	<i>Lead Executive</i>	<i>Qtr1</i>	<i>Qtr2</i>	<i>Qtr3</i>	<i>Qtr4</i>
4I.8	4I.8. Allocation of improvement resources	Executive Director of Nursing				Q4
4I.9	4I.9. Creation/collate/share prevention resources	Executive Director of Nursing	Q1			
4I.10	4I.10. Identify opportunities to promote prevention	Executive Director of Nursing			Q3	
4I.11	4I.11. Collaborate with related specialities e.g., stroke	Executive Director of Nursing				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4J: Currently 'Challenged Services'						
4Ja: Urology						
4J.a.1	4J.a.1 In-depth review to scope out non-medical workforce opportunities, ensuring their contribution to service delivery is maximized. Close remaining clinical and managerial lead role gaps supported by effective IHC leadership currently in post	Chief Operating Officer	Q2			
4J.a.2	4J.a.2 Establish a sustainable on-call model through a review of the current on call arrangements on a regional level, providing a resilient unscheduled care service to patients	Chief Operating Officer		Q3		
4J.a.3	4J.a.3 Develop plans to deliver specialist services at a regional level aligned to the GIRFT and Royal College of Surgeons recommendations following stakeholder engagement and consultation if required	Chief Operating Officer	Q2			
4J.a.4	4J.a.4 Improve patient outcomes, deliver increased service efficiencies and reduced waiting times	Chief Operating Officer		Q3		
4J.a.5	4J.a.5 Deliver equitable Interventional Radiology across the Health Board, including out of hours services (where appropriate). This will reduce the need for staff and patient travel as well as increasing the available treatment options	Chief Operating Officer	Q2			
4J.a.6	4J.a.6 Develop a long-term plan around robotic assisted urology surgery for the patients of North Wales, benefitting the recruitment and retention and whilst building a futureproof service model	Chief Operating Officer	Q2			
4J.a.7	4J.a.7 Improve the pre-investigation of patients via Straight to Test pathways with a focus on suspected cancer pathways. Ensuring we optimise nurse-led approaches to create consultant capacity where able	Chief Operating Officer	Q2			
4J.a.8	4J.a.8 Monitor Did Not Attend (DNA) and Could Not Attend (CNA) rates and implement mechanisms to mitigate reduced activity when the combined rate is greater than 5%, minimising the loss of clinical capacity	Chief Operating Officer	Q2			
4J.a.9	4J.a.9 Maximise day case and outpatient urology procedures, converting from inpatient where appropriate, to support improved in-patient average length of stay	Chief Operating Officer	Q2			
4J.a.10	4J.a.10 Review of MDT utilisation: complex regional MDT and local MDT with a view to reducing duplication and recovering lost clinical capacity	Chief Operating Officer	Q2			
4J.a.11	4J.a.11 Utilise patient experience data to inform service delivery such as care closer to home, commissioning of major surgery, and timelier access to diagnostics and treatment	Chief Operating Officer	Q2			
4Jb: Vascular						
4J.b.1	Workforce: Agree sustainable clinical workforce model that: <i>(i) ensure patients are seen by the most appropriate professional for their needs, therefore, increasing capacity and ensuring consultants are freed up to support the most complex cases, and</i> <i>(ii) ensure that all staff are supported to work to the top of their competencies, through active training and learning.</i>	Chief Operating Officer			Q3	

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
	<i>(iii) Develop network-wide to support job planning to ensure our workforce are deployed where demand is greatest, and develop a robust and business case to enable recruitment to any additional posts needed to deliver high quality patient care; include a review of non-medical roles to support vacancy gaps</i>					
4J.b.2	Develop integrated workforce plan to address recruitment and retention challenges within the service and support implementation of a positive working culture, which fosters inclusion and respect across all staffing levels	Chief Operating Officer				Q4
4J.b.3	Establish a sustainable medium-to-long-term model for Abdominal Aortic Aneurysm (AAA) services that ensures optimal patient outcomes	Chief Operating Officer		Q2		
4J.b.4	Commence work on implementing the revised patient-centric transfer, discharge and repatriation pathways and protocols to improve patient experience, reduced re-admissions and/ or 'failed discharges; and ensure appropriate follow-up arrangements are in place once patients are back in the community	Chief Operating Officer			Q3	
4J.b.5	Progress the quality improvement plan aligned to health board's QMS system to ensure that quality improvement underpins all that the service does, including clearly documenting leadership structures, escalation processes, including processes for managing risk	Chief Operating Officer		Q2		
4J.b.6	Commence an improvement programme for Chronic Limb threatening Treatment Ischemia with the aim of increasing the numbers of people being re-vascularised within 5 days of admission	Chief Operating Officer		Q2		
4J.b.7	Develop proposal for a patient information system that will enable tracking of vascular patients through their pathway, identify blockages and ensure patient care is expedited where necessary	Chief Operating Officer			Q3	
4J.b.8	Work with delivery partners, (e.g., COTE, stroke, palliative care, psychology, pain management, microbiology), strengthen and build opportunities for the development of a greater, more integrated multi-disciplinary team around the patient approach in order to ensure the holistic needs of the patient are met	Chief Operating Officer		Q2		
4Jc: Dermatology						
4J.c.1	Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care	Chief Operating Officer			Q3	
4J.c.2	Job planning to appropriately reflect all duties undertaken to better understand the workforce capacity and match it to patients' needs	Chief Operating Officer			Q3	
4J.c.3	Introduce dermatological Community Health Pathways to support effective referral management processes, reducing secondary referrals through better informed resources within Primary Care to deliver some Dermatological services	Chief Operating Officer		Q2		

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4J.c.4	Ensure Minor Operation Procedure (MOP's) capacity is optimised within the available resources, to support expansion of Teledermoscopy i.e., the provision of dermatology services at a distance, using technology	Chief Operating Officer			Q3	
4J.c.5	Increase medical consultant support for primary care to support integrated working and extended roles, opening up educational opportunities to enhance knowledge and confidence with skin conditions, which will lead to fewer referrals into secondary care reducing the demand on the service and waiting times for patients	Chief Operating Officer		Q2		
4J.c.6	Open Connah's Quay facility to provide increased clinic and operating space including dressing clinics. Connah's Quay will release 10 Minor Op sessions on a weekly basis, alongside opportunity to run one-stop sessions. (duplicate of 4J.d.3)	Chief Operating Officer		Q2		
4J.c.7	Roll out Teledermoscopy across West IHC to maximise benefits across BCUHB	Chief Operating Officer			Q3	
4J.c.8	Optimise referral and triage processes to support e-referral (Welsh Admin Portal) roll out	Chief Operating Officer		Q2		
4J.c.9	Develop business cases for technological solutions to reduce follow up appointments, late cancellations, and DNA's	Chief Operating Officer			Q3	
4J.c.10	Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care	Chief Operating Officer				Q4
4Jd: Plastics						
4J.d.1	Review of commissioning arrangements when they change in 2025 (actual date to be confirmed) - it is important to note providers will continue the outreach service irrespective of the commissioning arrangements	Chief Operating Officer				Q4
4J.d.2	Handover of waiting list management to MWL following agreed threshold as limited demand and capacity information is currently held by BCUHB (Central and West waiting lists are still held by BCUHB even though MWL are the service provider)	Chief Operating Officer				Q4
4J.d.3	Develop the proposal to open Connah's Quay as a joint facility with dermatology to provide increased clinic and operating space and capacity including dressing clinics. (duplicate of 4J.c.3)	Chief Operating Officer		Q2		
4J.d.4	Consider options for further outreach capacity across North Wales to increase access across the region as the Connah's Quay facility will provide capacity for patients within the East and Central Integrated Health Communities only	Chief Operating Officer			Q3	
4J.d.5	Additional capacity: Review opportunities for increasing theatre throughput within existing facilities in East and West IHCs	Chief Operating Officer			Q3	

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4J.d.6	Technology: Generate a business case for the expansion of 'My Medical Record' to manage skin cancer follow-up patients; My Medical Record gives access to patients own online health record containing jointly managed information between the patient and the service	Chief Operating Officer				Q4
4J.d.7	Patient Experience: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care	Chief Operating Officer				Q4
4Je: Oncology						
4J.e.1.	Increase the number of substantive oncology consultants dependent on levels of available funding; providing greater continuity of care (replacing short term locums)	Chief Operating Officer				Q4
4J.e.2.	Substantive recruitment to multi-professional roles across oncology (nursing, operational and pharmacy) to meet the current demands and improve service provision and patient safety following recurrent funding approval	Chief Operating Officer		Q2		
4J.e.3.	Develop a fully integrated service strategy to support future demand and innovation	Chief Operating Officer			Q3	
4J.e.4.	Complete business case for 2 linear accelerators to replace machines which are coming to the end of their safe working life. Funding is secured via Welsh Government and replacement will ensure reduced machine downtime which impacts on treatment capacity for patients. This will also give the department the opportunity to purchase machines with the latest developments which could provide greater access and/or more capacity	Chief Operating Officer		Q2		
4J.e.5.	Establish SABR (Stereotactic Ablative Radiotherapy) - a highly targeted form of radiotherapy which targets a tumour with radiation beams from different angles) service in North Wales, commencing with treatment of lung cancers. This type of treatment is delivered in fewer numbers of treatments (with potentially minimal side effects) than conventional radiotherapy	Chief Operating Officer		Q2		
4J.e.6.	Engagement with the implementation of the EHR; this is an essential element for Oncology as currently oncology records are stored within dedicated oncology records and are not visible to the wider services through the main patient notes, placing a risk to patient safety when patients are admitted/seen elsewhere across the Board and the clinician does not have access to up to date clinical records	Chief Operating Officer		Q2		
4J.e.7.	Collaborate with the development of a single Welsh contract for Chemocare software to standardise the system across Wales with a view to reduce contract/service costs and ensure data is comparable	Chief Operating Officer			Q3	
4J.e.8	Patient Experience: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4Jf: Ophthalmology						
4J.f.1	Recruit to funded regional clinical (medical and Optometry) and operational business support leadership roles to drive forward service delivery and improvements	Chief Operating Officer		Q2		
4J.f.2	Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care	Chief Operating Officer			Q3	
4J.f.3	Optimise to NICE/GIRFT evidenced based pathways for all ophthalmology sub specialities, delivered through pan BCUHB sub speciality networks. <i>(Linked to 4L.f.4 and 4L.f.1)</i>	Chief Operating Officer				Q4
4J.f.4	Make best use of available resources to expand locally agreed regional integrated care pathways (glaucoma and retinopathy) with community Optometrists. Develop opportunities for the WGOS (Welsh Government Optometry Services) (extended workforce) to provide equity in care and treatment delivery and reduce demand across the region <i>(Linked to 4L.f.3 and 4L.f.1)</i>	Chief Operating Officer		Q2		
4J.f.5	Deliver cataract pathway efficiencies to improve timely access through: Pre – Operative Assessment Clinic (POAC) process improvement, direct listing, increased theatre utilisation (including High Volume Low Complexity (HVLC) and Minor Operating Procedures (MOPs), and monitoring of Hospital cancelled appointments and Did Not Attend to ensure maximum utilisation of available capacity and resources	Chief Operating Officer				Q4
4J.f.6	Undertake an estates review to identify challenges and risks (ageing buildings, fragile infrastructure, and access issues) and explore further estate and modular opportunities in community settings to prevent loss in available capacity for care and treatment and providing care closer to home	Chief Operating Officer		Q2		
4J.f.7	Ensure improvements in data quality	Chief Operating Officer		Q2		
4J.f.8	Develop a business case for a centralised cataract hub and a centralised complex services centre to support regional service delivery (predeterminant of regional delivery would be 'go-live' of the ophthalmology national EPR	Chief Operating Officer				Q4
4J.f.9	Introduce See on Symptom (SOS) and Patient Initiated Follow Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment	Chief Operating Officer		Q2		
4J.f.10	Undertake demand and capacity modelling to establish patient volume waiting times and appointment backlog for all sub specialities including the recruitment of Eye Care Validators <i>(Linked to 4J.f.3b and C)</i>	Chief Operating Officer			Q3	

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4J.f.11	Ensure consistent use across North Wales of interim digital solutions (e-referral and Consultant Connect) to improve the referral process and reduce delays between referral and treatment whilst awaiting national systems delivery	Chief Operating Officer		Q2		
4J.f.12	Act based on the insights gathered within existing Harm Review process, delivering improvements in patient experience through direct referrals and expansion of alternative community based pathways	Chief Operating Officer				Q4
4Jg: Orthodontics						
4J.g.1.	Consolidate the Orthodontic and Oral Maxillo Facial Surgery (OFMS) services to become a networked single service with one operational manager and budget working across the three IHCs	Chief Operating Officer		Q2		
4J.g.2	Support the recruitment of funded consultant vacancies and implement a strategic and operational Workforce Planning review to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care	Chief Operating Officer		Q2		
4J.g.3.	Create and deliver an improvement plan, implement and monitor GIRFT recommendations as supported by the Royal College of Surgeons (Faculty of Dentistry) and the British Orthodontic Society	Chief Operating Officer		Q2		
4J.g.4.	Introduce See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment	Chief Operating Officer			Q3	
4J.g.5.	Deliver improvements in day case surgery rates and ring fenced beds	Chief Operating Officer			Q3	
4J.g.6.	Improve effective utilisation of theatre capacity, optimising the right procedure in the right place to reduce unnecessary theatre utilisation	Chief Operating Officer		Q2		
4J.g.7.	Review management of, and validate, waiting list to support prioritisation of new patients, longest waiters and those requiring oral surgery as part of their pathway of care. Monitor DNA/CNA rates	Chief Operating Officer			Q3	
4J.g.8	Review and act prudently on introducing improvements to patient experience based on insights gathered to date, such as access to care and the CHC review of harm to children waiting for appointments and treatments	Chief Operating Officer				Q4
4Jh: Trauma & Orthopaedics						
4J.h.1.	Work with orthopaedic clinical leadership to deliver standardised effective job planning and subspecialty focused North Wales services', to enable a reduction in unwarranted clinical variation	Chief Operating Officer			Q3	

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4J.h.2.	Address workforce shortages through recruitment and upskilling of existing non-medical workforce led by effective pan-BCUHB and IHC clinical leadership	Chief Operating Officer			Q3	
4J.h.3.	Reduce unwarranted clinical variation to increase productivity and improve patient outcomes through implant rationalisation, improved multi-disciplinary team working, job planning, trauma rota and demand/capacity mapping, and increased utilisation of SOS, PIFU and PROMs pathways	Chief Operating Officer		Q2		
4J.h.4.	Development and adherence to BMI guidelines for surgery to increase conversation rates >70%. This will entail some patients partaking in the lifestyle management programme to reduce their BMI in order to increase their appropriateness for surgery and as such improve their post-operative outcomes	Chief Operating Officer			Q3	
4J.h.5.	Improve data quality at a subspecialty level through more effective coding practices, therefore allowing better understanding of the underlying issues and as such where improvements are required	Chief Operating Officer		Q2		
4J.h.6	Implement condition specific pathways for Carpel Tunnel Syndrome and Hip/Knee arthroplasty through collaboration with the national clinical implementation network and respective sub-specialty groups. This will reduce unwarranted variation in clinical practice and afford patients the same opportunities across the Health Board	Chief Operating Officer			Q3	
4J.h.7.	Review current outsourcing and external commissioning arrangements and through demand and capacity mapping establish whether there is appetite and potential to repatriate activity, providing patients with care closer to home	Chief Operating Officer		Q2		
4J.h.8.	Generate a proposal to increase patient activity in Abergele Hospital through an expansion of current Abergele criteria and / or investment into enhanced recovery on the site. Testing the link between optimising theatre utilisation and improving treat in turn rates	Chief Operating Officer		Q2		
4J.h.9	Implement consistent application of See On Symptom and Patient Initiated Follow Up pathways across North Wales. This will reduce the need for traditional in-person follow up appointments, creating capacity for patients that need to be seen	Chief Operating Officer			Q3	
4J.h.10	Utilise patient experience data to improve patient care with initiatives such as providing care closer to home and timelier access to diagnostics and treatment	Chief Operating Officer		Q2		
4K: Women's services						
4K.1	Support the local establishment of a Women's Health Hub by March 2026 as a Ministerial Priority; dependent on the prioritisation of available resources. Principles of which will focus on preventative based women's health initiatives, accessibility to information and services with care as close to home as possible	Chief Operating Officer				Q4
4K.2	Lead on the recovery of Gynaecology Cancer and Planned Care in line with GIRFT recommendations and Ministerial Targets	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4K.3	Progress business cases to secure Cancer and Planned Care Pathway Trackers and a Single Point of Access System for Gynaecology referrals to support recovery and pathway re-design	Chief Operating Officer				Q4
4K.4	Support the implementation of the Preconception Strategy to include preventative based women's health initiatives	Chief Operating Officer				Q4
4K.5	Develop a measurable plan to enable delivery of the Quality Management for Maternity and Neonatal Services, prioritising the 7 key actions which align to the MatNeo Safety Support Programme	Chief Operating Officer				Q4
4K.6	Progress the business case to implement the Digital Maternity Solution for Services	Chief Operating Officer				Q4
4K.7	Work in partnership with the NHS Executive to develop an implementation plan to deliver the Perinatal Engagement Framework commitments	Chief Operating Officer				Q4
4K.8	Collaborate with HEIW to prioritise year 1 actions to ensure delivery of the Perinatal workforce plan	Chief Operating Officer				Q4
4K.9	Develop a Perinatal Quality Surveillance Dashboard with key standard matrix with both network and national oversight in line with policy direction	Chief Operating Officer				Q4
4K.10	Progress the business case to support the equitable implementation of a specialist infant feeding - lactation support service team in the 3 IHC areas - to improve breastfeeding outcomes in North Wales	Chief Operating Officer				Q4
4L: Children & Young People						
4L.1.	Work on raising awareness and implementing the Children's Charter across the Heath Board	Chief Operating Officer				Q4
4L.2.	Work towards the establishment of a Youth Voice Board in the Heath Board to ensure children's rights are upheld and children are consulted and involved in the development and provision of services (linked to 3C.8)	Chief Operating Officer				Q4
4L.3.	Progress the Health Board signing of the Wales Corporate Parenting Charter to support care experienced children to have the same opportunities as all children	Chief Operating Officer		Q2		
4L.4.	Further improvements in children's Immunisation uptake levels	Chief Operating Officer				Q4
4L.5.	Develop transition pathways	Chief Operating Officer				Q4
4L.6	Work with partners on the Right Door approach to support children with complex needs	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
4M: Pharmaceutical services						
4M.1.	Implement the prioritised actions from the Independent Review of Hospital Clinical Pharmacy Services across all hospital settings (including MHL, Cancer, Women's) subject to available resources	Chief Operating Officer				Q4
4M.2	Establish a Medicines Value prevention arm that leverages diabetes prescribing and Value-Based outcomes while optimising cost efficiencies	Chief Operating Officer		Q2		
4M.3	Develop a business case to centralise Radiopharmacy services, aligned with the nuclear medicine programme and supported by the national TrAMs programme team	Chief Operating Officer				Q4
4M.4	Scope and test a model for commissioned community pharmacy services focused on long-term condition management, starting with hypertension	Chief Operating Officer				Q4
4M.5	Launch the first MPharm cohort at Bangor University in 2025, working with General Pharmaceutical Council (GPhC) towards achieving Step 4 accreditation by the 2025/26 academic year	Chief Operating Officer			Q3	
4N: Palliative, End of Life and Bereavement Care						
4N.1	4N.1. Develop a Strategic Delivery Plan for Palliative Care and End of Life Care (PEoLC)	Executive Director of Nursing & Midwifery				Q4
4N.2	4N.2. Commence implementation of the SWAN model for bereavement care, to support and guide the care of patients and their loved ones during end-of-life care and afterwards	Executive Director of Nursing & Midwifery				Q4
4N.3	4N.3. Develop a model and workforce plan to improve PEoLC in line with the Welsh Government Quality Statement for Palliative and End of Life Care	Executive Director of Nursing & Midwifery				Q4
4N.4	4N.4. Finalise the Quality Improvement Strategy for End of Life Care Decision making. Develop an options appraisal and business case to improve PEoLC in accordance with the Quality Improvement Strategy for End of Life Care decision making	Executive Director of Nursing & Midwifery				Q4
4O: Dental services						
4O.1	Work to increase GDS service provision, this will require consideration of new and innovative solutions alongside existing methods. The Health Board will continue to liaise with partners such as the Chief Dental Officer for Wales and the Local Dental Committee, to support this in addition to working with other Health Boards where primary care dental services are performing well	Chief Operating Officer			Q3	
4O.2	Re-evaluate areas of need and go back out to procurement for GDS access in 2025, working with the procurement team to improve the framework of the tender in order to expand the pool of potential bidders	Chief Operating Officer				Q4
4O.3	Progress dental education strategy, setting out plans for all workforce in line 'Primary Care Model for Wales'. The aim of the strategy is to make North Wales a centre of excellence for all Dental professions by	Chief Operating Officer				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
	providing upskilling, training and development opportunities for all members of the dental team, including working with Bangor University to build on the Dental Hygienist and Dental Therapist courses, supporting a community-based service					
4O.4	Use the 'Primary Care Academy' approach to support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability. The aim is to expand this work in order to offer development opportunities both within CDS and GDS which will ultimately benefit patient care	Chief Operating Officer			Q3	
4O.5	Work with Public Health team in continued delivery of national programmes such as 'Designed to Smile' and 'Gwên am Byth'	Chief Operating Officer				Q4
4O.6	Review and revise the dental budget to ensure appropriate support is given to services. This work will be revenue neutral and aims to leverage better value from the financial resources currently supporting the provision of dental services	Chief Operating Officer		Q2		
4O.7	CDS waiting lists to be addressed to ensure patients are not waiting significant lengths of time. Solutions include optimising front line clinical resource, improving the patient appointment booking centre (PABC), and creating key performance indicators (KPIs) to underpin operational management	Chief Operating Officer				Q4
4O.8	Undertake a demand and capacity review for CDS services to understand activity patterns to be able to effectively forecast when staffing will be required and to what degree	Chief Operating Officer			Q3	
4O.9	The formation of a clear domiciliary dental pathway with a robust eligibility criterion. Agreeing the right approach will involve dental officers who are responsible for delivering the activity. As most of the domiciliary activity takes place within care homes, an inclusive approach will be taken to codesign any agreed pathways	Chief Operating Officer				Q4
4O.10	Improve Board visibility of primary care dentistry performance data	Chief Operating Officer		Q2		
4P: Diabetes						
4P.1	<p>The Health Board Diabetes Programme will contribute to increasing the % of those aged 12+ receiving the 8 Care Processes by:</p> <p><i>Evaluating the limitations and sources of data being utilised to report the position</i></p> <p><i>Understanding why variation exists in primary care and prescribing</i></p> <p><i>Identifying improvement for data collection and instigating improved reporting from clusters</i></p> <p><i>Evaluating the limitations and sources of data being utilised to report the position</i></p> <p><i>Understanding why variation exists in primary care and prescribing</i></p> <p><i>Identifying appropriate resources required for patients for managing diabetes</i></p> <p><i>Providing appropriate management plans for individuals with Type 1 diabetes across primary and secondary care which tackle duplication and variation in care</i></p>	Executive Director of Public Health				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
	<i>Implementing improvement plans in relation to use of medication in line with NICE guidelines</i> <i>Evaluating the improvement and shared peer learning</i> <i>Utilising insight from 8 Care Processes to inform Primary Care model for 26/27</i>					
4P.2	Implementation of the NICE Technology Appraisal to provide 'artificial pancreas' technology called Hybrid Closed Loop (HCL) systems which offer people who develop this particular auto-immune condition the opportunity to enjoy normal glucose control. There is a significant resource requirement associated with this development, which is planned for implementation over a 5-year period, subject to the agreement of funding	Chief Operating Officer				Q4
4P.3	The Health Board will seek to strengthen the multi-disciplinary specialist diabetes team to support transition to adult services and to respond quickly to the increasing number of new presentations	Chief Operating Officer				
4P.4	In adult diabetes teams a more comprehensive service model will be required to deliver diabetes technology to people with Type 1 diabetes in line with the national directive	Chief Operating Officer				

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
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5: Effective environment for learning and skills development

5A: University and Further Education Partnership

5A.1	The Health Board will seek to build the relationships with all higher and further education partners to improve the impact across research and development, education and training and innovation thus supporting our continued achievement of University Designation	Executive Medical Director			Q3	
5A.2	Having maintained and developed relationships, BCU will explore the value in a regional approach to partnership with all stakeholders	Executive Medical Director				Q4
5A.3	Work with education providers in the development of the Health Board's Clinical Services Plan to increase their understanding and open up opportunities for transformational and innovative change to be reflected	Executive Medical Director				Q4
5A.4	Building on the successful establishment of the North Wales Medical School, we will continue to work with and support all partners in achievement of strategic projects	Executive Medical Director				Q4
5A.5	Launch the first Mpharm cohort at Bangor University in 2025, with General Pharmaceutical Council (GPhC) Step 4 accreditation achieved by 2025/26	Chief Operating Officer	Reporting through 4M.5			
5A.6	Work with the University of Wales Bangor to support the development and growth of the North Wales Medical School	Executive Medical Director	Reporting through 2C.7			
5A.7	Progress dental education strategy, setting out plans for all workforce in line 'Primary Care Model for Wales'. The aim of the strategy is to make North Wales a centre of excellence for all Dental professions by providing upskilling, training and development opportunities for all members of the dental team, including working with Bangor University to build on the Dental Hygienist and Dental Therapist courses, supporting a community-based service	Executive Medical Director	Reporting through 4O.3			

5B: Research, Development and Innovation

5B.1	Completed development of a support infrastructure and expert panel with M-SParc, OpTIC Technology Centre, Bangor University and Wrexham University, supported by Welsh Government. Innovators will be able to access the expert panel for advice and guidance	Executive Medical Director				Q4
5B.2	Continue to increase research activity, both commercial and non-commercial research	Executive Medical Director				Q4
5B.3	Increase the number of joint appointments and honorary research appointments with our academic partners	Executive Medical Director				Q4

Ref	Descriptor	Lead Executive	Qtr1	Qtr2	Qtr3	Qtr4
5C: Academic Careers						
5C.1	Whilst awaiting a national definition, hold a multidisciplinary workshop with those currently working in academic careers, and with those who aspire to this career pathway, to agree a local working definition	Executive Director of Allied Health Professions & Health Science		Q2		
5C.2	Explore the academic career pathway framework, utilising the outputs from the workshop to inform a paper, which will be built upon with proposals for the supporting governance framework, and supplemented by learning and best practice from other health and academic organisations	Executive Director of Allied Health Professions & Health Science				Q4
5D: Intelligence Led						
5D.1.	Build on proof-of-concept work to develop proposals for Robotic Process Automation (RPA) to reduce reliance on manual processes	Chief Digital & Information Officer				Q4
5D.2.	Delivery of a Health Board data quality kite-mark to improve data for decision making, supported by the extension of data models written for RTT	Chief Digital & Information Officer				Q4
5D.3.	Continued development of forecasting capabilities and proposals for the introduction of predictive analytics that will in turn support improved planning and decision making around planned and urgent and emergency care	Chief Digital & Information Officer				Q4
5D.4.	Roadmap for the further development of data warehousing will be documented, incorporating the de-commissioning of the Health Board's legacy warehouse. Commence implementation of Cloud Based Technology through transition to the National Data Analytics Platform for submitting data and establishing arrangements for transition from On-Premise to Cloud, all aligned to the Care Data Resource	Chief Digital & Information Officer				Q4
5D.5.	As part of the Operational dashboard (IRIS2) rollout, implement the necessary foundations that will enable use across all types of devices in an intuitive and bespoke manner	Chief Digital & Information Officer	Q1			
5D.6	Building on the progress made with Planned care data, the Health Board will undertake a data maturity assessment of urgent and emergency care and develop a programme of work to develop the use of intelligence and insight in this area	Chief Digital & Information Officer		Q2		
5E: Learning Organisation						
5E.1	The Health Board will evaluate how the organisation learns from its investigations of serious incidents and complaints following the introduction of the Integrated Concerns and Complaints Policy	Executive Director of Nursing & Midwifery				Q4
5E.2	The Health Board will improve its systems and processes to ensure the transfer of learning as a Learning Organisation is increasing the opportunity to share learning and improve patient care	Executive Director of Nursing & Midwifery				Q4

<i>Ref</i>	<i>Descriptor</i>	<i>Lead Executive</i>	<i>Qtr1</i>	<i>Qtr2</i>	<i>Qtr3</i>	<i>Qtr4</i>
5E.3	Develop a discovery report to inform an Education Strategic Plan for the Health Board					
5E.4	Improve processes to prepare for, respond to and embed learnings from any requests made by national inquiries	Executive Director of Nursing & Midwifery				Q4

Delivery will be monitored through the Portal, newly refreshed for 2025/26, which allows all plans and reporting to be brought together with an “update once” approach.



Teitl adroddiad: <i>Report title:</i>	STAFF ENGAGEMENT AND EXPERIENCE REPORT			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 29 May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides an overview of Staff Experience and Engagement and aligns to Strategic Objective 3: Creating Compassionate Culture, Leadership and Engagement.</p> <p>In particular the report draws out some of the key elements of feedback from the Staff Survey, improvements and areas of focus and outlines the work underway to improve both staff engagement and experience. Taking learning from the Citizen Experience report, the Staff Engagement and Experience report will be presented periodically to the Board in line with the Board workplan.</p>			
Argymhellion: <i>Recommendations:</i>	<p>Members are asked to:</p> <p>DISCUSS the Staff Engagement and Experience Report</p> <p>ENDORSE the actions underway, to be overseen by the People and Culture Committee of the Board</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People			
Awdur yr Adroddiad: <i>Report Authors:</i>	<p>Jason Brannan, Deputy Director of People</p> <p>Katie Sargent, Assistant Director – Staff Experience and Engagement</p>			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence /</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

	<i>evidence in delivery of existing mechanisms / objectives</i>	<i>delivery of existing mechanisms / objectives</i>	
<p>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:</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>			
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>			
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>This is not applicable for this report.</p>		
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This is not applicable for this report.</p>		
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>			
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>			
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>			
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>		

<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>Next Steps:</p> <ul style="list-style-type: none"> • 	
<p>List of Appendices:</p>	

STAFF ENGAGEMENT AND EXPERIENCE REPORT

1. INTRODUCTION

This Staff Engagement and Experience report provides an opportunity to share the key findings of the 2024 Staff Survey and the work being undertaken to improve staff engagement and experience in the health board. The report outlines key strategic initiatives designed to engage staff, including collecting and analysing data on staff attitudes and experiences to inform improvements.

2. BACKGROUND

In September 2023, the Board committed to focus on and improve culture, leadership and engagement as it set out 9 areas of strategic intent, within Strategic Objective 3 Creating a Compassionate Culture, Leadership, and Engagement.

Since that time a number of key developments have been undertaken including:

- A focus on Board level leadership including Compassionate Leadership sessions with Michael West; Board Development Programme with external facilitation and Board self-assessment with improvement priorities.
- The Culture Change Programme has commenced, with a structured approach being undertaken. Culture Change Leaders have been appointed, with 87 colleagues making up the current cohort, with potential for up to 150 colleagues to be appointed. In recent months, Board members have met with culture change leaders to discuss leadership behaviours, ensuring that our programme connects from the Board to the Ward at a minimum over the next two years.
- A focus on Staff Experience Stories to influence improvement has been taken.
- An Integrated Leadership Framework has been developed and is being implemented. Compassionate leadership is at the core of the Framework.
- The Board approved Values and Behaviours Framework in November 2024 following extensive engagement and co-design. These were formally launched in March 2025 and this is currently being implemented.

A further update on the progress in these areas is provided later in the report.



Figure 1: Health Board Values

3. STAFF SURVEY RESULTS - THE CURRENT STATUS OF EMPLOYEE ENGAGEMENT

The NHS Wales staff survey takes place annually and as well as providing individual organisations results there is a comparator to the All Wales health board position.

The Staff Survey is administered independently of the health board as an important principle of creating trust in the confidentiality of the information staff provide. The survey is provided electronically, although paper copies are made available where deemed essential for uptake in

certain staff groups. The questionnaire focuses on ten themes, and with consistency of questions now becoming key, provides comparator to the previous survey.

Participation rates

Uptake of the survey has been historically challenging across NHS Wales organisations, particularly the large health boards, with NHS Trusts and Strategic Health Authorities having higher uptake rates (and raising the average response rate for Wales). In the 2024 survey, which was carried out in October and November 2024, the number of staff who engaged with the survey was 3,577 equating to 17.4% of the total workforce of the health board. This is a reduction of 3 percentage points from the 2023 survey. The NHS Wales average was 21.9%. The participation rate itself is a concerning outcome of the survey and a specific focus on increasing uptake will form part of the improvement plan.

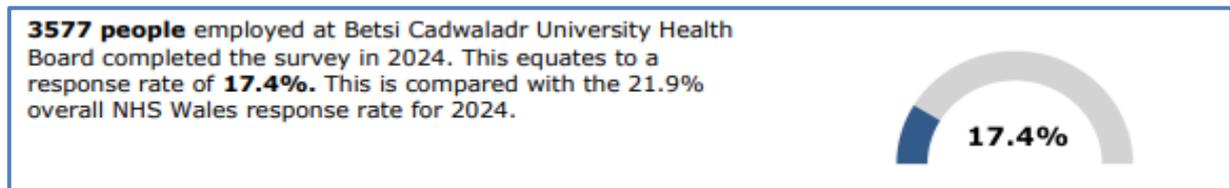


Figure 2: Staff survey participation

Engagement Index

The Engagement Index is the core indicator of how connected staff are to the organisation, and in particular the positivity with which they respond to key questions. The score for the 2024 survey is 70.9% down approximately 0.5 percentage point from 2023. The average of NHS Wales is 72%.

Of particular note in the Engagement Index results is above average score for the health board in 5 of the 7 elements that make up the Index. In particular, staff indicated more positively the following:

- Ability to make improvements in their area of work
- Involvement in deciding on changes introduced
- Looking forward to going to work (same score at Wales average)
- Enthusiasm about their job
- Happy to go the extra mile at work

Betsi Cadwaladr University Health Board achieved a **Staff Engagement Index score of 70.9%** in 2024. This is compared with the 72% average NHS Wales Staff Engagement Index score.



Table 1: Responses to Staff Engagement Index questions in the 2024 survey for Betsi Cadwaladr University Health Board, with questions asking "On a scale of 1 to 5 (from strongly disagree to strongly agree), to what extent do you agree with the following statements?"

Sub-theme and statement	% agreed or strongly agreed	NHS Wales average
Ability to contribute towards improvements at work		
23a) I am able to make improvements in my area of work.	61.2%	60.6%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	48.1%	47.9%
Intrinsic psychological engagement		
22a) I look forward to going to work.	51.2%	51.2%
22b) I am enthusiastic about my job.	67.4%	65.7%
22c) I am happy to go the extra mile at work when required.	80.5%	78.7%
Staff advocacy and recommendation		
23b) I would recommend my organisation as a place to work.	52.0%	56.4%
23c) I am proud to tell people I work for my organisation.	51.5%	60.0%

Figure 3: Staff Engagement Index

There are aspects of the Engagement Index however that draw the overall positivity of the score downward. These include the markedly lower scores in the staff advocacy section including whether staff would recommend the health board as a place to work and whether they are proud to tell people they work for the organisation. This score however has improved since the survey in 2023 with these particularly important indicators to track as the health board improvement journey continues in order to establish long-lasting change.

Survey results against 10 key themes

The survey focuses on 10 key themes and makes a comparison of score each year from 2023. The table below draws out the score against each theme and include the comparator to both the NHS Wales average (which is a comparator group of all 6 health boards in Wales) and to the health board in the previous year.

The elements to draw out specifically include:

- An improvement in 7 of the 10 themes between 2023 and 2024 survey
- A strong and significant improvement in positivity regarding patient safety – up by 6.7% and now above the Wales average having previously been below it.
- An increase in compassionate and inclusive score, although this remains below the Wales average
- A key increase in the Stronger Together score which measures positivity regarding line manager and team
- Key increases in flexible working and healthy working environments are also important in recognising the efforts going into enabling a positive environment for work

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	2023	54.7%		54.0%	0.7%
	2024	54.4%	-0.3% ▼	54.8%	-0.5%
Patient safety	2023	52.3%		53.1%	-0.8%
	2024	59.0%	6.7% ▲	58.7%	0.3%
Staff engagement	2023	58.8%		60.3%	-1.4%
	2024	58.2%	-0.6% ▼	59.6%	-1.4%
We are all able to speak up	2023	64.8%		65.7%	-0.9%
	2024	65.4%	0.6% ▲	66.3%	-1.0%
We are compassionate and inclusive	2023	67.9%		69.7%	-1.8%
	2024	68.7%	0.8% ▲	70.1%	-1.4%
We are continuously learning and improving	2023	66.1%		66.0%	0.2%
	2024	66.0%	-0.1% ▼	66.8%	-0.9%
We are stronger together	2023	68.7%		68.4%	0.4%
	2024	70.0%	1.3% ▲	69.4%	0.7%
We champion flexible working	2023	58.0%		57.9%	0.1%
	2024	61.6%	3.6% ▲	61.8%	-0.1%
We nurture healthy working environments	2023	56.0%		56.0%	-0.1%
	2024	57.0%	1.1% ▲	57.7%	-0.6%
We recognise everyone's contribution	2023	61.6%		61.6%	0.0%
	2024	62.0%	0.4% ▲	62.4%	-0.4%

Figure 4: Staff survey analysis against 10 themes

Learning and improving for 2025 survey: Taking action on the survey results

Unlike the 2023 survey, the current survey enables a far greater ability to analyse the data at different levels. This has resulted in the data being made available to each service as well as to corporate functions (Integrated Health Community teams, Divisions, and Corporate Directorates). Each area is required to undertake discussion sessions to enable a targeted and focused approach to improving staff engagement and experience, enabling staff at a very local level to understand the result and participate in improving the working environment. This is a step change to how the survey has been used previously and it is hoped that this approach will drive greater participation in the survey which take place in the autumn 2025.

The Chief Executive has communicated with all IHC, Divisional, and Corporate Directors to clarify that they are responsible for engaging with their staff and creating action plans. The People Services team will assist in this process, enabling the creation of an overarching action plan. Data collection will be completed by the end of May, and a plan will be presented to the Executive Committee on June 25. The staff survey results and an oversight of local action plans will also form part of performance and accountability mechanisms, hard-wiring these key indicators into the organisations focus and culture. The People and Culture Committee will be provided information at service level as well as the key actions being taken regarding improvement.

The survey data will also be cross-referenced with feedback collected from senior colleagues as part of the Foundations for the Future discovery and design work and from the culture improvement engagement activity. This will help to examine broader themes such as staff retention, patient safety, and the freedom to speak up.

While the NHS Wales Staff Survey provides valuable insights into staff opinions, there is a need for additional methods for a more in-depth exploration. To achieve a comprehensive understanding, focused and targeted local Pulse surveys will be developed in the first quarter of 2025/26.

Insights from previous surveys to inform plans for the 2025 survey and its preparation are being utilised. This includes:

Enhancing Confidentiality and Anonymity: - Prominently and proactively addressing concerns about confidentiality and anonymity.

Continuous Engagement: - Discussing the survey throughout the year to raise awareness and communicate key messages through initiatives like "You Said, We Did."

Focused Thematic Response: - Instead of providing a broad, shallow response, an in-depth focus will be applied to address a few key themes from the 2024 survey.

Local Ownership and Support: - Engaging teams to take local ownership and conduct floor-walking exercises across sites when the survey opens. This will help raise awareness and boost completions by offering support, including paper copies of the questionnaire or iPads for online completion.

The aim is to improve the participation rate for the upcoming survey by at least 5% compared to the 24/25 survey, targeting a participation rate of 23% across the Health Board by introducing:

- Accountability for participation rates: Directors and managers will be set a target of achieving a 23% participation rate in their areas. This target will be established as a core objective for all leaders and managers from Band 6 and above.
- Stretch targets: Introduction a 'stretch target' related to our organisational staff engagement scores: 72% for 2025 and 73% for 2026.
- Local improvement targets: There will be local improvement targets for IHC, divisions, and corporate directorates over the next two years.

4. CURRENT ENGAGEMENT INTERVENTIONS

Values and Behaviours Framework

In November 2024, the Board approved the Values and Behaviours Framework after considering a comprehensive report. Since then, a collaborative co-design process with Culture Change Leaders and Culture and Leadership Programme Design Group members has informed the deployment plan. This plan outlines how the Framework will be implemented and embedded into policies, procedures, and working methods over the upcoming weeks and months.

Staff feedback indicated that an additional resource would help integrate the values and behaviours into daily operations. In response, a toolkit has been developed and will launch in early May. This toolkit provides resources, links, guides, and examples of best practice to support teams.

Culture Change Leaders

To support the program, 87 Culture Change Leaders (CCLs) have completed the induction programme, and more staff members have expressed interest in participating in future cohorts. Culture Focus Groups for staff will occur in the first quarter of 2025/26. They will utilise various approaches, including integration into local team meetings and events held via Teams and in-person sessions across the Health Board.

People Managers Forum

The People Managers Forum serves as a peer support space for all people managers to engage, network, and share their experiences, tips, and challenges. It helps managers develop their skills

and competencies, stay updated on recent changes in policies and processes, and fosters a supportive and collaborative community of practice.

The sixth People Managers Forum webinar took place in mid-April. It featured an introduction by Chief Executive and a presentation by Katie Sargent on improving staff engagement. Webinars are recorded for those who cannot attend. Attendance at this forum is rising, with over 90 staff members attending the April session and 195 registered for the May session.

In addition to the monthly sessions and quarterly newsletters, Viva Engage is being utilised to consistently share information and keep colleagues updated on news and items of interest, encouraging them to connect and contribute.

Speaking Up Safely

Speaking Up Safely (SUS) supports staff in raising and reporting concerns, facilitating whistleblowing, and resolving issues to enhance patient safety and staff well-being. Staff can voice concerns on various matters, including patient safety, quality of care, discriminatory behaviours, and fraud.

In July 2021, the health board launched 'Work in Confidence'. This independent, anonymous concerns-raising platform allows staff to engage in confidential, two-way conversations with a member of the SUS multidisciplinary team or a Speak Up Safely Guardian.

Since its launch, 439 staff members have registered on the platform, and 256 conversations regarding concerns have been initiated, of which 236 (96 per cent) have been resolved.

Staff reward and recognition

The belief that positive recognition can significantly enhance employee morale and performance is at the heart of our evolving strategic reward and recognition program. This initiative aims to foster a culture of appreciation and motivation within our organisation. A summary of current efforts at a corporate level to recognise and reward staff is set out below, which excludes specific approaches taken by individual leaders or teams.

Pan-Health Board Staff Achievement Awards

The Staff Achievement Awards is a celebratory occasion that uplifts and inspires attending staff and makes them feel special. The event has grown significantly, hosting up to 450 guests for a formal dinner, entertainment, and an awards ceremony. In recognition of their contributions, the three finalists in each of the ten award categories and their nominators are invited to attend the event for free.

A vital part of the initiative encourages staff to nominate deserving colleagues they admire, fostering a sense of pride and recognition within teams. Regardless of whether they are shortlisted, everyone who receives a nomination receives a letter from the Chief Executive thanking them for their hard work and a copy of their nomination.

The 2024 event took place on Friday, September 27, and was attended by 430 guests. This achievement was made possible through £22,750 in sponsorship from 11 partners and companies, nearly £5,000 in ticket sales, and charitable funds to cover event costs (approximately £32,000). As of mid-May 2025, £19,500 in sponsorship has been secured and £10,000 from the NHS Charities Together Staff Wellbeing Fund for the 2025 event.

Nominations for the 2025 awards closed on May 11 and 450 were submitted – the highest number ever received. The judging process is currently underway.

Seren Betsi

As part of the renewed approach to rewarding and recognising staff, Seren Betsi was relaunched last month to highlight colleagues and teams that embody the new organisational values of compassion, openness, and respect. This initiative aligns with plans to promote and embed these values throughout the organisation.

Each month, the Health Board will choose a different individual staff member or team from existing nomination pipelines (including GREAT-ix, the Executive Director of Nursing awards, and the annual Staff Achievement Awards) to receive this recognition, which will be highlighted across the Health Board.

The first Seren Betsi award winner for 2025 is Amy Sandham, Ward Manager at Ysbyty Glan Clwyd's Same-Day Emergency Care (SDEC). Chief Executive Carol Shillabeer surprised Amy, gathering her whole team to celebrate her caring and diligent approach. They unanimously praised Amy for her compassion and kindness.

GREAT-ix Programme

GREAT-ix was officially launched across the Health Board in June 2023, after being implemented in smaller areas for some time with positive results. Since its introduction, there have been over 3,230 GREAT-ix nominations.

Individuals nominated for a GREAT-ix award receive a formal thank-you letter acknowledging their contributions to their appraisal or portfolio, along with a postcard. They are also highlighted and celebrated on BetsiNet, allowing colleagues to learn more about their efforts.

Long Service Awards

The Long Service Awards (LSA) recognise and celebrate individuals who have completed 25 years of continuous or aggregated NHS service by December 31 of the year they are eligible, with the last five years served at Betsi Cadwaladr University Health Board. In recent years, award recipients and their guests have been invited to a celebratory ceremony in the East, Central, or West IHC areas. Members of the Executive Team present the awards, which include a £100 high street voucher, a certificate, and a personal citation. The ceremony is followed by afternoon tea, providing a networking opportunity.

Over the past few months, feedback on the current arrangements for Long Service Awards has been gathered from various staff groups, including award recipients. £17, 500 has been secured from charitable funding to enable us to hold three events later in the year.

Tools to Support Managers in Recognition and Reward

Colleagues can now access a newly developed toolkit to provide ideas and tips for staff engagement. One section of the toolkit focuses on recognition and reward. It includes information about the awards mentioned above, as well as various tools such as printable "Employee of the Month" certificates, a guide on how to give praise on MS Teams, and tips for sharing recognition for colleagues on a "Wonderwall."

Staff Stories

Since late last year, a focus has been on sharing staff stories, which include a written report and a video featuring the storyteller. These stories have been presented to the Board, People and Culture Committee, Local Partnership Forum, and People Managers Forum.

The stories reveal honest experiences—both positive and negative—that colleagues have encountered and wish to share to raise awareness and drive improvements.

To date, topics covered include career progression for underrepresented groups, learning to speak Welsh, and issues related to fixed-term contracts. Over the next few months, planned stories will focus on pathways into jobs within the Health Board, challenges related to caregiving responsibilities, and staff concerns regarding the implications of speaking up (a theme highlighted in the staff survey).

5. CONCLUSION

The work to improve staff engagement and experience has been of particular focus for the Board aligned to Strategic Objective 3: creating compassionate culture, leadership and engagement. Significant momentum has been gathered over the last 18 months and the plan to maintain and indeed accelerate this work in specific areas is underway.

The Staff Survey results are of particular importance in steering the health board focus and action. Some positive results indicate an impact of the work undertaken over the last year or so, and this must now be further progressed.

The People and Culture Committee and the Executive Committee will continue to lead and oversee the actions to improve.

6. RECOMMENDATIONS

Members are asked to:

DISCUSS the Staff Engagement and Experience Report

ENDORSE the actions underway, to be overseen by the People and Culture Committee of the Board

Appendix 1: Detail of BCU-level Staff Survey results comparator 2023 to 2024, and against NHS Wales average

Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	Stressors	2023	58.0%		57.4%	0.6%
		2024	58.2%	0.1% ▲	57.8%	0.4%
	Thinking about leaving	2023	55.1%		54.3%	0.8%
		2024	55.2%	0.1% ▲	56.1%	-1.0%
	Work pressure	2023	47.5%		46.6%	0.9%
		2024	45.7%	-1.7% ▼	47.2%	-1.4%
Patient safety	No related sub-theme	2023	52.3%		53.1%	-0.8%
		2024	59.0%	6.7% ▲	58.7%	0.3%
Staff engagement	Ability to contribute towards improvement at work (Involvement)	2023	56.7%		56.0%	0.7%
		2024	54.2%	-2.5% ▼	53.9%	0.3%
	Intrinsic psychological engagement (Motivation)	2023	66.3%		65.6%	0.6%
		2024	65.9%	-0.3% ▼	64.9%	1.1%
	Staff Advocacy and recommendation (Advocacy)	2023	49.8%		56.4%	-6.6%
		2024	50.7%	0.8% ▲	57.5%	-6.9%
We are all able to speak up	Autonomy and control	2023	73.6%		72.3%	1.3%
		2024	72.9%	-0.7% ▼	71.9%	1.0%
	Raising concerns	2023	56.0%		59.0%	-3.0%
		2024	57.8%	1.8% ▲	60.7%	-2.9%
We are compassionate and inclusive	Compassionate culture	2023	67.4%		70.4%	-3.0%
		2024	68.4%	1.0% ▲	70.6%	-2.3%
	Compassionate Leadership	2023	66.4%		66.5%	-0.2%
		2024	68.9%	2.5% ▲	69.0%	-0.1%
	Diversity and Equality	2023	59.4%		62.4%	-3.0%
		2024	61.0%	1.6% ▲	64.3%	-3.3%
Inclusion	2023	74.0%		73.2%	0.8%	
	2024	72.1%	-1.9% ▼	71.6%	0.5%	
We are continuously learning and improving	Development	2023	60.3%		60.3%	0.0%
		2024	59.6%	-0.7% ▼	60.8%	-1.2%
	PDR/Appraisal	2023	74.7%		74.2%	0.4%
		2024	74.9%	0.3% ▲	75.4%	-0.5%
We are stronger together	Line management	2023	65.7%		65.8%	-0.1%
		2024	68.8%	3.2% ▲	68.4%	0.4%
	Team working	2023	71.3%		70.5%	0.8%
		2024	71.1%	-0.2% ▼	70.1%	0.9%
We champion flexible working	Support for work-life balance	2023	58.0%		57.9%	0.1%
		2024	61.6%	3.6% ▲	61.8%	-0.1%
We nurture healthy working environments	Burnout	2023	27.1%		27.0%	0.1%
		2024	30.3%	3.2% ▲	30.9%	-0.6%
	Health and safety climate	2023	42.2%		42.5%	-0.3%
		2024	41.3%	-0.9% ▼	43.7%	-2.4%
	Negative experiences	2023	80.7%		80.8%	-0.1%
		2024	81.5%	0.8% ▲	81.4%	0.1%
We recognise everyone's contribution	No related sub-theme	2023	61.6%		61.6%	0.0%
		2024	62.0%	0.4% ▲	62.4%	-0.4%



Health Board
Key Issues Report
(this report should be a maximum of 2 sides of A4 paper)

Board Date	29/05/2025		
Date of Committee	01/05/2025	Report of:	Quality Safety and Experience Committee
Quoracy met:	Yes		
1	Agenda	The Quality, Safety and Experience (QSE) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/quality-safety-and-experience-committee/qse-agenda-bundle-241024-public-v10opt-compressedpdf/	
2a	Alert	The QSE Committee wish to alert members of the Board that: 1. Nurse Staffing Act	
2b	Assurance	The QSE Committee wish to assure members of the Board that: 1. Quality DOLS Assessment 2. The Royal College of Psychiatry Action Plan was of the right level and the actions and improvements on the paper were positive 3. Legal Team have implemented a new process which has lead to improved performance LFER's and established strong relationships	
2c	Advise	The QSE Committee wish to advise members of the Board that: 1. The Committee received a very helpful overview of the Mental Health Structure lead by Becky Baker, East Head of Operations and Service Delivery 2. The Committee received a very detailed overview of the Children's Services, focussing on CAMHS	
2d	Review of Risks	The Committee reviewed the risks including those on the Board Assurance that the Committee had oversight of. The focus will now be on bringing the risk scores down by external sources specifically around the Board Assurance Framework.	
2e	Sharing of learning	Nothing to note.	
3	Actions to be considered by the	There were no actions to be considered or referred to another Committee:	

Teitl adroddiad: <i>Report title:</i>	Improving Quality Report – February 2025 – March 2025			
Adrodd i: <i>Report to:</i>	Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	29 th May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on quality issues and information on the improvements underway.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to note this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	<ul style="list-style-type: none"> Angela Wood, Executive Director of Nursing and Midwifery Dr Sreeman Andole, Interim Executive Medical Director Teresa Owen, Executive Director of Allied Health Professionals and Health Science Dr Jane Moore, Executive Director of Public Health 			
Awdur yr Adroddiad: <i>Report Author:</i>	<ul style="list-style-type: none"> Patient Safety: Chris Lynes, Deputy Director of Nursing Patient and Carer Experience Mandy Jones, Deputy Director of Nursing Clinical Effectiveness: Dr James Risley, Deputy Medical Director Safeguarding: Michelle Denwood, Director of Safeguarding & Public Protection IPC: Andrea Ledgerton, Deputy Director of Nursing IPC Quality Assurance: Joanne Kendrick, Head of Quality Healthcare Law: Matthew Joyes, Deputy Director of Legal Services 			
Pwrpas adroddiad: <i>Purpose of report:</i>	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"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <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>	Derbyniol <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>	Rhannol <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>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>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:</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>				
<p>There is confidence in the data provided in the report however, the pace of learning and improvement remains an area of concern and is a key focus of work. This is being addressed through a range of measures including the actions aligned to Special Measures and the Board Assurance Framework.</p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		<p>Outcome 4 - Improved access, outcomes and experience for citizens</p> <p>Outcome 5 - Recognition of BCU as a learning and self-improving organisation</p>		

<p>Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:</p>	<p>The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020.</p> <p>The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards.</p> <p>Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>N/A</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?</p>	<p>N/A</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p>	<p>BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations</p>	<p>N/A</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations</p>	<p>N/A</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation</p>	<p>N/A</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)</p>	<p>N/A</p>
<p>Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations N/A</p>	
<p>Rhestr o Atodiadau: List of Appendices: Board Improving Quality Report</p>	



Board Improving Quality Report – May 2025

INTRODUCTION

For the NHS in Wales, quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, under the statutory Duty of Quality, Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable, and person-centred**. Underpinning these domains are six enablers, which are **leadership, workforce, culture, information, learning and research** and **whole-systems approach**. These domains and enablers form the Health and Care Quality Standards for Wales introduced in April 2023 through statutory guidance.

This report provides the Health Board with a summary of key quality related assurances and improvement activities.

Detailed information relating to trends, themes, learning, and improvement is provided to the Quality, Safety and Experience (QSE) Committee in specific reports, and high-level quality data is provided in the Integrated Performance Report to the Board.

The report is structured, for ease, around the three high level domains of quality: patient safety, patient experience and clinical effectiveness, with specific sections on safeguarding, infection prevention and control (IPC), quality assurance and healthcare law.

PATIENT SAFETY

Inpatient Falls

The number of inpatient falls continues a downward trend with 5 reported as moderate harm post investigation and 1 severe (0 catastrophic) in the reporting period.

The Health Board Strategic Falls group meet monthly with the Head of Patient Safety as Chair and with membership invited from all Integrate Health Communities (IHC) and Divisions. The membership also includes Pharmacy, Medical, Health and Safety and Safeguarding colleagues. IHC Representatives share areas of good practice, discuss common themes that come from investigations and lessons learned with actions required. The Health Board improvement plan is discussed at each meeting with action updates provided.

Natalie Lippitt, Ward Manager at Chirk Community Hospital, presented improvement work undertaken by the team to the Strategic Falls Group, Natalie shared how the team have streamlined the reviews of patient falls and present at the weekly learning panels that enables others to learn from a clear conclusion, learning points and actions.

There is currently Improvement work ongoing, including around the benefits of decaffeinated drinks and the resulting reduction in patient falls. This has been shared learning from other health Boards that has been adopted and will be implemented.

(Details of the HSE prosecution are in the Healthcare Law Section)

Pressure Ulcers

The number of reported healthcare acquired pressure ulcers continues a downward trend.

HAPU Trend



Ulcer Prevention and Management (PUPM) Core level 1 mandatory training has now been developed and approved. This is being progressed by colleagues in the BCUHB systems team and will be launched imminently.

The Patient Safety Team and Quality Directorate continue to explore adapting the Focused Review on the Datix system to the Assess risk, Skin Assessment and Skin care, Surface, Keep moving, Incontinence and Moisture, nutrition and hydration getting help (aSSKING) framework. Initial steps have begun to devise a draft form and to have discussions within the All-Wales Group.

The All-Wales Pressure Ulcer Reporting Guidance, which has been developed is awaiting final approval from the All-Wales Tissue Viability Nursing Group, BCUHB has ensured alignment with eth guidance ready for the approval and implementation requirements.

Nationally Reportable Incidents (NRI)

From 1st January 2025 to 28th February 2025, there were 21 National Reportable Incidents (NRIs) occurring by incident date with the most reported themes;

- Infection outbreak / period of increased incidence
- Access to services or admission delayed
- Treatment or procedure issues, Clinical assessment, clinical diagnosis
- Maternal adverse occurrence and Neonatal related incidents
- Unexpected death

All NRIs are subject to a Rapid Review, at an Executive Integrated Concerns Oversight Panel (EICOP) which is led by a clinical executive or deputy with agreed learning investigation if proportionate to incident. The learning and actions from each are recorded on the Datix Cymru incident management module. Learning forms are drafted for each investigation and are submitted nationally to the NHS Wales Executive to provide assurance of learning and actions completed.

As at the end of February 2025, there were 54 NRI's open of which 4 were overdue. This is an improvement from the previous month when there were 5 overdue.

N.B the Beacon dashboard shows 12 open 90 working days or more but this is due to a delay in NHS Wales Executive processing following our submission or complex NRIs that have been given 120 days for investigation that are over 90 days but are not overdue.

In relation to the total volume and proportion of NRIs open 90 days or more, the Health Board continues to have the lowest percentage across Wales of 18.5% (up from 18.3%) with the lowest median of 79 days open (all Wales median 132 days open).

These improvements reflect ongoing efforts to enhance the efficiency and effectiveness of incident investigations, ensuring timely resolution and better patient outcomes. (Further detail around learning can be found in the confidential quality report.)

Never Events

No Never Events were reported in January or February 2025. (There has been 1 never event reported in March 2025 which will be detailed in the next reporting period).

Oxygen Administration Improvement

The 'No flow Oxygen Improvement group' continues to meet monthly to address key issues and identify further areas for improvement to reduce the associated risks.

Incidents where the main handwheel on portable cylinders has not been opened have occurred this period. The Welsh Government is responding to the North Wales HMC's request for all Health Boards to review similar incidents. Once for Wales Concerns Management System are assisting with data collection, which will be returned to the Health Board for validation.

The oxygen cylinder training for Healthcare Professionals is now live on Electronic Staff Record (ESR).

BOC are still progressing with the development of a single valve cylinder. It is anticipated that it will be available in the summer 2025. There will likely be a cost implication to this.

Radiology reporting errors

This incident relates to a missed opportunity to report findings in November 2023 resulting in a 6-month delay in diagnosis and treatment.

Learning has been shared with the external reporting service: The consistent application of visualisation tools can enhance the depiction of soft tissue lesions, especially those that share a similar density with adjacent small bowel loops.

HIV diagnosis

The incident relates to a patient that had a late HIV diagnosis with probable missed opportunities of offering HIV testing.

All patients who are registering who are from a country of high HIV zero-prevalence (>1%), or who report their ethnicity as Black African should be recommended a HIV test.

People who present to the emergency department who are from a country of high HIV zero-prevalence (>1%), or who report their ethnicity as Black African should be offered a HIV test whether venepuncture is being performed for another reason, or not.

Abdominal Aortic Aneurysm (AAA) Screening

The patient was placed on a 6 monthly surveillance protocol for which he was scheduled to have 6 monthly ultrasound scans. In November 2023, it was found that no more scans have been performed for the patient and his AAA since Dec 2017.

Safety netting has been put in place to ensure schedules are overseen and monitored, and, patients are given information in relation to their surveillance plan, they are given explicit instructions and timeframes of scans and informed to contact the administrative team if they do not receive a scan appointment for the month it is due.

(Further detail around learning can be found in the confidential quality report.)

PATIENT EXPERIENCE

Complaints position as of 31st March 2025

Total Number of open complaints – 217 (an increase from 165 in the previous reporting period)

Number of Complaints Less than 30 working days = 170

Number of Complaints overdue = 47

Compliance with 75% target of overdue complaints – 78.34% (an increase from 73.94% in the previous reporting period, and above 75% target)

Between the 1st January and 31st March 2025, the BCUHB received 731 complaints and closed 666 complaints, a negative variance of 65.

The average time for a complaint to be closed after being received by the BCUHB is 20.92 working days (Including legacy backlog complaints).

The median closure rate time for the BCUHB is 26 working days (2 days below the national median average) and 4 days below the Putting Things Right (PTR) guidelines.

Current Performance (up to January 2025) - National Beacon Dashboard

There has been an improvement in the % of complaints settled within the 30-working day PTR timeframe by month of response and for three consecutive months higher than the Welsh national average (highlighted in green).

Month / Year	% Of complaints closed (BCUHB)	% Of complaints closed (National)
November 2024	68.56%	65.13%
December 2024	76.02%	68.64%
January 2025	75.76%	59.85%

Complaints Overdue by length of time overdue (Long standing complaints)

PTR guidelines states complainants should receive a response within 30 working days to their concerns, with the target set by Welsh Government that 75% of complaints should be responded to within that time frame, allowing discretion for complaints that are complex or awaiting expert opinion.

An important metric in relation to patient experience, the table below outlines the current BCU position and national position.

(Source Beacon Dashboard up to and Including January 2025)

All Wales - Open concerns than are now overdue - by time overdue

Organisation	<90 Days	90 to 180 Days	180 to 270 Days	270 to 365 Days	Over 365 Days
ABU	98	109	42	12	2
BCU	47	14			
CAV	64	39	5	2	
CTM	143	135	112	18	
DHCW		1			
HDU	75	84	65	31	17
PHW	1				
SBU	58	59	39	20	10
VEL	1				
WAST	55	19	5	2	1
Total	542	460	268	85	30

Themes and trends of complaints

Our top four themes of complaints are as follows

- Clinical Treatment / Assessment
- Communication Issues (including Language)
- Medication
- Attitude and Behaviour

These four themes account for 80.00% of total BCUHB complaints (180/225).

Patient Advice Liaison Service (PALS)

From 1 January 2025 – 31 March 2025, the Patient Advice and Liaison Service (PALS) facilitated the resolution of 1712 enquiries, received 80 compliments in writing and 39

suggestions for improvement. PALS took on average 6.27 working days to resolve an enquiry.

The key themes identified from PALS enquiries within the reporting period include:

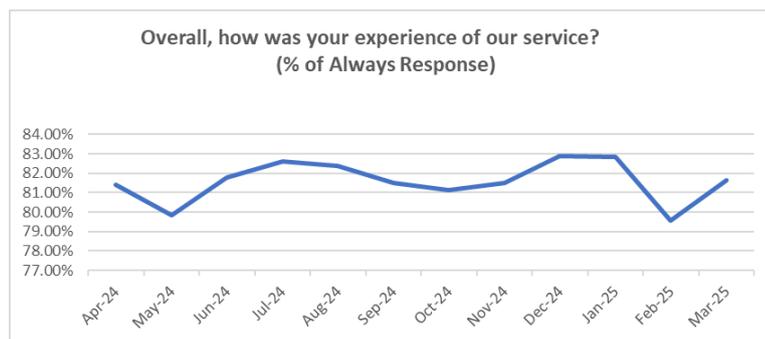
- Appointments
- Clinical treatment or assessment
- Communication

PALS continue to work closely with the 3 P's Waiting List Support Service to support patients who are on a Health Board waiting list with enquiries around their length of wait for treatment, and to provide them with signposting and support to help them keep well whilst waiting.

Patient Feedback

From 1 January 2025 – 31 March 2025, 11879 All Wales Real-Time Patient and Carer Feedback Survey responses were received via Civica feedback system.

The Health Board continues to make positive progress to achieve the All-Wales satisfaction benchmark of 85%. In March 2025, 81.66% of respondents were 'very satisfied' with their overall experience of accessing Health Board services.



Below are key findings from the All-Wales Real-Time Patient and Carer Feedback Survey within the reporting period:

- 81.70% of staff 'always' introduced themselves
- 81.64% of respondents were 'always' given all the information needed
- 82.53% of respondents were 'always' involved in decisions about care
- 84.87% of respondents 'always' felt listened to
- 81.84% felt staff 'always' took the time to understand what matters to them

What people said was good about their experience:

- *'Doctor and nursing staff were all very open and approachable. I had some questions which were answered clearly, and I appreciated their willingness to provide me with information' (Colwyn Bay Hospital Outpatients).*
- *'My consultant explained my results and ongoing care. I was introduced to my specialist nurse who is monitoring me. She listened to me and discussed personal issues I have and referred me for extra support. My ongoing monitoring was fully*

explained to me. I feel confident about my care and support' (Wrexham Maelor Hospital, Shooting Start Unit).

- *'A lovely, friendly, accepting ward. Everything was explained as far it was at all possible. I am very shy and yet I felt completely at home' (Conwy Ward, Ysbyty Gwynedd).*

NHS Wales People's Experience Framework

In preparation for the launch of NHS Wales People's Experience Survey (PES), PALS engaged with services across the BCUHB to promote the new survey which went live on 1 April 2025. Internal communication was shared across the Health Board to raise staff awareness of NHS Wales People's Experience Framework.

In preparation for the new PES Survey and to empower the collection of feedback returns PALS ran a 'Feedback February' Campaign focused in West IHC. This involved supporting wards who receive low feedback returns, providing training to increase returns.

To support the All-Wales Compliment Workstream, chaired by the BCUHB Patient and Carer Experience Lead a campaign was launched to promote the submission of compliments via staff. The All-Wales Compliment workstream have agreed a set of compliment reporting themes that will go live on the Datix Cymru System in July 2025. This will support data analysis and enable the Health Board to theme and learn from compliments. PALS will be working with service areas to highlight good practice and learning from compliments.

The Quality Dashboard on Iris is now live for staff to access Civica feedback, PALS enquiry themes and trends and complaints data to support the analysis and triangulation of patient feedback.

Patient Communication and Information

The Health Board has a duty to provide quality information, whilst adhering to statutory legislation when producing any form of patient information whether it be verbal or written.

The Patient Information Readers Panel continues to meet monthly to review patient information leaflets. Within the reporting period 13 patient information leaflets were reviewed by the Readers Panel.

Below are examples of leaflets approved at Readers Panel:

- How to Prevent a Fall in Hospital
- Ty Llewelyn Medium Secure Unit, Information for family and carers
- Monitoring blood glucose when you are receiving steroid therapy
- Gynaecological Cancer Patient Initiated Follow-Up (PIFU)
- Testosterone replacement therapy in menopause

Ongoing work continues to support the production of high-quality patient information through the development of a patient information library for staff to access and provide consistent information and advice.

Accessible Health Care

The Accessible Information and Communication Standard for people with sensory loss (Welsh Government 2013) states there should be a variety of contact methods available for individuals with sensory loss to access Health Board services.

To support the implementation of the new NHS Wales Communication Standard an internal Task and Finish Group has been set up with representatives from IHC and Specialist Services, led by the Head of Equality and Human Rights. The Task and Finish Group will report progress into the Patient and Carer Experience Group.

SWAN Model for End of Life and Bereavement Care

Outlined in the Welsh Government ministerial priorities for 2025 – 2028 the Health Board has committed to improve bereavement services by implementing the SWAN Model for End of Life and Bereavement Care.

To support the implementation of the SWAN Model for End of Life and Bereavement Care, in March 2025 the Health Board interviewed and successfully appointed 2 x Band 7 SWAN Bereavement Specialist Nurses.

A working group made up of internal and external stakeholders will be established to plan and oversee the implementation this model. Progress made against the implementation of the SWAN Model for End of Life and Bereavement Care will be reported into BCUHB Bereavement Quality Group and Patient and Carer Experience Group.

CLINICAL EFFECTIVENESS

Internal Audit within BCUHB have recently spent time with the Clinical Effectiveness team to review operational compliance with Health Board Policy for Clinical Audit (Tier 2) Organisational Priority and (Tier 3) local clinical audits.

The final report noted five objectives that were reviewed:

1. Appropriate guidance and documentation in place for undertaking of Clinical Audit within the Health Board
2. An approved Clinical Audit Plan in place, which includes (Tier 2) audits, and resource is identified to progress and complete audits
3. Progress against delivery of the clinical audit plan is reviewed regularly by an appropriate forum
4. Learning from clinical audits is documented in line with Health Board guidance and shared at appropriate forums across the Health Board
5. Local (Tier 3) audits are registered with the Clinical Effectiveness Team, are progressed in line with timescales stated, and appropriate documentation completed

The Clinical Audit Final Internal Audit report 2024-2025 has been finalised and has been considered by the Audit Committee in May 2025. The copy of the report is available within the Audit Committee papers if required.

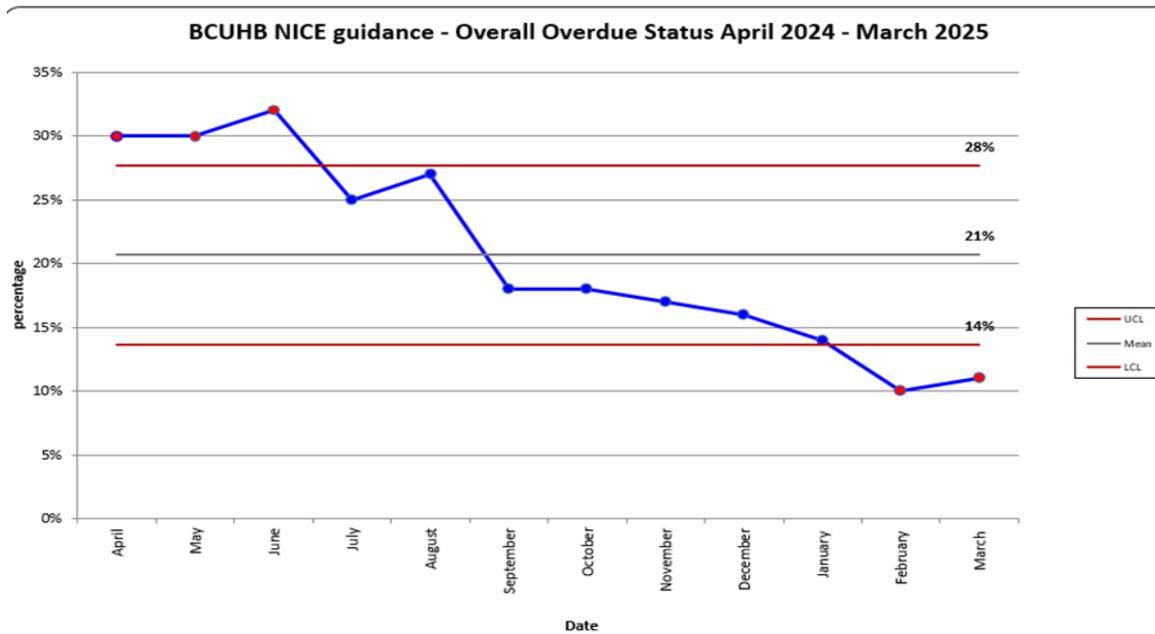
NICE GUIDELINES

The Clinical Effectiveness Facilitator for NICE (CEF for NICE) is continuously working to support departments with guidance and training where needed, and any overdue guidelines

are escalated via the Strategic Clinical Effectiveness Group (SCEG) when necessary. There has been improvement in all aspects of NICE guidance compliance since the introduction of the Audit Management and Tracking (AMaT) tool, as demonstrated below.

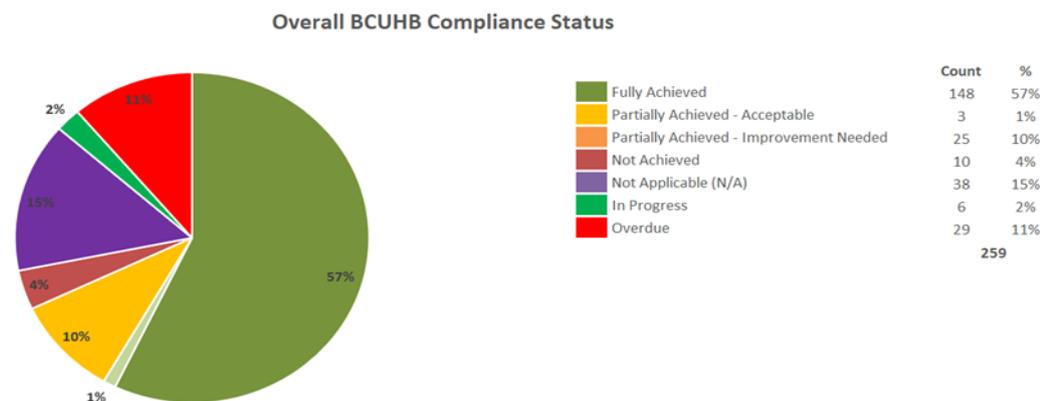
The overall Health Board compliance status is continually improving with only 11% (up to end of March 2025) outstanding as overdue (non-responses). Please see run chart below.

BCUHB NICE (Overdue) run chart for April 2024 – end March 2025



Since April 2023, there were 1492 statements of compliance have been requested throughout BCU. Of which 40 individual responses are over 12 months overdue (April 2023/2024) and 45 overdues for Apr 2024/2025.

An escalation process flowchart has been implemented recently (which can be found in the appendices on the updated NICE Protocol) to streamline the process of dealing with overdue responses and ensure timely responses.



The recently reviewed NICE Protocol has been approved and is now available on BetsiNet via the link: [NICE Guidance Implementation and Assurance](#)

Health Technology Wales Adoption Audits 2025

HTW published 9 adoption audits in March 25. These have been circulated to identified leads within relevant services with the expectation to be completed and submitted via AMaT by mid-June 2025. Only one submission is expected per guideline for the Health Board.

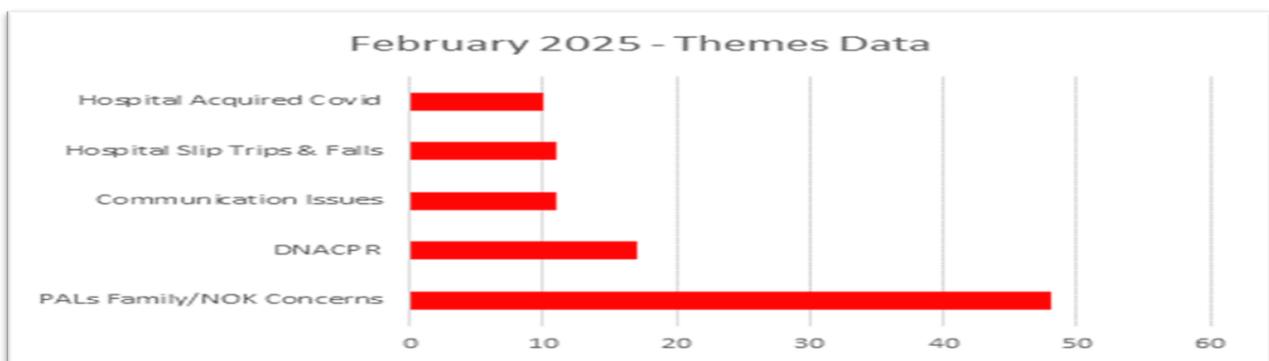
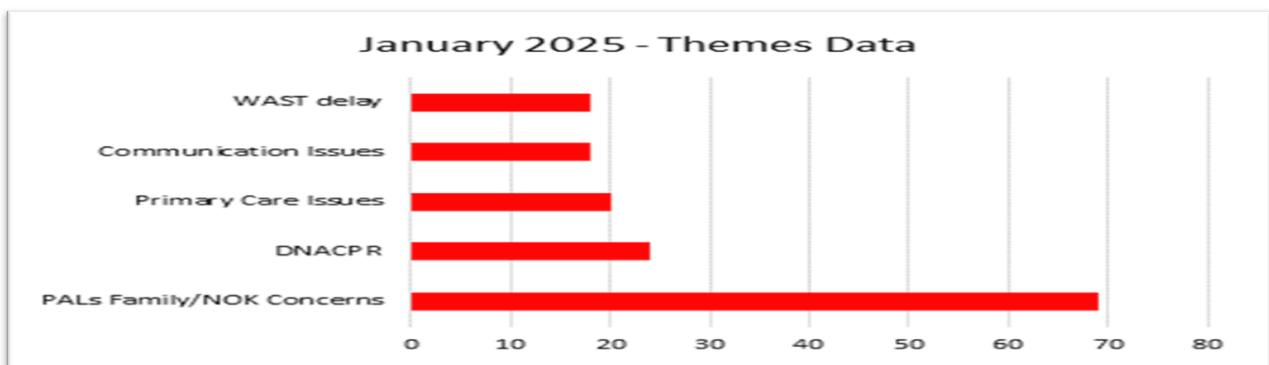
MORTALITY REVIEW

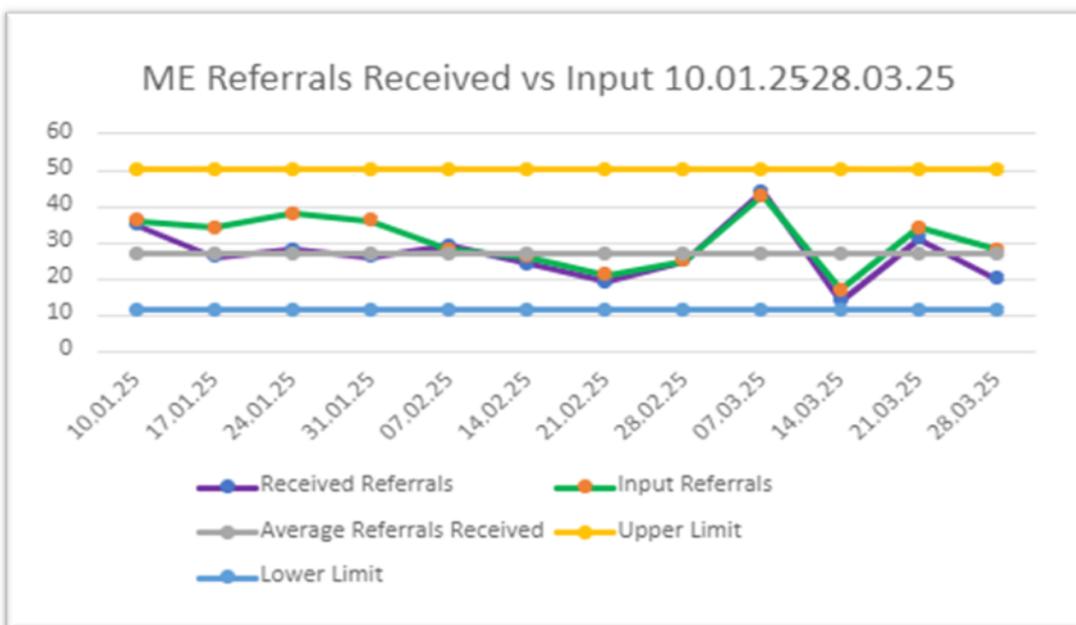
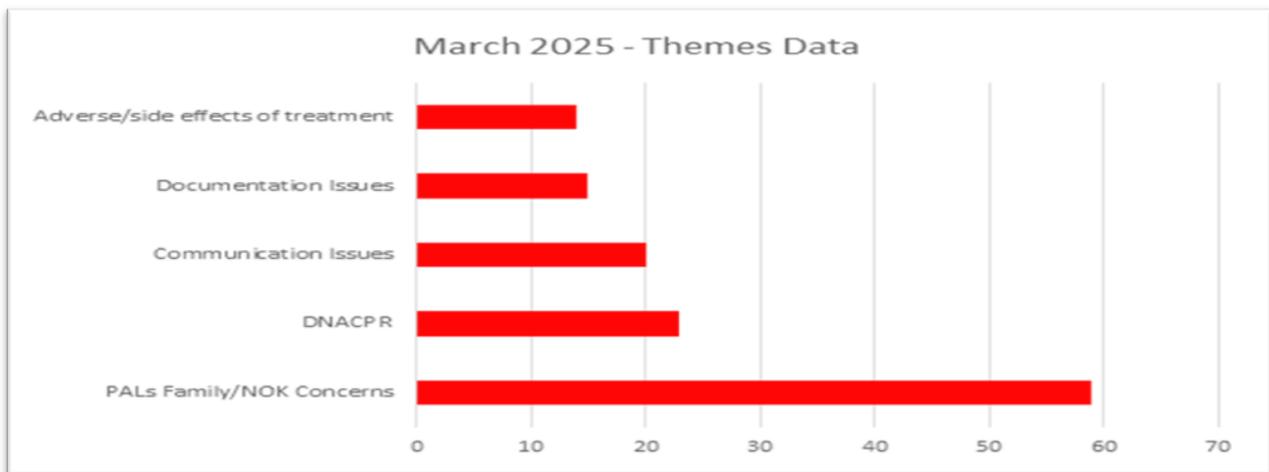
Corporate Mortality Update:

- Monthly Learning from Mortality Panel and Reducing Avoidable Mortality Steering Group (LFMP & RAMSG) meetings have been taking place again since January, as well the introduction of a monthly IHC and service mortality process 'housekeeping' meeting, to ensure learning from mortality is taking place and disseminated across the health board.
- A short training video on end of life (EOL) decision-making to support thematic learning within specialty Mortality and Morbidity (M&M) meetings has been developed; this is available on the BCU intranet.
- A daily report of cases that have been reviewed by Corporate Mortality Clinical Reviewers is provided to the Integrated Concerns Hub (ICH), ensuring triangulation of the incidents, concerns and mortality process is taking place in a timely manner. The ICH are no longer reporting cases from 'New' which means that all mortality cases discussed will now have gone through Clinical Effectiveness Mortality Admin and Clinical Sieve and Sort processes. The mortality process is running alongside this, in line with The All-Wales Mortality Framework, where the focus will be learning from cases.
- There is currently no backlog of cases awaiting Clinical Effectiveness team mortality processing. Risk mitigation was put in place by a temporary increase in staffing resource. Workload will continue to be closely monitored.
- There remains a high number of cases outstanding IHC/service reviews, which has been highlighted to the IHC's and services and will continue to be reported on in the monthly housekeeping meetings. Good progress has been made by East and Central IHC's identifying mortality leads and putting their mortality processes and panels in place, which in turn reduces the organisational risk. West IHC do not have a backlog of cases to review, due to the well-established process they have in place.
- Quarterly data from the Medical Examiner Service has shown that the percentage of deaths returned to the Health Board for consideration of internal review are below the national average. The profile of related categories of concern is similar across all Health Boards. More detailed analysis of the nature of concerns raised in scrutiny summaries has highlighted concerns around EOL decision-making and broader aspects of advance and future care planning. ME feedback will be shared with clinicians where there are possible concerns about any aspect of EOL decision-making. This is to promote reflective practice and related discussion in an M&M setting.
- CHKS data has highlighted, that elective post-op mortality in BCUHB was above baseline between November 2020 and September 2023. On further analysis, rolling mortality for this period is much closer to the national baseline. These trends will be discussed in upcoming surgical M&M meetings and mortality panel meetings in each of our Integrated Health Care Communities. Local outcome data for the period has been requested to be formally reviewed. Next steps will then be discussed at the BCUHB Learning from Mortality Panel and Reducing Avoidable Mortality Steering Group Collaborative meeting.

- Hospital Standardised Mortality Ratio (HSMR), Summary Hospital-level Mortality Indicator (SHMI), and Dr Foster data is currently not available. These datasets are crucial for interpreting mortality data as they provide comparative benchmarks and insights into overall hospital mortality performance. The absence of this information limits our ability to fully assess trends and variations in mortality outcomes.
- Mortality review processes have been refined so that information relating to common themes are identified and recorded to facilitate appropriate organisational learning and related quality improvement.
- Significant delays in the Medical Certificate Cause of Death (MCCD) process have been highlighted following the rollout of the Medical Examiner Service scrutiny process. Statutory change has introduced multiple steps into the MCCD process and inevitably increased the likelihood of related delays. Work continues with the ME Service to streamline processes and minimise related delays. Turnaround times for MES review are at least 6 days in most cases. This may relate to limited capacity in the system and it may be necessary for the ME service to acknowledge increased turnaround times so that public expectations can be managed. The National Task and Finish Group are expected to be involved with this piece of work to produce a nationally agreed Standard Operating Procedure (SOP) for the MCCD process.
- The Health Board level, is prospectively monitoring and recording timelines so that the reasons for delays can be identified in individual cases and recurrent patterns can be seen and intervention targeted where appropriate. It is anticipated that the transparency this provides, will enable us to work with colleagues in the ME service to minimise any delays at any stage in the process.

Top 5 MES Identified Potential Themes Monthly Data (by date cases have been clinically reviewed by CE mortality):





SAFEGUARDING & PUBLIC PROTECTION

Safeguarding Quality Metrics

BCUHB are involved in the National Strengthening Safeguarding Assurance Group (SSAG) which exists to begin to provide strategic oversight, expert guidance, and assurance for safeguarding practices across NHS Wales. This group ensures that safeguarding measures are comprehensive, legally compliant, achievable, and integrated into the organisation’s culture and operations to protect vulnerable individuals while demonstrating measurable quality outcomes.

Additionally, the group aims to develop a model of Safeguarding and Public Protection that defines, and addresses workforce needs effectively within the context of regional demographics.

A set of initial safeguarding measures have been identified and are being gathered with the purpose of providing assurance to the NHS Executive. The measures are to be included in

the Beacon Quality Dashboard which is an NHS Wales National Quality Metrics Dashboard. There are no confirmed timescales of when these metrics will be included in the dashboard, however, the next meeting on the 17th of April will enable the group to review a full annual set of data from all health boards across Wales and agree on the proposed metrics.

Assurance:

- BCUHB Safeguarding and Public Protection Team have had a specialist Safeguarding Data Analyst in the team since 2018. This has enabled BCUHB to be both proactive and directive relating to the demands, incidents, and controls to support safeguarding strategic agenda.
- The National Assurance Group recognises this expertise has enabled BCUHB to be advanced in data collection and analysis and continue to develop and respond in an informed and appropriate way.
- In order to be compliant with the new expectations, the Safeguarding Data Analyst has included the key metrics being requested on our current systems.
- Regular National auditing is commencing in April 2025 to ensure the data collection complies with the six dimensions of data quality, and regular reporting will monitor the capturing of the key measures.

Challenges:

- The main challenge is all Health Boards across Wales use different systems to collect their data and some for the key metrics are not currently captured or not captured consistently and therefore do not provide an accurate representation. Part of this challenge will be mitigated when all Health Boards move forward with the digital solution of the Once for Wales Safeguarding Module on Datix.
- The implementation of the Once for Wales System is on hold whilst an All-Wales Reporting Form for Child and Adults at Risk of Harm, is being developed with our partners across Wales. BCUHB Safeguarding and Public Protection is actively engaged in the development of this reporting form, which is expected to be completed in the next twelve months.
- A request has been made to the North Wales Safeguarding Board to make minor amendments to the current Safeguarding Adult at Risk / Child at Risk reporting forms to enable improved data collection. This includes the inclusion of the NHS number to provide a unique identifier which will support data triangulation. The proposed amendment is to be reviewed at the next North Wales Safeguarding Board Children's Policy and Procedures meeting on the 12th of May 2025 and North Wales Safeguarding Board Adult's Policy and Procedures meeting on the 19th of May 2025 as the changes will require multi-agency agreement.

Safeguarding Training

BCUHB are currently unable to provide the training compliance for all Safeguarding modules. This is due to the Safeguarding Level 3 Adults competency not being attached to specific role profiles on ESR. In addition, the Violence, Aggression, Domestic Abuse and Sexual Violence (VAWDASV) group 1 and 2 training is currently combined on ESR. Work has been completed in identifying which staff require which training and the work is currently

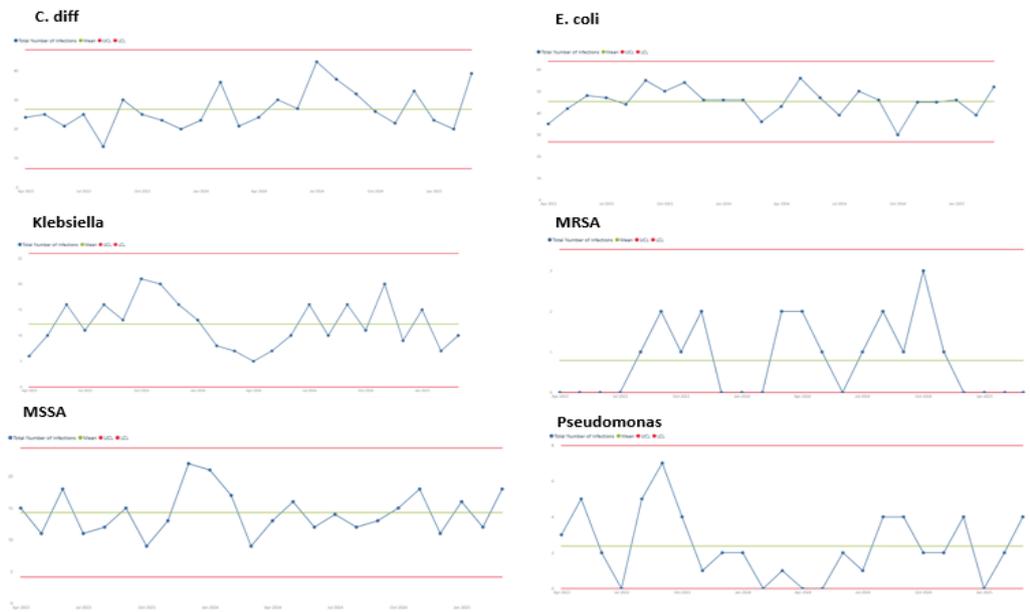
on the priority list to be updated on ESR by the Workforce Systems Team. They have been unable to provide timescales of when this work will be completed at this time.

Data platforms and Systems

The Safeguarding Data Analyst is currently working with the BCUHB Child Health Systems Manager to develop a Power BI “Was Not Brought” Dashboard which aims to collate information from several different systems to identify children with multiple instances of missed appointments. Engagement is also taking place with colleagues from Womens and Mental Health and Learning Disability Divisions to develop and incorporate IT platforms to capture safeguarding data whilst ongoing IT improvements are taking place. This supports the recognised and reported theme from the multi-agency Single Unified Safeguarding Reviews, which have reinforced the recognition that BCUHB does not have one single IT clinical record platform. In addition, the Safeguarding Data Analyst is working with the Named Doctor for Safeguarding and the Child Health Systems Manager to look at gathering data on Child Death Statistics. As this is in the early stages, a scoping exercise is taking place to determine timescales.

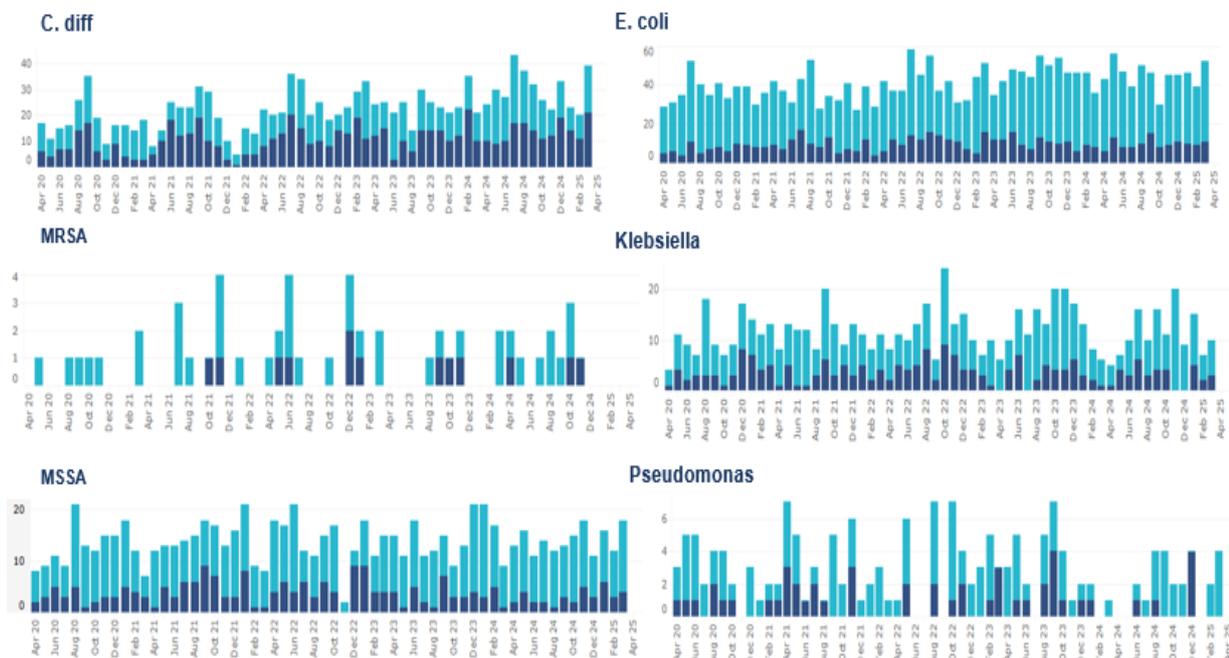
INFECTION PREVENTION AND CONTROL

The graphs below illustrate the number of overall cases of infection (community and hospital onset) reported for each of the six key performance indicators during January, February and March 2025 and can be compared to Quarter 3 data demonstrating improvement in C. Difficile, MRSA, Klebsiella and Pseudomonas, remaining the same with MSSA and a decline with E. coli.



Performance Indicator	Quarter 3 (total)	Jan 2025	Feb 2025	March 2025	Quarter 4 (total)
C. diff	91	23	20	39	82
MRSA	4	0	0	0	0
MSSA	46	16	12	18	46
E. coli	120	46	39	52	137
Klebsiella	40	15	7	10	32
Pseudomonas	8	0	2	4	6

Improvement in C. Difficile, MRSA and Pseudomonas for hospital onset cases during Quarter 4 is demonstrated with an increase reported for MSSA, E. coli and Klebsiella. For community onset cases improvement is demonstrated in C. Difficile, MRSA, MSSA and Klebsiella, remaining the same for Pseudomonas, with an increase reporting in E. coli.



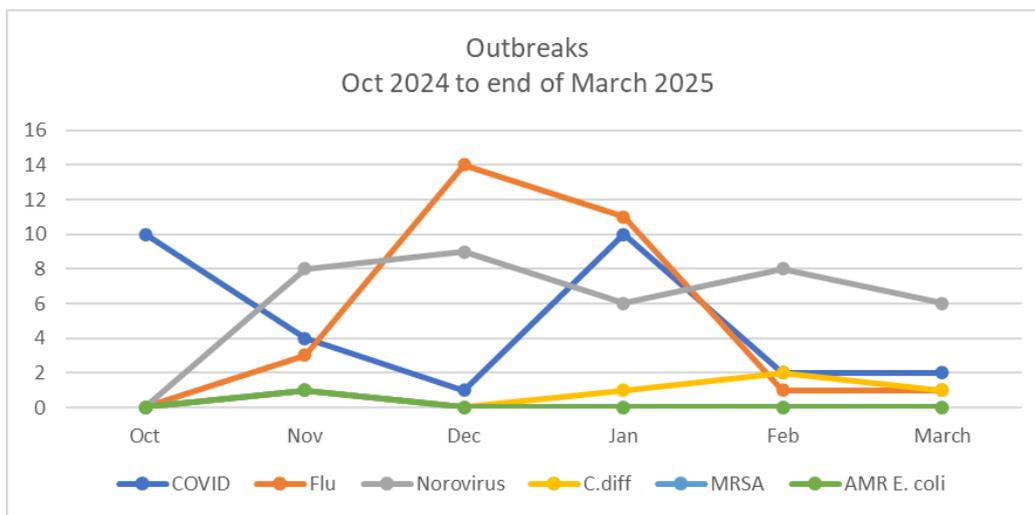
Performance Indicator	Quarter 3 2024 (total)		Jan 2025		Feb 2025		March 2025		Quarter 4 2025 (total)	
	H/O	C/O	H/O	C/O	H/O	C/O	H/O	C/O	H/O	C/O
C. diff	52	39	14	9	11	9	21	18	46	36
MRSA	2	2	0	0	0	0	0	0	0	0
MSSA	12	34	6	10	3	9	4	14	13	33
E. coli	28	92	10	36	9	30	11	41	30	107
Klebsiella	4	36	5	10	2	5	3	7	10	22
Pseudomonas	4	4	0	0	0	2	0	4	0	4

End of year data and performance against the WHC 2024/2025 HCAI Improvement goals is now available and has been presented to the Strategic Infection Prevention Group on 17th April 2025 and in the May report to QSE.

The table below details the number of outbreaks reported during January, February, and March 2025, whereby there was either a partial or full ward closure and can be compared

with Quarter 3. BCUHB experienced an increased number of outbreaks with increasing bed days lost for Flu, Norovirus and C. Difficile. Outbreaks and bed days lost due to COVID were fewer, with no further outbreaks of MRSA or AMR E. coli reported.

Infection	Quarter 3		Jan 2025		Feb 2025		March 2025		Quarter 4	
	No. of Outbreaks	Bed days	No. of Outbreaks	Bed days	No. of Outbreaks	Bed days	No. of Outbreaks	Bed days	No. of Outbreaks	Bed days
COVID	21	102	10	16	2	6	2	3	14	25
Flu	18	32	22	33	2	3	2	20	26	56
Norovirus	17	98	6	69	8	56	9	6	23	131
C.diff	1	4	2	18	2	25	1	10	5	53
MRSA	1	5	0	N/A	0	N/A	0	N/A	0	N/A
AMR E. coli	1	4	0	N/A	0	N/A	0	N/A	0	N/A
Total	59	245	40	136	14	90	14	39	68	265



Actions to address the challenges associated with Infection Prevention and Control:

Following a supportive peer review conducted during December 2024, by the Healthcare Associated Infection, Antimicrobial Resistance and Prescribing Programme (HARP) Team, a report was received in March 2025. From this report, a detailed action plan has been developed by the Deputy Director of Infection Prevention and Decontamination and endorsed by the Executive Team, to address the recommendations made throughout the report.

By end of April 2025, the IPT have developed an annual Programme for High Level disinfection based on C. difficile risk and bioburden for the acute and community hospitals. Progress with this will be monitored through the Local and Strategic Infection Prevention Groups.

East IHC have had their 6-month IPC Learning Review demonstrating improvement in many indicators and illustrating where there is a specific need for focus. Central IHC will have their review in May 2025, and West in July 2025. High level improvement plans from each IHC are focused on exploring solutions to address:

- decant availability to address reactive and proactive High-Level Disinfection
- capacity and flow challenges to support prompt isolation
- cohorting availability when isolation is not possible

Directorate improvement plans have been developed and are focussing on 'quick wins' to further demonstrate improvement around the management of invasive devices, ANTT, prescribing, hand hygiene practices and cleaning.

The IPT are working with the university to participate in a Population Health module which will target District Nurses. The IPT would like to focus healthcare practices in the community impacting on community onset infections (particularly blood stream infection).

The next phase of the HABITS campaign will be presented to SIPG in May 2025, with a patient and public facing element to the campaign.

QUALITY ASSURANCE

Public Services Ombudsman for Wales (PSOW)

Public Interest Reports

In 2025, 2 Public Interest Reports have been issued to the Health Board. An action plan was developed for 2 cases. The recommendations made by the Ombudsman for these cases have all been actioned and evidence of compliance has been submitted to the Ombudsman's office.

[PIR received August 2024 \(Case Ref ID753 / 202206250\)](#)

The Ombudsman has confirmed compliance has been met on 24 March 2025 and closed the case. The Health Boards committee and board has been sighted on this case.

[PIR received March 2025 \(Case ref ID2087 / 202301141\)](#)

The Ombudsman investigation considered whether the patient received appropriate review and treatment of her post-operative fluid collections and pelvic sepsis following her proctectomy in 2019, including adequate gynaecological input, and whether they received sufficient time and information to understand and consider the risks of the surgical removal of her post-operative fluid collections, and to give her fully informed consent before this surgery was carried out. In addition, the investigation considered prompt and appropriate investigation and treatment for her pain and reduced kidney function following surgery in March 2022, and timely and appropriate information about her hysterectomy, including advise about post -operative recovery, the menopause, and options for hormone replacement therapy.

The investigation also considered whether the Health Board dealt with the complaint in line with the PTR (Concerns, Complaints and Redress Arrangements) Regulations 2011.

The Ombudsman upheld the complaints and made several recommendations which the Health Board accepted. The Health Board are on track with the action plan, reporting progress to the Health Boards Regulatory Assurance Group, Executive Delivery Group and Quality Safety and Experience (QSE) Committee.

Healthcare Inspectorate Wales (HIW)

Published Reports

HIW have published an inspection report pertaining to the [Unannounced Inspection of the Emergency Department at Wrexham Maelor](#) on the 13th March 2025. The inspection took place from 9th to 11th December 2024.

Due to an immediate risk to patient safety, HIW issued the following Immediate Assurances to the Health Board:

- HIW required details on how the health board will ensure that measures are in place to ensure that medication and intravenous infusions expiry dates are checked on a regular basis, and to remove any items past their expiry dates.
- HIW required details on how the health board will ensure that medication is always stored in its original dispensing boxes, along with the relevant information sheets.

As outlined within the inspection report, the Health Board has taken steps to address the immediate issues raised by HIW. Both the Immediate Improvement Plan and Main Improvement Plan are being monitored via the Health Boards Regulatory Assurance Group (RAG) which reports to the Executive Delivery Group (EDG), and to the Quality Safety and Experience (QSE) Committee.

Announced/Unannounced Inspections

The Health Board had no announced or unannounced inspections during March 2025 to the time of submitting papers for the Board.

HIW Improvement Plans

There are currently 7 ongoing HIW Improvement Plans resulting from announced/unannounced inspections and are subject to oversight and monitoring via the Health Boards Regulatory Assurance Group (RAG) which reports to the Executive Delivery Group (EDG), and to the Quality Safety and Experience (QSE) Committee. A detailed position update is also provided to Welsh Government and Partners, via the Integrated Quality, Planning and Delivery (IQPD) meeting which takes place monthly, outlining plans and timeframes to address any overdue actions.

HEALTHCARE LAW

Coroners investigate all deaths where the cause is unknown, where there is reason to think the death may not be due to natural causes, or which need an inquiry for some other reason. An **inquest** is an inquiry held by the coroner into the circumstances surrounding a death. The inquest does not set out who is responsible for a death. It is not the coroner's role to determine any civil or criminal liability or to apportion blame.

The Health Board has received two Regulation 28 Prevention of Future Death Notices since the last report.

The first Notice followed an Inquest held on 20 February 2025. The coroner raised concerns that, in relation to the patient's care, there was no record of any discussions which took place between Ysbyty Glan Clwyd and the tertiary specialist hospital and no formal documented

process in relation to such referrals and the subsequent advice which was provided and thereafter acted upon.

The second Notice followed an Inquest held on 17 March 2025. The coroner raised concerns regarding the perinatal mental health service, as follows:

- The service was established across the Health Board around 5 years ago but there is insufficient awareness of the service by health professionals including midwives, health visitors and GPs.
- There are only two temporary perinatal health visitors across the Health Board and none in the east area.
- The Single Point of Access meetings which occur daily by way of triaging referrals do not provide written records of the discussions held and decisions made. This means there is no written justification for decisions made or written actions and therefore these discussions and decisions do not form part of any health record for the patient.

At the time of writing this report, responses to the above Notices were still being drafted.

*Claims must usually be brought within 3 years of the alleged negligence taking place or from the point of knowledge (a minor will generally have until their 21st birthday to submit a claim). In order to bring a claim a claimant would need to show there was a 'breach of duty of care' and that 'causation' had taken place. All claims are brought against the Health Board and not against any individual clinicians. The **Welsh Risk Pool (WRP)** is part of the NHS Shared Service Partnership Legal and Risk Service. It provides the means by which all Trusts and Health Authorities in Wales can indemnify against risk. The role of the Welsh Risk Pool is to have an integrated approach towards risk assessment, claims management, reimbursement and learning to improve.*

The WRP procedures require a Learning from Events Report (LFER). These are used by the Health Board to report the issues that have been identified from a claim or redress case and to demonstrate with evidence how these have been addressed in order to reduce the risk of reoccurrence and reduce the impact of a future event.

The Health Board has recurring issues with the timeliness of Learning from Events Report (LFER) submissions, with these often delayed within services who struggle to provide evidence of learning and sustained improvement (it is important to note, the period between an adverse event and a claim being settled can be several years).

At the time of writing, 61 LFERs are overdue (down from 86 at the start of the year). The Executive Team (in December 2024) established a recovery trajectory for eliminating this backlog within a maximum of six months.

To support this, a new process has been rolled out (in January 2025) supported by a weekly performance report and bi-weekly escalation meeting. Central IHC, East IHC, and the Women's and Midwifery Division continue to be the main outliers. These three divisions account for 79% of overdue LFERs, with Central IHC alone accounting for 52%. The Mental Health and Learning Disabilities Division, West IHC and Dental Division continue to see excellent performance.

LFER performance is now escalated for oversight by the Executive Performance Group and is part of the Conformance Report to the Audit Committee. Ongoing dialogue with the WRP continues to report on progress.

Other healthcare legal matters:

The Health Board appeared before Wrexham Magistrates' Court on 01 April 2025, in relation to a prosecution brought by the Health and Safety Executive (HSE) arising from a failure to prevent and manage inpatient falls.

The HSE provided as evidence three inpatient falls (which occurred in January 2022, June 2022, and January 2023) all resulting in deaths of which two deaths are directly attributable to the fall. These all occurred prior to Special Measures.

The Health Board entered a guilty plea and made legal submissions and statements to the Court including a statement from the Chief Executive expressing the apologies of the Health Board and a commitment to learn and improve, and a supporting statement from the Executive Director of Nursing and Midwifery setting out the extensive learning and improvement in relation to inpatient falls prevention and management. This improvement was noted by both the HSE and the Court.

The Court awarded a fine of £250,000, with costs of £11,766.90 and a Victim Surcharge of £2,000.

CONCLUSION

This report provides the Health Board with a summary of key quality related assurances and improvement activities.

The key points of note are:

- The number of inpatient falls continues a downward trend with 5 reported as moderate harm post investigation and 1 severe (0 catastrophic).
- The Health Board appeared before Wrexham Magistrates' Court on 01 April 2025, in relation to a prosecution brought by the Health and Safety Executive (HSE) arising from a failure to prevent and manage inpatient falls. The Executive Director of Nursing and Midwifery set out the extensive learning and improvement made in relation to inpatient falls prevention and management. This improvement was noted by both the HSE and the Court.
- The number of reported healthcare acquired pressure ulcers continues a downward trend.
- In relation to the total volume and proportion of NRIs open 90 days or more, the Health Board continues to have the lowest percentage across Wales of 18.5% (up from 18.3%) with the lowest median of 79 days open (all Wales median 132 days open).
- There has been an improvement in the % of complaints settled within the 30-working day PTR timeframe by month of response and for three consecutive months higher than the Welsh national average
- The Health Board continues to make positive progress to achieve the All-Wales satisfaction benchmark of 85%. In March 2025, 81.66% of respondents were 'very satisfied' with their overall experience of accessing Health Board services.

The Health Board will continue to submit more detailed information to the QSE Committee. The Health Board is asked to note the report.



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	29/05/2025		
Date of Committee	06/05/2025	Report of:	Performance, Finance and Information Governance
Quoracy met:	Yes		
1	Agenda	The Performance Finance and Information Governance Committee (PFIGC) continues to meet bi-monthly. The Committee considered an agenda which is attached: Performance, Finance and Information Governance Committee - Betsi Cadwaladr University Health Board	
2a	Alert	The PFIG Committee wish to alert members of the Board that: <ol style="list-style-type: none">1. Subject to audit, the Board will have met the target outturn for its financial performance set by the Welsh Government: this should secure an additional £83.15 million, currently forming part of the underlying deficit, as recurrent funding. A further £82 million within the underlying deficit is conditional in such a way as to give a significant degree of confidence that it will be available for a number of years into the future. This is a significant achievement.2. Performance on almost all metrics during 2024/5 not only fell short of the Welsh Government's targets but also failed to reflect the trajectories committed to in the 2024/5 Annual Plan: despite this, significant progress was made in terms of planned care within the last quarter.3. There are significant concerns about patient harm resulting from delays in access to cancer care and diagnostics.4. The ambitions set out by the Ministerial Advisory Group (see below) for Urgent and Emergency Care go significantly further than the Health Board has committed to in the IMTP for the next year.5. Significant work is needed with regard to patients whose follow-up is significantly overdue who currently number more than 500,000. In part this reflects a lack of focus on good practice in terms of Patient Initiated Follow Up and See on Symptom for certain procedures and conditions and progress on this is needed as a matter of priority but in some cases the delay will be causing real harm to patients. There is an urgent need to undertake a process of risk stratification to identify priorities in addressing the backlog.	
2b	Assurance	The PFIG Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. While delivering the savings envisaged in the IMTP will be stretching, the target is achievable provided work on Value and Sustainability is taken forward energetically in the early part of the year.	

		<p>2. The Committee will take responsibility for tracking actions relating to the recommendations of the Ministerial Advisory Group on productivity Ministerial Advisory Group NHS Performance and Productivity GOV.WALES.</p>
2c	Advise	<p>The PFIG Committee wish to advise members of the Board that:</p> <ol style="list-style-type: none"> 1. In considering Foundations for the Future, it will be important to restructure the budget so as to create the conditions for a clearer link between the Board's strategy and its spending decisions. 2. The Executive report that traction in terms of addressing long waits appears to be growing amongst operational teams.
2d	Review of Risks	<p>The Committee reviewed both the Board Assurance Framework and the Corporate Risk Register and commented the excellent work on both of these.</p> <p>In revisiting the Board's risk appetite and the Board Assurance Framework, it will be important to consider whether the current rating in terms of the risk of inadequate access to care is appropriate or whether the probability of this risk crystallising should be increased.</p>
2e	Sharing of learning	<p>The MAG report highlights areas in which health boards in Wales are failing to learn from good practice elsewhere.</p>
3	Actions to be considered by other Committees	<p>The Committee has transferred to PPHP follow up in terms of the Review of Planning, an action which preceded the creation of the new PPHP.</p>



Teitl adroddiad: Report title:	Integrated Performance Report (Month 12)
Adrodd i: Report to:	Health Board
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 29 May 2025
Crynodeb Gweithredol: Executive Summary:	<p>This report relates to Month 12, 2024/25</p> <p>The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027 on the 28th of September 2023 one of a trilogy of new frameworks intended to drive the strategic objectives of the Health Board. The IPF will be used in conjunction with the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF). The three Frameworks support the Board Assurance Framework (BAF). The Framework will align with the Quality Surveillance Strategy as it is developed.</p> <p>The purpose of the Framework is to integrate key performance indicators (KPIs) from: -</p> <ol style="list-style-type: none"> 1. Key deliverables from the Annual Plan (IMTP) 2. NHS Wales Performance Framework (Quadruple Aims) 3. Key deliverables in response to Welsh Government (WG), Health Education and Improvement Wales (HEIW), and other formal recommendations including Special Measures. <p>The Health Board has a number of measures rated monthly and included within this report; the below graphic indicates a number of these measures are off target.</p> <div style="text-align: center;"> <p>All Sections</p> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p>Quality, Safety, Effectiveness & Experience Performance</p> </div> <div style="text-align: center;"> <p>Access & Activity Performance</p> </div> <div style="text-align: center;"> <p>People & Organisational Development Performance</p> </div> <div style="text-align: center;"> <p>Financial Performance</p> </div> </div>

We also reflect the Health Board's current level of performance escalation with Welsh Government within the framework; the approach will be subject to review should escalation levels change.

The Performance & Commissioning Directorate has been working with our partners across the organisation, in the development of locally defined metrics, with oversight provided by the Integrated Performance Executive Delivery Group (IPEDG), and these have now been included in the IQPR, specifically in the Quality and People & Organisational Development domains.

Performance is RAG rated against the targets set within the NHS Wales Performance Framework, set by Welsh Government in the Special Measures Framework for BCUHB, or outlined in the Ministerial Priorities. However, where appropriate, BCUHB's internal improvement trajectories, as submitted and agreed by Welsh Government, have also been included.

Key areas of escalation are identified within the 'Escalated Performance Measures' section at the beginning of the report, the report composition articulating the following;

- Within the escalation section, an initial high-level one-page summary that highlights key performance across the four quadrants, followed by escalation pages to further articulate performance within the escalated metrics.
- A brief introduction to the Performance report to include a key for RAG rating and Statistical Process Control (SPC) charts.
- The further reporting contains all of the metrics by domain, so members can review performance against all metrics reported.

The intention of the report structure is to enable members to identify key escalations from sub-committees of the Health Board, whilst enabling oversight of the current reported metrics. The key performance indicators utilised are the nationally required metrics, and local metrics that give greater insight into understanding current performance (through Executive forums & Committees).

We are moving towards greater ownership by committees of the measures included within the escalation section of the report for Health Board, with areas of good practice also to be included within this section. The Performance Team continue to work with the Health Board to embed the endorsed Integrated Performance Framework. These arrangements include putting in place formal and informal integrated (accountability) review structures, and escalation / de-escalation mechanisms.

The Performance & Commissioning Directorate is working with corporate and operational leads in developing the triangulation of performance, quality and workforce intelligence at the individual

	metric level. This is an ambition of the intelligence-led organisation agenda and supported by NHS Wales Executive.			
Argymhellion:	The Health Board is asked to:			
Recommendations:	Review the contents of the report and propose any actions arising from the report, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.			
Arweinydd Gweithredol:	Stephen Powell, Director of Performance & Commissioning			
Executive Lead:				
Awdur yr Adroddiad:	Ed Williams, Deputy Director of Performance			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <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>	Derbyniol <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>	Rhannol <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>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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:				
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:				
Cyswllt ag Amcan/Amcanion Strategol:	The performance measures included in this report are from the NHS Wales Performance Framework 2024-25.			
Link to Strategic Objective(s):				

<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>This report will be available to the public once published for Health Board.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>N</p> <p>The Report has not been Equality Impact Assessed as it is reporting on actual performance.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>N</p> <p>The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022.</p> <p>Several corporate risks remained to be approved this month however the draft risks have included the rationale and evidence from the Acting Director of Performance.</p> <p>References to Corporate Risks have been made in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The delivery of the performance indicators within our IPR will directly/indirectly impact upon the financial recovery plan of the Health Board.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p>	<p>The delivery of the performance indicators within our IQPR will directly/indirectly impact on our current and future workforce.</p>

Workforce implications as a result of implementing the recommendations	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation</p>	<p>This report has been reviewed by Executive Team.</p> <p>The full report has been reviewed by the Director of Performance & Commissioning, and the Executive Director of Finance.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>The Deputy Director of Performance continues to work with the Head of Risk Management in strengthening linkage from this report into the Corporate Risk Register and eventually Board Assurance Framework (BAF) once objectives have been set.</p> <p>References to Corporate Risks are included in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations: Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described.</p> <p>The Integrated Quality & Performance Report will undergo further development into 2025-26 to reflect both the Health Board's strategic priorities and the NHS Wales Performance Framework 2025-26, as published in January 2025.</p>	
<p>Rhestr o Atodiadau: List of Appendices: 2 1: Summary of Report 2: Integrated Performance Report in PDF</p>	

Appendix 1 Summary of Report

Committee: Health Board

Report title: Summary of Integrated Quality & Performance Report (IQPR)

Report Author: Deputy Director of Performance
(on behalf of the Director of Performance & Commissioning)

1. Introduction

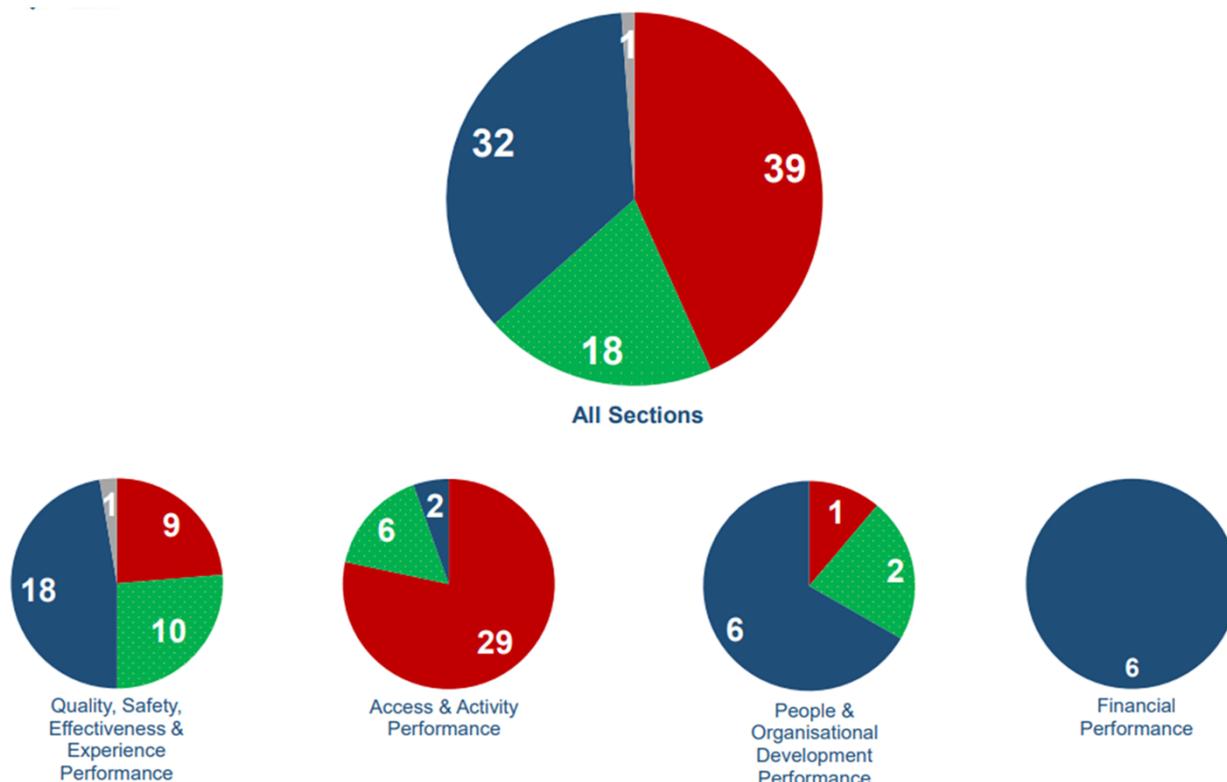
The Performance Directorate continues to develop and refine the performance report for the Health Board, the key aim being to enable focus to be placed upon areas of high performance or those metrics requiring improvement, with the 'Integrated Performance Report' including a section summarising the areas requiring escalation for Board members, divided into the following four quadrants;

- Quality (Safety, Effectiveness & Experience) Performance
- Access & Activity Performance
- People & Organisational Development Performance
- Financial Performance

This structure enables an 'at a glance' view of the main concerns or message of the report through review of the initial one-page summary that is split into four quadrants, with the further slides contained within this escalation section articulating in more detail the current performance and actions being taken to support improvements. This should be the area of most focus in the report.

This report reflects performance against the NHS Wales Performance Framework for 2024-25. Furthermore, it includes several locally defined metrics within the Quality and People & Organisational Development domains.

2. Overall Summary



Of the measures from the NHS Wales Performance Framework included in the report, 18 are on target, 39 are off target. Although this is an improved position compared to April 2024, it remains clear that there continues to be significant risks to delivery on a number of key metrics for which the attached report at appendix I, gives further detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic.

A prioritisation of the metrics off plan has been used to populate the escalation section of the IPR (see appendix I) to give greater focus to the metrics we are seeking to enhance in the short term. This summary report will indicate some key elements from our quality, our access and activity, our people and our finance as seen within the Health Board.

3. Key outputs from oversight of Access & Activity Performance

3.1 Quality (Safety, Effectiveness & Experience) Performance

(Corporate Risk 24-04 Failure to Embed Learning)

The key areas highlighted centre upon: -

Unfortunately, after having no new never events in the period between 31.07.2024 and 28.02.2025, a never event occurred in March 2025.

The number of **national reportable incidents** that remain open 90 days or more continues to demonstrate a decreasing trend. The latest figure from February 2025 of five incidents open demonstrates the significant improvement in year from a level of circa forty incidents per month in quarter 2.

Whilst **complaints** were de-escalated in January 2025, the performance in January and February 2025 was circa 5% below the standard of 75%. This will continue to be closely monitored.

The number of overdue '**Learning from Event Reports**' (LFERs) have decreased month on month during quarter 4, with the latest position of 43 overdue reports illustrating positive improvement from the high point of 64 reports at the end of December. Overdue returns can

- have a possible impact on timely ability to embed lessons learned and organisational learning
- incur financial penalties at a rate of £2,500 per overdue report

Despite the improvement demonstrated, the but has not reduced at the anticipated pace to deliver aim of eliminating the overdue position by the end of Q1 2025/26. Three divisions account for over 80% of the overdue reports and detailed plans will be required as to recover the overdue position to both avoid potential harm and further financial penalties.

The percentage rate of people **completing treatment for Drug and/or Alcohol Misuse** was highlighted in last QSE report given the decrease in performance to c83% in October. Whilst the current metric performance doesn't deliver national target of four quarter improvement trend the position remains within normal variation with the Health board ranked as 4th of 7 in Wales as at latest benchmark position with Health Board performance above All Wales level of 56.2%.

No further update has been received on the percentage of **patients offered an index colonoscopy within 4 weeks of booking their Specialist Screening Practitioner assessment** with the latest reporting period indicating performance of 3.2% against a 90% target. The overall Wales performance is 15.2% at January 2025 and whilst one Health Board is now achieving a rate of over 70%, five of the seven Health Boards have a rate of less than 11%. Further review is required to understand drivers for current performance and delivery plans moving into 2025/26.

Clinical Coding compliance will remain a significant risk as compliance will remain low into the latter part of 2025-26 against the 95% national target. The position continues to improve from a low of 13.6% to latest position of 21.4% as at January 2025.

3.2 People & Organisational Development

(Corporate Risk 24-01 People, Culture and Wellbeing)
(Corporate Risk 24-1 Leadership / Special Measures)

The key areas highlighted centre upon:-

The monthly turnover rate of nursing and midwifery staff increased in March 2025 to 0.9% having been at a rate of circa 0.3% - 0.4% in previous six months. As this measure is calculated as monthly rather than rolling the in-month increase can be attributed to retirements usually seen at this time of year.

Sickness absence decreased to 5.6% in March following a period of higher percentage absence over winter months. The peak in December at 6.8% was in line with seasonal increase and replicating prior year rates. Stress and other mental health issues continue to be the main reason for sickness absence. The % rate of agency spend as a proportion of total pay bill has shown a decreasing trend over the year in lined with target with a rate of 2.2% in March 2025.

3.3 Access & Activity Performance

(Corporate Risk 24-11 Planned Care)

(Corporate Risk 24-12 Areas of Clinical Concern)

(Corporate Risk 24-13 Timely Diagnostics)

The key areas highlighted centre upon: -

This quadrant contains the greatest number of measures within the report, with the 37 measures within this section requiring oversight through the Performance, finance & Information Governance Committee (PFIG). It is noted that based on latest information BCUHB is not achieving the target for 30 (81%) of these measures.

The Health Board has key areas of challenge, centred upon;

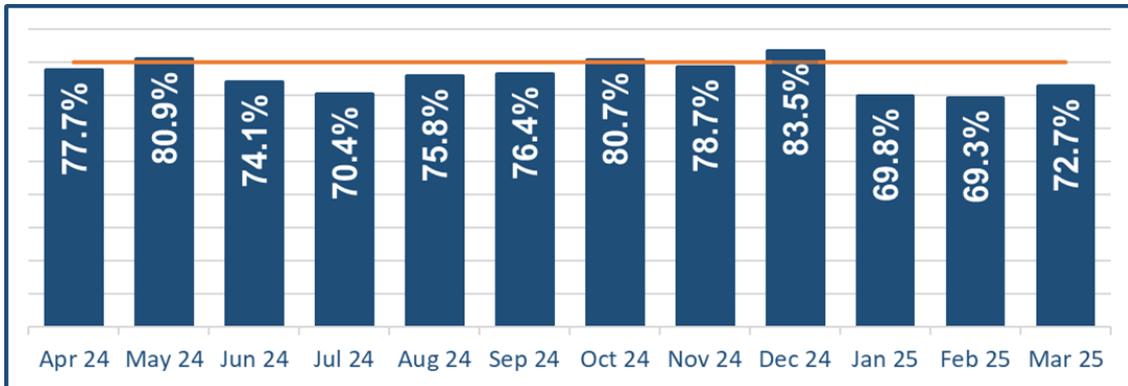
- Maintaining CAMHS and AMH performance
- Achievement of cancer standards and waiting times
- Planned Care waiting times and performance
- Ambulance handover times and performance
- Patient flow (emergency departments and delays to discharge)

3.3.1 Adult Mental Health Measures Performance

Performance against the assessment target remained below target level of 80% with a performance of 72% in March 2025. The Health Board has continued to reduce waiting times for assessments and in February 884 assessments were undertaken with 267 of these addressing long waiters and 352 first interventions undertaken with 58 addressing long waiters for interventions. Whilst there will be some seasonal variation the Division has trajectories to achieve Part 1a target by the end of Quarter 2 and Part 1b by the end of Quarter 1. As part of this focus is required on equity of service across the individual areas of North Wales with Denbighshire and Anglesey having been outlier areas during 2024/25.

During 2025/26 the expectation is that all measures will be compliant with national target by the end of Q4.

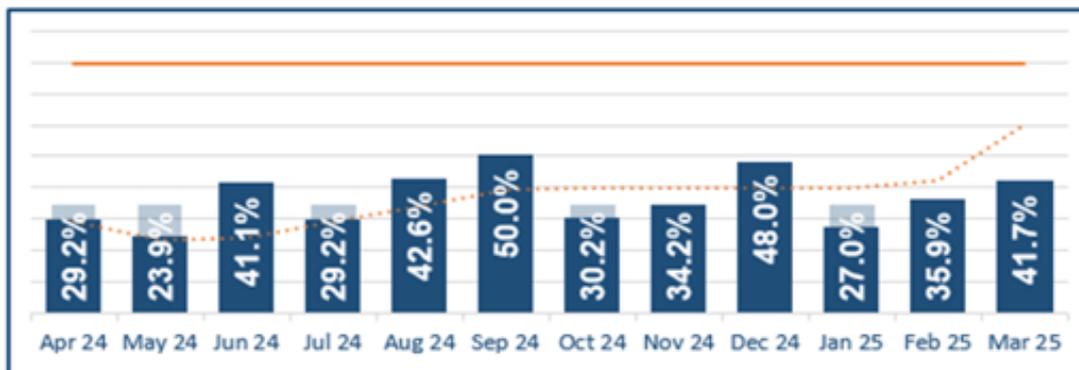
Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)



3.3.2 Children’s & Adolescent Mental Health Services (CAMHS), and Neurodivergence

Performance against Part 1a of the Mental Health Measure was 96.9% compliance in March 2025 – above the target of 80%. Part 1b performance, although improving, remains significantly below the 80% target at 41.7% and did not meet the year-end target

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)



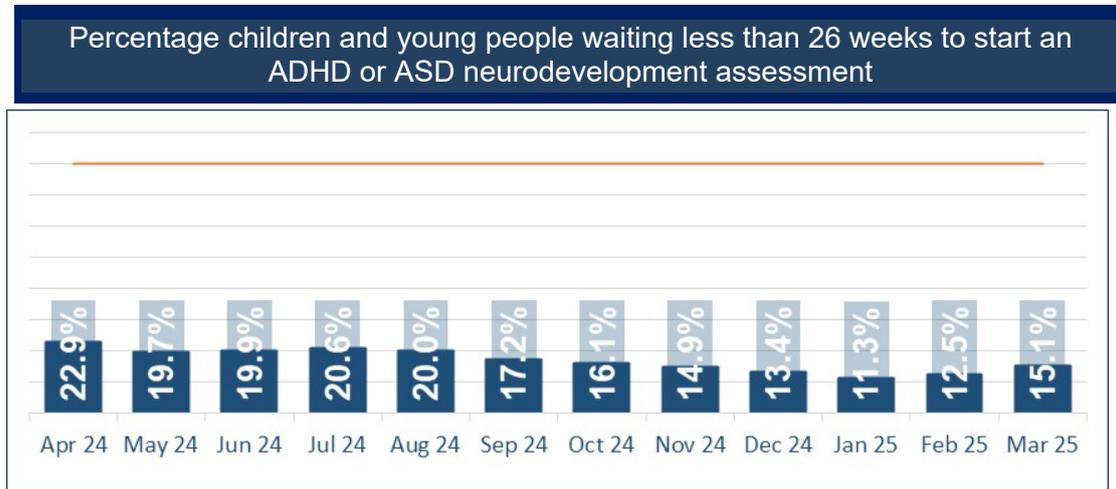
Recovery actions include: -

- Focus on and support aligned to team with longest waiting times with senior clinical review of cases with numerous appointments.
- Review of psycho-education offer in line with Part 1b compliance, meeting arranged in mid-April with other Health boards to learn about their offer.
- Commencement of programme of groups including CBT group, Getting Started, Anxiety and Endings (to support step down/discharge)

With latest performance of 15.1% against the 26 weeks target for children requiring assessment for neurodivergence, the performance continues to be significantly averse to target. This is recognised as a nationwide issue and work has started to

develop and improve the service following participation in the Wales Rapid Design event along with partners.

Improvement actions within this area include review of options for additional capacity and system wide working with the Regional Partnership Board. Whilst discussions are in place to look to improve performance on this metric during 2025/26, the performance is not expected to deliver national targets during the next financial year – this is an NHS wide issue.



3.3.3 Urgent & Emergency Care Performance

(Corporate Risk 24-10 Urgent and Emergency Care)

The performance for this element is focused 2025/26 Ministerial Priorities under the timely access of care priority area:

- Patients waiting greater than 1 hour for ambulance handover (UEC Figure 1)
- Patients waiting greater than 12 hours in the Emergency Department (UEC Figure 2)

Performance against both Ministerial Priority metrics remains below expected standards, with a continued decline observed across the majority of Urgent and Emergency Care indicators from February to March 2025.

UEC Figure 1: Ambulance Patient handovers of 1 hour or more



UEC Figure 2: Patients waiting greater than 12 hours in the Emergency Department



During this period, Emergency Department (ED) self-presentations increased significantly by 19.6%, alongside an 8.6% rise in ambulance conveyances. This notable growth in patient footfall has directly impacted key performance areas, including the number of ambulance handovers exceeding one hour, 12-hour ED breaches, time to triage, and time to first contact with an ED clinician.

Minor Injury Unit (MIU) attendance also rose by 19% over the same timeframe. The cumulative increase in demand across both Acute and MIU services is placing considerable pressure on system capacity, contributing to the ongoing deterioration in performance against national targets.

Comparing to the previous year, the Health Board has experienced a 0.5% increase in Emergency Department (ED) attendance. No improvement has been seen in the number of patients waiting over one hour for ambulance handover with an increase of 0.2%. However, there has been a 12% increase in ED 12-hour breaches, indicating a strain on patient throughput. Utilisation of resources in Minor Injury Units (MIUs) has risen, with attendance increasing by 7%.

Additionally, the total time in ED has increased by 19% when comparing the previous year. The average length of stay has seen a modest increase of 0.35 minutes, while the number of pathway of care delays has decreased by 12% over the last year, demonstrating improvements in care coordination.

Notably, there has been an overall improvement in the front door performance to ED and improved pathways of care delays. Despite this, the area of concern remains focused around the patient journey in ED, notably 12 hour breaches. Figure 3 displays the significant increase in patients spending longer than 12 hours in ED over the last 7 years while attendance at ED remains consistent.

As part of the UEC Improvement Programme which has four workstreams, actions are ongoing to avoid unnecessary ambulance conveyance and related admissions, increase capacity at the wider front door including Same Day Emergency Care (SDEC) and Acute Front Door Frailty Services/Units to deliver the required improvement against these key performance metrics.

3.3.4 Planned Care Performance

(Corporate Risk 24-11 Planned Care)

(Corporate Risk 24-12 Areas of Clinical Concern)

(Corporate Risk 24-13 Timely Diagnostics)

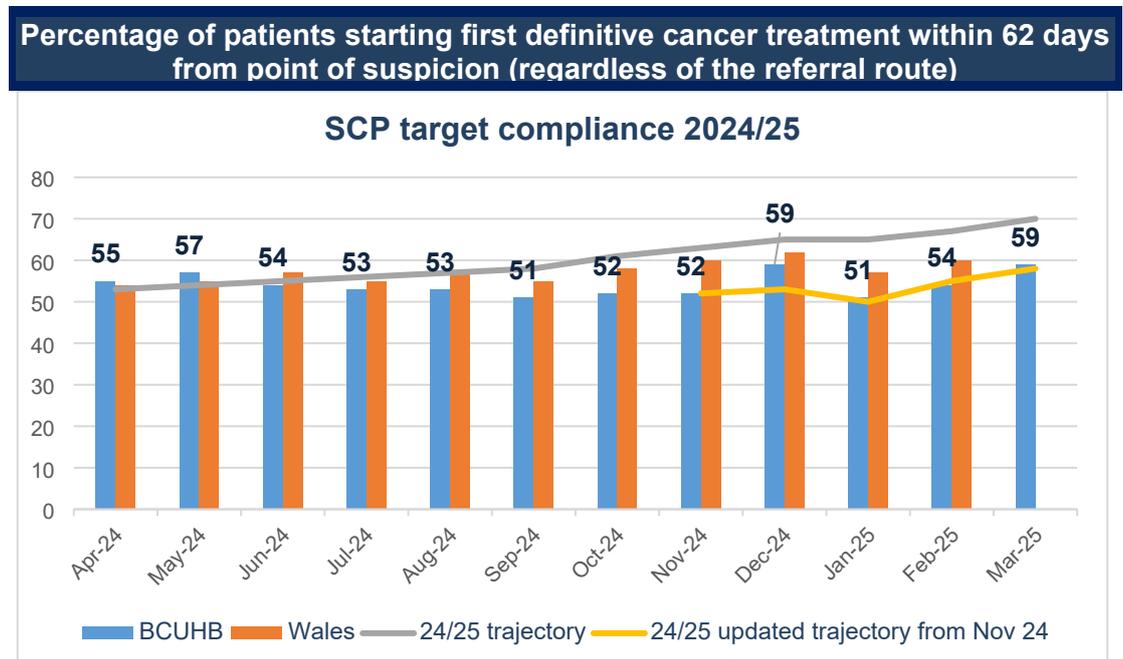
i. Single Cancer Pathway

The performance against the single cancer pathway (SCP) target remains fragile, however, the position is improving with a rate of 59% at the end of March 2025.

Overall performance improved slightly in latest month, in line with expectations, following the drop in performance after the Christmas period. Strong performance in haematology and lung, with breast and upper GI recovering well. Skin performance continues to drop due to capacity issues – over 62 day backlog remains over 2,000. Continued pressures in colorectal, urology and head & neck.

Capacity issues are expected within the Head and Neck / Thyroid Tumour site cohort due to resignation, reduction in hours and sickness within the consultant body. Interviews are scheduled to take place in first week of May.

Deterioration in single cancer pathway performance is expected during Quarter 1 of 2025/26 due to focused work to target the skin backlog position. ‘Super weekends’ are planned via insourcing company on a see and treat basis. As this will target the backlog position, this is expected to have an impact on the compliance metric. Plans to clear remainder of backlog in this area are being developed.



ii. Diagnostics

The number of patients waiting over 8 weeks for a diagnostic test increased further in March with a financial year end position of 10,950 breaches of the 8-week standard. This increase in breaches has been, in part driven by a significant increase in demand.

Whilst there has been a reduction in the number of breaches within some modalities with neurophysiology backlog reducing by 27% there has been a corresponding increase in breaches in a number of other areas most notably diagnostic endoscopy and radiology.

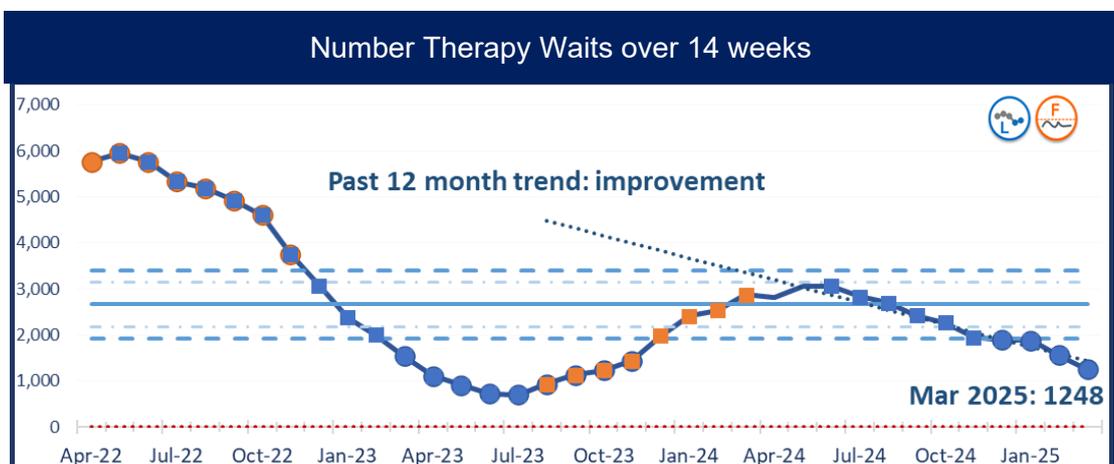
Modality	Apr-24	Mar-25
Diagnostic Endoscopy	2,038	3,990
Radiology – Consultant Referral	1,140	2,495
Radiology – GP Referral	667	2,128
Cardiology	1,592	1,646
Neurophysiology	1,029	671
Other	74	20
Total	6,540	10,950

For 2025-26, insourcing contracts for endoscopy and radiology will be renewed, with both intended to deliver increased activity over 2024-25 through extended operating times for the full 12 months. External contracts will also be sought for the key breach areas in endoscopy, cardiology and neurophysiology. Close monitoring through the planned care board will provide early warning of performance against the forecast trajectory, triggering escalation and recovery / remedial responses.

iii. Therapies

The number of patients experiencing waits over 14 weeks for therapy interventions continues on a downward trend at 1,248 patients compared to 3,065 patients at the end of June 2024. Main pressures remain in Physiotherapy and include high number of vacancies, accommodation capacity in Central and East and increased demand.

The service has reviewed models deployed through other Health Boards and has developed models that will positively impact this trend further in future months.



iv. Referral to Treatment (RTT)

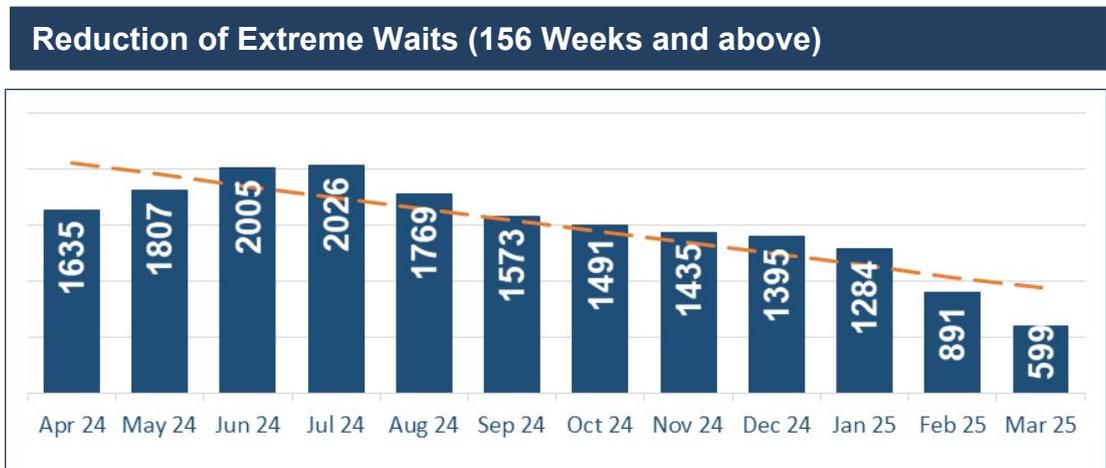
Whilst the number of patients waiting over 52 weeks for a new outpatient appointment has been deteriorating since April of 2023 the SPC chart does indicate that there has been a small reduction in the total volumes during quarter 4 with a year-end position of 29,048 from a high of 30,799 at the end of December 2024.

Performance against this measure is an escalation for the Health board, with improvements centring upon clinics adopting Treat-in-Turn methodology and targeting patients seen in clinic at Get It Right First Time (GIRFT) numbers, with greater oversight and the setting of booking rules to deliver improved productivity.

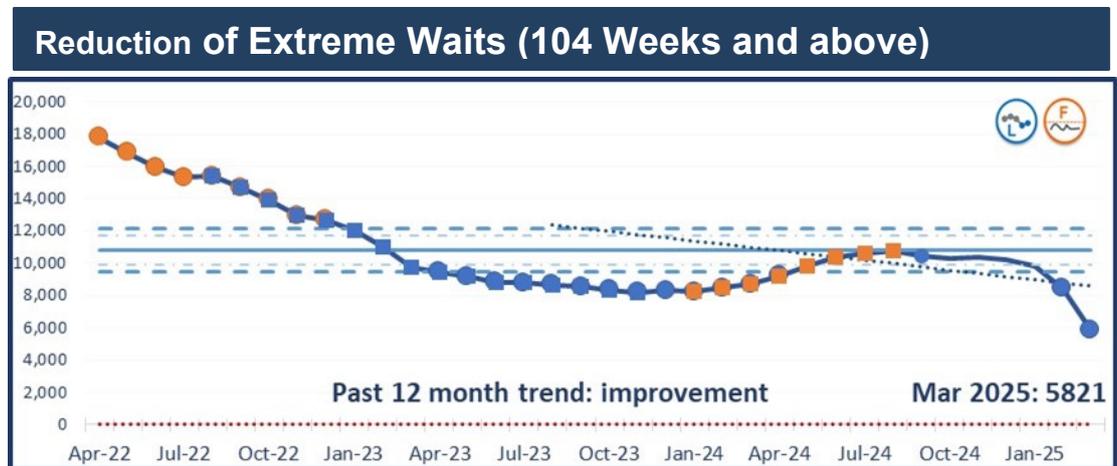


Throughout 2023-24 and 2024-25 there has been a substantial amount of work undertaken to place focus upon longer waits. 208 weeks waits have been eradicated apart from tip-ins, which are being managed and were zero for the Health board as a provider at the end of March 2025.

Patients waiting over 156 weeks and 104 weeks have been the main focus through the second part of 2024/2025 and there has been a significant reduction in both cohorts.



The 156-week position has reduced from 2,026 at the end of July 2024 to 599 patients at the end of March 2025 (70% reduction). Similarly, the 104+ week breach year end performance of 5,819 total patients (5,747 Welsh resident and 72 English resident) was a 45% improvement since end of July 2024 a reduction of 4,763 patients.



The Chief Executive Officer with support from the Chief Operating Officer, Director of Finance and Director of Performance and Commissioning have taken charge of oversight of this area through weekly meetings and daily updates during this period and continued reduction is expected for patients waiting both within the 156 weeks and 104 weeks cohort as we move into 2025/26 with key areas of focus linked to

- Getting contracts in place for key specialties
- Review key specialties to understand case-mix risk (inc. Ophthalmology and Orthopaedics)
- Continued focus on treat in turn
- Review of Intervention Not Normally Undertaken (INNU)

v. Follow Up

After almost 12 months of a steady state, the number of patients waiting beyond 100% of their due clinical follow up has increased month on month since quarter 3 of 2024-25 and now stands at 93,521. The three specialties with the highest volume of patients waiting beyond 100% are Ophthalmology, Gastroenterology and Urology which combined account for c37% of the total. There is clearly a significant clinical risk within this cohort and Follow Up pathway will be one of the key workstreams within Planned Care during 2025/26.

3.2.5 Summary

Timely access to planned care and cancer pathways is a fundamental aspect of the Health Board commitment to improving services for the people of North Wales.

A significant focus has taken place in 2024/25 and those efforts have seen a marked improvement in the numbers of patients waiting over 2 years.

In 2025-26, focus will continue meeting challenges through (a) enhanced utilisation of in-house capacity (b) validation of patients waiting for procedures (c) implementation of Treat-in-Turn methodology and (d) engagement with the commercial sector to offer short term solutions to capacity shortfalls.

The level of delayed pathways of care continued high emergency demand increased to compound system flow pressures, medical outliers driving continued use of agency and adversely impacting upon capacity to service elective care, with potential impacts upon quality of care.

The Health Board key areas of challenge, centre upon: -

- Patient flow (emergency departments, and delays to discharge)
- Ambulance handover times and performance
- Delivery of planned care recovery including diagnostics
- Achievement of cancer standards

3.3 Financial Performance (Figures subject to final audit)

[Corporate Risk 24-05 Financial Sustainability](#)

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect Welsh Government (WG) confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a conditional recurrent basis for 2024/25.

The draft year end position is £7.6m overspent, which is £1.0m less than the revised control total of £8.6m. This meets the requirements relating to the financial aspect of the £74.6m conditional recurrent funding, with the other conditions needing to be confirmed. In March a surplus of £3.3m over plan was achieved which was a small improvement on the previous months run rate.

Financial Position for 2024/25

	Actual Position												
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Total £m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7	2.6	(7.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(0.7)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	3.4	3.3	1.0

Savings



The Health Board’s financial plan set a recurring savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis.

The savings delivered in March totalled £4.9m, £0.2m income generation and £0.1m accountancy gains totalling £5.3m against the in-month target of £4.0m.

The full year value of reported saving schemes is £58.4m comprising £43.5m Savings, £1.5m Income Generation, £12.7m Accountancy Gains and £0.7m Cost Avoidance. Of these, £30.1m have been identified as recurring, with a full year effect of £44.0m. This is £4m below the £48m required recurring target.

4. Overall Summary

The Health Board continues to face significant challenges in attainment of the performance targeted within the national and local plans and escalation continues in these areas as a consequence. However, it is of note that in a number of areas performance continues to improve (based on historic delivery and in year comparison) and in some instances attains national targeted levels.

Moving into 2025-26, plans are developed to support delivery priorities to substantially improve elective wait times, outpatients (new & follow up) cancer and 8-week diagnostic performance.

Members are invited to review the detail contained within the performance report to assess areas of key challenge and improvement opportunity, debating delivery on a balanced scorecard.

5. Appendix

Appendix 1 – Integrated Quality & Performance Report – to 31.03.2025



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Performance Report

Reporting Period: to 31.03.2025

Presented to **Health Board**

Thursday, 29th May 2025



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University Health Board

Integrated Performance Escalations Report



A Summary of Escalated Performance Measures

Quality Performance (Corporate Risk:24-04 Failure to Embed Learning)

One **New Never Event** reported in March 2025

Learning from Events Reports: Progress made during Q4 in reducing number of overdue LFERs reducing from 64 at end of Q4 to 43 at end of Q4. Continued focus is required to address the timely completion and recovery of the overdue position.

Clinical Coding Compliance will remain a significant risk moving into new financial year but trajectory indicates improvement towards the end of 2025-26. Position stabilised and showing signs of improvement. Measure will be kept in escalation for assurance.

Percentage of **patients offered an index colonoscopy within 4 weeks of booking their Specialist Screening Practitioner assessment** appointment has fallen to 3.2% against a 90% target. All Wales performance at latest benchmark point is 15.2%

People & Organisational Development Performance (Corporate Risk 24-01 People, Culture and Wellbeing) (Corporate Risk 24-1 Leadership/Special Measures)

•At **79.6%**, **PADR** rate continues within normal variation but remains below the 85% target.

•At **6.8%**, **Sickness absence rate** has seen an overall increasing trend over recent months, in line with seasonal change.

•At **0.9%**, **Turnover rate** for nursing staff leaving BCUHB increased in month. Focus continues on national and local retention work.

•At **2.2%**, **agency spend** has shown a decreasing trend during the last 12 months. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

Access and Activity (Corporate Risks: 24-11 Planned Care; 24-13 Timely Diagnostics)

Referral to Treatment (RTT): Continued focus on delivery has supported positive improvement in performance during Q4 with 156+ week breaches reducing by 70% from July 2024 and 2-year waits reducing to less than 6,000 by year end.

Cancer Performance against single cancer pathway target remains fragile with a rate of 53.9% at end of February 2025. Deterioration in performance expected in Q1 2025/26 due to focused work on backlog areas.

Diagnostics waits over 8 weeks: The number of patients continues to increase at **10,950** and has increased by over 4,000 during 2024/25,

Percentage of Ophthalmology R1 patients seen within 25% of their clinical due date is significantly adverse to target and due to the potential irreversible nature of conditions that some patients in this cohort have, is of concern. Urgent harm reviews for assurance is recommended.

The number of patients that are 100% overdue their clinical review date is of concern and continues to increase with latest position over 93,000. This will be a key area of focus during 2025/26.

Urgent & Emergency Care (Corporate Risk:24-10 Urgent and Emergency Care)

Ambulance handover waits over 4 Hours: The number of handover breaches remains a concern with **776** reported in March 2025.

The number of patients spending 12+ or 24+ hours in our Emergency Departments continues to increase and at **3,652** and **1,851** respectively with a 12 month deterioration in both metrics

Finance (Corporate Risk:24-05 Financial Sustainability) (Final figures subject to Audit)

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a conditional recurrent basis for 2024/25. The draft year end position is £7.6m overspent, which is £1.0m less than the revised control total of £8.6m. This meets the requirements relating to the financial aspect of the £74.6m conditional recurrent funding, with the other conditions needing to be confirmed. In March a surplus of £3.3m above plan was achieved which is similar to the previous months run rate.

Quality: Escalated Performance Measures

Learning form Events Reports

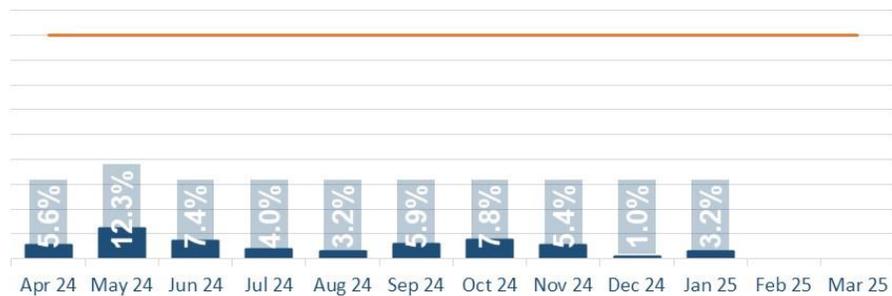


Learning From Events Reports (LFERs):

There are 43 outstanding LFERs at the end of March. There has been a month on month decrease in number of overdue reports during Quarter 4, but has not reduced at the anticipated pace to deliver aim of eliminating the overdue position by the end of Q1 2025/26.

Overdue reports pose a Quality and Safety risk from the perspective that if we haven't completed the reports in a timely manner, how can we embed the learning to prevent future events. There is also the financial risk given that the Health Board can incur a penalty of £2,500 per overdue report. Continued focus is required to address the timely completion of LFERs and recovery of the overdue position.

Index Colonoscopy



Index colonoscopy within 4 weeks of booking their Specialist Screening Practitioner assessment

The percentage of patients offered an index colonoscopy within 4 weeks of booking their Specialist Screening Practitioner assessment appointment has fallen to 3.2% against a 90% target. All Wales performance at latest benchmark point is 15.2% with five of the seven Health Boards seeing rate of less than 11%. Further review is required to understand drivers for current performance and plans moving into 2025/26.

Completing Treatment for Drug and/or Alcohol Misuse



The percentage rate of people completing treatment for Drug and/or Alcohol Misuse

was highlighted in last QSE report given the decrease in performance to c83% in October. Whilst the current metric performance doesn't deliver national target of four quarter improvement trend the position remains within normal variation with the Health board ranked as 4th of 7 in Wales as at latest benchmark position with Health Board performance above All Wales level of 56.2%.

Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern)

Reduction of Extreme Waits (156 Weeks and above)



Reduction of Extreme Waits (104 Weeks and above)



Number waiting over 52 weeks for a new appointment

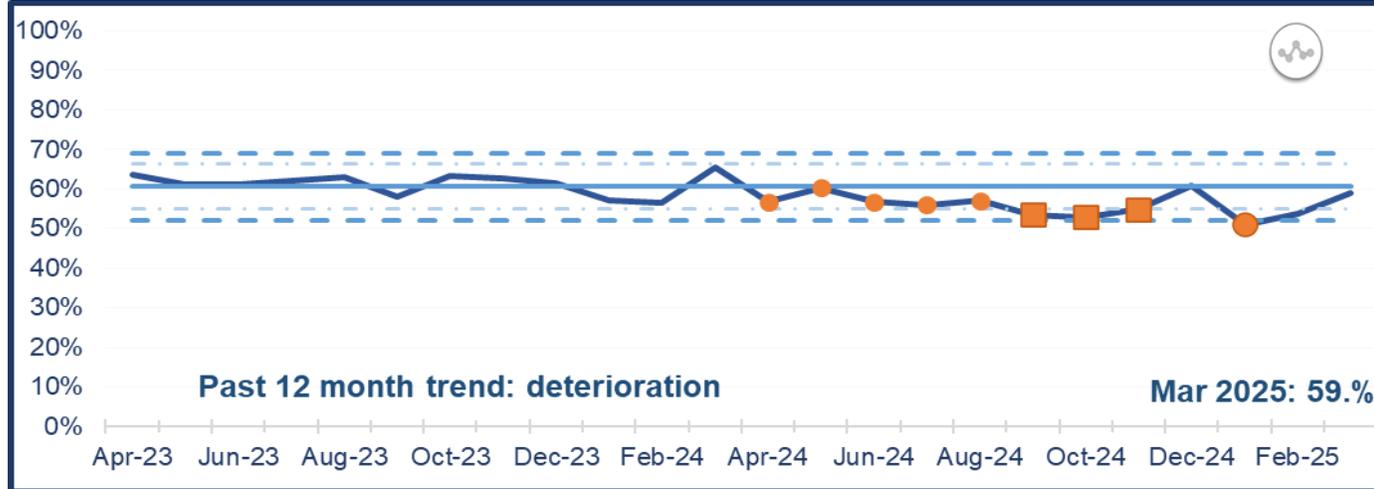


- Performance in Q4 saw a significant reduction in patients waiting over 104 weeks with a year end performance across all Commissioners of 5,821.
- No patients were waiting in excess of 4 years at the end of March 2025, with significant improvement seen in the number of patients waiting in excess of 3 years for RTT reducing from 2,026 in July 2024 to 599 at the end of the financial year.
- Performance against the 52 week wait for a new appointment remains challenging and further focus will be required on this area in terms of component wait reductions as we move into 2025/26 to support the total pathway of care trajectory.
- The Health Board have a target to reduce the 104+ week wait position to less than 5,000 by the end of Q1 2025/26 with key focus on utilisation of core capacity as well as deployment of additional contracts being key in delivery plans to meet this trajectory.

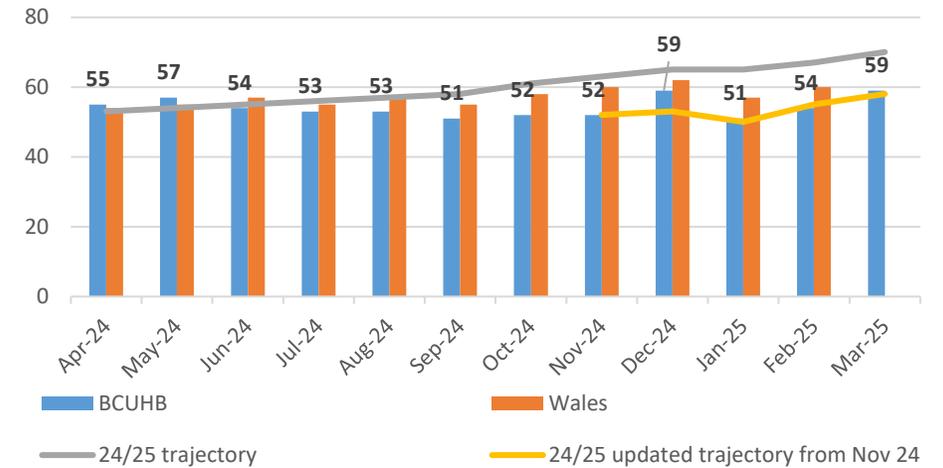
Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care, Corporate Risk 24-12 Areas of Clinical Concern, & Corporate Risk 24-13 Timely Diagnostics)

BCUHB Suspected Cancer Pathway 62 Days Performance



Wales Cancer Pathway 62 Days Performance



Performance in March **improved** to **59%** in line with expectations. Strong performance in haematology and lung with breast and upper GI recovering well.

Key Issues and Priorities by Tumour site

- **Breast** - Bid for development of breast pain service submitted to National Cancer Recovery Programme – outcome still awaited
- **Colorectal and upper GI** - Colorectal nurse led triage team funding secured – job descriptions and protocols agreed; recruitment process continue. Cancer endoscopy waiting list continues to fall since insourcing recommenced.
- **Gynaecology** - BCUHB wide 2 stop PMB model agreed; work continues on implementation for 2025/26 – implementation meeting May 8th 2025
- **Head and Neck/Thyroid** - Capacity issues within cancer ENT surgery service due to resignation, reduction in hours and sickness within consultant body; interviews first week in May with 2 potential candidates
- **Skin** - 6 ‘super weekends’ planned via insourcing company for April – 3 per site. Will see over 1,200 dermatology USCs on see and treat basis. Backlog will reduce but performance likely to dip as cancers are treated. Plans to clear remainder of backlog being developed
- **Urology** - Proposal to work with single provider in North West England for immediate provision of cystectomies and gradual repatriation of other major cancer surgery approved by Executives March 2025 – work on joint strategy underway

Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care, Corporate Risk 24-12 Areas of Clinical Concern, & Corporate Risk 24-13 Timely Diagnostics)

Number of diagnostic Waits over 8 Weeks



Continued increase in the number of patients waiting over 8 weeks for a diagnostic test due in part to record levels of activity in radiology, demand outstripping capacity. Main modalities are Endoscopy, Radiology and Cardiology.

For 2025-26, insourcing contracts for endoscopy and radiology will be renewed, with both intended to deliver increased activity over 2024-25 through extended operating times for the full 12 months. External contracts will also be sought for the key breach areas in endoscopy, cardiology and neurophysiology. Close monitoring through the planned care board will provide early warning of performance against the forecast trajectory, triggering escalation and recovery / remedial responses.

Number of Therapy Waits over 14 Weeks



Continued decrease in the number of patients waiting over 14 weeks for therapy. Nearly all delays are within Physiotherapy, due to staffing and estates. There is also a growing number of breaches within the Dietetics specialty in East.

Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern)

Ophthalmology R1 – % seen within 25% of clinical target date



Performance against the Eye Care Measure shows a deteriorating trend over the previous 12 months. Due to the risk of harm to patients waiting in excess of their clinical due date, performance against this measure, together with follow up backlog in Ophthalmology has now been escalated internally.

Follow-Up Backlog – Number over 100% of clinical due date



The Follow-up Backlog position shows a deteriorating trend over the previous 12 months.

There is a specific workstream relating to Follow up within the Planned Care section of the IMTP. Delivery priorities in this area include

- Systemic approach to validating, data cleansing of follow up lists
- Implement see on symptoms and patient initiated follow up on all priority specialties

Access & Activity: Escalated Performance Measures

(Corporate Risk 24-10 Urgent and Emergency Care)

Performance against both Ministerial Priority metrics remains below expected standards, with a continued decline observed across the majority of Urgent and Emergency Care indicators from February to March 2025. Until the issues with flow and in particular delayed pathways of care have been resolved it is unlikely that we will see any significant improvement in this area. Where improvements are within the gift of the Emergency Departments themselves, there has been improvements, such as Median time to triage, median time to clinical decision maker.

Number of 12 Hour Emergency Department Waits



Number of 24+ Hour Emergency Department Waits



Number of 4+ Hour Ambulance Handover Breaches



Number of Delayed Pathways of Care



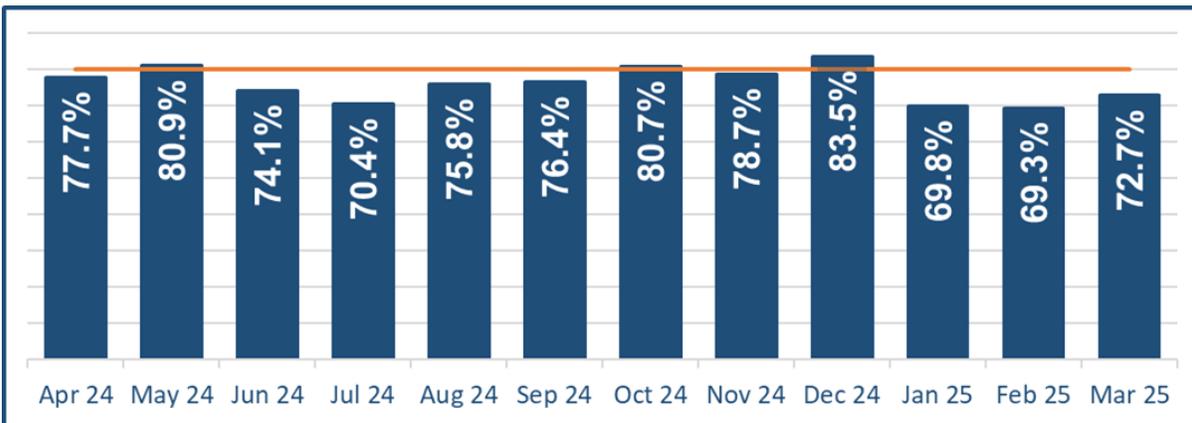
Access & Activity: Escalated Performance Measures

Adult Mental Health

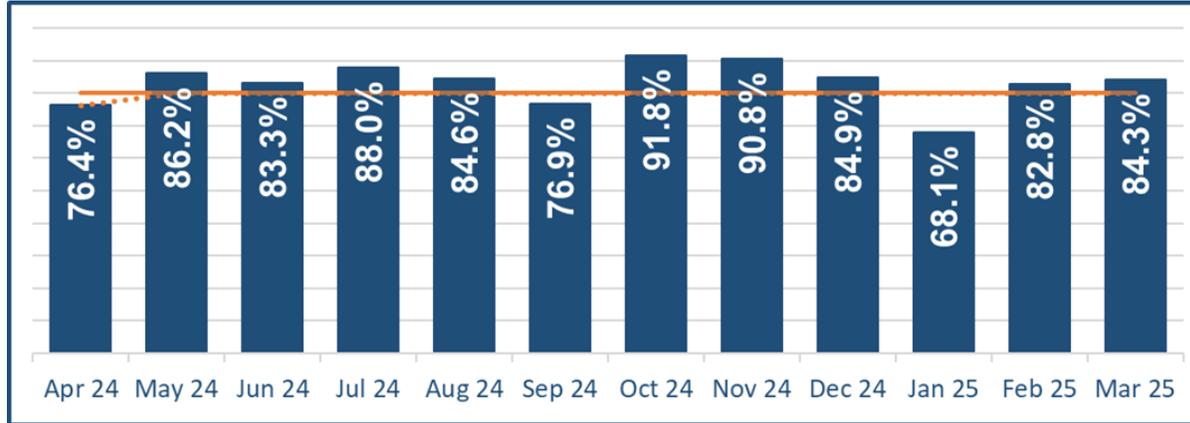
Percentage of patients waiting less than 26 weeks for adult psychological therapy



Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)



Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)



Access & Activity: Escalated Performance Measures

CAMHS and Neurodevelopment

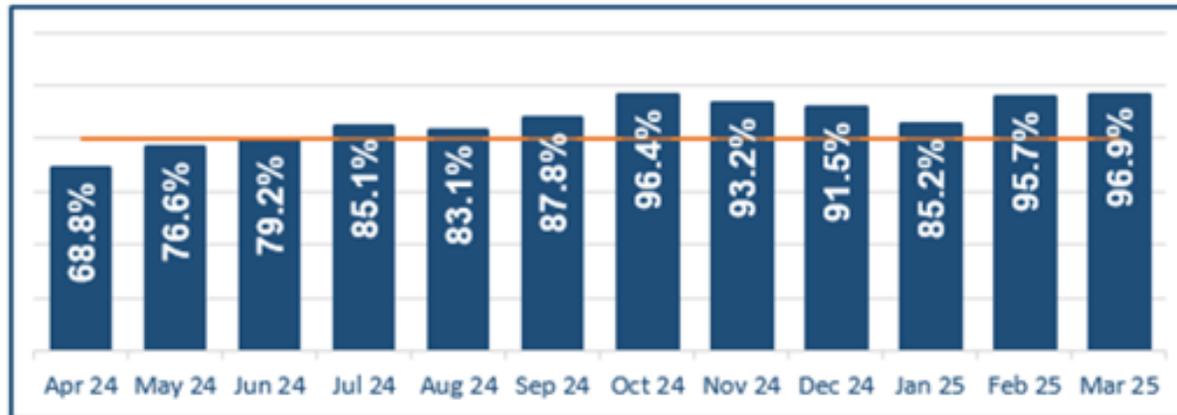
Percentage children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment



Performance against the measures remains variable. The forecast trajectory for the interventions metric was to increase performance to 60% by end of March 2025 – this wasn't met in year. Improvement actions have been developed moving into 2025-26 following a 2 day regional partnership Board event in March 2025. This includes continuation of validation of lists, review of longest waiters and undertaking workforce profile to review capacity and skill mix across IHC teams.

Neurodevelopment waiting times remain a concern, with the Health board currently ranked as 6th of 7 in Wales. The All Wales latest performance is 21% as at February 2025. None of the Health boards are achieving the target although one Health Board has seen improvement in year and is now achieving 74.8%.

Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)



Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)



People & OD: Escalated Performance Measures

(Corporate Risk 24-01 People, Culture and Wellbeing) (Corporate Risk 24-1 Leadership/Special Measures)

% of headcount who have had PADR in previous 12 months



Although remaining within normal variation, performance remains below the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

% of sickness absence rate of staff



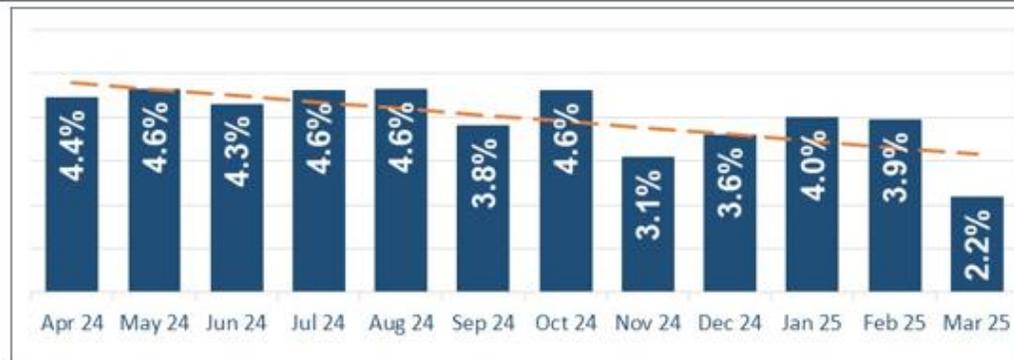
Sickness absence decreased to 5.6% in March following a period of higher percentage absence over winter months. Stress and other mental health issues continue to be the main reason for sickness absence.

Turnover rate for nurse and midwifery register staff leaving BCUHB



2nd best performing in Wales at latest benchmarking aligned with the national and local retention work put in place with a dedicated retention lead working for the organisation and funded by Health Education & Improvement Wales (HEIW).

Agency Spend as % of pay bill



Trendline decrease during 2024/25 in line with external target. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

Finance: Escalated Performance Measures

(Corporate Risk 24-05 Financial Sustainability)

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a conditional recurrent basis for 2024/25.

The draft year end position is £7.4m overspent, which is £1.2m less than the revised control total of £8.6m. This meets the requirements relating to the financial aspect of the £74.6m conditional recurrent funding, with the other conditions needing to be confirmed. In March a surplus of £3.3m was achieved, compared to a £3.4m surplus reported in February.

Financial Position for 2024/25

	Actual Position												Total £m
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7	2.6	(7.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(0.7)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	3.4	3.3	1.0

The Health Board's financial plan set a recurring savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis.

The savings delivered in March totalled £4.9m, £0.2m income generation and £0.1m accountancy gains totalling £5.3m against the in month target of £4.0m.

The full year value of reported saving schemes is £58.4m comprising of £43.5m Savings, £1.5m Income Generation, £12.7m Accountancy Gains and £0.7m Cost Avoidance. Of these, £30.1m have been identified as recurring, with a full year effect of £44.0m. This is £4m below the £48m required recurring target.





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About the Integrated Performance Report

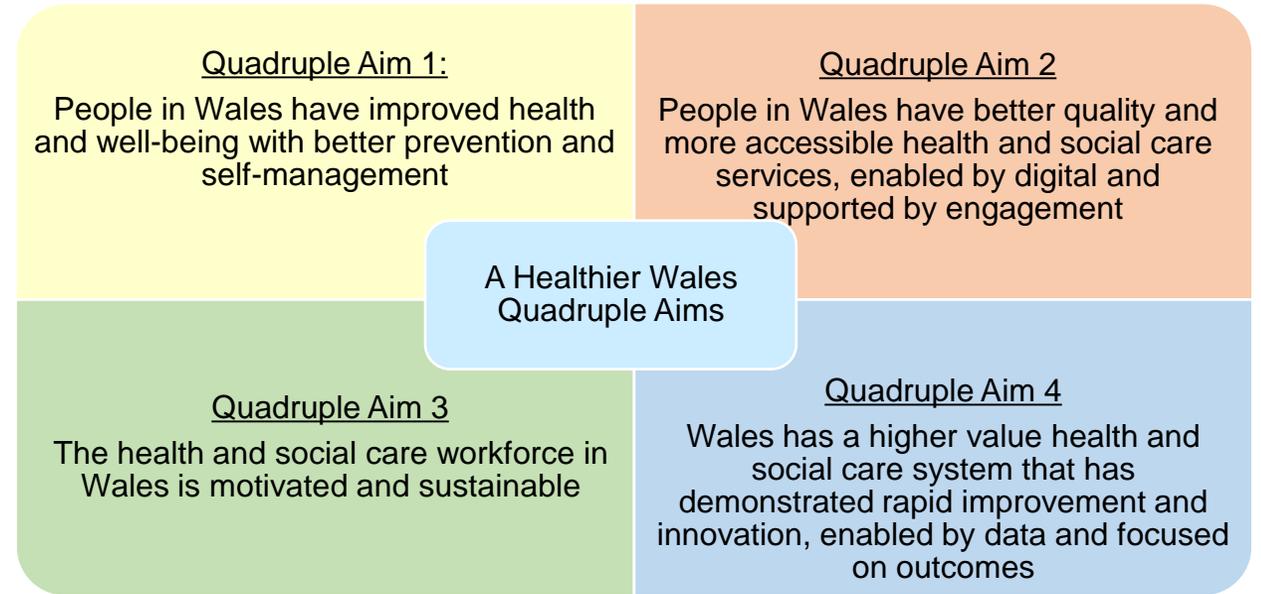
Produced on behalf of the **Health Board** by our
Performance & Commissioning Directorate in partnership with our **Health Board Directors**



The performance measures in the NHS Wales Performance Framework for 2024-2025 reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2024-2027.

The 2024/25 revision now consists of 54 quantitative measures and twelve policy assurance statements where assurance is sought either quarterly or bi-annually.

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.



Our Integrated Performance Report

Our Quality, Safety, Effectiveness & Experience Performance

Our Access & Activity Performance

Our People & Organisational Development Performance

Our Financial Performance

The Integrated Performance Framework (IPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence of performance indicators gathered across key domains including quality, safety, access & activity, people, finance and outcomes.

Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Wales Performance measures, Special Measure metrics and Ministerial priority trajectories. In the Integrated Performance Review meetings we will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.

Red, Amber & Green (RAG) Rating System

Performance is monitored against our Annual Plan but is RAG rated against the Welsh Government targets.



The latest available data point indicates that performance is at, or better than the target



It is inappropriate, or not possible, to rate available data against any available target



The latest available data point indicates that performance is worse than the target



There is no / insufficient data available to rate against the target

Exception	Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.
Criteria of an exception	Criteria for escalation
Any target failing an NHS Performance target, operational, or local target/trajectory	Any measure that fails a health submitted trajectory as part of the Ministers priorities.
Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)
Any reportable commissioned metric where performance is not meeting national target	Any significant failure of quality standard e.g. never event or failing accountability conditions.

Interpreting Results of Statistical Process Control (SPC) Charts

Variance

-  Common cause variation present: there is no significant change or pattern
-  Special cause variation present: changes or patterns appear to show improvement
-  Special cause variation present: concerning changes or patterns present that require investigation / action.
-  Special cause variation present: a upwards or downwards change or pattern is evident, which is neither positive or negative in nature.

Orange icons indicate negative occurrence
Blue icons indicate a positive occurrence
Grey icons indicate no significant data occurrence

Assurance (*based on data presented in the SPC only)

-  No assurance: we would expect to sometimes achieve, and sometimes miss the target
-  Positive assurance: we would consistently expect to achieve the target
-  No assurance: we would consistently expect to miss the target
-  There is no profile or target, or insufficient data, thus assurance can not be ascertained

Legend

 Performance	 Control Line (Mean)	 Upper Control Limit 3σ
 Lower Control Limit 3σ	 Upper Control Limit 2σ	 Lower Control Limit 2σ
 National Target	 Internal profile	 Trend

The column charts that feature within this report use the following legend:

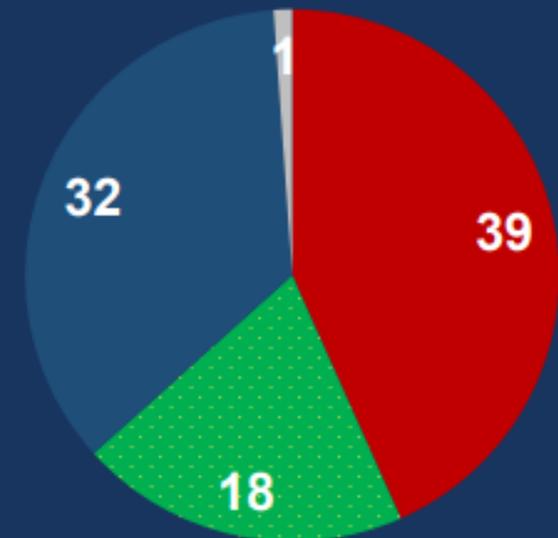
 BCU Position	 Internal Profile	 Trend (Rolling 12 Month)	 WG Target
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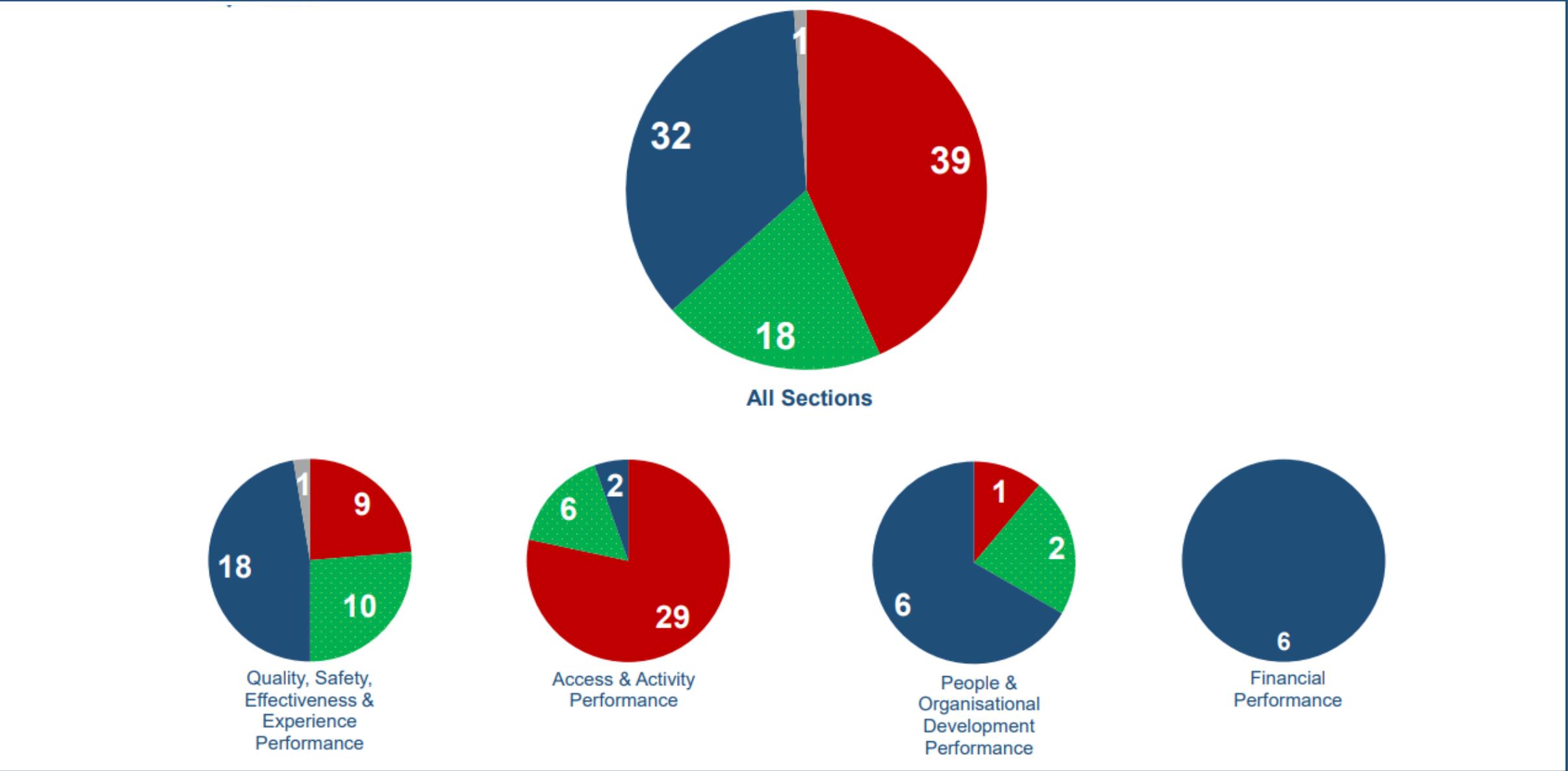
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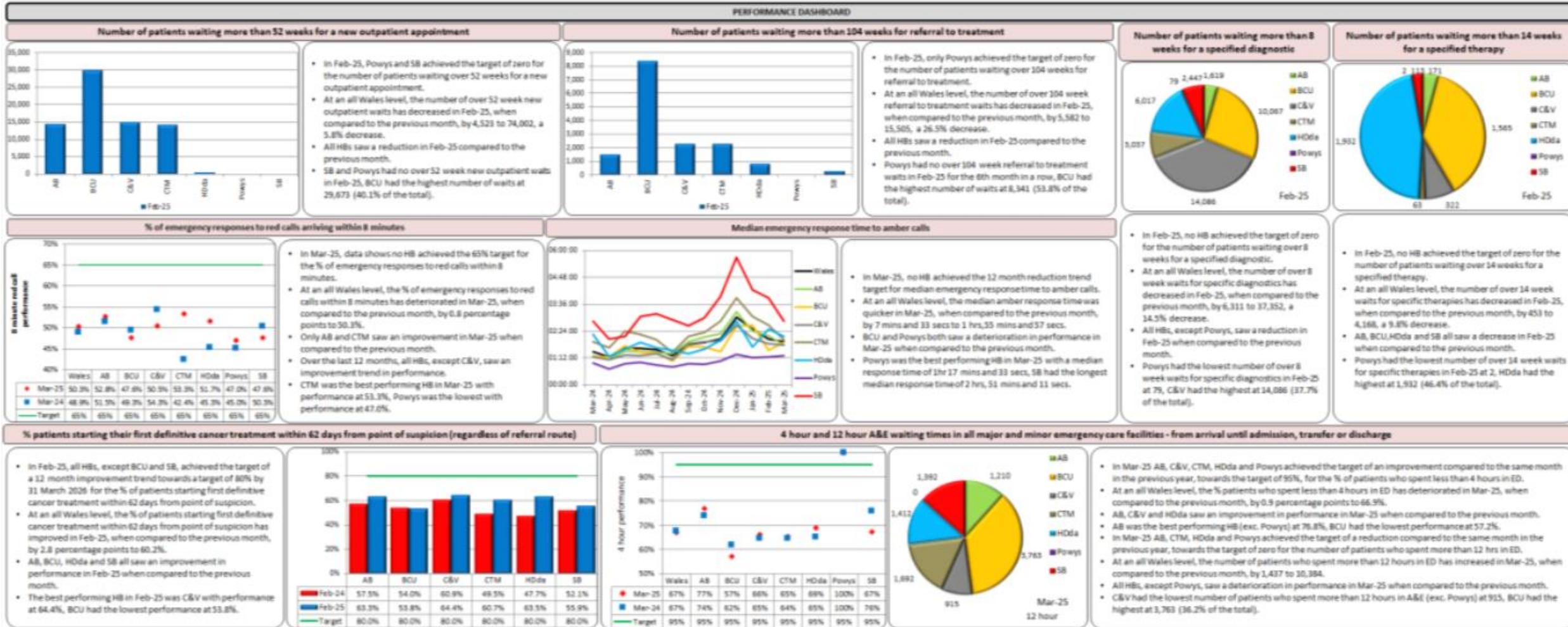
Integrated Performance Report



Summary of Performance to Month 12



NHS Wales Performance Dashboard – part 1



NHS Wales Performance Dashboard- part 2

Number of Pathways of Care delayed discharges

- In Mar-25, only SB and Velindre failed to achieve the 12 month reduction trend target for the number of pathways of care delayed discharges.
- At all Wales level, the number of pathways of care delayed discharges has decreased in Mar-25, when compared to the previous month, by 114 to 1,383, a 7.6% decrease.
- All HBs, except BCU and HDda, saw an improvement in performance in Mar-25 when compared to the previous month - C&V remained the same.
- Excluding Velindre, Powys had the lowest number of pathways of care delayed discharges in Mar-25 at 53. BCU had the highest at 311.

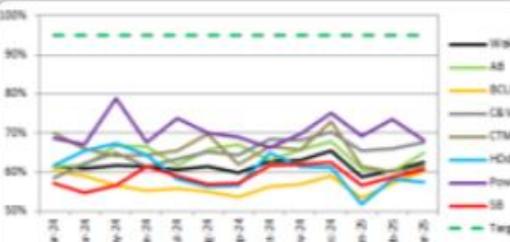
HB	Mar-24	Mar-25
AB	232	171
BCU	347	311
C&V	211	183
CTM	336	248
HDda	220	218
Powys	70	53
SB	243	219
Velind	2	0

Number of ambulance patient handovers over 1 hour and % of ambulance patient handovers within 15 minutes

- In Mar-25, no HB achieved the zero target for handovers over 1 hour.
- At all Wales level, the number of over 1 hour handovers has increased in Mar-25, when compared to the previous month, by 762 to 5,902, a 14.8% increase.
- Over the last 12 months, all HBs, except C&V, saw an improvement trend in performance.
- C&V had the lowest number of over 1 hour handovers in Mar-25 at 291. BCU had the highest at 2,118 (35.5% of the total).
- In Mar-25, only HDda achieved the target of an improvement compared to the same month previous year, towards the target of 100% for % handovers within 15 mins.
- At all Wales level, the % of handovers within 15 mins has deteriorated in Mar-25, when compared to the previous month, by 0.9 percentage points to 14.0%.
- Over the last 12 months only CTM saw an improvement trend in performance.
- HDda had the best performance in Mar-25 at 19.7%. C&V had the lowest at 9.3%.

HB	Mar-24 - Handovers over 1hr	Mar-25 - Handovers over 1hr	Mar-24 - % Handovers <15mins	Mar-25 - % Handovers <15mins
AB	762	1,000	13.5%	14.0%
BCU	2,118	2,118	13.5%	14.0%
C&V	291	291	13.5%	9.3%
CTM	900	800	13.5%	14.0%
HDda	1,100	1,100	13.5%	19.7%
Powys	600	600	13.5%	14.0%
SB	700	700	13.5%	14.0%

% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



HB	Mar-24	Mar-25
Wales	~65%	~65%
AB	~65%	~65%
BCU	~65%	~65%
C&V	~65%	~65%
CTM	~65%	~65%
HDda	~65%	~65%
Powys	~65%	~65%
SB	~65%	~65%
Target	95%	95%

Mental Health Part 1 - % of LPMHSS assessments and therapeutic interventions within 28 days

LPMHSS assessments within 28 days

HB	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
<18 years	90%	89%	95%	99%	83%	95%	100%	74%
>=18 years	88%	93%	89%	98%	98%	99%	98%	100%
Target	80%	80%	80%	80%	80%	80%	80%	80%

Therapeutic interventions started within 28 days

HB	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
<18 years	74%	82%	36%	90%	83%	98%	91%	100%
>=18 years	91%	91%	83%	100%	88%	96%	96%	99%
Target	80%	80%	80%	80%	80%	80%	80%	80%

<18 years

- In Feb-25, all HBs, except SB, achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was Powys at 100%. SB had the lowest performance at 74.2%. Over the last 12 months, all HBs, except CTM and HDda, saw an improvement trend in performance.
- In Feb-25, all HBs, except BCU, achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was SB at 100%. BCU had the lowest performance at 36.4%. Over the last 12 months, all HBs, except SB, saw an improvement trend in performance.

>=18 years

- In Feb-25, all HBs, except BCU, achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was SB at 99.8%. BCU had the lowest performance at 89.2%. Over the last 12 months, all HBs, except SB, saw an improvement trend in performance.
- In Feb-25, all HBs achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was C&V at 100%. BCU had the lowest performance at 82.7%. Over the last 12 months, only AB saw an improvement trend in performance.

- In Mar-25, BCU, C&V and SB achieved the target of a 12 month improvement trend towards the target of 95% for the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- At all Wales level, the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date has improved in Mar-25, when compared to the previous month, by 2.1 percentage points to 62.5%.
- In Mar-25, all HBs, except HDda and Powys, saw an improvement in performance compared to the previous month.
- Powys had the best performance in Mar-25 at 68.2%. HDda had the lowest at 37.5%.

Health Care Acquired Infections - HCAIs (provisional data)

Cumulative eColi per 100,000 pop

HB	Apr-24 to Mar-25	Mar-25 Target
AB	63.58	63.57
BCU	78.17	63.57
C&V	64.57	63.57
CTM	81.58	63.57
HDda	88.08	63.57
SB	58.62	63.57

Cumulative S.aureus per 100,000 pop

HB	Apr-24 to Mar-25	Mar-25 Target
AB	31.86	31.20
BCU	26.16	31.20
C&V	31.20	31.20
CTM	29.50	31.20
HDda	34.54	31.20
SB	34.18	31.20

Cumulative C.difficile per 100,000 pop

HB	Apr-24 to Mar-25	Mar-25 Target
AB	41.50	41.54
BCU	51.73	41.54
C&V	41.54	41.54
CTM	35.58	41.54
HDda	47.78	41.54
SB	71.22	41.54

Cumulative number of Klebsiella sp

HB	Apr-24 to Mar-25	Mar-25 Target
AB	115	116
BCU	136	116
C&V	120	116
CTM	103	116
HDda	108	116
SB	121	116

Cumulative number of Aeruginosa

HB	Apr-24 to Mar-25	Mar-25 Target
AB	42	44
BCU	25	44
C&V	41	44
CTM	14	44
HDda	24	44
SB	14	44

- For eColi, AB, C&V and SB have provisionally achieved the 2024/25 cumulative target. In the Apr-24 to Mar-25 period, HDda had the highest rate of eColi at 98.68 per 100,000 population compared to C&V who had the lowest rate at 56.57 per 100,000 population.
- For S.aureus, none of the HBs have provisionally achieved the 2024/25 cumulative target. In the Apr-24 to Mar-25 period, C&V had the highest rate of S.aureus at 36.20 per 100,000 population compared to BCU who had the lowest rate at 26.16 per 100,000 population.
- For C.difficile, none of the HBs have provisionally achieved 2024/25 cumulative target. In the Apr-24 to Mar-25 period, SB had the highest rate of C.difficile at 71.72 per 100,000 population compared to CTM who had the lowest rate at 35.58 per 100,000 population.
- For Klebsiella, none of the HBs have provisionally achieved the 2024/25 cumulative target. In the Apr-24 to Mar-25 period, BCU had the highest number of cases of Klebsiella at 136 compared to CTM who had the lowest number at 103.
- For Aeruginosa, BCU, CTM, HDda and SB have provisionally achieved the 2024/25 cumulative target. In the Apr-24 to Mar-25 period, AB had the highest number of cases of Aeruginosa at 42 compared to CTM who had the lowest number at 14.

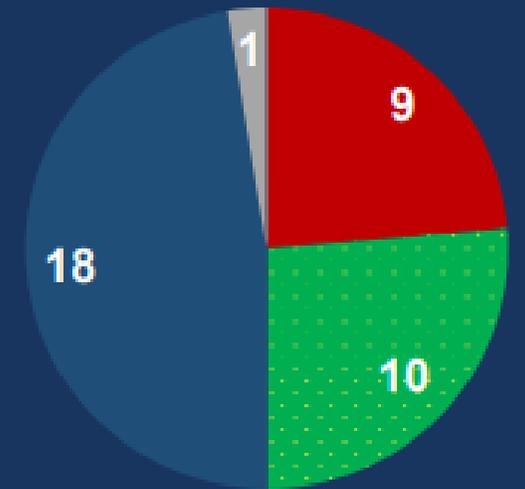
Section 1



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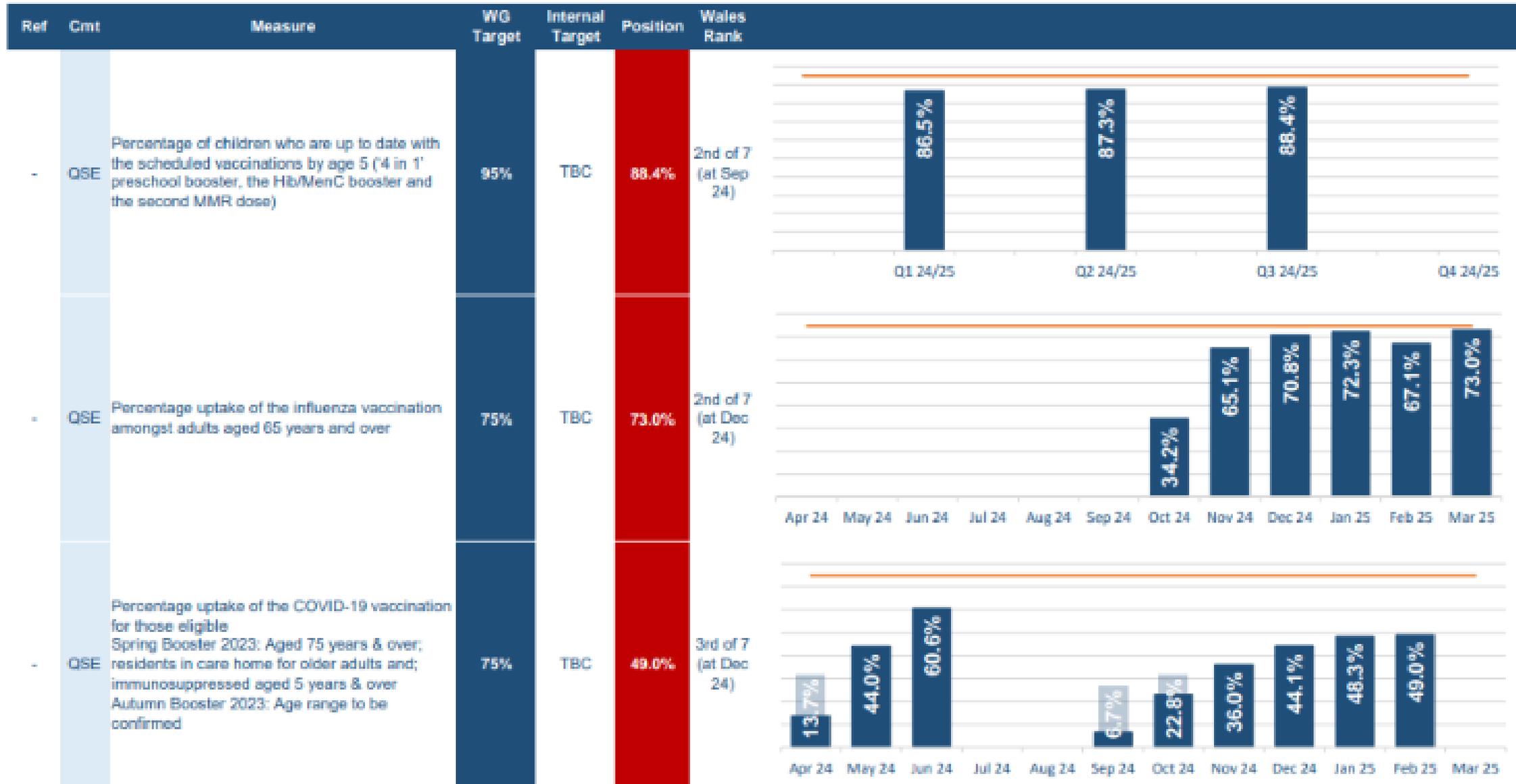
Quality, Safety, Effectiveness and Experience Performance



Quality: Performance

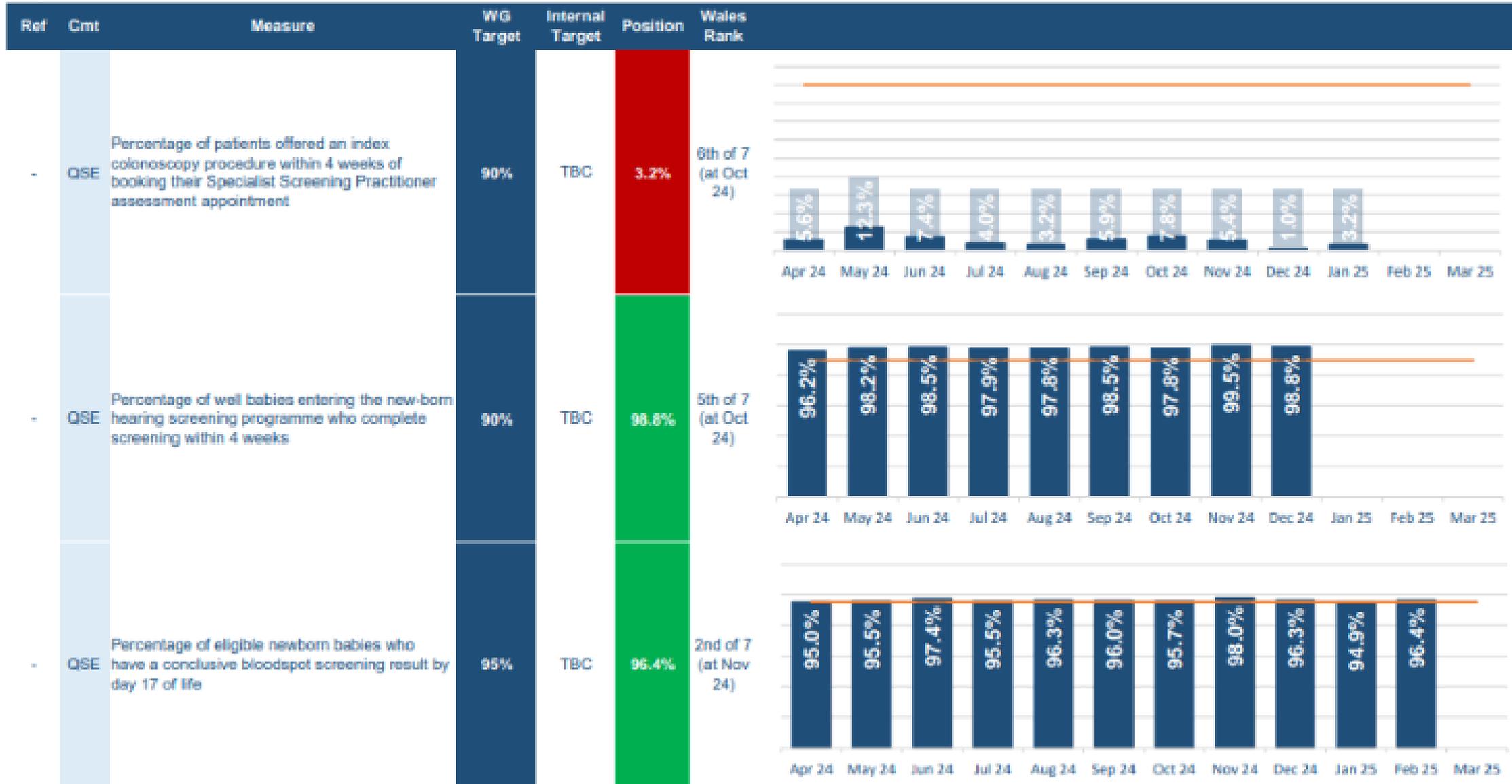


Quality: Performance



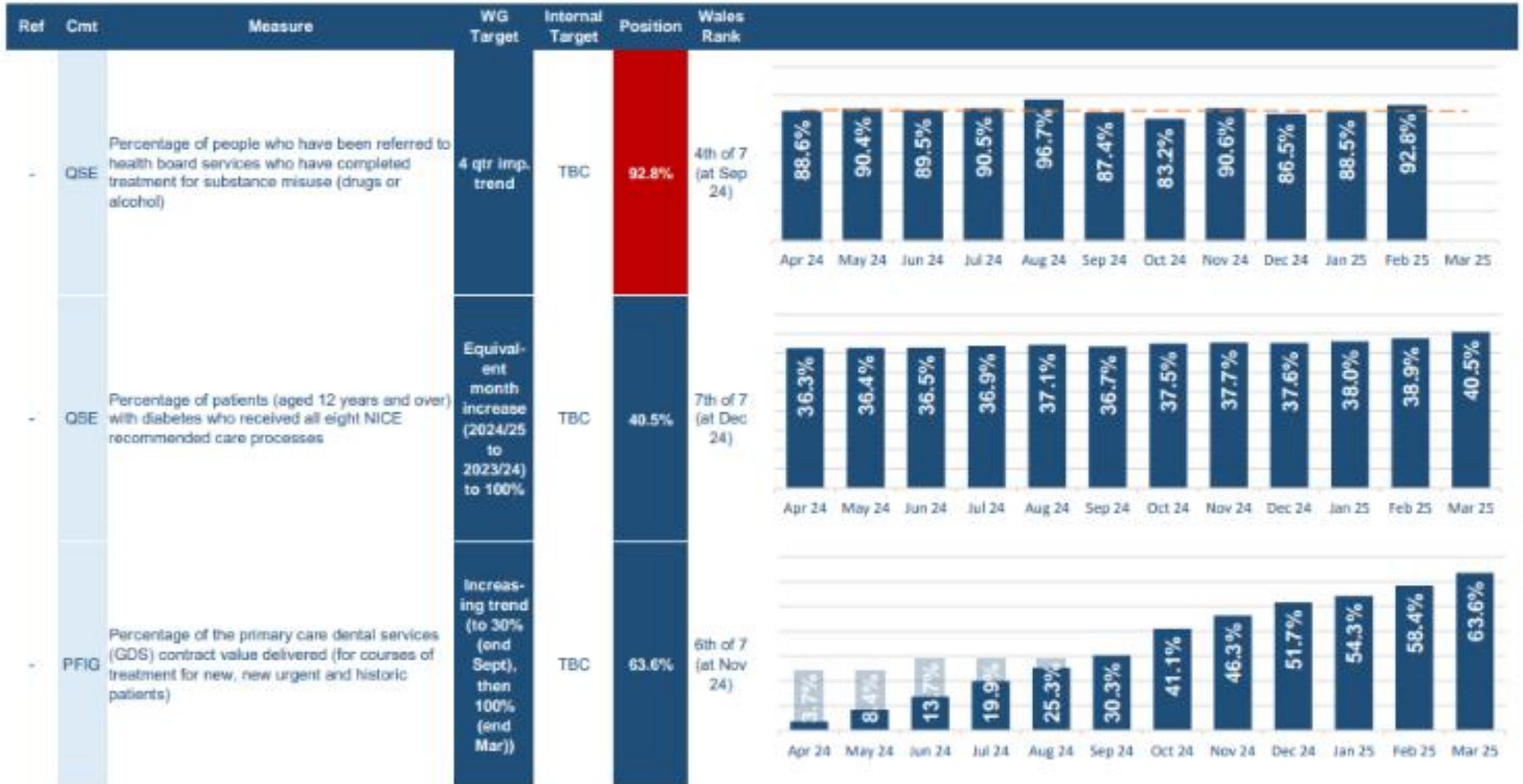
Quality: Performance

Data reported in arrears



Quality: Performance

Some data reported in arrears



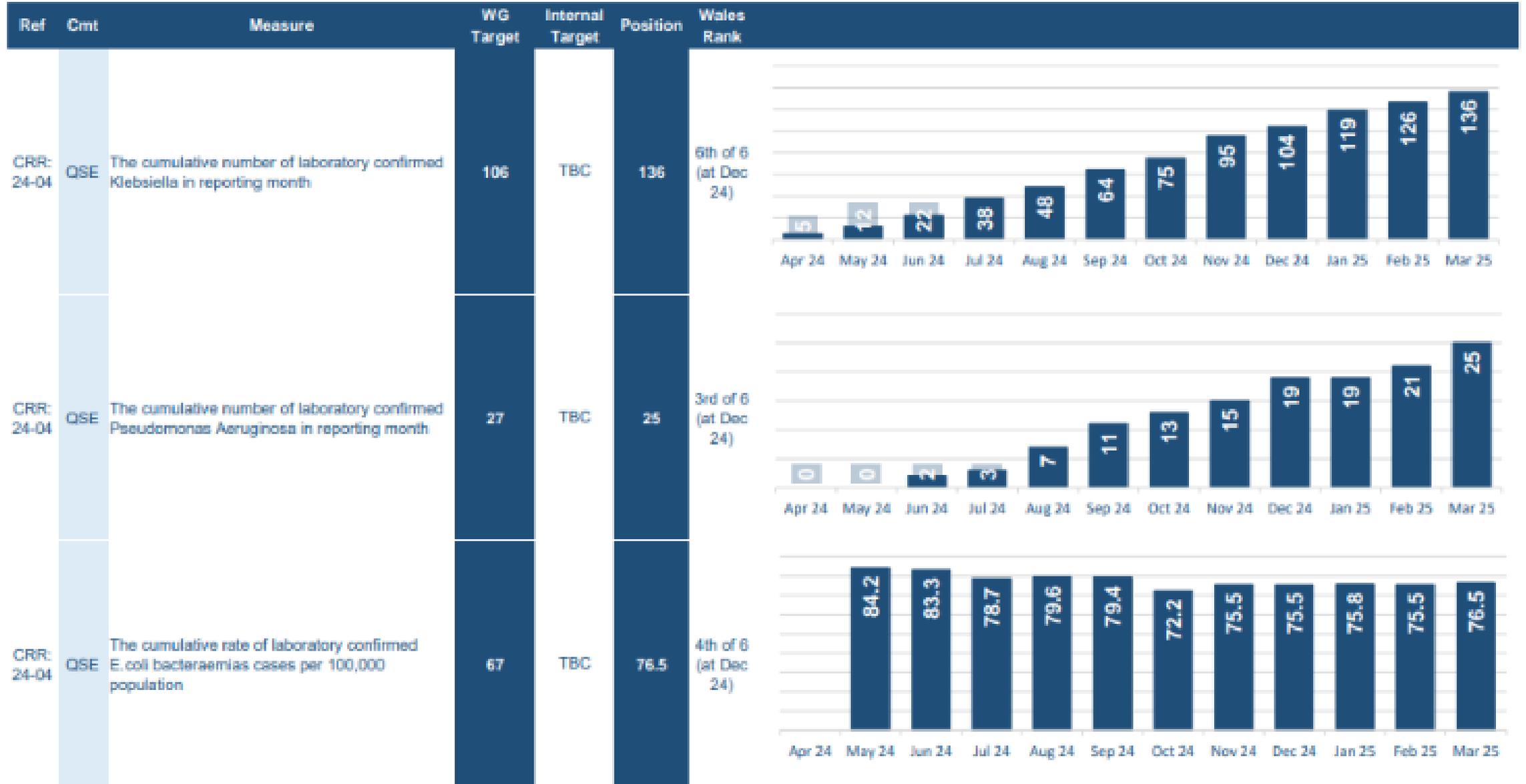
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Some data reported in arrears

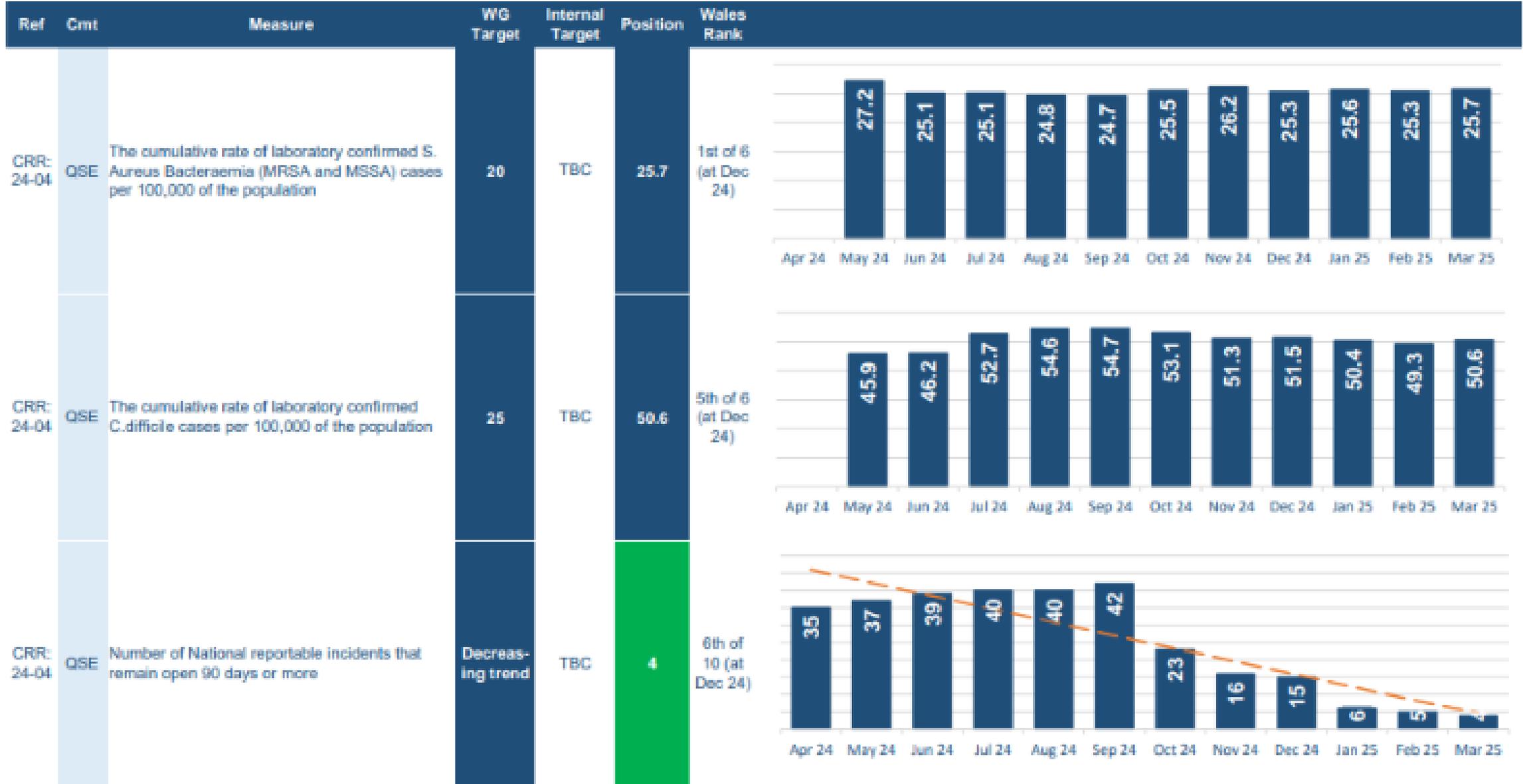


Quality: Performance

Data reported in arrears



Quality: Performance



Quality: Performance



Quality: Performance



Quality: Performance



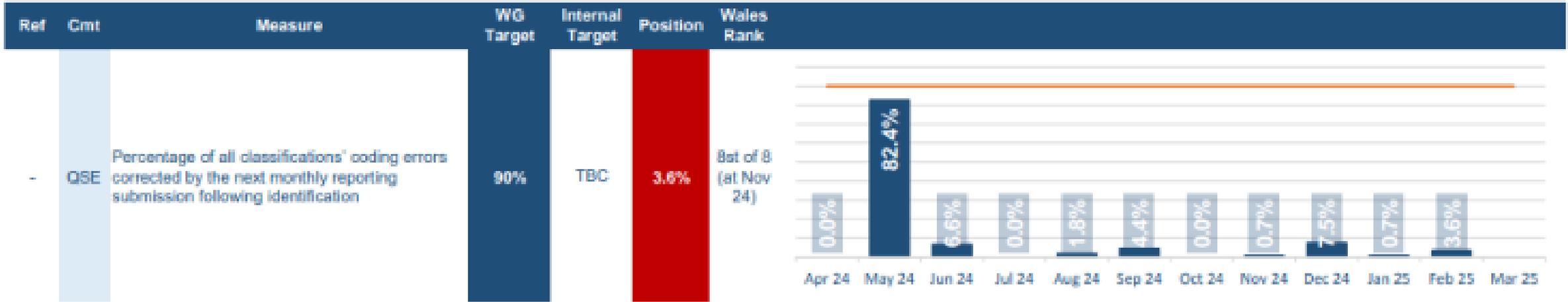
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Quality: Performance



Quality: Performance



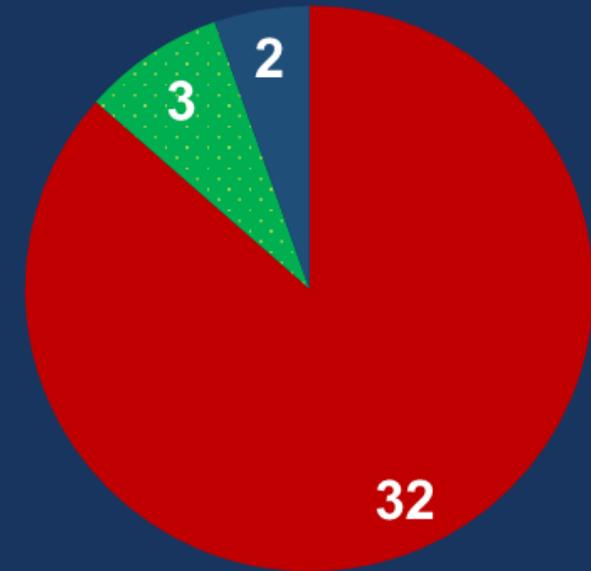
Section 2



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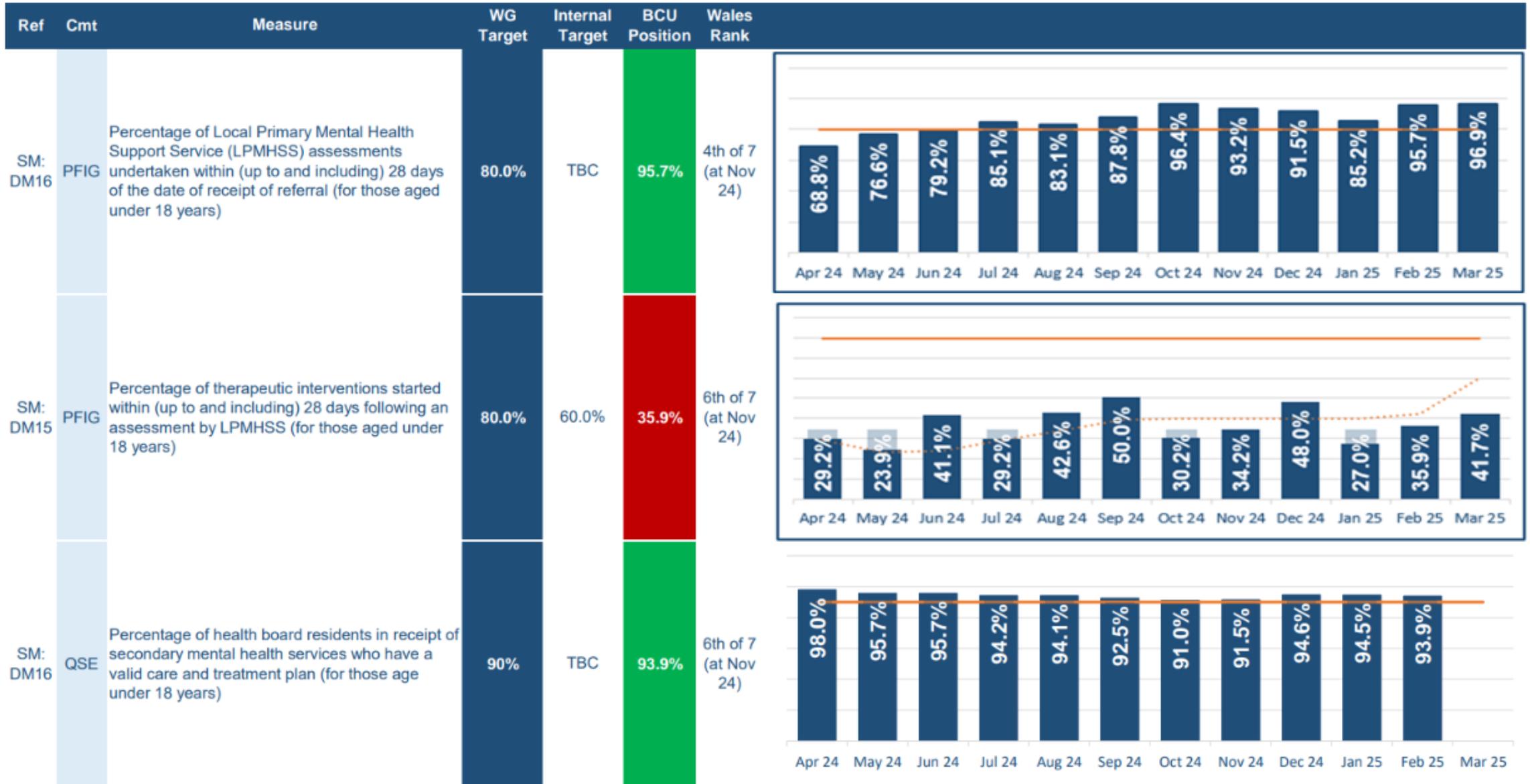
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Access and Activity Performance



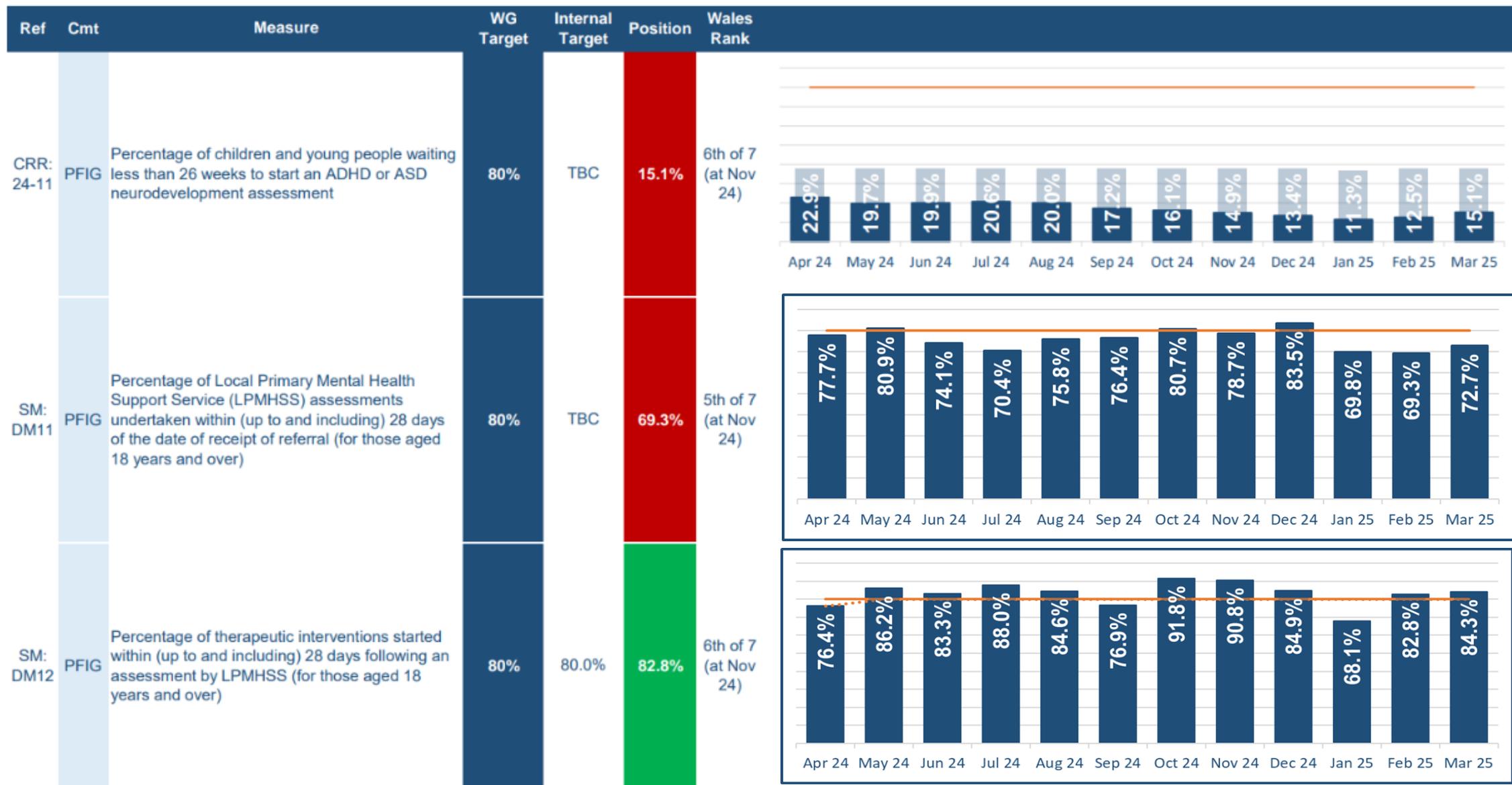
Access & Activity: Performance

Data reported in arrears



Access & Activity: Performance

Data reported in arrears

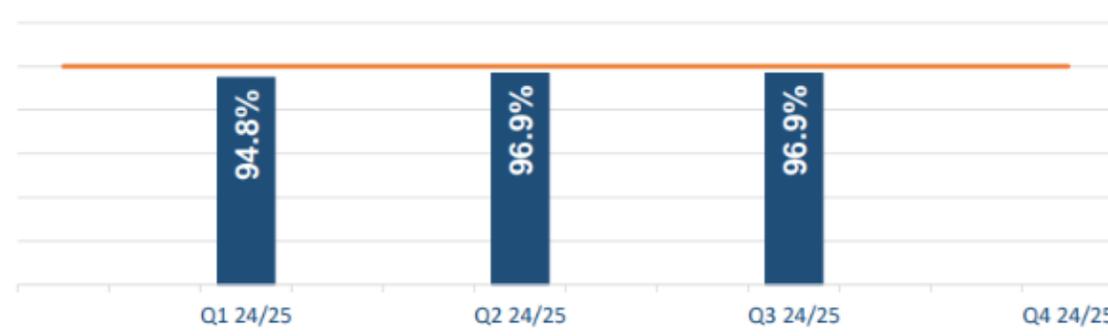


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Some data reported in arrears



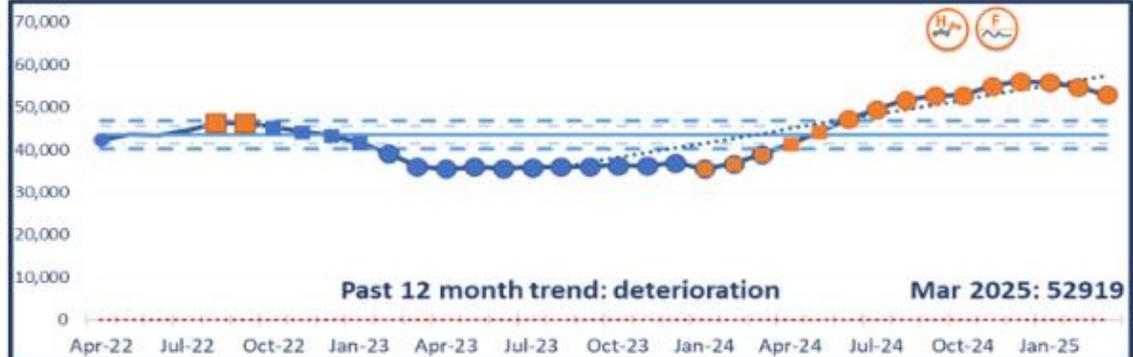
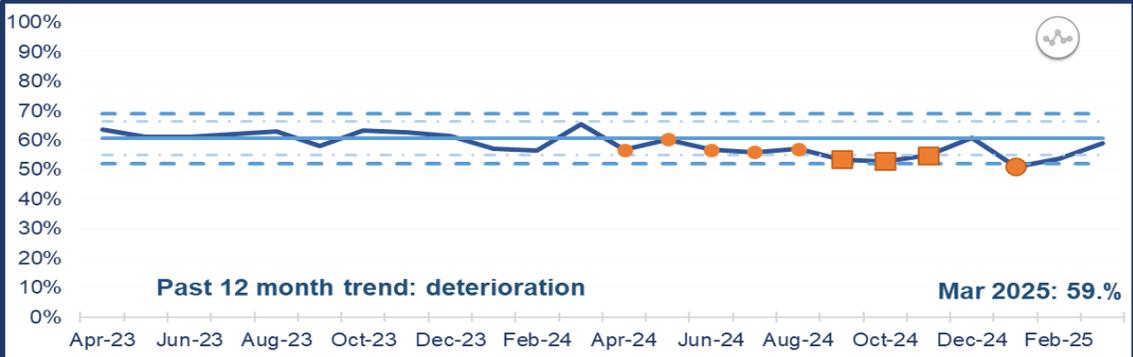
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM13	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	TBC	83.4%	4th of 7 (at Nov 24)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	62.0%	4th of 7 (at Nov 24)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	96.88%	6th of 7 (at Mar 23)



Access & Activity: Performance

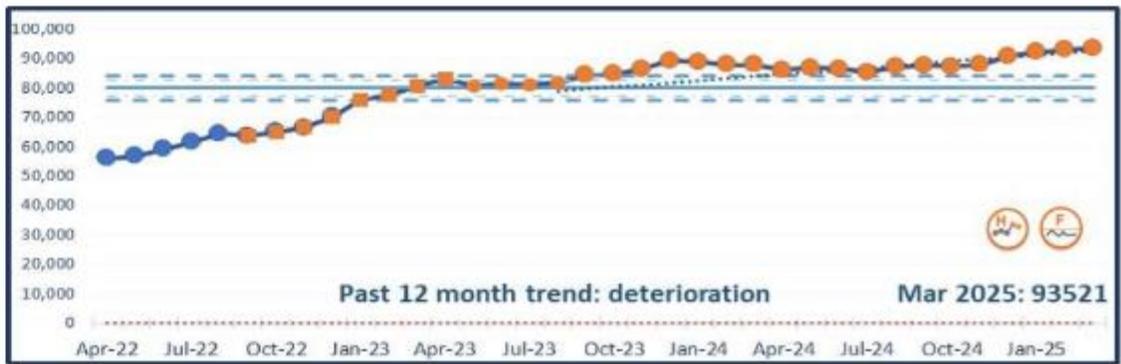
Some data reported in arrears

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM01	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increasing trend (to 80%)	70.0%	53.9%	6th of 6 (at Nov 24)
CRR: 24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	15322	29048	7th of 7 (at Nov 24)
CRR: 24-11 SM: DM02	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0 by Jun 25)	15322	52919	7th of 7 (at Nov 24)



Access & Activity: Performance

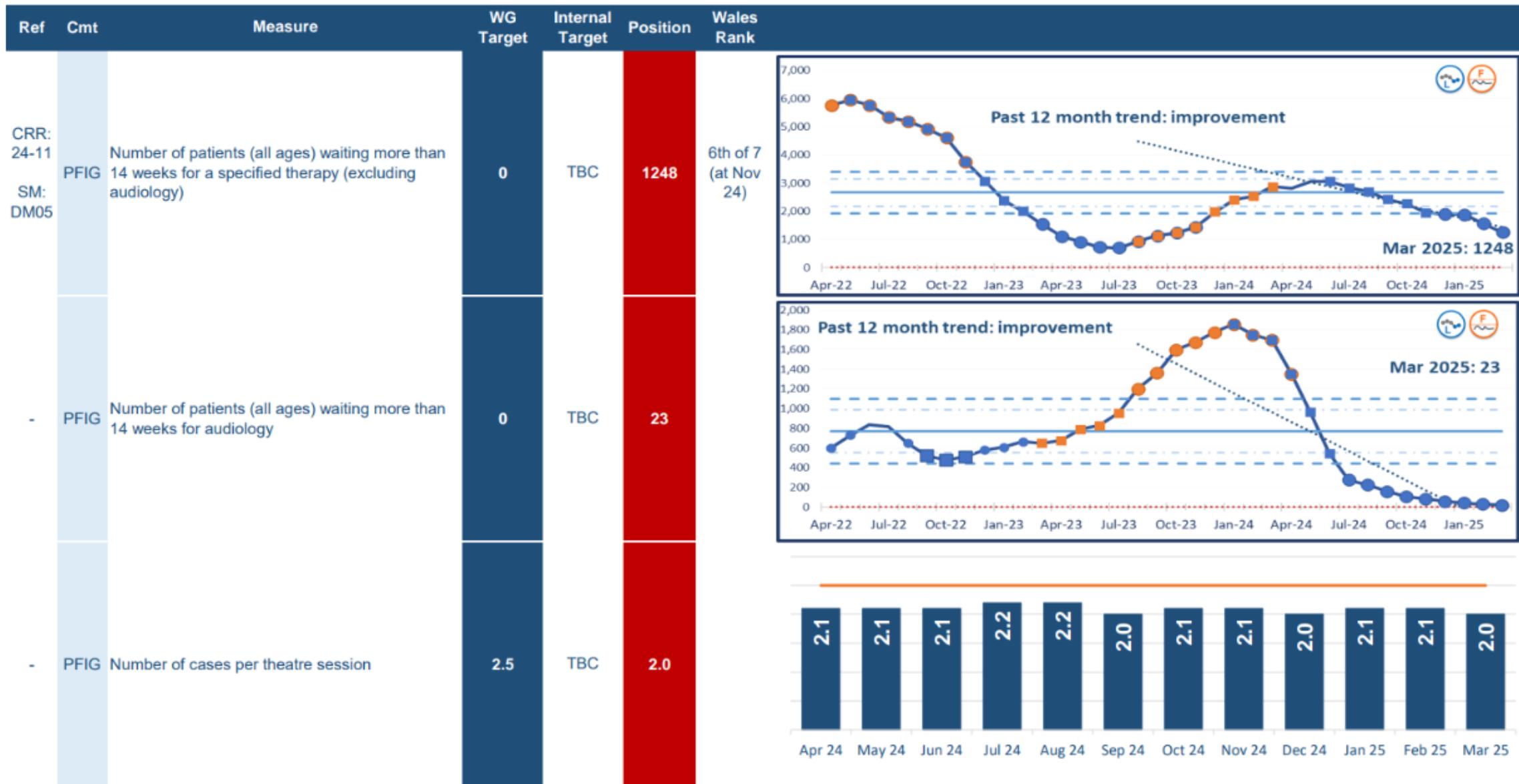
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM03	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	5016	5819	7th of 7 (at Feb 25)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	599	
CRR: 24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreasing trend (to 0)	TBC	93521	7th of 7 (at Mar 25)



Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank	
CRR: 24-13 SM: DM04	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	3046	10950	6th of 7 (at Nov 24)	<p>Past 12 month trend: deterioration Mar 2025: 10950</p>
CRR: 24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increasing trend (to 95%)	TBC	56.3%	7th of 7 (at Dec 24)	
CRR: 24-11	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	100.0%	TBC	98.2%	3rd of 7 (at Nov 24)	<p>Past 12 month trend: improvement Mar 2025: 98.2%</p>

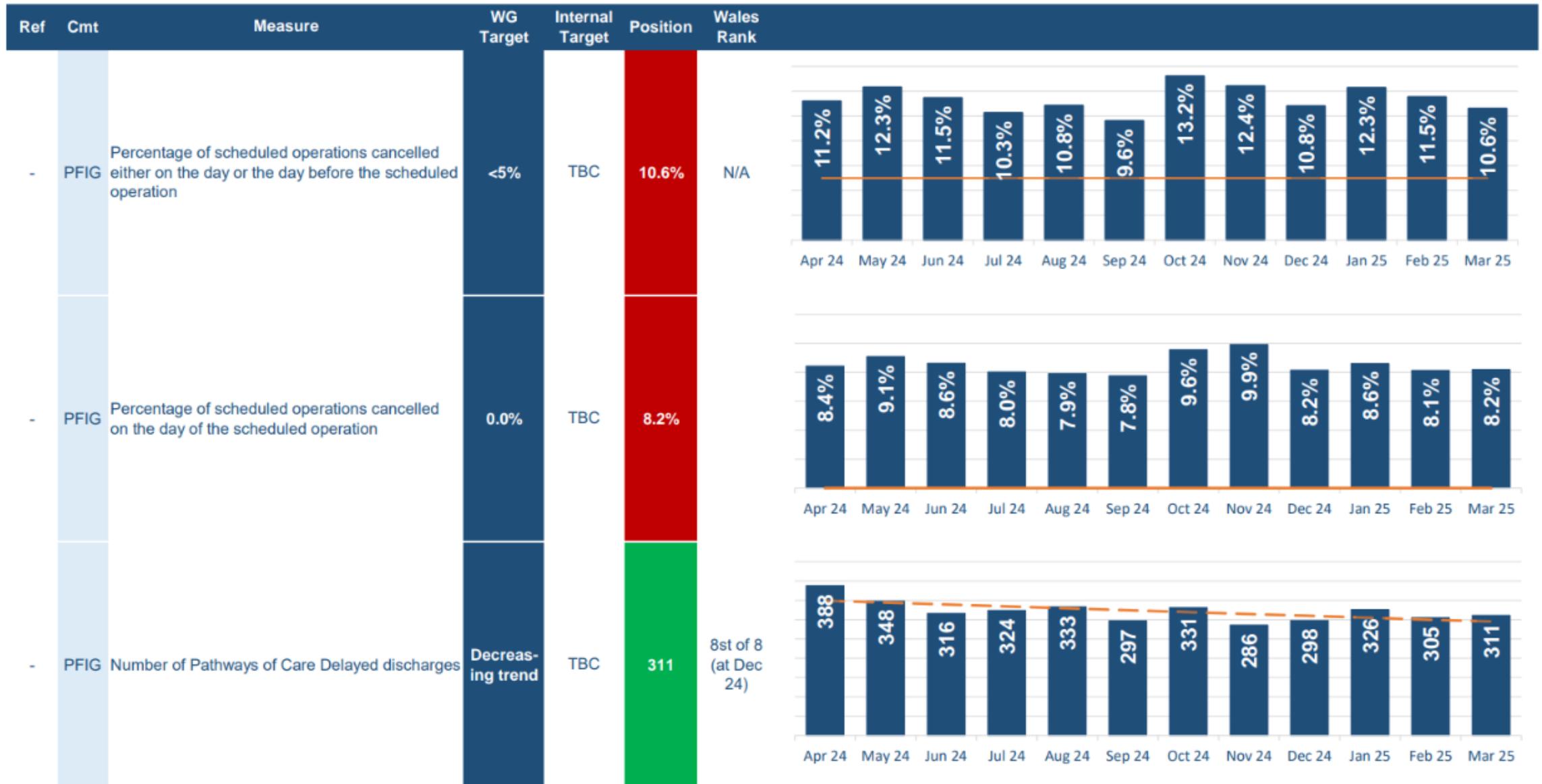
Access & Activity: Performance



Access & Activity: Performance

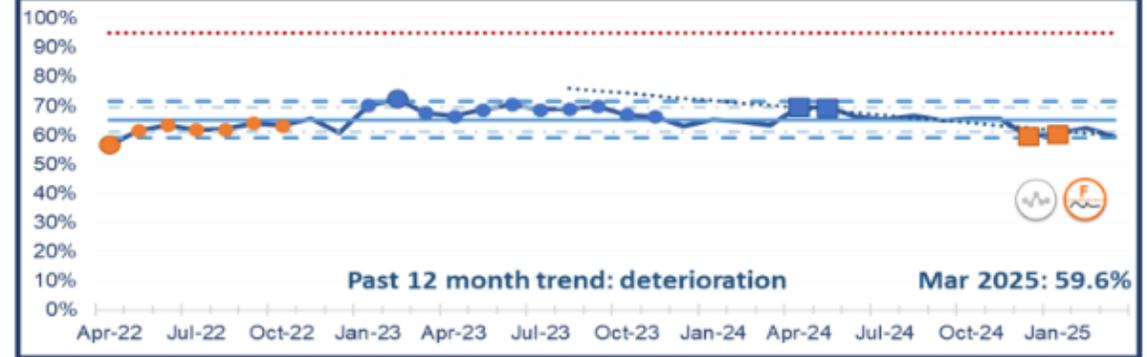


Access & Activity: Performance



Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	59.6%	7th of 7 (at Dec 24)
CRR: 24-10 SM: DM08	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2024/25 to 2023/24) to 0	2141	3652	7th of 7 (at Dec 24)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1851	



Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	TBC	22.0	3rd of 6 (at Dec 24)
CRR: 24-10 SM: DM07	PFIG	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	136.0	5th of 6 (at Dec 24)
CRR: 24-10	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	92.5	2nd of 7 (at Dec 24)

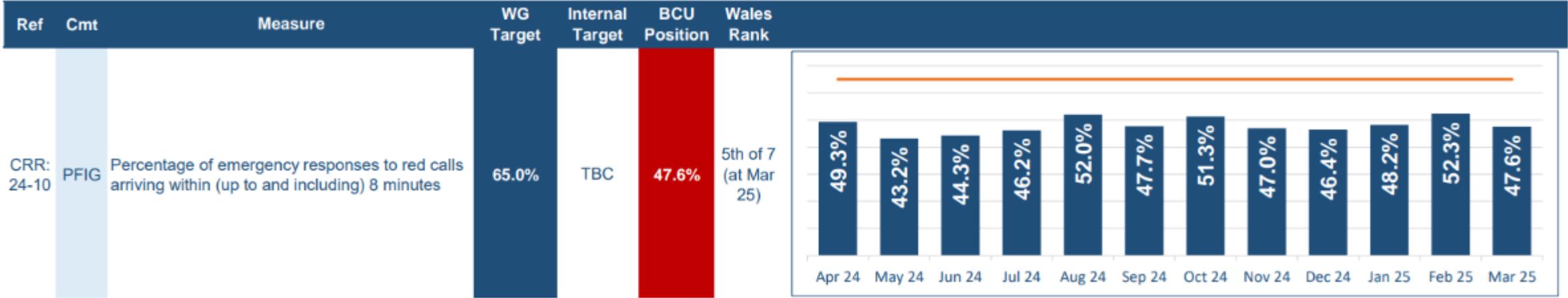


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Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	9.9%	N/A
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	973	2118	6th of 6 (at Dec 24)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	0	776	



Access & Activity: Performance



Access & Activity: Performance

Patient Type	Area	Values												Total Plan	Total Actual	Total Diff	Total % Diff
	West Plan	Actual	Diff	% Diff	Central Plan	Actual	Diff	% Diff	East Plan	Actual	Diff	% Diff					
Emergency Inpatients	31,324	30,193	-1,131	-4%	32,438	31,637	-801	-2%	35,953	36,080	127	0%	99,715	97,910	-1,805	-2%	
Elective Daycases	17,869	16,844	-1,025	-6%	9,080	8,218	-862	-9%	14,771	16,192	1,421	10%	41,720	41,254	-466	-1%	
Elective Inpatients	3,933	3,697	-236	-6%	4,463	4,733	270	6%	3,587	3,734	147	4%	11,983	12,164	181	2%	
Endoscopies	12,164	10,862	-1,302	-11%	7,173	5,638	-1,535	-21%	4,009	3,512	-497	-12%	23,346	20,012	-3,334	-14%	
MOPS (Cleansed DC)	1,527	480	-1,047	-69%	108	131	23	21%	416	281	-135	-32%	2,051	892	-1,159	-57%	
Regular Day Attenders	4,788	2,271	-2,517	-53%	3,514	3,932	418	12%	18,876	19,048	172	1%	27,178	25,251	-1,927	-7%	
Well Baby	1,314	1,315	1	0%	1,550	1,396	-154	-10%	1,687	1,626	-61	-4%	4,551	4,337	-214	-5%	
New Outpatients	81,958	89,039	7,081	9%	120,587	124,342	3,755	3%	97,024	103,686	6,662	7%	299,569	317,067	17,498	6%	
Review Outpatients	123,317	134,548	11,231	9%	194,997	198,872	3,875	2%	204,862	210,603	5,741	3%	523,176	544,023	20,847	4%	
Pre-Op Assessment	8,963	9,860	897	10%	10,564	9,910	-654	-6%	9,762	10,024	262	3%	29,289	29,794	505	2%	
New ED Attendances	72,266	71,802	-464	-1%	87,787	88,569	782	1%	65,574	71,058	5,484	8%	225,627	231,429	5,802	3%	
Review ED Attendances	1,893	2,196	303	16%	6,341	5,840	-501	-8%	3,103	3,240	137	4%	11,337	11,276	-61	-1%	
Grand Total	361,316	373,107	11,791	3%	478,602	483,218	4,616	1%	459,624	479,084	19,460	4%	1,299,542	1,335,409	35,867	3%	

Please note : East's, Nephrology Regular Day Attenders figures are obtained from a manual source and are a month in arrears - March 2025 activity is missing from the above figures.
Year to date Position at 31.03.2025

Source: Contracted Activity by Area, produced by Data, Digital and Technology Department (DD&T)

In summary

Actual Activity is more or less in line with what was planned to be undertaken to date. However, there are areas of significant under or over delivery:

Under

- Endoscopies** undertaken is down by 14% against plan. This has improved in year as insourcing as capacity has now recommenced.
- Regular Day Attendances** shows a 7% variance to plan
- Minor Operation Procedures (MOPs)** undertaken is 57% below the number planned .

Over

- Emergency Department attendances** up 5,221 (3%)
- Outpatient Follow-up appointments** up 14,978 (4%)
- New Outpatient Attendances** up 7,860 (4%)

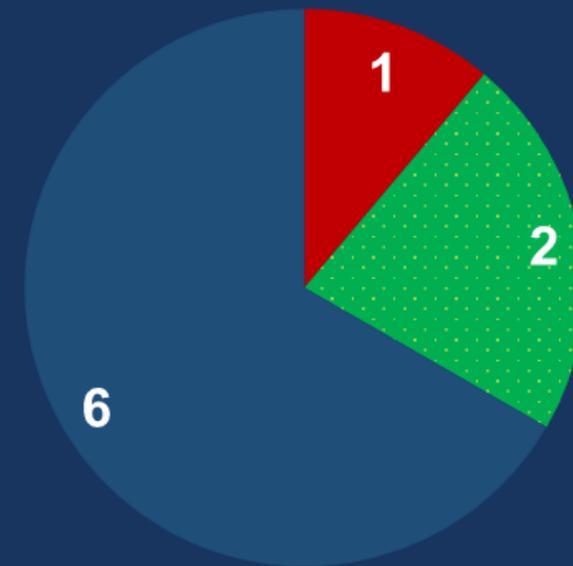
Section 3

People and Organisational Development Performance

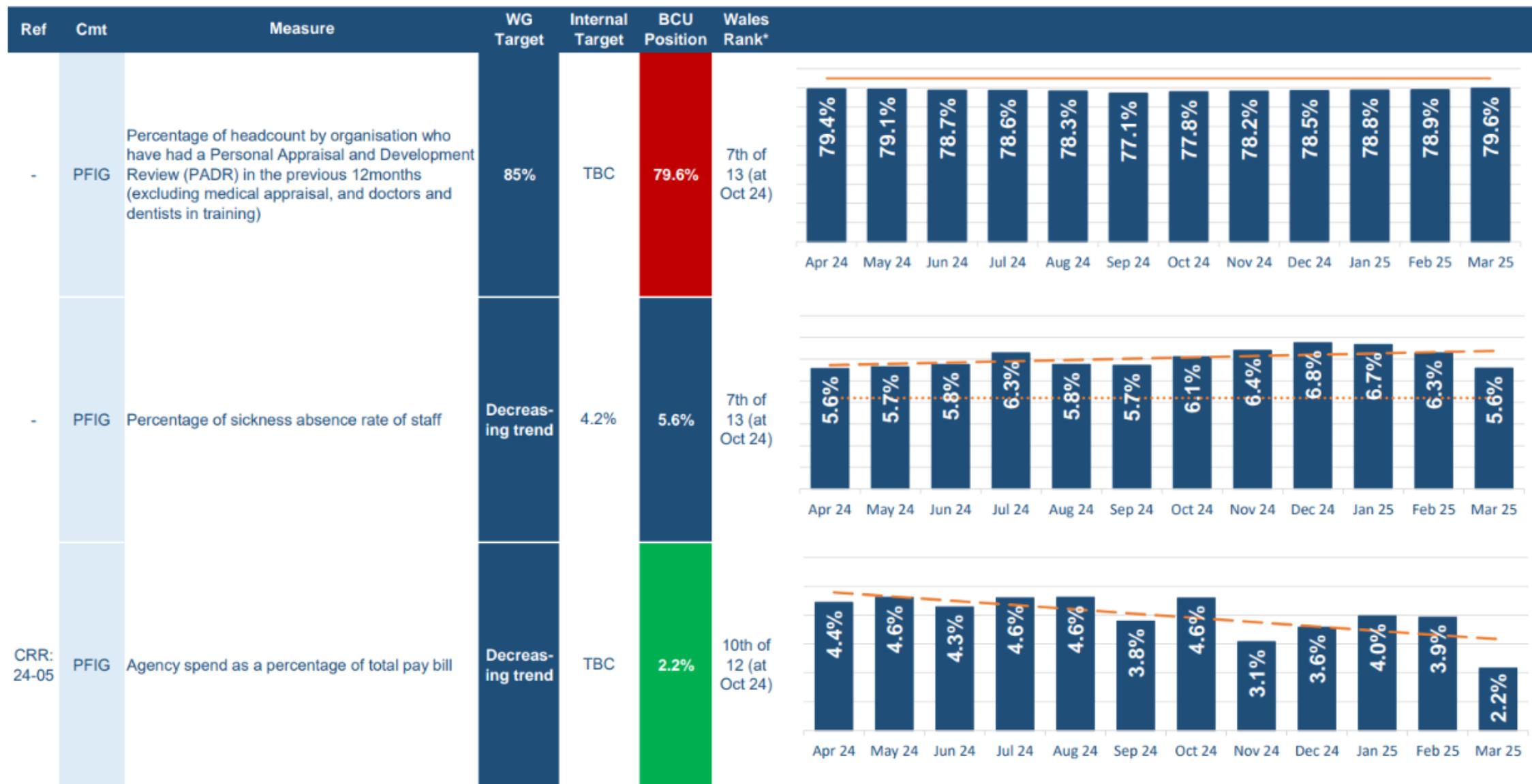


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

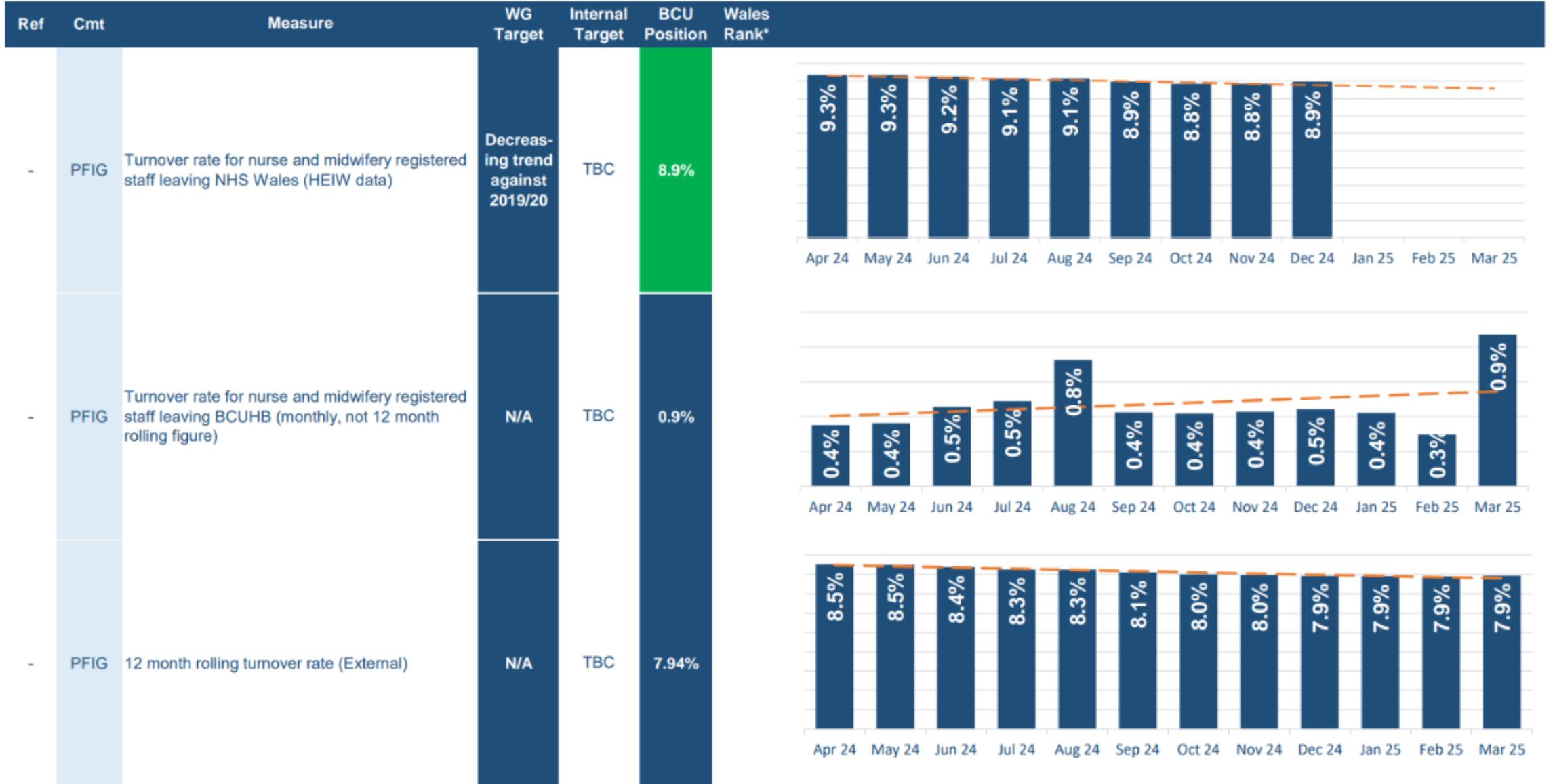


People: Performance

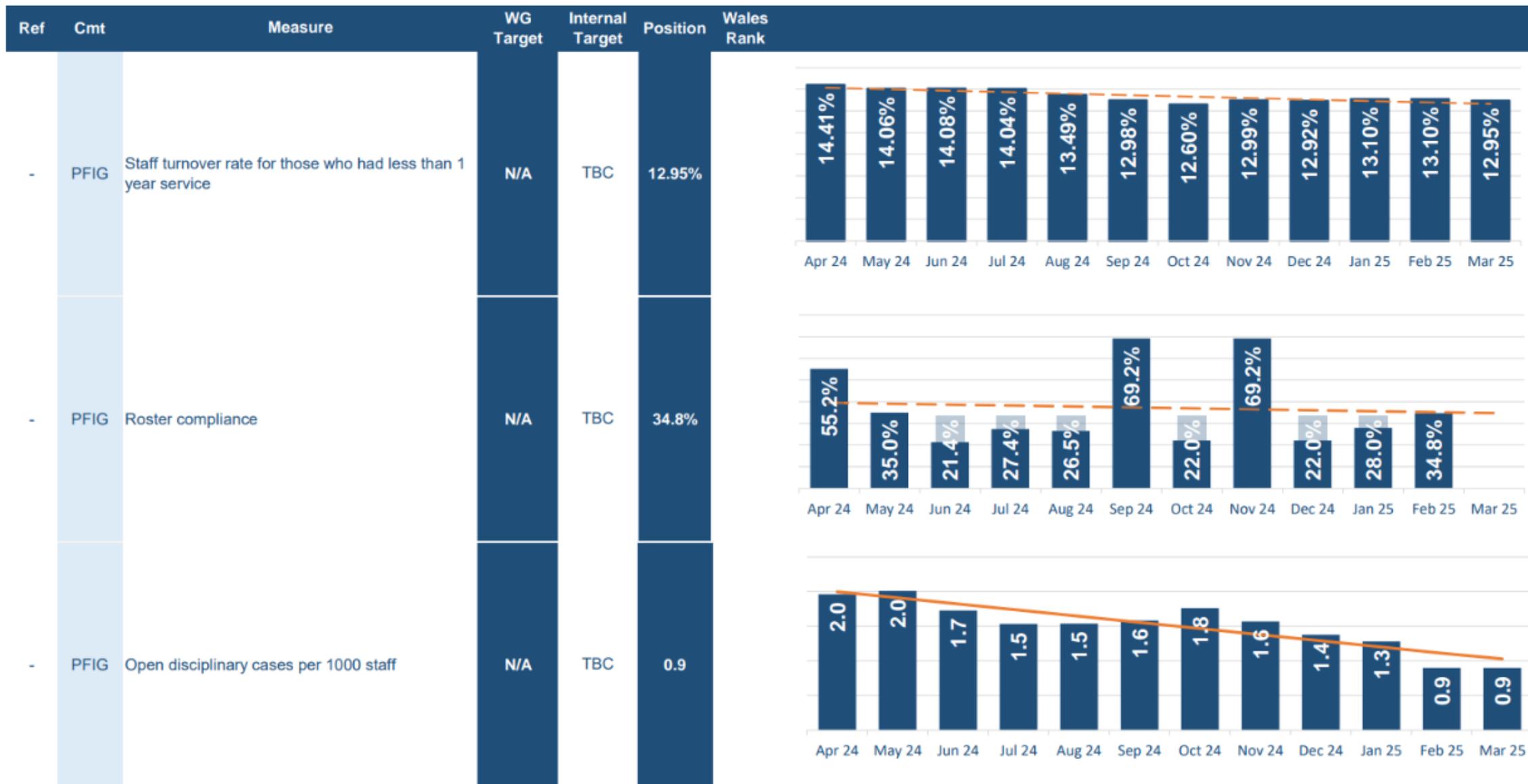


People: Performance

*Rank is based on National HEIW data where as, unless stated otherwise, position data uses BCU methodology



People: Performance



Section 4

Financial Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Finance: Performance (Corporate Risk 24-05 Financial Sustainability)

Please note : These figures are draft as the accounts are still in preparation and subject to Audit



Finance: Performance

Please note : These figures are draft as the accounts are still in preparation and subject to Audit



Finance: Performance

(Corporate Risk 24-05 Financial Sustainability)

BCU Wide and Divisional Positions (Red = overspend against plan)													
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	YTD £m
West IHC	(1.8)	(1.8)	(1.2)	(1.7)	(1.9)	(1.5)	(0.5)	0.1	(0.5)	(0.6)	0.3	1.2	(9.7)
Central IHC	(2.9)	(2.9)	(2.9)	(2.2)	(2.1)	(2.5)	0.3	(1.5)	(0.3)	(0.8)	(0.7)	2.3	(16.0)
East IHC	(3.3)	(2.7)	(2.6)	(2.6)	(3.4)	(2.5)	(1.2)	(0.7)	(1.1)	(0.5)	(2.1)	2.2	(20.5)
Womens	(0.1)	(0.1)	(0.1)	(0.0)	(0.2)	0.0	(0.2)	0.0	0.2	(0.1)	0.0	(0.1)	(0.7)
MH & LD	(1.6)	(1.7)	(1.6)	(1.8)	(1.6)	(1.5)	(1.8)	(1.4)	(1.7)	(1.4)	(0.6)	(1.1)	(17.8)
Commissioning Contracts	(1.7)	(1.9)	1.0	2.4	(0.7)	(0.2)	0.9	0.7	(0.8)	1.7	0.2	(1.3)	0.2
ICD Primary Care	0.2	0.6	0.3	0.4	0.7	0.3	0.6	0.5	0.3	0.1	0.8	0.5	5.1
ICD Regional Services	(1.3)	(0.2)	(1.0)	(1.7)	0.1	(0.3)	0.6	0.2	0.1	(0.7)	0.3	2.1	(1.8)
Support Functions & Other Budgets	9.8	7.6	6.2	8.0	7.5	8.0	0.3	1.5	6.0	4.8	5.1	(2.6)	62.3
BCU Wide	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	3.4	3.3	1.0

Service Performance against Target	Annual				Year to Date		
	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	8.7	7.0	1.6	8.2	8.7	7.0	1.6
Central Integrated Health Community	10.9	8.3	2.6	8.8	10.9	8.3	2.6
East Integrated Health Community	11.2	11.5	-0.3	10.3	11.2	11.5	-0.3
MHLD	4.2	7.8	-3.5	13.1	4.2	7.8	-3.5
Womens Services	1.4	1.4	0.0	0.7	1.4	1.4	0.0
Diagnostic and Specialist Clinical Support	2.1	1.2	0.9	0.2	2.1	1.2	0.9
Cancer Services	1.6	1.3	0.3	1.1	1.6	1.3	0.3
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.1	0.1	0.0	0.2	0.1	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.0	1.1	-1.1
Corporate & Support Services	3.7	4.6	-0.9	1.5	3.7	4.6	-0.9
Reserves	4.0	1.4	2.6	0.0	4.0	1.4	2.6
Saving Total	48.0	45.7	2.3	44.0	48.0	45.7	2.3
Accountancy Gains		12.7	-12.7			12.7	-12.7
Total		58.4	-10.4	44.0	48.0	58.4	-10.4

Finance: Agency / Locum Spend Performance

(Corporate Risk 24-05 Financial Sustainability)

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	49	62	81	70	69	72	95	105	13	115	75	93	899	899
2	Medical & Dental	1,489	1,597	1,428	1,766	1,672	1,410	1,900	1,601	1,390	1,573	1,811	1,817	19,454	19,454
3	Nursing & Midwifery Registered	1,912	1,985	1,902	1,904	1,889	1,768	1,765	1,667	1,528	1,693	1,363	1,226	20,602	20,602
4	Prof Scientific & Technical	10	10	12	10	23	14	14	17	7	12	8	0	137	137
5	Additional Clinical Services	19	23	32	9	27	16	27	21	12	3	26	(3)	212	212
6	Allied Health Professionals	467	449	378	396	485	428	400	454	447	539	591	454	5,488	5,488
7	Healthcare Scientists	25	15	3	9	11	10	12	20	9	7	0	12	133	133
8	Estates & Ancillary	(1)	9	8	1	5	16	0	4	6	(2)	6	4	56	56
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,970	4,150	3,844	4,165	4,181	3,734	4,213	3,889	3,412	3,940	3,880	3,603	46,981	46,981
11	Agency/Locum (premium) % of pay	4.4%	4.6%	4.3%	4.6%	4.6%	3.8%	4.6%	3.1%	3.6%	4.0%	3.9%	2.2%	4.1%	4.1%

Finance: Current Financial Position (Corporate Risk 24-05 Financial Sustainability)

Please note : These figures are draft as the accounts are still in preparation and subject to Audit

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a conditional recurrent basis for 2024/25.

The draft year end position is £7.4m overspent, which is £1.2m less than the revised control total of £8.6m. This meets the requirements relating to the financial aspect of the £74.6m conditional recurrent funding, with the other conditions needing to be confirmed. In March a surplus of £3.3m was achieved against plan, compared to a £3.4m surplus reported in February.

Financial Position for 2024/25

	Actual Position												Total £m
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7	2.6	(7.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(0.7)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	3.4	3.3	1.0

The Health Board's financial plan set a recurring savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis.

The savings delivered in March totalled £4.9m, £0.2m income generation and £0.1m accountancy gains totalling £5.3m against the in month target of £4.0m.

The full year value of reported saving schemes is £58.4m comprising of £43.5m Savings, £1.5m Income Generation, £12.7m Accountancy Gains and £0.7m Cost Avoidance. Of these, £30.1m have been identified as recurring, with a full year effect of £44.0m. This is £4m below the £48m required recurring target.



Additional Information

What is an Integrated Quality & Performance Report (IQPR)?

The Integrated Performance Report (IPR) combines the areas of Quality, Performance, People and Finance in one overarching report. It provides the reader with a balanced view of performance intelligence and assurances from across the organisation.

The Integrated Performance Framework (IPF)

The Integrated Performance Framework (IPF) for 2023-2027 was ratified by the Health Board on 28th September 2023. The Framework lays the foundations for an integrated approach to performance monitoring, intelligence, management, assurance and improvement. An integral element of the IPF is this new Integrated Performance Report and the governance structure wrapped around it.

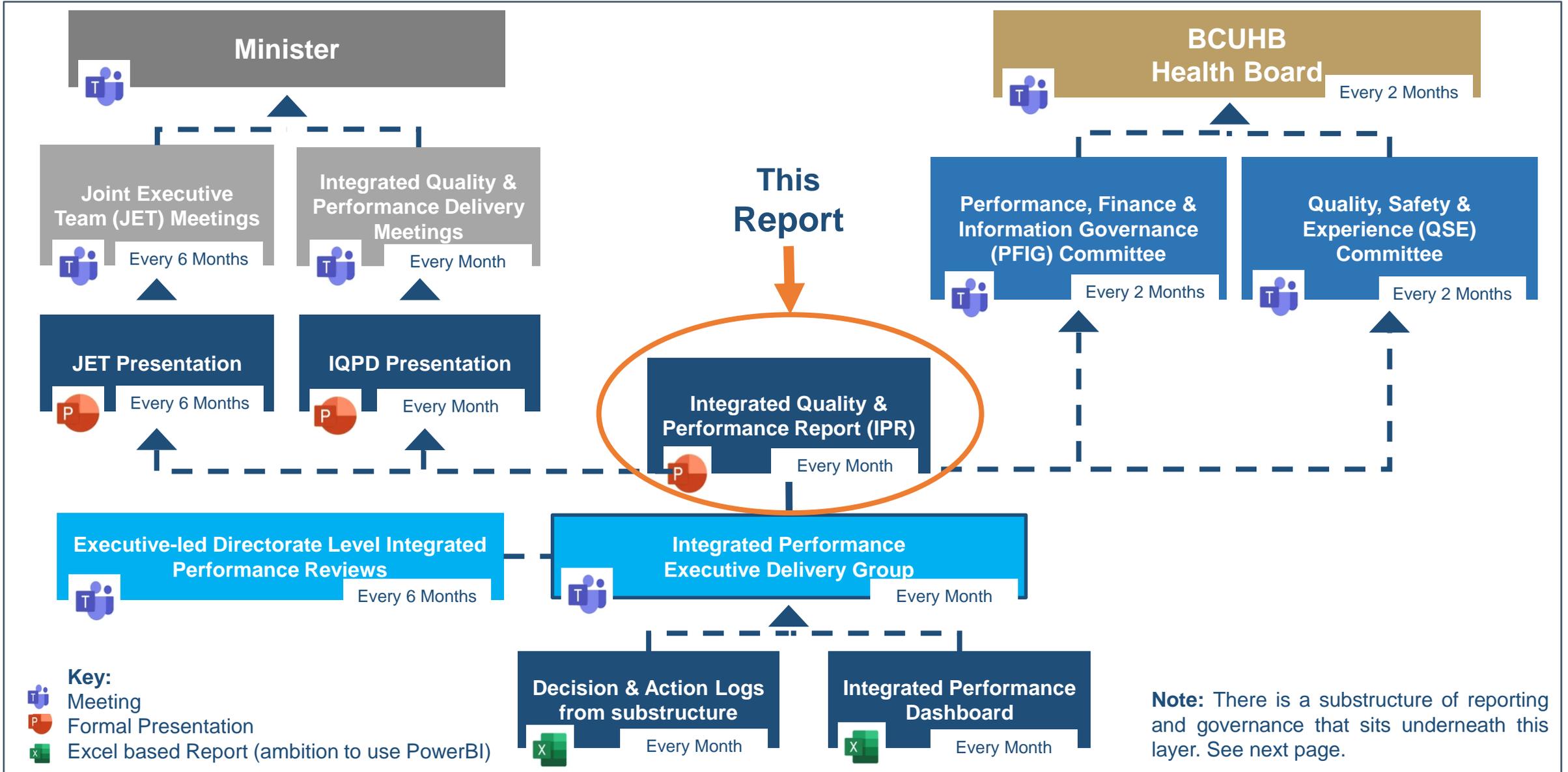
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the Health Board’s strategic objectives between now and April 2027. Work has also commenced with the corporate directorates working together on the development of an integrated approach to organisational quality surveillance mechanisms. Once this initial phase is complete, we will then begin our work with the services.

Where does the IQPR feature within the Performance Governance Structure

The Health Board’s business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF contains information on all metrics, including those that are consistently achieving success however, the main focus is on metrics in exception or escalation.

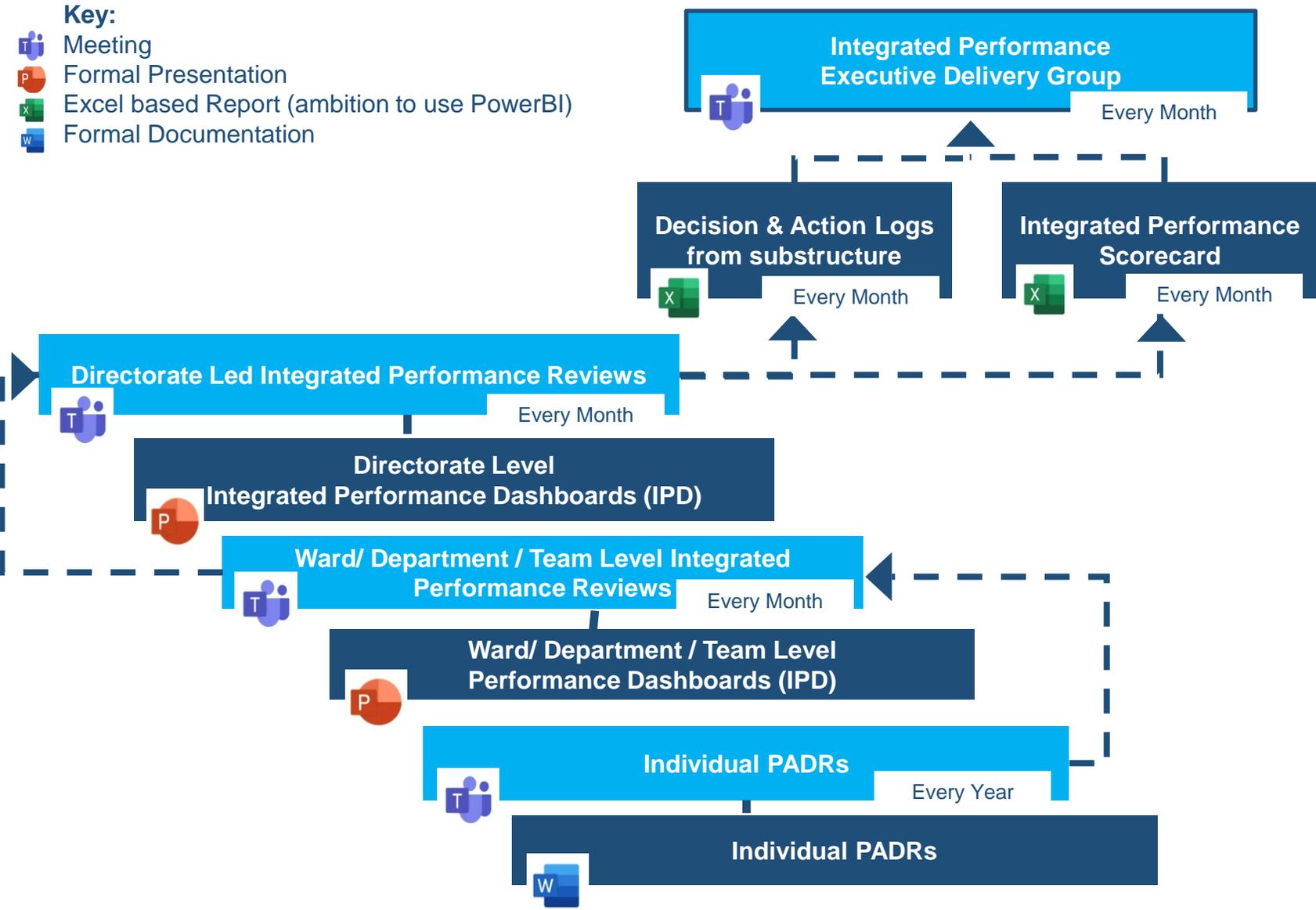
The IPR will be embedded as the ‘single version of the truth’ and used to report on performance to the Health Board, it’s scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally to Welsh Government. Once published for each Committee/Health Board, the report will be shared across the organisation via BetsiNet (internally), published externally on Betsi Cadwaladr University Health Board’s (BCUHB) external facing website and shared in parts or as a whole on other channels such as social media via our partners in BCUHB’s Communications Team.

The Integrated Performance Reporting & Governance Superstructure



The Integrated Performance Reporting & Governance Substructure

- Key:**
- Meeting
 - Formal Presentation
 - Excel based Report (ambition to use PowerBI)
 - Formal Documentation



Note: For Directorate, please think IHC, Pan-BCU services etc. Includes Corporate Services.

Note: There is a superstructure of reporting and governance that sits above this layer. See previous page.

Integrated Quality & Performance Reports



Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD Welsh Government) and Joint Executive Team (JET).

Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

Integrated Performance Dashboards



Operational level performance dashboards with drill through capabilities. For end of month's submitted position. Ambition for production in PowerBI. – Produced by Digital, Data & Technology (DDAT) in partnership with the Performance and Commissioning Directorate(P&CD)

Deep Dive Reports



Detailed Deep Dive reports used in accompaniment to Formal Reports, Scorecards and Dashboards to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary, i.e. to support escalation, de-escalation.

Ad-hoc Reports



Ad-hoc reports used outside of the formal channels and for specific queries to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary to provide additional intelligence and assurances as required.

Common Acronyms and Abbreviations

Please see below a list of abbreviations commonly found within the report:

A&E	Accident and Emergency	LPMHSS	Local Primary Mental Health Support Services
AB	Aneurin Bevan Health Board	MH&LD	Mental Health and Learning Disabilities
ADHD	Attention Deficit Hyperactivity Disorder	MMR	Measles, Mumps and Rubella
ASD	Autistic Spectrum Disorder	NHS	National Health Service
BCU/BCUHB	Betsi Cadwaladr University Health Board	NR	non-recurrent
C&V	Cardiff and Vale University Health Board	PADR	Performance Appraisal and Development Review
Cmt	committee	PFIG	Performance, Finance, and Information Governance Committee
CRR	Corporate Risk Register reference	QSE	Quality, Safety, and Experience Committee
CTM	Cwm Taf Morgannwg University Health Board	R	recurrent
ENT	Ear, Nose, and Throat	SB	Swansea Bay University Health Board
GDS	General Dental Services	SM	Special Measures
GP	General Practitioner	WAST	Welsh Ambulance Services NHS Trust
HDda	Hywel Dda University Health Board	WG	Welsh Government
HEIW	Health Education and Improvement Wales	YTD	year to date
IHC	Integrated Health Community		

This report has been produced on behalf of the **Health Board** by the **Performance & Commissioning Directorate** in partnership with:

- Integrated Health Communities (West, Centre & East)
- Digital, Data & Technology Directorate (DDAT)
- Workforce & Organisational Development Directorate (WOD)
- Adult Mental Health & Learning Disabilities Directorate (AMH&LD)
- Children & Young Adolescent Mental Health Services Directorate (CAMHS)
- Women's Services Directorate (WS)
- Public Health
- Finance Directorate
- Office of the Medical Director (OMD)
- Quality & Patient Experience Directorate (Q&PE)
- Equal Opportunities Team
- Corporate Risk Management Team
- Corporate Communications Team

...and the following as Senior Responsible Officers for the measures within their respective Executive Portfolios.

- Executive Director of Operations
- Executive Director of Finance
- Executive Director for Public Health
- Executive Director for People & Organisational Development
- Executive Director of Therapies and Health Sciences
- Executive Director of Strategic Planning & Transformation
- Executive Director of Nursing & Midwifery
- Executive Medical Director

Benchmarking information has been sourced (as identified) from NHS Benchmarking Network, Welsh Government and CHKS

Integrated Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance for further details regarding this report. And further information on our performance can be found online at:

- Our website www.bcu.wales.nhs.uk
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuhb



<http://www.facebook.com/bcuhealthboard>



<p>Teitl adroddiad:</p> <p>Report title:</p>	<p>2024-25 Month 12 (March) Finance Report – (Subject to Audit)</p>																																																						
<p>Adrodd i:</p> <p>Report to:</p>	<p>Health Board</p>																																																						
<p>Dyddiad y Cyfarfod:</p> <p>Date of Meeting:</p>	<p>Thursday, 29 May 2025</p>																																																						
<p>Crynodeb Gweithredol:</p> <p>Executive Summary:</p>	<p>This report provides a briefing on the draft (unaudited) financial outturn for the Health Board as at 31st March 2025, with the report including an update on delivery of the approved capital programme and savings delivery against target in year. In addition, the report reflects on the financial performance for month 1 of the 2025/26 financial year, articulating key risks that require mitigation within the new financial year.</p> <p><u>Finance Report to 31st March 2025</u></p> <p>The full year draft unaudited financial position of the Health Board is a deficit of £7.6m. This reported deficit is subject to review by Audit Wales, with the Audited Final Annual Accounts to be submitted to Welsh Government by 30th June 2025.</p> <p>Whilst this outturn is a deficit and therefore does not meet the key first financial duty to break-even, this does represent a £1.0m surplus against the planned deficit control total of £8.6m and represents the Health Board delivering its planned outturn for the financial year (subject to audit review).</p> <p>The full year £7.6m deficit is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs. The Health Board mitigating these adverse drivers of performance through enhanced controls deployment.</p> <p>The below table summarises monthly variance for 2024/25:</p> <table border="1" data-bbox="392 1491 1490 1644"> <thead> <tr> <th rowspan="2"></th> <th colspan="12">Actual</th> </tr> <tr> <th>April</th> <th>May</th> <th>June</th> <th>July</th> <th>August</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>DRAFT Mar</th> <th>DRAFT Total 2025/26</th> </tr> <tr> <th></th> <th>£m</th> </tr> </thead> <tbody> <tr> <td>Total Monthly Surplus/ (Deficit)</td> <td>(4.3)</td> <td>(4.8)</td> <td>(3.7)</td> <td>(0.7)</td> <td>(3.3)</td> <td>(1.9)</td> <td>(2.7)</td> <td>5.1</td> <td>1.5</td> <td>1.9</td> <td>2.7</td> <td>2.6</td> <td>(7.6)</td> </tr> </tbody> </table> <p><u>Savings</u></p> <p>The Health Board’s financial plan required a recurrent savings target of £48.0m to be delivered in 2024/25. Full year saving value of delivered Green Schemes totals £58.4m (including £43.5m Savings, £1.5m Income Generation, £12.7m Accountancy Gains and £0.7m Cost Avoidance) with £30.1m identified as recurring with a full year effect of £44.0m.</p> <p>The Health Board’s target was £48.0m of recurrent savings, with the £44.0m recurrent full year effect reflecting a gap of recurrent savings to the target totalling £4.0m.</p>		Actual												April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	DRAFT Mar	DRAFT Total 2025/26		£m	Total Monthly Surplus/ (Deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7	2.6	(7.6)												
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	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m																																										
Total Monthly Surplus/ (Deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7	2.6	(7.6)																																										

The Health Board's financial plan for 2025/26 requires a savings target delivery of £40m. This represents a challenging but achievable target for BCU and is above the minimum set for Health Boards of 2% by Welsh Government. The Health Board is seeking to enhance the traditional transactional savings approach through the Value & Sustainability transformation vehicle. This is focused on delivering patient benefits within the core domains of Clinical Value, Workforce, Continuing Healthcare, Medicines Management and Non-Pay & Procurement. Work is progressing at pace to increase the savings pipeline and commencement of delivery.

Capital Programme

The finance report articulates performance within the Capital Programme which consists of Discretionary funding plus specific funding for Major Projects. The approved Capital Resource Limit (CRL) for 2024/25 is £50.6m, which includes £0.9m IFRS16 and £49.7m Capital. The Health Board also had capital receipts of £0.4m in year and donated income of £1.0m.

2024/25 expenditure is £51.7m against a year-to-date plan of £52.0m, with an underspend of £0.3m. The Health Board is required to not exceed the capital expenditure plans for 2025/26 and has an allowable underspend of £0.5m, with the Health Board outturn within these limits.

Finance Report to 31st March 2026

The Health Board is required to report a month one position (April 2025) to Welsh Government, with this presenting a challenging environment owing to the need to allocate budgets for the new financial year whilst servicing the requirements of Audit Wales, as they audit the 2024/25 financial outturn.

The month 1 position is reported as a £3.7m deficit, largely driven by an in month £2.7m shortfall on savings delivery, the savings requirement of £40m apportioned equally over the financial year. The remaining financial pressures associated with additional capacity areas remaining open and Out of Area Mental Health Placement costs remaining above historic levels.

Savings targeted for 2025/26 total £40m with month 1 having £8.4m rated green, red schemes of £1.9m and pipeline opportunities of £16.2m. It is vital to delivery of the plan that further savings are identified at pace, so as to ensure for future months the current deficit is recovered and the forecast of break-even and attainment of the key financial duty delivered.

The receipt of £82m non-recurrently in 2025/26 can become recurrent (increasing Welsh Governments allocation to the Health Boards for 2026/27 and beyond) if conditions are met, namely (a) £40m aligned to delivery of the IMTP and breakeven for the current financial year (b) £42m following de-escalation of special measures. It is therefore of significant importance to deliver the 2025/26 financial plan, so as to secure this resource on a permanent basis.

Savings performance will be an area of key focus over the financial year, with oversight through Executive, Executive Delivery – Integrated Performance Group and the Performance, Finance & Information Governance Committee (PFIG).

Argymhellion:

The Board is asked to:

- **Receive**, and scrutinise this report

Recommendations:				
Arweinydd Gweithredol: Executive Lead:	Russell Caldicott, Interim Executive Director of Finance.			
Awdur yr Adroddiad: Report Author:	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development			
Pwrpas yr adroddiad: Purpose of report:	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"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input checked="" 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>	Derbyniol <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>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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:				
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:				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.			
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?	Naddo N Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable. The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.			

<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>BAF – Financial Stability</p> <p>From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The Health Board has (subject to Audit review) achieved the targeted outturn for the 2024/25 financial year, though not attained the key financial duty to break-even and thus may receive a regulatory qualification.</p> <p>The Health Board plan for 2025/26 attains the key first duty of break-even, and in doing so secures current non-recurrent (one off) funding of £82m as a permanent allocation increase from Welsh Government into 2026/27 and beyond.</p> <p>The risk to not attaining break-even in 2025/26 is a further reported regulatory breach within the review of the Annual Performance by Audit Wales, and potential removal of funding totalling £82m in 2026/27 (currently contained within the 2025/26 financial plans) with service changes then required to manage within the reduced allocation.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Appendix A BAF risks BAF SP14 – Estates & Capital <i>(There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</i></p> <p>Link to Corporate Risk Register: CRR24-06 Suitability and Safety of Sites</p>

	CRR24-05 Delivery of the 24/25 Financial Plan
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: List of Appendices: A - 2024/25 Finance Report – March (Month 12) – Subject to Audit	

Finance Report – Health Board March - Month 12 2024/25 (Subject to Audit)

Russell Caldicott
Executive Director of Finance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Executive Summary (Draft Subject to Audit)

Objective	<ul style="list-style-type: none"> To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern. 	
Statutory Financial Duties	Revenue	<ul style="list-style-type: none"> The full year draft unaudited financial position of the Health Board is reporting a deficit of £7.6m, which is £1.0m under the £8.6m planned deficit control target. Draft In-month surplus of £2.6m, an improvement of £0.1m from previous month's surplus of £2.7m. The draft end of year financial position is subject to the closure and submission of the final accounts for 2024/25 and the subsequent audit by Audit Wales (submission required to Welsh Government of the Audited Accounts by 30th June 2025)
	Cash	<ul style="list-style-type: none"> Closing Cash Balance as at 31st March 2025 was £5.9m (£3.0m revenue cash and £2.9m capital cash).
	Savings	<ul style="list-style-type: none"> The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. Month 12 delivered savings are £58.4m (including £12.7m Accountancy Gains). An increase of £1.3m from Month 11 that exceeds plan requirements. Of the £58.4m delivery, £30.1m is recurring schemes with a full year effect of £44.0m. The gap of recurrent savings to the target is £4.0m. Savings delivered in Month 12 totals £5.3m, of which £3.7m is recurring. Accountancy Gains of £0.1m were also identified in month which contribute to the in-month delivery.
	Capital	<ul style="list-style-type: none"> Approved Capital Resource Limit (CRL) for 2024/25 is £50.6m, with a full year spend of £51.7m against a full year plan of £52.0m, with an underspend of £0.3m. Within the tolerance levels set by Welsh Government of not exceeding target with underspends of no more than £0.5m.
	PSPP	<ul style="list-style-type: none"> The final PSPP for paying non-NHS invoices by number was 95.6% (Welsh Government target 95.0% of suppliers paid within 30 days of invoice)
Key Messages	<ul style="list-style-type: none"> ➤ In November 2024, Welsh Government (WG) recognised the continuing pressures reported within the Health Board and allocated a further £11.15m, on condition that the planned deficit was reduced to £8.6m. ➤ The Health Board has delivered a £1.0m surplus against the full year £8.6m planned deficit control target, with the full year draft unaudited financial position reporting a deficit of £7.6m (subject to final adjustments and audit). The delivery of the year end control target will ensure significant progress in securing the Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) received on a on a non-recurrent basis in 2024-25 and the £74.6m agreed on a conditionally recurrent basis for 2024/25. In 2025-26 conditions are required to be met for the allocations to become recurrent. ➤ Additional centralised controls and enhanced oversight agreed and endorsed at the January Integrated Performance Delivery Group (IPEDG) meeting have contributed to the reduced year end deficit against plan. ➤ The Health Board has returned slippage of £3.49m to WG against the additional Planned Care funding received to address the 104-week waits. ➤ It is of note that the 2024/25 £7.6m year-end deficit outturn position does not attain the key duty of the Health Board to have a balanced financial position. 	

Key Performance Indicators (Draft Subject to Audit)



Month 12 Draft Position

In Month: £260.3m against plan of £262.9m
£3.3m favourable above Plan (Total £2.6m favourable variance)

Full Year: £2,329.3m against plan of £2,321.7m
£1.0m favourable below £8.6m full year planned deficit (Total deficit is £7.6m)



2024/25 Full Year DRAFT Position

£7.6m deficit
(£1.0m below the £8.6m planned deficit outturn)

(Draft Subject to Audit)

Month 12 Divisional Performance

West IHC	£9.7m adverse
Central IHC	£16m adverse
East IHC	£20.4m adverse
Womens	£0.7m adverse
MH & LD	£17.8m adverse
Commissioning Contracts	£0.2m favourable
ICD Primary Care	£5m favourable
ICD Regional Services	£1.8m adverse
Support Functions	£4.6m favourable
Other Budgets	£57.7m favourable



Savings

In-month: £5.3m against target of £4.0m
£1.3m favourable



Full Year Savings Delivery

Full Year £58.4m (includes £12.7m Accountancy Gains) against a target of £48.0m

£10.4m favourable



COVID-19 Impact

£10.9m Full Year cost against £12.2m COVID funding allocation from WG

£1.3m Slippage



Year to Date Income

£170.8m against budget of £159.0m
£11.8m favourable



Year to Date Pay

£1,186.5m against budget of £1,160.5m
£26.0m adverse

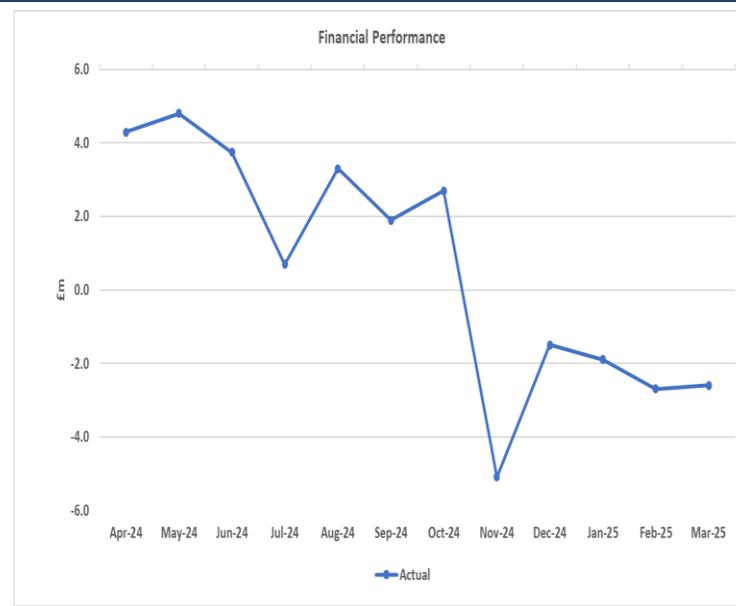


Year to Date Non-Pay

£1,313.5m against budget of £1,320.2m
£6.6m favourable

Revenue Position (Draft Subject to Audit)

	Actual												2024/25 Cumulative against Plan			
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%
Revenue Resource Limit	(172.4)	(171.6)	(172.4)	(178.2)	(178.6)	(186.2)	(184.8)	(227.6)	(188.2)	(197.1)	(201.7)	(262.9)	(2,321.7)	(2,321.7)	0.0	0.00%
Miscellaneous Income	(13.1)	(12.8)	(13.5)	(13.4)	(13.7)	(13.2)	(14.5)	(13.8)	(13.4)	(14.8)	(15.2)	(19.3)	(159.0)	(170.8)	-11.8	7.40%
Health Board Pay Expenditure	86.7	87.2	86.7	87.7	87.5	96.5	88.7	122.5	92.2	96.0	93.6	161.1	1,160.5	1,186.5	26.0	2.24%
Non-Pay Expenditure	103.1	102.0	102.9	104.6	108.1	104.9	113.2	113.8	107.8	113.9	120.6	118.5	1,320.2	1,313.5	-6.6	-0.5%
Total Deficit / (Surplus)	4.3	4.8	3.7	0.7	3.3	1.9	2.7	(5.1)	(1.5)	(1.9)	(2.7)	(2.6)	0.0	7.6	7.6	
Planned Deficit	1.6	1.6	1.6	1.6	1.6	1.6	1.6	(5.8)	0.7	0.7	0.7	0.7	8.6	0.0	8.6	
Total Deficit / (Surplus) above Plan	2.6	3.2	2.1	(0.9)	1.6	0.3	1.0	(0.7)	(2.2)	(2.6)	(3.4)	(3.3)	8.6	7.6	(1.0)	

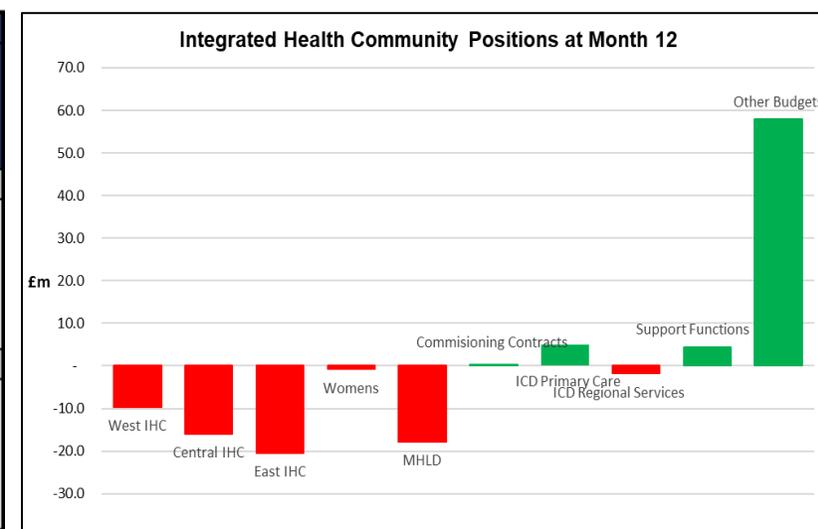


- Within the 204/25 financial plan Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) was allocated for an additional year on a non-recurrent basis in 2024/25. The £74.6m non-recurrent additional support issued in 2023/24 was agreed as recurrent for 2024/25; giving an opening recurrent underlying deficit position of £178.2m. In November 2024, Welsh Government have recognised the continuing pressures, which were in part funded on a non recurrent basis in 23/24, and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m.
- As requested by WG, the Health Board has reviewed the treatment of the conditionally recurrent allocation of £74.6m received in 2023/24. This is now re-stated as conditionally recurrent following instruction from WG on the MMR Reply Letter dated 25th February 2025 to treat as conditionally recurrent based on the Health Board forecasting to attain the target control total of an £8.6m deficit for the 2024/25 financial year.
- Full year draft unaudited position of the Health Board is a deficit of £7.6m, a £1.0m surplus compared to the full year planned deficit of £8.6m. This reduction being mainly due to additional income of £0.9m above forecast, the release of circa £2.3m from the balance sheet for provisions no longer required, and the continued control of expenditure as a result of both local and centralised non-pay restraints.
- Year end deficit position is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs.
- The increase in Month 12 WG Revenue Resource Limit and Health Board Pay expenditure includes the £69.6m year end adjustment in respect of the notional 9.4% additional employers superannuation adjustment fully funded by Welsh Government.

Divisional Positions (Draft Subject to Audit)

	In Month			
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %
WG RESOURCE ALLOCATION	(262.9)	(262.9)	0.0	0%
WEST INTEGRATED HEALTH COMMUNITY				
Management	0.1	0.1	0.0	
West Area	19.4	18.1	1.4	
Ysbyty Gwynedd	12.1	12.3	(0.1)	
Facilities	1.1	1.1	(0.0)	
Total West	32.8	31.6	1.2	4%
CENTRAL INTEGRATED HEALTH COMMUNITY				
Management	0.1	0.1	(0.0)	
Central Area	24.3	23.3	1.0	
Ysbyty Glan Clwyd	16.7	15.2	1.4	
Facilities	1.3	1.3	(0.0)	
Total Central	42.3	40.0	2.3	6%
EAST INTEGRATED HEALTH COMMUNITY				
Management	0.1	0.0	0.1	
East Area	28.8	28.0	0.7	
Ysbyty Wrexham Maelor	14.5	13.1	1.4	
Facilities	1.2	1.2	(0.0)	
Total East	44.6	42.4	2.2	5%
Total Midwifery and Women's Services	4.3	4.4	(0.1)	-2%
Total Mental Health and LDS	15.6	16.7	(1.1)	-7%
Total Commissioning Contracts	27.6	28.9	(1.3)	-5%
INTEGRATED CLINICAL DELIVERY PRIMARY CARE				
Covid Programmes	0.5	0.5	0.0	
Dental North Wales	3.0	2.7	0.4	
Community Dental Services	0.6	0.6	(0.0)	
Other Primary Care	(0.0)	(0.2)	0.2	
Total Integrated Clinical Delivery Primary care	4.1	3.5	0.5	13%
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES				
Provider Income	(1.9)	(2.3)	0.4	
Diagnostic and Specialist Clinical Support	8.4	7.3	1.1	
Cancer Services	6.6	6.0	0.6	
Total Integrated Clinical Delivery	13.2	11.1	2.1	16%
Total Service Support Functions	16.7	13.6	3.1	19%
Total Other Budgets	62.5	68.2	(5.8)	-9%
Total HB Position	0.7	2.6	3.3	466%

Cumulative			
Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %
(2,321.7)	(2,321.7)	0.0	0%
1.4	1.3	0.1	
209.9	210.0	(0.1)	
134.4	143.1	(8.7)	
13.1	14.1	(1.0)	
358.8	368.5	(9.7)	-3%
1.2	1.2	(0.0)	
273.3	273.4	(0.1)	
169.3	184.2	(14.9)	
15.5	16.5	(1.0)	
459.3	475.3	(16.0)	-3%
1.2	1.1	0.0	
305.6	318.0	(12.4)	
147.6	154.4	(6.9)	
14.2	15.4	(1.3)	
468.5	489.0	(20.4)	-4%
49.8	50.5	(0.7)	-2%
177.7	195.5	(17.8)	-10%
305.9	305.7	0.2	0%
7.1	7.0	0.1	
36.1	31.3	4.8	
6.7	7.0	(0.2)	
1.4	1.1	0.4	
51.4	46.4	5.0	10%
(22.4)	(24.9)	2.5	
85.0	88.3	(3.3)	
68.9	69.9	(1.0)	
131.5	133.3	(1.8)	-1%
170.4	165.9	4.6	3%
156.8	99.2	57.7	37%
8.6	(7.6)	1.0	12%



- In-month surplus of £2.6m (£3.3m surplus compared to the in-month planned deficit of £0.7m).
- The full year draft unaudited financial position of the Health Board is reporting a deficit of £7.6m, a £1.0m surplus against the planned deficit control total of £8.6m.
- The year end deficit position of £7.6m is predominantly driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.

Expenditure – Pay & Non-Pay (Draft Subject to Audit)

Pay Costs as per Monitoring Return Table	Actual												Cumulative		
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m							
Administrative & Clerical	11.9	11.9	12.1	12.0	11.9	12.0	12.1	16.9	13.0	13.2	12.8	23.7	174.0	163.6	10.5
Medical & Dental	19.7	20.0	19.5	20.3	20.3	29.0	20.8	29.4	21.5	23.0	22.1	35.9	262.5	281.4	(18.8)
Nursing & Midwifery Registered	26.6	26.8	26.9	27.0	26.9	26.9	27.4	38.3	28.4	29.2	28.6	49.0	352.0	362.0	(10.0)
Additional Clinical Services	13.5	13.6	13.5	13.6	13.6	13.7	13.3	17.5	13.7	14.0	13.8	25.6	167.8	179.4	(11.5)
Add Prof Scientific & Technical	3.5	3.5	3.5	3.5	3.5	3.6	3.6	5.2	3.8	4.1	3.9	7.2	52.9	48.9	4.0
Allied Health Professionals	5.8	5.7	5.6	5.7	5.7	5.8	5.9	8.3	6.2	6.5	6.4	11.1	77.0	78.7	(1.8)
Healthcare Scientists	1.5	1.5	1.5	1.5	1.5	1.5	1.6	2.0	1.6	1.7	1.7	3.0	20.1	20.5	(0.5)
Estates & Ancillary	4.1	4.0	4.1	4.1	4.0	4.1	4.0	5.1	4.1	4.2	4.2	7.5	53.0	53.5	(0.5)
Students	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.1	1.1	0.7	0.4
Health Board Total	86.7	87.2	86.7	87.7	87.5	96.5	88.7	122.5	92.2	96.0	93.6	163.2	1,160.4	1,188.7	(28.3)
Other Services (Incl. Primary Care)	2.6	2.6	2.8	2.8	2.9	2.9	3.7	3.5	3.0	3.0	5.1	3.1	31.7	38.1	(6.4)
Total Pay	89.3	89.8	89.6	90.5	90.5	99.4	92.4	126.0	95.2	99.0	98.7	166.3	1,192.1	1,226.8	(34.6)

Non-Pay Costs as per Monitoring Return Table	Actual												Cumulative		
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance
	£m	£m	£m												
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	19.6	18.6	20.0	19.6	19.6	19.6	20.3	21.7	20.1	19.1	32.4	23.7	254.8	254.2	0.6
Primary Care – Drugs and Appliances	10.9	10.5	10.2	10.8	11.6	10.8	12.4	11.3	10.8	11.4	10.5	11.1	121.0	132.3	(11.4)
Provider Services – Non Pay (excluding drugs & depreciation)	19.0	16.1	16.6	20.2	19.0	19.0	19.4	20.7	19.1	21.5	19.1	23.0	275.3	232.6	42.6
Secondary Care - Drugs	7.9	8.2	7.8	9.0	8.3	8.1	9.3	8.0	8.9	8.9	8.4	8.1	93.7	100.8	(7.1)
Healthcare Services Provided by Other NHS Bodies	30.5	31.5	30.8	22.3	30.0	29.5	32.1	34.0	30.4	35.3	33.0	35.3	372.2	374.7	(2.5)
Continuing Care and Funded Nursing Care	10.6	11.9	11.6	11.3	11.9	11.2	12.5	11.6	11.7	10.8	10.0	12.5	134.3	137.5	(3.2)
Other Private & Voluntary Sector	1.2	1.5	1.6	6.8	2.6	2.6	2.7	2.3	2.2	2.2	2.9	2.6	20.4	31.2	(10.8)
Joint Financing and Other	0.0	0.3	0.2	0.3	0.5	0.1	0.3	0.2	0.4	0.3	0.3	0.4	3.4	3.3	0.2
Losses, Special Payments and Irrecoverable Dets	0.2	0.3	0.3	0.3	0.5	0.2	0.3	0.4	0.4	0.5	0.3	1.1	3.0	4.7	(1.7)
Non-Pay Costs	99.9	98.8	99.1	100.6	104.1	101.0	109.4	110.0	104.0	110.2	116.8	117.6	1,278.0	1,271.4	6.6
AME/DEL Depreciation	3.2	3.2	4.0	4.0	3.9	3.9	3.9	3.9	3.9	3.9	3.9	0.9	42.5	42.3	0.2
Total Non-Pay	103.1	102.0	103.0	104.5	108.1	104.9	113.2	113.8	107.8	114.0	120.6	118.5	1,320.4	1,313.7	6.8

Health Board Pay:

- Month 12 Provider Services Pay increased by £67.5m (72.1%), of which £69.6m is the year end adjustment in respect of the notional 9.4% additional employers superannuation fully funded by WG.

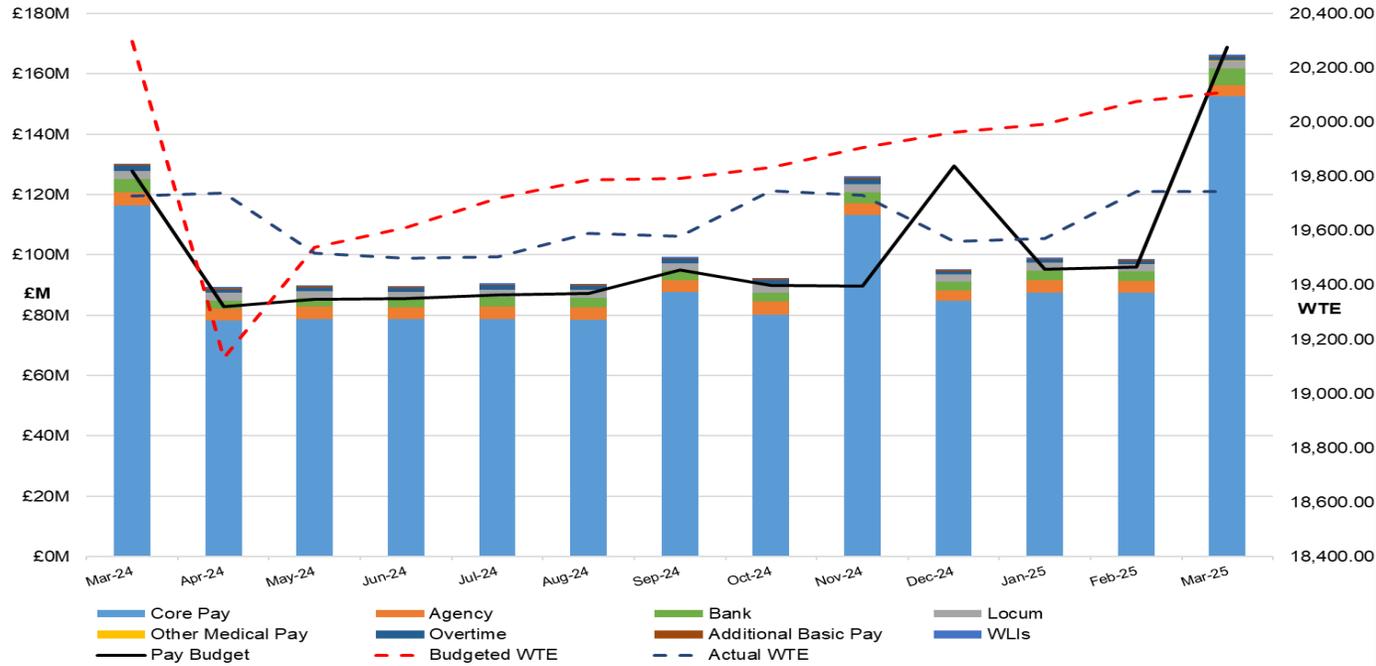
Non-Pay Expenditure (excluding Depreciation):

- Non-Pay expenditure increased by £0.8m from previous month. Further detail on Non-Pay expenditure movements is reported in Slide 11.

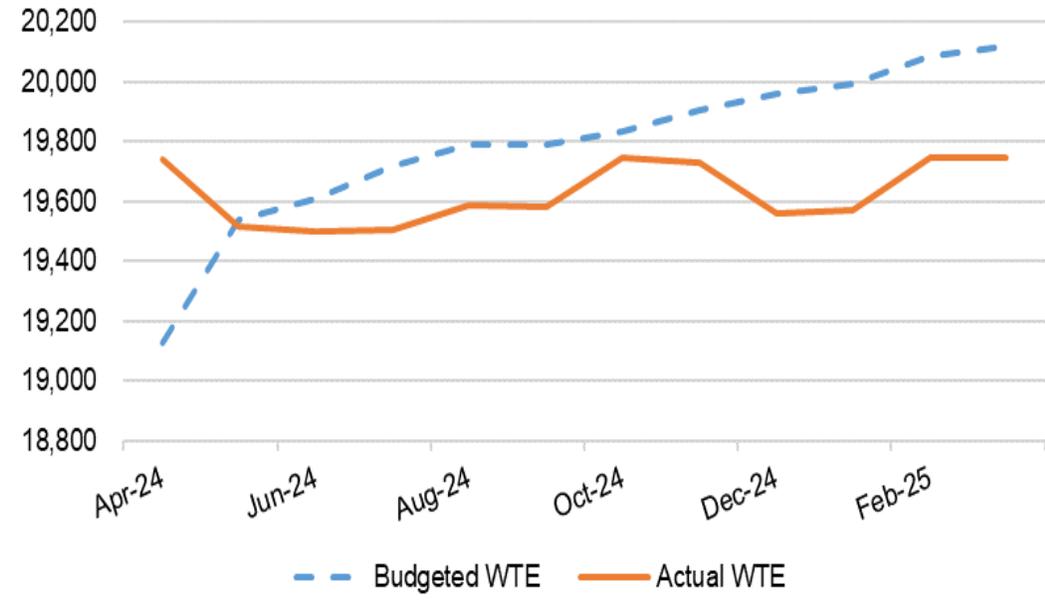


Expenditure – Pay

Pay Costs



Pay- WTE



Variable Pay	2024-25 Actual £m												Full Year Expenditure £m
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
Agency	4.0	4.2	3.8	4.2	4.2	3.7	4.2	3.9	3.4	3.9	3.9	3.6	47.0
Overtime	1.1	1.3	1.2	1.4	1.3	1.4	1.2	1.7	1.0	2.0	1.1	1.3	14.9
Locum	2.6	2.3	2.3	2.5	2.6	2.4	2.8	2.6	2.3	2.6	2.4	2.5	29.9
WLI	0.3	0.2	0.2	0.3	0.3	0.4	0.4	0.4	0.3	0.4	0.3	0.3	3.9
Bank	2.6	2.9	2.8	3.0	3.1	3.2	3.0	3.7	3.1	3.2	3.0	5.6	39.2
Other Non Core	0.0	0.0	0.0	0.0	0.1	0.2	0.1	0.1	0.1	0.0	0.1	0.1	0.8
Additional Hours	0.4	0.3	0.3	0.4	0.4	0.3	0.4	0.5	0.4	0.3	0.4	0.4	4.5
Total Agency	11.1	11.1	10.8	11.8	11.9	11.6	12.1	12.8	10.5	11.5	11.2	13.8	140.2

• Variable Pay totals £13.8m for February, an increase of £2.6m from previous month driven by a rise of £2.6m in Bank (predominately due to the year end WG funded superannuation adjustment), £0.2m in Overtime and £0.2m in Locum.



Pay - WTE

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Movement M12 v M11
Budgeted WTE	19,130	19,537	19,611	19,721	19,789	19,792	19,833	19,906	19,962	19,992	20,086	20,121	35
Actual WTE	19,740	19,518	19,500	19,503	19,590	19,580	19,746	19,731	19,562	19,571	19,745	19,745	0

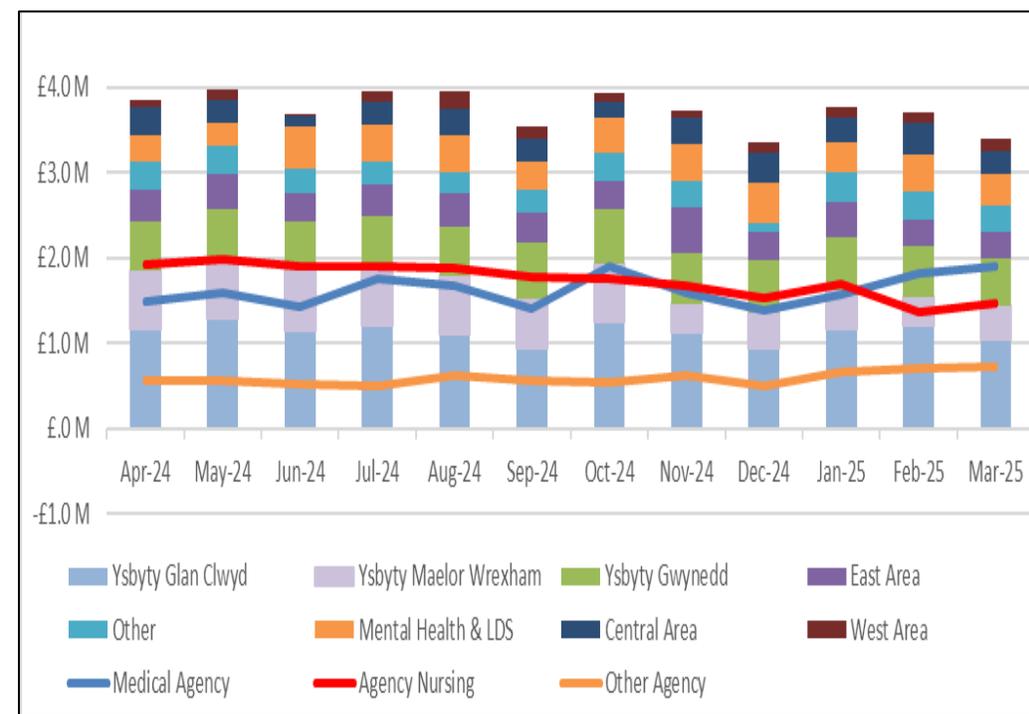
- Actual worked in March is 19,745, in line with WTE from February.
- Budgeted WTE increased by 35 WTE between March and February.
- Below table provides a breakdown of Budgeted WTE movement by Division from Months 1 to 12:

BUDGETED WTE	Apr WTE	May WTE	June WTE	July WTE	Aug WTE	Sept WTE	Oct WTE	Nov WTE	Dec WTE	Jan WTE	Feb WTE	Mar WTE	Movement M12 v M11
West IHC	3,636	3,664	3,685	3,700	3,716	3,711	3,712	3,722	3,724	3,715	3,715	3,724	9
Centre IHC	4,631	4,737	4,737	4,758	4,798	4,818	4,828	4,862	4,878	4,857	4,861	4,862	1
East IHC	4,493	4,513	4,535	4,567	4,581	4,581	4,586	4,589	4,608	4,610	4,674	4,674	0
COVID Response	33	168	134	134	134	134	134	134	137	137	139	139	0
Dental GDS	14	14	16	16	16	14	14	14	14	14	14	14	0
Dental CDS	173	173	173	173	173	172	172	172	172	172	172	172	0
Womens	685	691	694	694	697	697	698	698	698	697	697	693	-4
Diagnostics	935	964	964	974	977	979	979	980	982	980	980	980	0
Cancer Services	370	392	392	399	400	401	405	411	419	417	417	417	0
Mental Health & LDS	2,245	2,247	2,255	2,255	2,262	2,265	2,273	2,278	2,277	2,277	2,289	2,289	0
Other Primary Care	14	15	15	15	15	15	15	15	15	15	15	15	0
Corporate	1,900	1,958	2,011	2,037	2,020	2,007	2,017	2,031	2,041	2,102	2,116	2,142	26
TOTAL	19,130	19,538	19,611	19,721	19,789	19,792	19,833	19,906	19,965	19,992	20,086	20,121	35



Pay Costs – Agency

	2024-25 Agency Spend £m												Full Year Expenditure £m
	Actual												
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
West Area	0.1	0.1	0.0	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2	1.4
Central Area	0.3	0.3	0.1	0.3	0.3	0.2	0.2	0.3	0.4	0.3	0.4	0.3	3.3
East Area	0.4	0.4	0.3	0.4	0.4	0.4	0.3	0.5	0.3	0.4	0.3	0.3	4.5
Ysbyty Gwynedd	0.6	0.6	0.5	0.6	0.6	0.7	0.6	0.6	0.6	0.6	0.6	0.6	7.1
Ysbyty Glan Clwyd	1.2	1.3	1.2	1.2	1.1	0.9	1.3	1.1	0.9	1.2	1.2	1.0	13.6
Ysbyty Maelor Wrexham	0.7	0.7	0.8	0.7	0.7	0.6	0.7	0.3	0.4	0.5	0.3	0.4	6.7
Mental Health & LDS	0.3	0.3	0.5	0.4	0.4	0.3	0.4	0.4	0.5	0.3	0.4	0.4	4.8
Womens	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.1	0.2	0.2	0.2	2.1
Other inc pan BCU Cancer Services and Corporate	0.3	0.3	0.3	0.3	0.2	0.3	0.3	0.3	0.1	0.4	0.3	0.3	3.4
Total Agency	4.0	4.2	3.8	4.2	4.2	3.7	4.2	3.9	3.4	3.9	3.9	3.6	47.0



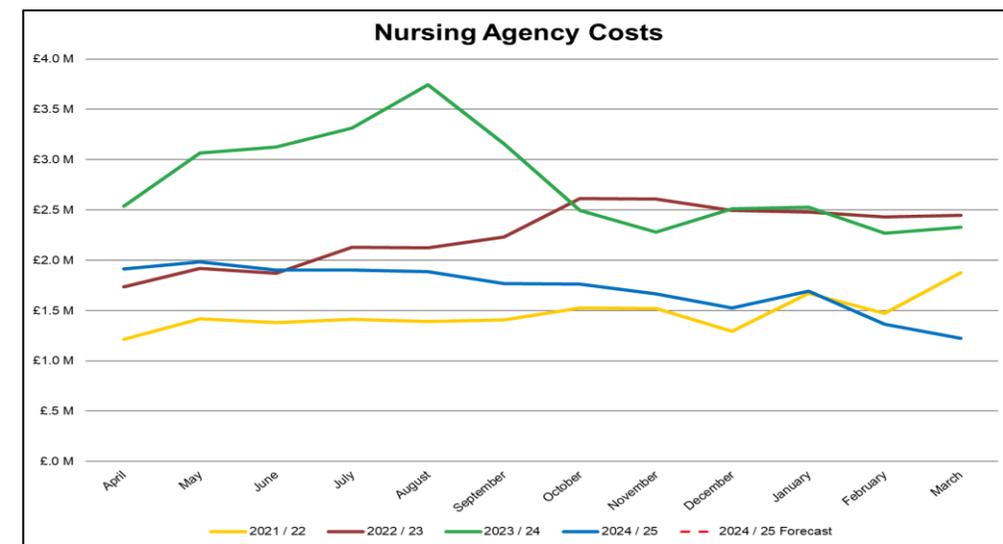
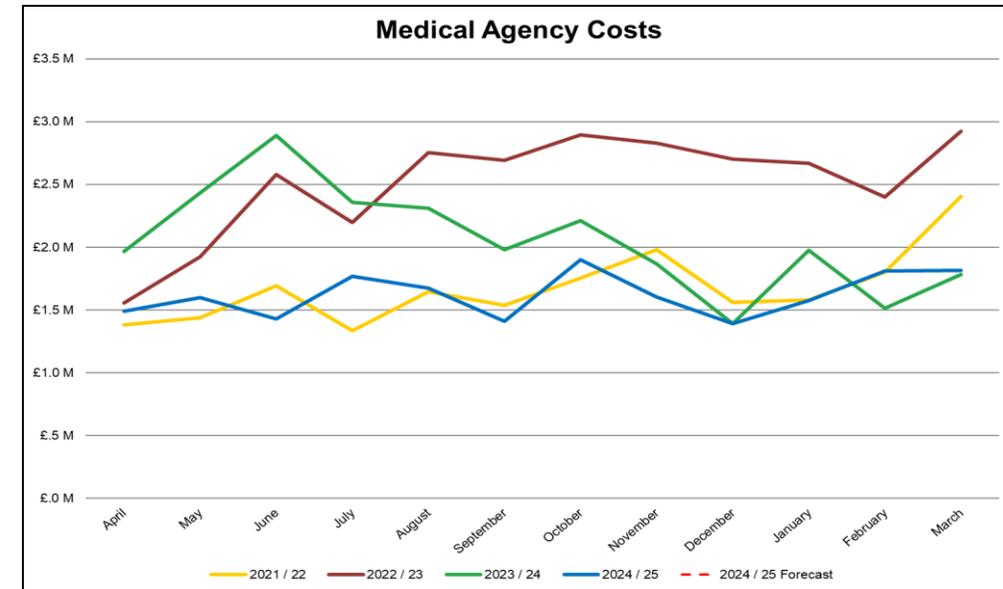
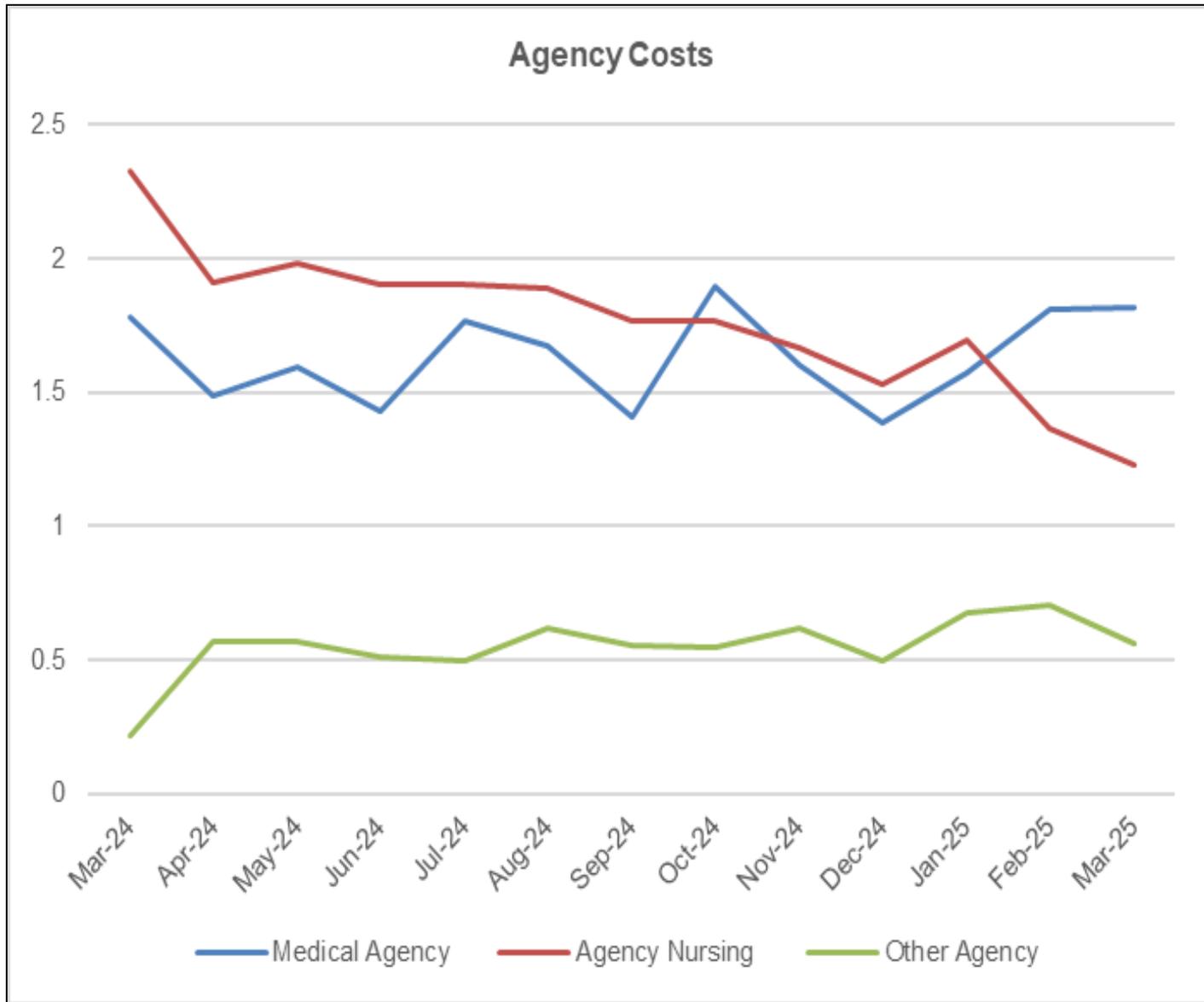
Agency expenditure for March (Month 12) is £3.6m representing 2.2% of total pay, a reduction of £0.3m compared to both previous months spend and previous months monthly average spend of £4.0m for 2024/25. Agency monthly average spend in 2023/24 was £5.6m.

Month 12 Medical Agency expenditure is £1.8m, in line with previous month and is £0.2m above the 24/25 previous months monthly average. The monthly average medical agency expenditure for 2023/24 was £2.1m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.5m), Ysbyty Gwynedd (£0.3m), Mental Health (£0.2m), Womens (£0.2m) and Central Area (£0.1m), covering Medical vacancies and sickness.

Nurse agency costs totalled £1.2m for the month, a decrease of £0.2m from previous month spend. Month 12 Nurse Agency spend is £1.6m lower than the 2023/24 monthly average costs of £2.8m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.5m), Ysbyty Maelor Wrexham (£0.2m), Ysbyty Gwynedd (£0.2m), Mental Health (£0.1m), and East Area (£0.1m). Agency Nurses have been used to staff escalated beds and cover ward vacancies to ensure the Nurse Staffing Act ward staffing levels are maintained. The new Agency Nursing framework reduced rates have contributed to the in-month reduction in March Agency Nursing spend.

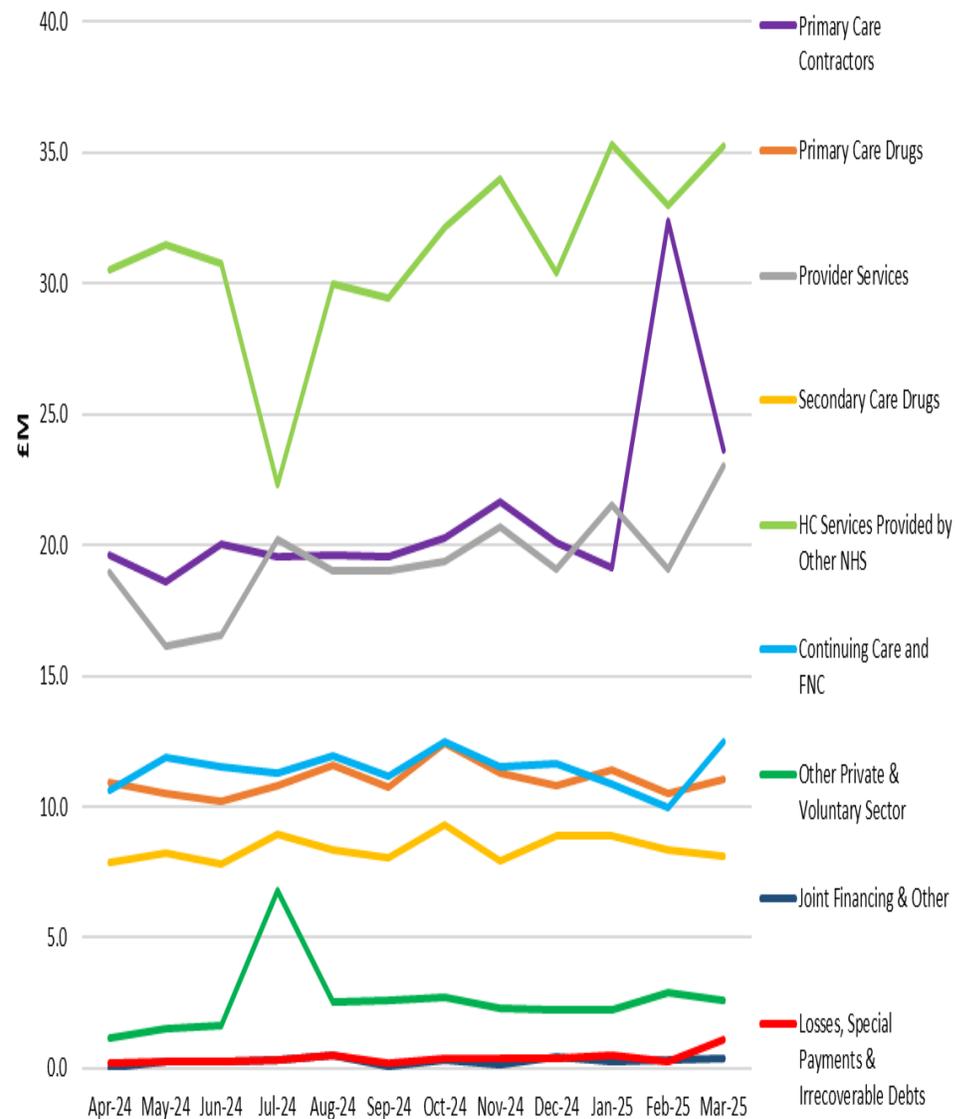
Other agency costs totalled £0.6m in Month 12, a decrease of £0.1m from previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.5m) with the remaining £0.1m being reported across Admin & Clerical, Professional Scientific & Technical, Additional Clinical Services and Healthcare Scientists.

Pay Costs – Agency



Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** Expenditure is £8.7m (26.9%) less than previous month, with the in-month movement being distorted by the impact of the 24/25 £10.5m Global Sum Uplift in Month 11. Also, offsetting the reduction in GMS is the £1.0m 2024/25 Pharmacy Contract Stability Payment funded by WG. March expenditure is £2.9m higher than forecast, of which £2.2m is the Primary Care (GMS, GDS & Pharmaceutical) element of the notional 9.4% employers' superannuation year end adjustment fully funded by WG.
- Primary Care Drugs:** Expenditure increased by £0.6m (5.5%) due to less prescribing days in February compared to March with in-month spend being £0.3m higher than forecast.
- Provider Services Non-Pay:** Expenditure increased by £3.9m (20.5%), of which £1.6m is increase in Clinical Services & Supplies Non-Pay, £1.0m increase in spend funded by SBRI income and £1.5m increase in additional expenditure funded by WG RIF HCF grant. March spend reduced by £3.7m when compared to forecast, with the movement due to slippage against the additional Planned Care funding received to address the 104-week waits, £2.3m Balance Sheet releases and restraint on non pay costs as a result of both local and centralised control actions, offset by a £1.5m increase in RIF HCF grant spend for which WG Non RRL income has been received.
- Secondary Care Drugs:** Expenditure decreased by £0.3m (3.2%) following the year end stock adjustment for the Pharmacy top up system.
- Healthcare Services provided by Other NHS Bodies:** Expenditure increased by £2.3m (6.9%) from previous month and is £4.6m higher than forecast, of which £0.3m is additional Genomics JCC spend, £2.8m Quarter 4 Vertex spend funded by additional WG funding allocations. In addition, a £1.0m pressure is reported against Walton and LH&CH contracts
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** In-month increase of £2.5m (25.4%) and £1.1m higher than forecast due to an increase in MHLD CHC costs and additional CHC costs being partly funded by the CHC 50-day challenge funding for new CHC Checklist packages to provide short-term placements to allow flow and review appropriate longer-term care needs
- Other Private & Voluntary Sector:** Spend decreased by £0.3m (10.5%) and is £0.5m less than forecast due to planned care spend being lower than anticipated against the additional Planned Care funding received to address the 104-week waits for which funding has been returned to WG.

Allocations

- Total Revenue Resource Limit (RRL) for the year is £2,321.7m. All allocations have been received with no further anticipated allocations expected.
- Total COVID-19 funding allocation received for the full year is £12.2m, of which £1.3m is reported as slippage. The forecast at Month 11 assumed that the remaining balance of Covid funding could be retained as slippage as confirmed within the Month 8 response letter.
- Total cost of Pay Award within the 2024/25 position is £73.8m, of which £68.6m is recurrent costs and £5.2m non-recurrent. £72.5m Pay Award funding allocation has been received from WG non recurrently to date.

2024/25 Pay Award impact	Total £'m
November Pay Award Costs	£51.5m
RLW Bank	£0.7m
Real Living Wage (RLW) Adjustments	£3.8m
September M&D Pay Award	£14.2m
Additional costs outside of direct payroll (English rotational Doctors) and Apprenticeship Levy	£0.5m
Band 8a and above additional increments	£1.7m
M&D Intensity fees and allowances pay award paid in January	£1.0m
February M&D Salaried GP Pay Award Costs	£0.4m
Total	£73.8m

Description	£m
Total Allocations Received	2,321.7
Total Allocations Anticipated	0.0
Total Welsh Government Income	2,321.7

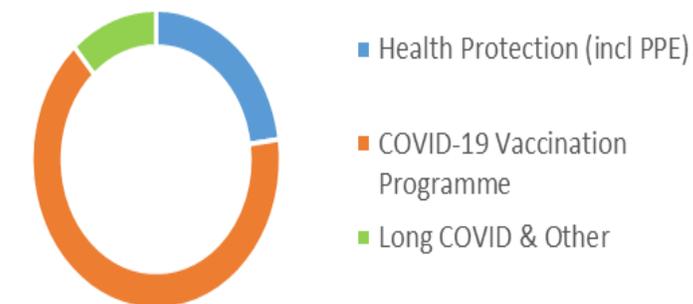
COVID-19 Funding	£m
Total 24/25 COVID-19 Forecast Expenditure	12.2
Received	12.2
Anticipated	0.0



Impact of COVID-19

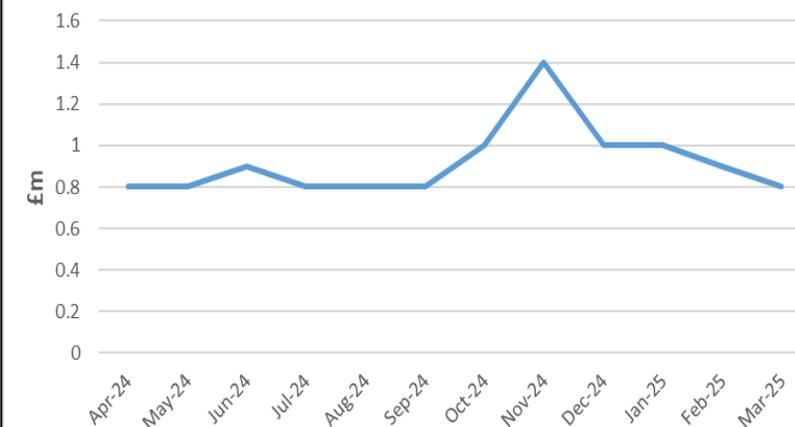
	Actual												Year to Date Expenditure £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	
Health Protection (incl PPE)	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.2	0.2	2.5
COVID-19 Vaccination	0.5	0.6	0.5	0.5	0.5	0.5	0.7	0.9	0.6	0.6	0.6	0.5	7.2
Long COVID & Other	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	1.2
Total COVID-19 Expenditure	0.8	0.8	0.8	0.8	0.8	0.8	1.0	1.4	1.0	1.0	0.9	0.8	10.9
Welsh Gov COVID-19 Income	0.8	0.8	0.8	0.8	0.8	0.8	1.0	1.4	1.3	1.2	1.2	1.2	12.2
Impact of COVID-19 on Position	0.0	(0.3)	(0.2)	(0.3)	(0.4)	(1.3)							

COVID-19 Cost Distribution 2024/25



- Total COVID expenditure for WG funded programmes in Month 12 is £0.8m, with a full year total cost of £10.9m against the COVID funding allocation of £12.2m for 2024/25.
- Total slippage reported against the 2024/25 COVID funding allocation is £1.3m. Welsh Government confirmed that the Health Board could retain slippage against the 2024/25 COVID funding allocation to support the delivery of sustainable services.
- Month 12 Health Protection expenditure is £0.2m, with a full year expenditure of £2.5m.
- COVID-19 Vaccination Programme expenditure for Month 12 is £0.5m and full year expenditure is £7.2m.
- Month 12 Long COVID expenditure is £0.1m, with full year expenditure of £1.2m.

Total COVID-19 Expenditure Per Month



Risks and Opportunities (not included in position)

- The reported position is subject to the closure and submission of the draft accounts for 2024/25, and the subsequent audit by Audit Wales.



Balance Sheet

- The closing cash balance as at 31st March 2025 was £5.9m, which included £3.0m cash held for revenue expenditure and £2.9m for capital projects, following receipt of:
 - £4.742m capital working balances cash support for Right of Use asset leases
 - £3.337m revenue working balances cash support
 - No strategic cash-only support was requested during 2024-25.

	Opening Balance Beginning of Apr-24 £m	Closing Balance End of Mar-25 £m	Forecast Closing Balance End of Mar-25 £m
Non-Current Asset			
Property, plant and equipment	724.0	740.2	740.2
Intangible assets	1.2	0.8	0.8
Trade and other receivables	84.6	119.7	119.7
Non-Current Assets sub total	809.7	860.7	860.7
Current Assets			
Inventories	20.9	20.5	20.5
Trade and other receivables	107.7	128.7	128.7
Cash and cash equivalents	5.0	5.9	5.9
Non-current assets classified as held for sale	0.4	0.6	0.6
Current Assets sub total	134.0	155.6	155.6
TOTAL ASSETS	943.7	1016.3	1016.3
Current Liabilities			
Trade and Other Payables	209.6	232.3	232.3
Provisions	47.1	53.9	53.9
Current Liabilities Sub Total	256.7	286.2	286.2
NET ASSETS LESS CURRENT LIABILITIES	687.1	730.1	730.1
Non-Current Liabilities			
Trade and Other Payables	27.5	23.9	23.9
Provisions	85.9	120.9	120.9
Non-Current Liabilities Sub Total	113.4	144.7	144.7
TOTAL ASSETS EMPLOYED	573.7	585.3	585.3
FINANCED BY:			
Taxpayers' Equity			
General Fund	353.6	367.2	367.2
Revaluation Reserve	220.1	218.2	218.2
Total Taxpayers' Equity	573.7	585.4	585.4



Capital

- The approved Capital Resource Limit (CRL) for 2024/25 is £50.6m, which includes £0.9m IFRS16 and £49.7m Capital. 2024/25 full year expenditure is £51.6m against a full year plan of £52.0m, with an underspend of £0.3m reported against the CRL.

BUDGET 2024/25

1) Capital Resource Limit 2024/25		Brief Overview / Update				
WG Discretionary Capital	£m	The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).				
All Wales Scheme	12.4					
Donated	37.3					
Capital Receipts	1.0	-	-	-	-	-
Total CRL	51.1					

CAPITAL PROGRAMME 2024/25	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.9	4.6	4.6	0.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.4	1.5	1.5	-0.2	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	1.9	3.5	3.5	-1.6	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.4	3.6	3.6	-0.2	Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	0.8	0.0	0.0	0.8	Brokerage managed within the programme.
WG Discretionary Capital	12.4	13.2	13.2	-0.7	Under Commitment

Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Conwy & Llandudno Junction Health & Social Care Centre	0.2	0.1	0.1	0.1	The design for the scheme will progress with the full capital allocation achieved in 2025/26.
Estates Facility Advisory Board - Infrastructure	2.8	2.5	2.5	0.2	The EFAB schemes have completed in 204/2025. All brokerage across the from the previous year has been fully spent.
Estates Facility Advisory Board - Fire	0.7	1.4	1.4	- 0.7	The EFAB schemes have completed in 204/2025. All brokerage across the from the previous year has been fully spent.
Estates Facility Advisory Board - Decarbonisation	0.4	0.4	0.4	- 0.1	The EFAB schemes have completed in 204/2025. All brokerage across the from the previous year has been fully spent.
Regional Orthopaedic Hub at Llandudno Hospital	11.3	11.4	11.4	- 0.0	The scheme is due to complete in 2025/26.
Substance Misuse Building, Llandudno	0.1	0.1	0.1	0.0	The contractor is due to start in quarter 1 2025/26.
CAMHS Crisis Hub	0.3	0.3	0.3	- 0.0	Project is now completed and final account is being agreed.
Diagnostic Equipment 2024-25 - YG CT	2.9	2.9	2.9	0.0	The CT is due to be commission in quarter 1 2025/26
Development of Flucloxacillin OPAT and Automation	0.1	0.1	0.1	0.0	Final completion of project in 2025/26. Funding to be reprovided
Backlog Maintenance	5.0	3.7	3.7	1.3	A number of the projects are due for completion in 2025/26. The funding will be reprovided.
Year End Funding – October 2024	1.7	1.9	1.9	- 0.2	Projects complete.
Diagnostic and Medical Equipment 2024-25	2.5	2.4	2.4	0.1	Equipment has been delivered and projects complete.
Digital Equipment - December 2024-25	1.5	1.6	1.6	- 0.1	Projects complete.
End of Year Funding - January 2025	0.9	0.9	0.9	-	Projects complete.
End of Year Funding - January - Imaging 2025	0.5	0.5	0.5	-	Projects complete.
End of Year Funding - January - Digital - 2025	0.2	0.0	0.0	0.1	Projects complete.
YGC Electrical Infrastructure	1.9	2.3	2.3	- 0.4	This a 3 years scheme with completion in 2026/27
Year End Digital Funding - February 2025	0.5	0.6	0.6	- 0.1	Projects complete.
Year End Funding - February 2025	0.6	0.6	0.6	0.0	
DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	1.0	0.8	0.8	0.1	Projects complete.
DPIF - All Ages Mental Health Digital Solution	0.6	0.5	0.5	0.0	The EMPA project is due for completion in 2025/26.
HCF – Bladder Scanners	0.0	0.0	0.0	-	The All Ages Mental Health project is due for completion in 20205/26.
IRCF - Waunfawr Primary Care Hub – Fees to develop BJC	0.1	0.0	0.0	0.0	Project complete.
IRCF - Caledfryn, Denbigh Health and Wellbeing Hub – acquisition costs and related fees	1.1	1.1	1.1	- 0.0	The design for the scheme will progress with submission due to WG in 2025/26.
DPIF - RISP	0.3	0.3	0.3	-	The fist phase, purchase of building complete. The design for the enabling works in progress.
All Wales Capital	37.3	36.6	36.6	0.7	Over commitment
Donated	1.0	1.0	1.0	-	
Capital receipts	0.4	0.0	0.0	0.4	
IFRS16	0.9	0.9	0.9	- 0.0	
Total Capital Funding Available	52.0	51.6	51.6	0.3	

Savings Performance against Target

- The Health Board's financial plan has set a recurring savings target of £48.0m to be delivered in 2024/25, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable savings.
- Full year savings delivered value of Green Schemes totals £58.4m (including £43.5m Savings, £1.5m Income Generation, £12.7m Accountancy Gains and £0.7m Cost Avoidance), an increase of £1.3m from Month 11. Of these, £30.1m have been identified as recurring, with a full year effect of £44.0m, and £28.4m are non-recurring savings. Accountancy Gains of £12.7m are fortuitous non-recurring reductions in expenditure resulting from reviews of accruals from the previous financial year. The gap of recurrent savings to the target is £4.0m, an improvement of £1.6m.
- In-month delivery includes Savings of £4.9m, £0.2m Income Generation and £0.1m Accountancy Gains totalling £5.3m, against a £4.0m Target

Service Performance against Target	Annual			Full Year Effect	Year to Date		
	Target	Forecast Delivery	Delivery v Target (+ve = adverse)		Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	7.0	1.6	8.2	8.7	7.0	1.6
Central Integrated Health Community	10.9	8.3	2.6	8.8	10.9	8.3	2.6
East Integrated Health Community	11.2	11.5	-0.3	10.3	11.2	11.5	-0.3
MHLD	4.2	7.8	-3.5	13.1	4.2	7.8	-3.5
Womens Services	1.4	1.4	0.0	0.7	1.4	1.4	0.0
Diagnostic and Specialist Clinical Support	2.1	1.2	0.9	0.2	2.1	1.2	0.9
Cancer Services	1.6	1.3	0.3	1.1	1.6	1.3	0.3
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.1	0.1	0.0	0.2	0.1	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.0	1.1	-1.1
Corporate & Support Services	3.7	4.6	-0.9	1.5	3.7	4.6	-0.9
Reserves	4.0	1.4	2.6	0.0	4.0	1.4	2.6
Saving Total	48.0	45.7	2.3	44.0	48.0	45.7	2.3
Accountancy Gains		12.7	-12.7			12.7	-12.7
Total		58.4	-10.4	44.0	48.0	58.4	-10.4



Savings Performance by Category

Savings - V&S Annual Performance against Target (£'m)	Target £m	Forecast Delivery								Delivery v Target (+ve = adverse) £m	
		V&S Board Categories									
Service / Area		Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other – Commissioning £m	Other - Primary Care £m	Income £m	Total £m	
West Integrated Health Community	8.7	2.6	2.8	0.5	0.8	0.0	0.0		0.4	7.0	1.6
Central Integrated Health Community	10.9	2.6	4.1	0.4	0.8	0.0	0.4		0.0	8.3	2.6
East Integrated Health Community	11.2	6.1	3.8	0.8	0.7	0.0	0.0		0.1	11.5	-0.3
MHLD	4.2	1.1	0.1	0.2	2.5		3.9			7.8	-3.5
Womens Services	1.4	1.3	0.0	0.0						1.4	0.0
Diagnostic and Specialist Clinical Support	2.1	0.1		1.1					0.0	1.2	0.9
Cancer Services	1.6	0.4	0.9	0.0						1.3	0.3
Dental North Wales	0.0			0.0						0.0	0.0
Community Dental Services	0.2	0.1		0.0						0.1	0.1
Other Primary Care	0.0			0.0	0.0					0.0	0.0
Contracts & Provider Income	0.0						1.1			1.1	-1.1
Corporate & Support Services	3.7	2.6	0.0	1.9	0.0	0.0	0.0	0.0	0.0	4.6	-0.9
Reserves	4.0		0.4	1.0						1.4	2.6
Total Cash Releasing Savings	48.0	16.9	12.1	5.9	4.8	0.0	5.4	0.0	0.6	45.7	2.3
Accountancy Gains		0.3	2.2	3.5	3.1		1.8	1.7		12.7	-12.7
Total		17.3	14.4	9.4	7.9	0.0	7.2	1.7	0.6	58.4	-10.4

Recurring Performance against Target	Annual			Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
Recurring	48.0	30.1	17.9	48.0	30.1	17.9
Non Recurring	0.0	28.4	-28.4		28.4	-28.4
Total	48.0	58.4	-10.4	48.0	58.4	-10.4



Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Delivered	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Cancer	Agency 6 Month Review of Accruals	NR	125,433	125,433	0	125,433	125,433	0
Cancer	Biosimilar Initiation, switching	R	17,952	47,087	29,135	17,952	47,087	29,135
Cancer	Clatterbridge EOY Contract Reconciliation	NR	143,000	143,000	0	143,000	143,000	0
Cancer	DOAC prescribing	R	39,156	36,403	-2,753	39,156	36,403	-2,753
Cancer	Medical Agency	R	83,865	96,568	12,703	83,865	96,568	12,703
Cancer	National agreed contracts for secondary care drugs	R	888,869	610,634	-278,235	888,869	610,634	-278,235
Cancer	Nursing Agency new rates - Cancer	R	851	851	0	851	851	0
Cancer	Optimising medicine prescribing within clinical pathways (NICE TA)	R	33,372	2,781	-30,591	33,372	2,781	-30,591
Cancer	Outsourcing savings (aseptics SACT)	R	17,550	1,950	-15,600	17,550	1,950	-15,600
Cancer	Outsourcing savings (homecare)	R	325,110	187,450	-137,660	325,110	187,450	-137,660
Contracts & Income	NCA unused 23/24 provision	NR	900,000	900,000	0	900,000	900,000	0
Contracts & Income	NHS E 2023/24 Contract Drugs Challenges	NR	597,042	597,042	0	597,042	597,042	0
Contracts & Income	RJAH Contract Underperformance	NR	600,000	600,000	0	600,000	600,000	0
Corporate	AG Venue Cymru	NR	115,000	115,000	0	115,000	115,000	0
Corporate	CCS Framework Rebate	NR	23,444	23,444	0	23,444	23,444	0
Corporate	Cessation of RPO (Medacs) Gain share Contract	R	387,000	387,000	0	387,000	387,000	0
Corporate	Cessation of RPO (Medacs) Gain-share contract: VAT & credit notes	NR	92,823	92,823	0	92,823	92,823	0
Corporate	DDaT - Hold on scanning patient paper records due to EPR review	NR	80,000	80,000	0	80,000	80,000	0
Corporate	DDaT - McAfee Subscription & CISCO DUO	R	66,590	66,590	0	66,590	66,590	0
Corporate	DDaT - Pay Savings	NR	241,887	241,887	0	241,887	241,887	0
Corporate	DDaT - Reduction in external storage of records - Oasis	NR	30,000	30,000	0	30,000	30,000	0
Corporate	Director of Primary Care (vacancy)	NR	80,772	61,860	-18,912	80,772	61,860	-18,912
Corporate	Executive Vacancy - Chief Operating Officer 24/25	NR	112,602	80,430	-32,172	112,602	80,430	-32,172
Corporate	Finance Departement Staff Savings 24/25	R	134,845	134,845	0	134,845	134,845	0
Corporate	Finance Departement Staff Savings 24/25	NR	345,347	345,347	0	345,347	345,347	0
Corporate	Free of Charge Drugs	NR	406,963	406,963	0	406,963	406,963	0
Corporate	New Medacs Contract - Medical Bank & Medical Agency Optimisation	R	261,625	261,625	0	261,625	261,625	0
Corporate	Non recurrent vacancy slippage, Local Public Health team 24/25	NR	121,713	121,713	0	121,713	121,713	0
Corporate	Review of Invoices on Hold	NR	448,239	448,239	0	448,239	448,239	0
Corporate	RSUK - VAT Recovery - Prior Year	NR	729,365	729,365	0	729,365	729,365	0
Corporate	Staff savings opportunities 24/25	R	127,193	127,193	0	127,193	127,193	0
Corporate	VAT Recovery	NR	963,882	963,882	0	963,882	963,882	0
DSCS	Contract Monitoring - Radiology AML	NR	24,316	24,316	0	24,316	24,316	0
DSCS	Financial Accounting Gains	NR	86,641	86,641	0	86,641	86,641	0
DSCS	Financial Accounting Gains - Roche Contract	NR	190,430	190,430	0	190,430	190,430	0
DSCS	FIT Testing Endoscopy PHW Contract	R	52,680	52,680	0	52,680	52,680	0
DSCS	LINC Project	NR	453,000	891,118	438,118	453,000	891,118	438,118
DSCS	Powys SLA Audiology Adults	R	38,306	38,306	0	38,306	38,306	0
DSCS	Radiotherapy Linear Accelerator Warranty	NR	36,490	36,490	0	36,490	36,490	0
DSCS	Recruit substantive staff instead of using agency	R	21,555	21,555	0	21,555	21,555	0
DSCS	Toxicology Service	R	29,202	29,202	0	29,202	29,202	0
Estates	23/24 Gas energy accruals	NR	431,893	431,893	0	431,893	431,893	0
Estates	Director of Estates (vacancy)	NR	176,716	196,351	19,635	176,716	196,351	19,635
Estates	Disposal of Ala Road	R	60,738	6,746	-53,992	60,738	6,746	-53,992
Estates	Disposal of Buildings - Cilan	R	4,969	4,969	0	4,969	4,969	0
Estates	Rates Rebate - Preswylfa	NR	185,612	185,612	0	185,612	185,612	0
HC - Centre	Biosimilar Initiation, switching	R	538,273	1,179,878	641,605	538,273	1,179,878	641,605
HC - Centre	CAMHS Non-Recurrent Vacancy Savings	NR	547,985	547,985	0	547,985	547,985	0
HC - Centre	CAMHS OOA Accountancy Gains	NR	626,000	626,000	0	626,000	626,000	0

Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Delivered	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
	Closure of 4 X GP Beds - Holywell Community Hospital	NR	19,092	19,092	0	19,092	19,092	0
HC - Centre	Community Hospital Management Support	NR	48,997	48,997	0	48,997	48,997	0
HC - Centre	Continuing Health Care (CHC) AG	NR	517,013	517,013	0	517,013	517,013	0
HC - Centre	Continuing Health Care Schemes	R	734,000	794,313	60,313	734,000	794,313	60,313
HC - Centre	De-commissioning of Ward 11 as escalation space	R	680,814	166,549	-514,265	680,814	166,549	-514,265
HC - Centre	DOAC prescribing	R	1,353,976	1,252,558	-101,417	1,353,976	1,252,558	-101,417
HC - Centre	Dressings review	R	80,000	18,769	-61,231	80,000	18,769	-61,231
HC - Centre	GMS Accountancy Gain	NR	130,992	130,992	0	130,992	130,992	0
HC - Centre	GMS Accountancy Gain - Roche Contract	NR	397,997	397,997	0	397,997	397,997	0
HC - Centre	LAC Income over-achievement	NR	400,000	400,000	0	400,000	400,000	0
HC - Centre	National agreed contracts for secondary care drugs	R	135,968	98,087	-37,881	135,968	98,087	-37,881
HC - Centre	Nurse Agency Run Rate Reduction	R	268,705	270,831	2,126	268,705	270,831	2,126
HC - Centre	Nursing Agency new rates - Central Area	R	2,863	2,863	0	2,863	2,863	0
HC - Centre	Nursing Agency new rates - YGC	R	67,142	67,142	0	67,142	67,142	0
HC - Centre	Optimising medicine prescribing within clinical pathways (NICE TA)	R	38,496	176,952	138,456	38,496	176,952	138,456
HC - Centre	Optomisation of generic prescribing	R	121,666	135,086	13,420	121,666	135,086	13,420
HC - Centre	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	604,110	604,110	0	604,110	604,110	0
HC - Centre	PC&C Services - Contingency Reserve	R	10,000	10,000	0	10,000	10,000	0
HC - Centre	PC&C Services - Telehealth	NR	50,000	50,000	0	50,000	50,000	0
HC - Centre	PC&C Services - Temporary Vacancies	NR	245,906	245,906	0	245,906	245,906	0
HC - Centre	Polypharmacy medication reviews	R	300,000	619,741	319,741	300,000	619,741	319,741
HC - Centre	Review low value medicines prescribed including liothyronine	R	135,432	12,301	-123,131	135,432	12,301	-123,131
HC - Centre	Review of Blood glucose test strips, optimise product selection	R	40,084	80,260	40,176	40,084	80,260	40,176
HC - Centre	Scriptswitch & Optomise savings	R	250,000	526,391	276,391	250,000	526,391	276,391
HC - Centre	YGC NR Vacancies	NR	55,338	55,338	0	55,338	55,338	0
HC - East	Accountacncy Gain - Locum Medical	NR	63,764	63,764	0	63,764	63,764	0
HC - East	Accountacncy Gain - Renal PO	NR	83,000	83,000	0	83,000	83,000	0
HC - East	Accountancy Gain - ED PO	NR	24,091	24,091	0	24,091	24,091	0
HC - East	Accountancy Gain - Locum Medical Surgery	NR	51,083	51,083	0	51,083	51,083	0
HC - East	AHP Agency Reduction - Therapies	R	240,000	219,932	-20,068	240,000	219,932	-20,068
HC - East	Biosimilar Initiation, switching	R	442,735	251,159	-191,576	442,735	251,159	-191,576
HC - East	Catering Consumables	R	92,169	180,000	87,831	92,169	180,000	87,831
HC - East	Cease inco sheet usage	R	4,215	4,215	0	4,215	4,215	0
HC - East	CHC Cost containment	R	604,512	593,314	-11,198	604,512	593,314	-11,198
HC - East	Childrens - Medical Agency Reduction	R	250,000	501,987	251,987	250,000	501,987	251,987
HC - East	Childrens CHC Package Review	R	120,000	106,858	-13,142	120,000	106,858	-13,142
HC - East	Consultant sessions and Intensity Bandings	R	56,628	56,628	0	56,628	56,628	0
HC - East	Continuing Health Care (CHC) AG	NR	480,267	480,267	0	480,267	480,267	0
HC - East	DOAC prescribing	R	1,489,958	1,375,432	-114,526	1,489,958	1,375,432	-114,526
HC - East	Dressings review	R	60,000	10,778	-49,222	60,000	10,778	-49,222
HC - East	GMS Accountancy Gain	NR	209,465	209,465	0	209,465	209,465	0
HC - East	GMS Accountancy Gain - Roche Contract	NR	393,501	393,501	0	393,501	393,501	0
HC - East	Increase of catering income	R	88,698	88,698	0	88,698	88,698	0
HC - East	Increased Income from Residences	R	75,521	28,320	-47,201	75,521	28,320	-47,201
HC - East	Medical Agency & Locum Reduction - Primary Care - Managed Practices	R	350,000	347,591	-2,409	350,000	347,591	-2,409
HC - East	Medical Agency Reduction - Community Services	R	261,163	480,567	219,404	261,163	480,567	219,404
HC - East	National agreed contracts for secondary care drugs	R	157,451	125,361	-32,090	157,451	125,361	-32,090
HC - East	Nurse Staffing - Agency Reduction	NR	453,996	471,361	17,365	453,996	471,361	17,365
HC - East	Nursing Agency new rates - East Area	R	15,687	15,687	0	15,687	15,687	0



Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Delivered	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - East	Nursing Agency new rates - YMW	R	33,330	33,330	0	33,330	33,330	0
HC - East	Optimising medicine prescribing within clinical pathways (NICE TA)	R	40,704	72,000	31,296	40,704	72,000	31,296
HC - East	Optimisation of generic prescribing	R	223,666	281,089	57,423	223,666	281,089	57,423
HC - East	Outsourcing savings (homecare)	R	118,128	145,696	27,568	118,128	145,696	27,568
HC - East	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	783,657	783,657	0	783,657	783,657	0
HC - East	Pico dressings	NR	7,511	7,511	0	7,511	7,511	0
HC - East	Polypharmacy medication reviews	R	350,004	751,325	401,321	350,004	751,325	401,321
HC - East	Portering Staffing	R	30,996	30,996	0	30,996	30,996	0
HC - East	Recharging AMD drug costs for out of area patients	R	60,000	58,400	-1,600	60,000	58,400	-1,600
HC - East	Reduce B3 Cook/Team Leader at weekends	R	6,996	6,996	0	6,996	6,996	0
HC - East	Reduce window cleaning from twice to one per annum in hospitals	R	5,700	5,700	0	5,700	5,700	0
HC - East	Reduction in spend on Nursing Agency - EC	R	169,000	357,996	188,996	169,000	357,996	188,996
HC - East	Reduction in spend on Nursing Agency - Medicine	R	240,000	834,559	594,559	240,000	834,559	594,559
HC - East	Reduction in spend on Nursing Agency - Surgery	R	230,719	384,578	153,859	230,719	384,578	153,859
HC - East	Reduction in staffing costs in Facilities	R	375,000	426,773	51,773	375,000	426,773	51,773
HC - East	Renal PD Accountancy Gain	NR	98,000	98,000	0	98,000	98,000	0
HC - East	Renal VAT - Mold Clinic	NR	245,869	245,869	0	245,869	245,869	0
HC - East	Review low value medicines prescribed including liothyronine	R	96,684	10,625	-86,059	96,684	10,625	-86,059
HC - East	Review of Blood glucose test strips, optimise product selection	R	47,125	78,702	31,577	47,125	78,702	31,577
HC - East	RSUK - VAT Recovery - In Year	R	138,012	138,012	0	138,012	138,012	0
HC - East	Scriptswitch & Optimise savings	R	350,004	639,237	289,233	350,004	639,237	289,233
HC - East	Theatre Consumable Savings	R	34,854	34,854	0	34,854	34,854	0
HC - East	Urology Scope Stacker	R	75,000	38,700	-36,300	75,000	38,700	-36,300
HC - West	Accruals Released - Area	NR	12,992	12,992	0	12,992	12,992	0
HC - West	Accruals Released - Area GMS	NR	211,000	211,000	0	211,000	211,000	0
HC - West	Accruals Released - YG	NR	26,154	26,154	0	26,154	26,154	0
HC - West	Acute paediatric medical staffing - Efficiencies	R	244,569	57,375	-187,194	244,569	57,375	-187,194
HC - West	BCU Accommodation for CHC West team	R	9,876	0	-9,876	9,876	0	-9,876
HC - West	Biosimilar Initiation, switching	R	169,915	248,479	78,565	169,915	248,479	78,565
HC - West	CAMHS - Temporary clinical efficiencies	NR	134,088	117,000	-17,088	134,088	117,000	-17,088
HC - West	Childrens CHC Package Review	R	100,000	100,000	0	100,000	100,000	0
HC - West	Continence Products	R	50,000	0	-50,000	50,000	0	-50,000
HC - West	Continuing Health Care (CHC) AG	NR	1,449,947	1,449,947	0	1,449,947	1,449,947	0
HC - West	Conversion of Cryocool to Ice Machine	R	2,880	2,880	0	2,880	2,880	0
HC - West	Director Post Vacancy	NR	67,000	67,000	0	67,000	67,000	0
HC - West	Directorate Grip and Control - Pay related	NR	96,500	107,000	10,500	96,500	107,000	10,500
HC - West	DOAC prescribing	R	1,095,519	1,003,540	-91,979	1,095,519	1,003,540	-91,979
HC - West	Dressings review	R	30,000	3,329	-26,671	30,000	3,329	-26,671
HC - West	Flexible Job Plan Sessions	NR	83,603	83,602	-0	83,603	83,602	-0
HC - West	GMS Accountancy Gain	NR	162,857	162,857	0	162,857	162,857	0
HC - West	GMS Accountancy Gain - Roche Contract	NR	394,344	394,344	0	394,344	394,344	0
HC - West	Grip and control measures - Acute Med Locum Reduction	R	248,000	182,000	-66,000	248,000	182,000	-66,000
HC - West	Grip and control measures - pay SDEC	R	241,500	150,000	-91,500	241,500	150,000	-91,500
HC - West	Home Enteral Tube Feeding (Ancilliary items)	NR	20,000	20,000	0	20,000	20,000	0
HC - West	Implement Workforce Plan for Health Board Managed Practices	R	90,000	0	-90,000	90,000	0	-90,000
HC - West	Implement Workforce Plan for Health Board Managed Practices	NR	234,104	200,000	-34,104	234,104	200,000	-34,104
HC - West	Increase of catering income	R	218,024	241,000	22,976	218,024	241,000	22,976
HC - West	Llandudno Decant - Pay	NR	150,000	133,000	-17,000	150,000	133,000	-17,000
HC - West	Medicine Grip and Control - Non-Pay	R	80,000	33,000	-47,000	80,000	33,000	-47,000



Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Delivered	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - West	National agreed contracts for secondary care drugs	R	165,855	118,760	-47,095	165,855	118,760	-47,095
HC - West	Nursing Agency new rates - Westl Area	R	2,255	2,255	0	2,255	2,255	0
HC - West	Nursing Agency new rates - YG	R	22,913	22,913	0	22,913	22,913	0
HC - West	Ophthalmology Private Patient Income	R	53,000	82,000	29,000	53,000	82,000	29,000
HC - West	Optimising medicine prescribing within clinical pathways (NICE TA)	R	30,800	104,599	73,799	30,800	104,599	73,799
HC - West	Optomisation of generic prescribing	R	107,361	126,713	19,352	107,361	126,713	19,352
HC - West	Outsourcing savings (homecare)	R	28,893	94,218	65,325	28,893	94,218	65,325
HC - West	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	556,230	556,230	0	556,230	556,230	0
HC - West	Polypharmacy medication reviews	R	250,000	645,856	395,856	250,000	645,856	395,856
HC - West	Reduction in Agency Pay - Therapies	NR	186,000	84,000	-102,000	186,000	84,000	-102,000
HC - West	Residential Accommodation rental increase (West)	R	65,416	81,000	15,584	65,416	81,000	15,584
HC - West	Review low value medicines prescribed including liothyronine	R	48,156	6,215	-41,941	48,156	6,215	-41,941
HC - West	Review of Blood glucose test strips, optimise product selection	R	24,375	69,585	45,210	24,375	69,585	45,210
HC - West	Review of GP Bed Fund Contract 24.25	NR	24,024	14,000	-10,024	24,024	14,000	-10,024
HC - West	RSUK - VAT Recovery - In Year	R	60,093	60,093	1	60,093	60,093	1
HC - West	SACC - Efficiency - Reduce Escalated Beds	R	160,000	373,000	213,000	160,000	373,000	213,000
HC - West	SACC - Grip & Control - Medical Pay	R	260,000	340,000	80,000	260,000	340,000	80,000
HC - West	Scriptswitch & Optomise savings	R	200,000	401,882	201,882	200,000	401,882	201,882
HC - West	West IHC - Continuing Health Care Schemes	R	661,000	660,000	-1,000	661,000	660,000	-1,000
MH&LDS	Continuing Health Care (CHC) AG	NR	481,284	481,284	0	481,284	481,284	0
MH&LDS	Director of Nursing Recruitment Vacancy	NR	64,981	81,227	16,246	64,981	81,227	16,246
MH&LDS	Medical Agency Reduction	R	95,184	95,184	0	95,184	95,184	0
MH&LDS	National agreed contracts for secondary care drugs	R	71,965	21,759	-50,206	71,965	21,759	-50,206
MH&LDS	Nursing Agency new rates - MHL D	R	15,669	15,669	0	15,669	15,669	0
MH&LDS	Outsourcing savings (primary care dispensed)	R	60,996	50,833	-10,163	60,996	50,833	-10,163
MH&LDS	Reduction in Nursing Agency Spend	R	254,388	222,579	-31,809	254,388	222,579	-31,809
MH&LDS	Reduction in Out of Area Placements	R	5,450,544	3,916,729	-1,533,815	5,450,544	3,916,729	-1,533,815
MH&LDS	Reduction in Unfunded Posts - Director of transformation	NR	124,128	127,201	3,073	124,128	127,201	3,073
MH&LDS	Right Care Programme	R	2,500,000	2,500,000	0	2,500,000	2,500,000	0
Midw & Womens	Ceasing of Pay Protection	R	10,548	10,548	0	10,548	10,548	0
Midw & Womens	Consultant OOHs Intensity Allowance Review	R	25,925	25,925	0	25,925	25,925	0
Midw & Womens	E-roster Housekeeping	NR	53,073	53,073	0	53,073	53,073	0
Midw & Womens	Medical Agency Expenditure Reduction	R	15,259	15,259	0	15,259	15,259	0
Midw & Womens	Medical Commitment Award	NR	40,259	40,259	0	40,259	40,259	0
Midw & Womens	National agreed contracts for secondary care drugs	R	31,022	46,222	15,200	31,022	46,222	15,200
Midw & Womens	Non Recurrent BFI Re-Assessment Spend Reduction	NR	11,400	11,400	0	11,400	11,400	0
Midw & Womens	Womens BFI Accreditation	NR	11,400	11,400	0	11,400	11,400	0
Midw & Womens	Nursing & Midwifery Agency Exp Run Rate Reduction	R	65,076	39,492	-25,584	65,076	39,492	-25,584
Midw & Womens	Nursing Agency new rates - Womens	R	967	967	0	967	967	0
Midw & Womens	Pay Expenditure Run Rate Reduction	NR	266,652	609,884	343,231	266,652	609,884	343,231
Midw & Womens	Vacancy Factor	R	500,000	529,685	29,685	500,000	529,685	29,685
Primary Care	Accountancy Gain - Integrated Clinical Delivery	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Primary Care	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Continuing Health Care (CHC) AG	NR	187,029	187,029	0	187,029	187,029	0
Subtotal			47,567,134	49,026,349	1,459,215	47,567,134	49,026,349	1,459,215
Procurement			1,208,051	1,828,290	620,238	1,208,051	1,828,290	620,238
Close of PO's AG			1,015,222	1,015,222	0	1,015,222	1,015,222	0
Enhanced mileage rates			229,230	341,508	112,278	229,230	341,508	112,278
Enhanced Recruitment Control Savings			2,272,251	6,204,769	3,932,518	2,272,251	6,204,769	3,932,518
Telephone Line Rental			12,914	12,981	67	12,914	12,981	67
Total			52,304,802	58,429,119	6,124,316	52,304,802	58,429,119	6,124,316





Teitl adroddiad: <i>Report title:</i>	Nurse Staffing Levels Act
Adrodd i: <i>Report to:</i>	Health Board
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 29 May 2025
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This paper introduces the 2024/25 Betsi Cadwaladr University Health Board (BCUHB) annual assurance report on compliance with the Nurse Staffing Levels (Wales) Act for the period 6th April 2024 - 5th April 2025.</p> <p>The Nurse Staffing Levels (Wales) Act 2016, requires Health Boards to calculate and take all reasonable steps to maintain the nurse staffing levels within Section 25B areas, which are adult acute medical inpatient wards; adult acute surgical inpatient wards; and paediatric inpatient wards.</p> <p>In accordance with the Act, nurse staffing calculations must be undertaken bi-annually (as a minimum) and are to be approved by a designated person who is authorised to undertake this calculation on behalf of the Chief Executive Officer.</p> <p>The designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment. Within Welsh Health Boards the designated person is the Executive Director of Nursing.</p> <p>The calculation undertaken by the designated person must result in the nurse staffing level for the ward area. In practice, the approved nurse staffing level will be the required establishment and the planned roster. The approved nurse staffing level should be funded from the health boards revenue allocation.</p> <p>The All Wales Nurse Staffing Group has produced the standard template which must be used to form the annual assurance report to ensure consistency in the information from each Health Board within Wales.</p>
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to receive this report to gain assurance in relation to the following:</p> <ol style="list-style-type: none">1. Betsi Cadwaladr University Health Board (BCUHB) is meeting its statutory “duty to calculate and take steps to maintain nurse staffing levels” in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.

	<p>2. BCUHB is meeting its statutory duty to provide an annual presentation to the Board detailing calculated nurse staffing levels</p> <p>3. The Executive Director of Nursing & Midwifery, as the designated person has undertaken the bi-annual reviews and approved the nurse staffing calculations presented within this report and the associated appendices.</p>			
Arweinydd Gweithredol: Executive Lead:	Angela Wood, Executive Director of Nursing & Midwifery			
Awdur yr Adroddiad: Report Author:	Alison Griffiths, Director of Nursing Workforce, Staffing and Professional Standards Joanna Brown, Nurse Staffing Programme Lead			
Pwrpas yr adroddiad: Purpose of report:	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"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input checked="" 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>	Derbyniol Acceptable <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>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>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:</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>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		<p><u><i>Nurse Staffing Levels (Wales) Act 2016¹</i></u></p> <p>Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatient wards, adult acute surgical inpatient wards, and paediatric inpatient wards.</p> <p><u><i>A Healthier Wales: Our Plan for Health and Social Care²</i></u> identifies a requirement to “drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales”</p> <p><u><i>A Healthier Wales: Our Workforce Strategy for Health and Social Care³</i></u></p>		

¹ [Nurse Staffing Levels \(Wales\) Act 2016](#)

² [A healthier Wales: long term plan for health and social care](#)

³ [A healthier Wales: our workforce strategy for health and social care](#)

	<p>draws a direct link between vacancy rates and high agency expenditure.</p> <p><i>The Strategic Nursing Workforce Plan</i>⁴ addresses the significant and well documented challenges facing the nursing profession in Wales, setting out the overarching strategic nursing workforce actions of growing the nursing workforce; transforming the nursing workforce and supporting the nursing workforce.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>Statutory reporting requirements aligned to the Nurse Staffing Act (Wales) 2016 “<i>duty to calculate and take steps to maintain nurse staffing levels</i>”</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Not applicable</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>Risk ID1976 - Nurse Staffing (Continuity of service may be compromised due to a diminishing nurse workforce). There is a risk to the provision of high quality safe and effective nursing care due to the number of nursing vacancies across the Health Board.</p> <p>Inability to provide appropriate nurse staffing levels to ensure time to care for patients sensitively can compromise the Health Boards ability to deliver health care effectively, and compromise the reputation of Health Board nursing services.</p> <p>CRR15 Recruitment & Retention (this applies to all staff across the Health Board but the nursing workforce is a significant element of the risk).</p> <p>There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor</p>

⁴ [Strategic nursing workforce plan](#)

	<p>patient experience and outcomes and low staff morale and well-being.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>In accordance with the organisations statutory duty for the Executive Director of Nursing and Midwifery, as the designated person, to calculate and approve the nurse staffing levels, this report details the whole time equivalent (WTE) changes required.</p> <p>As per the statutory guidance the approved nurse staffing levels should be funded from the health boards revenue allocation.</p> <p>The Executive Director of Nursing identifies the recommendations for the staffing levels required, in discharging their statutory duty and suggests if these levels are not able to be supported financially, mitigating actions need to be taken to maintain patient safety in the areas unfunded. This may include Ward reconfigurations, bed closures or the use of temporary staffing.</p> <p>The Executive Director of Finance highlights to members investment over the past 24 months in the Nurse Staffing Levels Act (NSA) has increased the workforce within Nursing and Healthcare Support Workers at a cost of in excess of £12m. The budgets allocated to these areas supporting improvements in the quality of care. However, this has resulted in pressures to secure savings in other areas of the Health Board to facilitate this substantial investment.</p> <p>The Chief Operating Officer supports the recommendations as outlined by the Executive Director of Nursing and recognises the requirement for mitigating actions should it not be possible to support the recommendations financially.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Workforce implications relate to the ability to both finance and recruit a sufficient workforce of both registered nurses and healthcare support workers.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p>	<p><i>Not applicable</i></p>

<p>Feedback, response, and follow up summary following consultation</p>	
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>As detailed above - Risk ID1976</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p><i>Not applicable</i></p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices: Appendix 1 – Annual Assurance Report of the Nurse Staffing Levels May 2025 Appendix 2 – Annual Assurance Report Summary of Required Establishment Spring 2024 & Autumn 2024 Appendix 3 – Summary of the Nurse Staffing Levels for 25B Wards Spring 2025</p>	



Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board/trust	Betsi Cadwaladr University Health Board		
Date annual assurance report is presented to Board	Executive Meeting 30 th April 2025 Board Committee Meeting 29 th May 2025 This annual report refers only to the period 6 th April 2024 – 5 th April 2025, however this report forms part of the 3 yearly assurance report for the reporting period from 6 th April 2024- 5 th April 2027, that will be presented to Welsh Government in October 2027.		
	Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	Adult acute <u>medical</u> inpatient wards have remained unchanged/static during the reporting period: Total <u>Medical</u> wards = 25 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9	Adult acute <u>surgical</u> inpatient wards have remained unchanged/static during the reporting period: Total <u>Surgical</u> wards = 17 Ysbyty Gwynedd 5 Ysbyty Glan Clwyd 6 Ysbyty Wrexham Maelor 6	Paediatric inpatient wards have remained unchanged/static during the reporting period: Total <u>Paediatric</u> Wards = 3 Ysbyty Gwynedd 1 Ysbyty Glan Clwyd 1 Ysbyty Wrexham Maelor 1
During the last year the number of occasions (wards where section 25B applies) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	Staffing levels have not been reviewed / recalculated outside of the bi-annual calculation periods.	Staffing levels have not been reviewed / recalculated outside of the bi-annual calculation periods.	Staffing levels have not been reviewed / recalculated outside of the bi-annual calculation periods.

The process and methodology used to calculate the nurse staffing level.

This report will focus on the wards to which Section 25B¹ of the Nurse Staffing Levels (Wales) Act pertains within BCUHB. In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, wards pertaining to Section 25B are subject to bi-annual reviews² in order to appropriately calculate planned nurse staffing levels. The narrative detailed within the annual assurance report appendices has attempted to demonstrate the rationale for any changes to the nurse staffing levels, for example changes to care quality outcomes, sustained change in the pattern of patient acuity and ward activity or changes to the funded bed base.

In line with the Nurse Staffing Levels (Wales) Act 2016, nurse staffing calculations are to be approved by a designated person³ who is authorised to undertake this calculation on behalf of the Chief Executive Officer. The designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment. Within Welsh health boards the designated person is the Executive Director of Nursing.

In accordance with the Statutory Guidance⁴ the calculation undertaken by the designated person must result in the nurse staffing level for the ward area. The nurse staffing level will be the required establishment i.e. the total number of staff to provide sufficient resource to deploy a planned roster, that will enable nurses to provide care to patients that meets all reasonable requirements in the relevant situation. The maintenance of the nurse staffing level should be funded from the health boards revenue allocation, taking into account the actual salary points of staff employed on its wards.

Methodology used to calculate the nurse staffing level:

Section 25C of the Nurse Staffing Levels (Wales) Act 2016 describes the triangulated method of calculation that must be applied when undertaking the nurse staffing level calculations / reviews. The triangulated methodology involves collecting, reviewing and interpreting data relating to Patient Acuity, Care Quality Indicators, and Professional judgement.

¹ Section 25B of the [Nurse Staffing Levels \(Wales\) Act 2016](#) applies to adult acute medical inpatient wards; adult acute surgical inpatient wards; and paediatric inpatient wards. Excluded from the definition of Section 25B wards are outpatient departments, admission portals/assessment units, critical care/high dependency units, day case areas, rehabilitation areas, theatres, procedural units, coronary care units. These areas ordinarily undergo a (minimum) annual nurse staffing review to ensure there are sufficient nurses to provide timely and sensitive care to patients.

² Statutory calculations of nurse staffing levels across wards pertaining to Section 25B take place between March/April (reporting to Board in May) and August/September (reporting to Board in November).

³ The designated person must act within the health boards governance framework authorising that person to undertake the nurse staffing calculation on behalf of the health boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a Nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.

⁴ [Nurse Staffing Levels \(Wales\) Act 2016: statutory guidance](#)

Patient Acuity data is measured using Welsh Levels of Care⁵ evidence-based workforce planning tool. This measure of patients' levels of acuity indicates how much care is required in order to determine the nurse staffing level that is required to meet reasonable requirements of care. Within BCUHB the RL Datix SafeCare system⁶ captures acuity data on a shift by shift basis, however across Wales, in all wards where section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies, formal acuity audits are undertaken every 6 months (January and June). To support the acuity audits a monthly dashboard⁷ has been developed which provides information regarding patient acuity, patient flow and nurse staffing levels.

Care Quality Indicators are measures that are particularly sensitive to care provided only by a nurse and must be considered during the calculation process. The quality indicators shown to have an association with low nurse staffing levels are identified as:

- Patient falls - any fall that a patient has experienced whilst a patient on the ward
- Pressure ulcers - total number of hospital acquired pressure ulcers considered to have developed, or worsened, while a patient on the ward;
- Medication errors - any error in the preparation, administration or omission of medication by nursing staff
- Complaints – wholly or partly about care provided to patients by nurses made in accordance with the complaint's regulations.

Paediatric inpatient wards also include infiltration/extraversion injuries as part of their care quality indicator measurements.

In addition to the indicators set out above, any other indicator that is sensitive to the nurse staffing level may be considered. Examples may include, but are not limited to, patient experience, unmet care needs, failure to respond to patient deterioration, staff experience & well-being and compliance with mandatory training and performance development reviews.

Professional judgement is the application of nursing knowledge, skills and experience in order to make an informed decision regarding nurse staffing level calculations. Professional judgement will take into account the qualifications, competencies, skills, experience, professional development, and mandatory training requirements of the nurses providing care to patients within the ward. It will also consider the use of temporary staffing, conditions which may affect care provision, support to students and learners, ward layout, the turnover of patients and overall bed occupancy, the

⁵ The [Welsh Levels of Care](#) consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.

⁶ RL Datix SafeCare is a daily staffing software system that displays real time nurse staffing levels and patient acuity enabling informed decision making on staffing levels across a hospital site. It enables visibility of staff to support deployment of resource in addition to the recording of red flags and professional judgement reasons and mitigating actions taken.

⁷ [Acuity report - Power BI Report Server](#)

complexity of patient needs in addition to their medical or surgical nursing needs (for example, patients with learning disabilities), and staff health and well-being.

During the process of calculating the nurse staffing levels using the triangulated approach there is no pre-determined hierarchy in terms of the evidence, with equal weighting given to all the information that informs this process. The Executive Director of Nursing and Midwifery as the designated person will make the determination of the nurse staffing levels based on an analysis of all the information collected about the ward and the contributions of those staff involved in the process.

In line with the Nurse Staffing Levels (Wales) Act 2016, and following consideration of these factors, an uplift of 26.9% is applied to both the registered nurse (RN) and health care support worker (HCSW) establishments to cover staff absences⁸. As per the requirements of the Nurse Staffing Levels (Wales) 2016 Act all Band 7 Ward Managers are supernumerary and are therefore not included in the required establishment figures.

Process used to calculate the nurse staffing level:

BCUHBs process of calculating nurse staffing levels has 3 steps:

Step 1: Initial Review

The review process is commenced at ward level with the Ward Manager presenting ward acuity data, care quality indicators, and professional judgement. Each ward completes the designated nurse staffing calculation proforma to evidence the review process and application of the triangulated methodology described above. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations. This is presented at site level, for review, discussion and supportive challenge.

The Integrated Health Community (IHC) Director of Nursing (DON) / Associate Director of Nursing (ADoN) leads the site reviews to calculate nurse staffing levels in collaboration with the Heads of Nursing, Matrons, Ward Manager, and colleagues from finance. The review is informed by both qualitative and quantitative information comprising of information and data gathered using the triangulated methodology covering Patient Acuity, Care Quality Indicators, and Professional judgement.

Additional information provided at the initial review includes, though is not limited to:

- Current ward bed numbers and speciality, including specific treatments or procedures.
- Ward environment, layout and geographical position
- Detail of service and patient pathway changes

⁸ The 26.9% covers absences relating to annual leave, sickness and study leave but excludes maternity leave.

- Ward based initiatives, improvement programmes or action plans
- Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, frailty/rehabilitation support workers, dementia support workers, ward administrators etc.).
- Workforce/Staffing related metric data i.e. budgeted and actual establishments, Performance & Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave.
- Patient flow/activity related data for the previous 12 months.
- Finance related data i.e. pay/non pay expenditure/utilisation of permanent/temporary staff.

Step 2: Health Board Wide Review

A health board wide (multi-site, service specific) review is undertaken, led by the Director of Nursing for Workforce, Staffing and Professional Standards, taking into account national guidance and best practice evidence, to ensure a consistent health board wide approach. The review includes sharing good practice and lessons learnt and providing assurance of compliance with the Nurse Staffing Levels (Wales) Act 2016 requirements in that all workforce models must include an uplift of 26.9% and that a supernumerary Band 7 Ward Manager has been calculated within the overall workforce plan for each ward. Supportive challenge and discussions are undertaken between the senior nurse leadership team⁹, and colleagues from workforce and finance to ensure the legitimate and validated application of the triangulated methodology.

Step 3: Formal Presentation of Nurse Staffing Levels to Executive Director of Nursing & Midwifery

Each Integrated Health Community Nurse Director / Associate Director of Nursing formally present their proposed nurse staffing levels to the Executive Director of Nursing and Midwifery as the confirmed designated person. In attendance are the Executive Directors for Workforce & Organisational Development; & Finance (or their nominated deputies). Final approval of the Nurse Staffing Levels is agreed by the Executive Director of Nursing and Midwifery as the confirmed designated person and on approval, these are formally presented to the Board.

The formal autumn 24 presentation to the Executive Director of Nursing & Midwifery took place on 17th October 2024 with the nominated deputies for the Executive Directors of People Services & Finance in attendance with the outcome of these presented to Board on 28th November 2024¹⁰.

The formal spring 25 presentation to the Executive Director of Nursing & Midwifery took place on 3rd April 2024 with the nominated deputies for the Executive Directors of People Services & Finance in attendance with the outcome of these presented in appendix 3.

Amendments made during the spring 2025 review period are listed below, with all staffing amendments fully funded directly by the East IHC following a decision to review and increase the funded bed base across the following wards:

⁹ Director of Nursing for Workforce, Staffing and Professional Standards, Integrated Health Community Nurse Director / Associate Director of Nursing and Heads of Nursing

¹⁰ [BCUHB Health Board Meeting 28-11-24](#)

- Arrivals ward YMW staffing increased by 8.53 RN and 8.53 HCSW
- Morris ward YMW staffing increased by 2.84 RN and 2.84 HCSW
- Pantomime ward YMW staffing increased by 5.69 RN and 4.27 HCSW
- Prince of Wales ward YMW staffing increased by 5.69 RN and 5.69 HCSW

Informing patients

In line with the requirements of the Nurse Staffing Level (Wales) Act 2016, information boards are located at the entrance to each of the wards displaying the planned nurse staffing levels on the wards and the date these were presented to the Board. Nationally agreed bilingual “Once for Wales” templates are utilised to display the planned staffing levels, with supplementary information available via a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available bilingually in standard and easy read versions) to answer any more detailed questions a patient or a visitor may have about the Act. Ward staff are aware of, and endeavour to maintain Welsh Language Standards and translation services to ensure that patients are offered the opportunity to communicate through their language of choice.

Ward Managers and Senior Nurse Managers have been issued with guidance regarding their duties to inform patients under the Nurse Staffing Levels (Wales) Act 2016 and assurance is sought via the nurse staffing calculation proforma that these duties are being met. An initial audit was undertaken in September 2024 across the wards pertaining to Section 25B to measure compliance with the informing patient requirements, the results of which were shared with the respective Integrated Health Community Nurse Directors and Associate Directors of Nursing and the Executive Director of Nursing & Midwifery. The findings of the audit are detailed in the table below:

Overall	Planned Agreed Staffing Displayed	Staffing Displayed Correctly	Date Presented to Board Correct	Information for public (Displayed Bilingually)	Easy Read FAQs (Displayed Bilingually)	Patient FAQs (Displayed Bilingually)
Total Wards Audited	45	45	45	45	45	45
Total Wards Compliant	45	41	28	29	18	17
Total Wards Not Compliant	0	4	17	16	27	28
% Compliant	100%	91%	62%	64%	40%	38%
% Not Compliant	0%	9%	38%	36%	60%	62%

Individual ward findings have been shared with the Directors of Nursing, Associate Directors of Nursing and Heads of Nursing, with IHCs and Divisions tasked with ensuring areas of non-compliance were addressed. The refreshed Ward Manager and Accreditation metrics will include a section within the Well Led Standards to confirm that the staffing boards

are up to date and meet the Act requirements. It is also proposed that these are utilised by the Matrons as part of their peer review processes.

Formal ward audits will be undertaken every 6 months by the Nurse Staffing Programme Lead following the presentations of the staffing levels to Board, with these being undertaken in June / July and Dec / Jan. Following each audit, results will be shared with the Executive Director of Nursing & Midwifery, the Directors of Nursing, Associate Directors of Nursing and Heads of Nursing.

Work is ongoing at a national level to develop a pragmatic solution to the availability of patient information, with the planned staffing levels template to be updated to feature a QR code. Patients and ward visitors will be able to scan this QR code on any smart phone and be directed to the national informing patient information documents, which will be available in Welsh; English and easy read versions.

Section 25E (2a) Extent to which the nurse staffing level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising of both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained during the period of this annual report

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u>	6 th April 2024 – 5 th April 2025		
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during first cycle (May)	42	826.07	742.88
WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May) calculation cycle	42	819.93	723.34
Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during second calculation cycle (Nov)	42	828.91	748.56
WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov) calculation cycle	42	820.44	723.34
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 42		
Accompanying narrative:			

NB: First cycle: spring 2024 following January audit
Second cycle: autumn 2024: following June audit

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.

During the reporting period spring 2024 – autumn 2024, 34 wards have seen **no** changes to their required establishment, 11 wards have required a change to their required establishments. Of the wards requiring a change to establishment, 7 occurred in spring 2024, with these reported to the Board in May 2024¹¹ and 4 occurred in autumn 2024, with these being reported to the Board in November 2024¹⁰. Details of the 4 wards requiring a change following the spring 2025 reviews have been included within this report previously.

Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices. The narrative detailed within the annual assurance report appendices demonstrates the rationale for any changes to the nurse staffing levels. During April 2025 the budgets will be uplifted to reflect the nurse staffing levels presented to Board in May 2024 and detailed within appendices 2 & 3 of this report. Nurse staffing levels presented to Board in November 2024 will be considered within the 2025/26 financial planning cycle however, to mitigate the risks all Section 25B wards have been able to recruit and staff to the calculated required establishment figures utilising temporary staffing as necessary to achieve these levels.

Following the planned uplift to the budgets in April 2025 the remaining budgetary deficit from the autumn 2024 reviews will be 2.84 WTE RN and 4.26 WTE HCSW. Please note a temporary increase of 1.42 WTE HCSW was applied in the autumn 2024 reviews to Pantomime ward (YMW) however this has not been continued following the spring 25 reviews, therefore is excluded from the autumn 24 & overall totals.

The nurse staffing reviews have again identified the regular (and in some areas sustained) use of "escalation beds" in response to system pressures and as such funding for these beds are included for consideration in the planning and prioritisation schedule of the Integrated Medium Term Plan (IMTP). Staff are utilised from across the site to support the staffing of these wards/beds alongside the use of temporary staffing. Seasonal and temporal pressures historically experienced during winter months, build throughout the year and it is evident that this pressure is placing significant stress on staff and creating significant risks for patients.

Although staffing requirements associated with escalated beds is not included in the data relating to Section 25B wards this information will continue to be captured as part of the nurse staffing levels review process and included within the respective Integrated Health Community IMTP plans.

¹¹ [BCUHB Health Board Meeting 30-05-24](#)

Patient acuity has remained higher than pre-covid periods across all inpatient areas. The health board is showing a trend of reduced Level 1 and 2 patients, and increased levels 3 and 4 patients in our adult acute medical and surgical wards. Acuity data for wards pertaining to Section 25B during June 2024 shows that an average of 74% of patients requiring care were Level 3 and 4, with 11% of patients requiring Level 5 care.

Developments and processes for achieving required establishments across all Section 25B wards (adult & paediatric):

As a health board there has been underpinning work to secure and assure plans for maintaining Nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained locally and nationally. There are a range of both short and long term actions being taken by the health board to improve the extent to which a sufficient workforce is available to work within the registered nurses (RN) and healthcare support workers (HCSW) establishments across all health settings. People Services continue to work closely with senior nursing and midwifery colleagues to maximise recruitment and retention of nursing and midwifery staff initiatives which include:

- Retention Leads identified across corporate and clinical areas with a focus on the national retention plan and associated national retention tool
- Continued engagement with the national All Wales International Nurse Recruitment Programme with a 101 FTE Internationally Educated Nurses recruited and welcomed during the financial year 24/25.
- Bachelor of Nursing Part Time and Open University fast track for healthcare support workers employed by the organisation to ensure that we are able “grow our own”
- Assistant Practitioners (Band 4) integrated well within establishments, and undertaking extended duties on a competency assessed basis in line with the All Wales Framework. National work is ongoing regarding the transition phase and introduction of the Band 4 Registered Nursing Associate (RNA).
- A cycle of business is underway to ensure that all areas providing, or commissioned to provide, patient care are included in nurse staffing establishment reviews (annually as a minimum). This approach aims to progressively align staffing rosters with patient need and service demand, and to ensure the health board is fulfilling its statutory duty to provide sufficient nurses to deliver safe and sensitive care.
- Utilisation of the RL Datix SafeCare system to provide live visibility of staffing levels and patient demand to ensure the deployment of resource effectively. Weekly reports are provided to the DoN/ADoN to ensure targeted support to areas of poor compliance.
- Wagestream system to provide financial wellbeing for all staff.
- Continual review and enhancements of BCUHB careers framework
- Support for academic pathways and leadership development programmes
- Short-term mitigation remains through the use of temporary staffing (bank and agency workers) and deployment of substantive staff internally

- Non-financial incentives such as flexible working, remote/hybrid roles, part-time roles/job shares, and compressed hours/working days,

Extent to which the required establishment has been maintained within paediatric inpatient wards

NB: First cycle: spring 2024 following January audit
Second cycle: autumn 2024: following June audit

	6 th April 2024 – 5 th April 2025		
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May)	3	85.29	28.43
WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) calculation cycle	3	80.98	28.95
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second calculation cycle (Nov)	3	85.29	28.43
WTE of required establishment of paediatric inpatient wards <u>funded</u> following second (Nov) calculation cycle	3	81.98	30.95
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 3		

Accompanying narrative:

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.

The number of Section 25B wards within paediatrics has not changed during the reporting period and there have been no changes made to the required staffing establishments. Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices.

Acuity data for the paediatric inpatient wards during the reporting period in June 2024 shows very few patients at level 1 on the paediatric wards, with the majority of patients being levels 2 and 3. There were no days without some patients at level 4 or 5 across the units. The paediatric wards have a very high turnover with average length of stay lower than that seen on adult wards. This is supported by the flow data with an average of 40 admissions recorded across the three paediatric units per day.



Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	45990	19082 41.49%	5396 11.73%	10045 21.84%	8666 18.84%	93.91%
<p>Accompanying narrative:</p> <p>During April 2024 to April 2025 BCUHB has utilised the SafeCare system to capture data for the adult acute medical & surgical wards. SafeCare provides the ward user with the opportunity to record whether or not staffing was appropriate to meet the needs of the patients on a shift by shift basis. The information reported for the extent to which the planned roster has been maintained within adult acute medical and surgical wards is based on the Early, Late and Night shifts only, includes both substantive and temporary staffing as recorded on the rosters, and the response provided by the nurse in charge who utilises their professional judgement to record the appropriateness of the staffing levels on each of these shifts.</p> <p>This is the third year of reporting in this way and significant improvements have been made in the quality of the data being reported with overall data completeness rising from 37.82% (first year) to 93.91% across the adult medical and surgical Section 25B during this reporting period. Work will continue to ensure that the improvements are sustained with data being monitored and validated at regular intervals throughout the year.</p>							
Extent to which the planned roster has been maintained within <u>paediatric inpatient wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	3285	2092 63.68%	173 5.27%	682 20.76%	186 5.66%	95.37%



	<p>Accompanying narrative:</p> <p>During this reporting period the paediatric inpatient wards have utilised the SafeCare system to enable the capture and analysis of data. This is the first full year of all three paediatric inpatient wards collecting data in this way and positively there has been an improvement noted with the data completeness raising from 93.57% in the previous reporting period to 95.37% in this reporting period.</p> <p>The paediatric inpatient wards is based on the Early, Late and Night shifts only, includes both substantive and temporary staffing as recorded on the rosters, and the response provided by the nurse in charge who utilises their professional judgement to record the appropriateness of the staffing levels on each of these shifts. Work will continue to ensure that the improvements are sustained with data being monitored and validated at regular intervals throughout the year.</p>
<p>Process & systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.</p>	<p>NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards/trust to meet the reporting requirements of the Act and follow the Once for Wales approach to ensure consistency.</p> <p>Each health board/trust committed to implementing RL Datix (formally Allocates) Safecare system, with each organisation having implemented this system to their section 25B wards. Prior to the national steer BCUHB had implemented SafeCare across all their Section 25B adult acute medical & surgical wards, with the paediatric inpatient wards having completed their implementation in June 2023.</p> <p>BCUHB has worked closely with the All Wales SafeCare Implementation Group to support and ensure a consistent All Wales approach. An All Wales SafeCare Standard Operating Procedure has been developed and is in use across BCUHB.</p>
<p>Process for maintaining the Nurse staffing level</p>	<p>The Nurse Staffing Levels (Wales) Act 2016 statutory guidance requires that the health board takes ‘all reasonable steps’ to maintain its staffing levels. As a health board there has been underpinning work to secure and assure plans for maintaining nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained both locally and nationally.</p> <p>The competency, skill and experience of the nurses providing care to patients is a crucial component that has influenced the nurse staffing requirements within the bi annual calculation.</p> <p>Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient</p>

nurses to allow the nurses time to care for patients sensitively”. There are established processes in place within the Integrated Health Communities (IHC) nursing structures which allow for reviews of nurse staffing levels operationally on a daily basis, and support operational risk based decisions about the deployment of staff.

The process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with specific examples of actions which have been taken at both strategic/corporate and operational levels provided below, demonstrating that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the health board:

- The RL Datix SafeCare system provides real-time data in relation to staffing, skill mix and patient acuity. The system is reviewed on a shift-by-shift basis (as a minimum) by the Senior Nursing teams. The system, in addition to professional judgement, enables the temporary redeployment of resource to support timely and sensitive patient care.
- Daily site operational meetings involving discussions relating to capacity, staffing and system risk to inform decisions regarding opening/closing additional capacity, planned care, and the redeployment of available staff.
- Clinical site management team and on call arrangements in place providing 24/7 management and leadership to all services
- Nurse staffing escalation processes are outlined in the [BCUHB - Nurse Staffing Levels Policy](#) and [BCUHB Paediatric Escalation Policy](#)
- Band 7 Ward Managers are ordinarily supernumerary however they will have been included in care delivery numbers at times of increased capacity needs, and when providing sickness/absence cover.
- Where appropriate study leave and non-essential meetings are stood down
- Offer for staff to work additional hours or overtime to support their areas
- Use of temporary workforce – any gaps that cannot be filled by substantive staff are tendered in advance to the temporary workforce team in order to optimise fill rate. Where appropriate, block booking is supported to ensure stability, and regular workers to aid continuity
- An increase in the Band 6 establishments across identified wards pertaining to Section 25B with a primary purpose of strengthening senior support out of hours, whilst enhancing professional development and leadership.
- Close working relationships with allied health professionals and non-nursing colleagues in order to utilise additional support where nurse staffing is unavailable, for example, therapy support/theatre staff/pharmacy and administrative progress chasers
- Reporting potential compromise to patient care and/or experience considered to be attributed to nurse staffing via the Datix system and review.
- Roster optimisation – ensuring that all rosters are completed in line with Rostering Policy WP28a. Rosters are subject to a double approval process which is monitored by the senior nursing team to ensure safe and effective rosters
- A streamlined fast track recruitment process

- Partnership working with local universities to maximise opportunities for recruitment and retention including innovative opportunities for post graduate development
- Continued investment in education and development for staff including subscription to Florence Nightingale Foundation, Clinical Skills Modules and internally facilitated Continuing Professional Development programme to ensure wide range of opportunities available to staff
- The introduction of additional roles to support nurse staffing such as Assistant Practitioners (Band 4) Progress Chasers (Band 3) to support the safe and timely discharge of patients
- Career progression for healthcare support workers through completion of Qualification and Credit Framework Level 2 and 3 which enable progression to the Level 4 Certificate in Healthcare Practice.
- Maximising opportunities for healthcare support worker development through Level 4 Certificate in Healthcare Practice qualification fast track route for healthcare support workers employed by the organisation into pre-registration nurse training, to ensure that we are able “grow our own”, options available include Open University and Part Time Bachelor of Nursing routes
- Supporting career progression for health board employed healthcare support workers with an international nursing registration to progress to Band 5 registered nurse once successfully completed Objective Structured Clinical Examination.
- Implementation of a fast-track process for student nurses wishing to join the bank as a healthcare support worker
- The appointment of new graduates via the streamlining process continues to be a success as does the internationally educated nursing recruitment programme.
- The provision of pastoral support and a structure preceptorship programme for graduates and internationally educated nurses to ensure they settle well and have a rewarding and fulfilling career within BCUHB
- Ongoing work and engagement at a local and national level to ensure the preceptorship standards and clinical supervision principles are implemented successfully within BCUHB
- Annual workforce planning undertaken which informs nursing education commissioning
- Targeted focus of innovative Nurse recruitment campaigns both locally, nationally and internationally informed by workforce data/analysis and feedback
- Staff wellbeing services and strategies are in place

Work is ongoing to ensure there is a strong focus on staff retention with preceptorship programmes for new graduates, an ethos of support for lifelong learning and staff development, and the ability to provide a positive work-life balance and focus on staff work satisfaction. The [BCUHB People Strategy & Plan](#) is an essential enabler to the delivery of a sustainable nursing workforce, which is further supported by the [All Wales National Workforce Implementation Plan](#); the subsequent [Nurse Retention Plan](#) and the [Strategic Nursing Workforce Plan](#) placing a focus on retention and innovation.

This reporting period has seen the funded establishments across the Section 25B wards¹² for registered nursing posts increase from 979.9 (WTE) in April 2024 to 1007.6 (WTE) in March 2025, an overall funded increase of 27.7 (WTE). Actual registered nursing staff in post have also risen across the period from 827.3 (WTE) in April 2024 to 925.3 (WTE) in March 2025, an increase of 98 (WTE). Successful recruitment into the Section 25B wards has meant that the vacancy rates for registered nurses within these areas has fallen from 15.6% (April 2024) to 8.2% (March 2025).

Across the healthcare support worker funded establishments for the Section 25B wards¹² posts have increased from 826.8 (WTE) in April 2024 to 859.2 (WTE) in March 2025, an overall funded increase of 32.4 (WTE). Following the significant investment in the funded healthcare support worker establishments during February 2025 the vacancy rate for this staff group rose to 14.9% (February 2025) however ongoing recruitment has already seen this reduce to 14.3% in March 2025.

Recruitment remains ongoing, utilising the strategies outlined within this paper, to reduce the vacancy rates within both the registered nurses and healthcare support worker establishments.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care	Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).	Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).	Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).	Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
<i>Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).</i>	YWM 11	YWM 4	YWM 0	YWM 1
	YGC 24	YGC 6	YGC 0	YGC 3
	YG 6	YG 0	YG 0	YG 0
	Oncology & Haematology 2	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology 1	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0

¹² Applicable to those wards pertaining to Section 25B as at 31st March 2025.



TOTAL	44	10	0	4
<i>Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained</i>	YWM 2	YWM 0	YWM 0	YWM 0
	YGC 5	YGC 0	YGC 0	YGC 0
	YG 1	YG 0	YG 0	YG 0
	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0
TOTAL	8	0	0	0
<i>Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor</i>	YWM 2	YWM 0	YWM 0	YWM 0
	YGC 1	YGC 0	YGC 0	YGC 0
	YG 0	YG 0	YG 0	YG 0
	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0
TOTAL	3	0	0	0
<i>Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained</i>	YWM 9	YWM 4	YWM 0	YWM 1
	YGC 19	YGC 6	YGC 0	YGC 3
	YG 5	YG 0	YG 0	YG 0
	Oncology & Haematology 2	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology 1	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0
TOTAL	36	10	0	4
<i>Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.</i>	YWM 0	YWM 0	YWM 0	YWM 0
	YGC 2	YGC 0	YGC 0	YGC 0
	YG 0	YG 0	YG 0	YG 0
	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0
TOTAL	2	0	0	0

KEY: YWM - Ysbyty Wrexham Maelor / YGC - Ysbyty Glan Clwyd / YG - Ysbyty Gwynedd.

Accompanying narrative:

Based on a review of the health boards/trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; a report was presented to the Executive Directors of Nursing & Midwifery and the Chief Nursing Officer for Wales in 2021 which included a series of recommendations to improve and refine the reporting process. Following this a sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process; standardise reporting in line with the Duty of Candour¹³ set out in the Health and Social Care (Quality & Engagement Act) (Wales) Act 2020¹⁴ and broaden the reporting scope of incidences of harm to provide more meaningful data, with the aim of broadening the scope of incidences of harm to provide more meaningful data, by including moderate risk falls and medication administration error incidents.

The work of the Reporting Sub-Group included a review of the measures for the adult medical and surgical inpatient wards and these were presented to the Executive Nurse Directors in August 2023, who approved the recommendations to take effect from the next reporting period i.e. 6th April 2024 – 5th April 2025. The agreed quality indicators for the adult acute medical and surgical inpatient wards from 6th April 2024 are as follows:

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

The data to be reported for each of the above will be:

- Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

¹³ [The NHS Duty of Candour | GOV.WALES](#)

¹⁴ [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#)

Following the Executive Nurse Directors agreeing the recommendations in August 2023 it became apparent that the Duty of Candour (DoC), which came into force on 1st April 2023, would impact the reporting metrics within the annual assurance reports as previous reports have reported on the actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. Therefore, to align with patient safety incident reporting to Welsh Government this report, and all future reports, will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident. Consequently, the number of incidents reported within this, and subsequent, annual assurance reports may be lower than those in previous years.

During 2024/2025 BCUHB have refreshed the Pressure Ulcer Prevention and Management (PUPM) Standard Operating Procedure (SOP). The SOP promotes patient cooperation and self-management to reduce the risk and treat and manage pressure ulcers and advocates all staff adopting a patient centred approach to Pressure Ulcer Prevention and Management incorporating the aSSKING¹⁵ framework to ensure pressure ulcer prevention and management is individualised. All weekly reviews across each IHC have adopted the title Pressure Ulcer Learning Forum and will follow the aSSKING framework; with an agreed Terms of Reference across each IHC in place. Data will be extracted from themes and trends to inform improvement focus across the Health Board. Weekly learning Forums are supporting timely reviews utilising the All-Wales Focused review tool prior to presentation. Further analysis of themes of learning will be discussed by each IHC in the PUPM strategic Group meeting.

During 2024/2025 the strategic falls group has placed a focus on temporary staffing, training, risk assessments and post falls management. Compliance for part 1a and 1b falls training has seen continued improvement with the compliance exceeding 85% for Health Board staff. Workforce colleagues continue to work with Nursing Agencies to assess their compliance with falls training with BCUHB modules having been made available to these agencies. Falls management processes, embedded within each IHC, are having a positive impact on the outcome of quality and detailed interventions within risk assessments.

¹⁵ aSSKING - assess risk; skin assessment and skin care; surface; keep moving; incontinence or increased moisture; nutrition and hydration assessment / support; and give information



Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care	Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).	Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).	Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).	infiltration and extravasation injuries	Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
<i>Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).</i>	1	0	1	4	0
<i>Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained</i>	0	0	0	1	0
<i>Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor</i>	0	0	0	0	0
<i>Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained</i>	1	0	1	3	0
<i>Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.</i>	0	0	0	0	0

Accompanying narrative:

The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Directors of Nursing & Midwifery in August 2023, along with the amended measures for the adult acute medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. 6th April 2024.

The quality indicators for the paediatric inpatient wards will be as follows:

- Hospital acquired pressure damage (grade 3, 4 and unstageable) (avoidable and unavoidable)
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Infiltration and extravasation injuries
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
-

The data to be reported for each of the above will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *)

Actions taken if the nurse staffing level was not maintained in wards where section 25B applies

As previously detailed the process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with actions taken at both strategic/corporate and operational levels, which demonstrate that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the health board. These include all reasonable steps being implemented to reduce the risk when the nurse staffing level was not maintained with appropriate action, mitigation and escalation undertaken in line with the [BCUHB - Nurse Staffing Levels Policy](#) and the [BCUHB Paediatric Escalation Policy](#)

The impact on care quality when nurse staffing levels have not been maintained is monitored operationally with the senior nursing teams applying their professional judgment to ensure that the staffing levels wherever possible, were maintained – and, where not possible, mitigated. In addition to the actions previously noted above, the below are also undertaken:

	<ul style="list-style-type: none"> • Wellbeing support for staff where there has been significant staffing shortfalls on a continuous basis and provision of bespoke support sessions via Staff Wellbeing Service for example. • Shared learning through the Ward Managers and Matrons monthly meetings • Increased visibility of the senior nursing team (Matrons/ Heads of Nursing / Directors of Nursing) and Patient Advice & Liaison Support Service (PALS) team (where appropriate) through walkabouts/audit/patient feedback surveys • Daily incident reviews within the IHCs and Divisions with Heads of Nursing and Matrons allows insight into the Falls and Hospital Acquired Pressure Ulcers (HAPU) incidents reported enabling an initial review within the target timescale of 24 hours of reporting and a focused review within 72 hours with escalation of major and catastrophic incidents • Weekly learning forums are in place and supported by relevant leads e.g. practice development nurses, fall champions, HAPU lead nurse. • Increased audit activity in areas of concern to support improvement work • Nursing Quality Assurance Framework - to ensure deep dives are conducted into each clinical area in support of Ward Accreditation • A quality and assurance dashboard has been developed which provides strategic and operational oversight of patient experience, patient harms incidents, patient complaints and staffing metrics.
Section 25A: Duty to have regard to provide sufficient nurses	
<p>Requirements of Section 25A</p> <p>(NB: Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, not only wards where section 25B applies)</p>	<p>Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the responsibilities of each health board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective and timely care to patients across all of its nursing services. This section will provide a summary of the wider work that has been undertaken in relation to Section 25A areas during 2024/25.</p> <p>All other areas providing care to patients are required to undertake nurse staffing calculations, and whilst these are not legally mandated under section 25A, it is expected that these reviews will be undertaken routinely and in response to changes in patient acuity and / or dependency; when there is a change in the service model or delivery; or when concerns are raised through exception reporting or clinical governance.</p> <p>Nurse staffing level calculations must reflect an evidence based methodology that reflects due regard for the quality of patient care & outcomes; patient acuity and dependency; and the professional judgement of senior nursing teams i.e.</p>

triangulated methodology. BCUHB have developed a Calculating Nurse Staffing Levels Standard Operating Procedure¹⁶ which informs the process which all nurse staffing level reviews, undertaken in any nursing service, should follow.

BCUHB nursing services which have undertaken/commenced reviews of their nurse staffing levels using the above approach are:

- 24/7 medical & surgical wards who do not pertain to Section 25B of the Act
- Emergency quadrant wards and departments
- Community hospital wards
- Mental Health and Learning Disability wards
- Mental Health Community Mental Health Teams

The [Post-legislative scrutiny](#) undertaken in 2024 identifies the need for clear operational guidance to support the consistent application of section 25A, including the need to ensure a triangulated approach to nurse staffing level calculations. This work is ongoing at a national level under the auspices of the All Wales Nurse Staffing Programme.

The processes for maintaining the nurse staffing levels, including the recruitment, retention and education strategies described previously within this paper are applicable to all areas where nursing services are provided.

Conclusion & Recommendations

The report provides assurance to the health board that in line with statutory guidance the health board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for 25B adult inpatient medical and surgical wards; and paediatric inpatient wards.

Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'. This statutory requirement has ensured that the staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with [BCUHB - Nurse Staffing Levels Policy](#) and the [BCUHB Paediatric Escalation Policy](#)

The Board are asked to note and support the following next steps:

¹⁶ Calculating Nurse Staffing Levels Standard Operating Procedure is currently in draft format awaiting ratification



1. In line with the Act and the Statutory Guidance the nurse staffing calculations presented within this report and associated appendices; approved by the Executive Director of Nursing & Midwifery, as the designated person, should be funded from the health boards revenue allocation.
2. Continuation of the many and varied registered nurse and healthcare support worker workforce recruitment and retention strategies to ensure a 'supply' of nursing workforce to support the maintenance of the nurse staffing levels. The BCUHB People Strategy & Plan will be an essential enabler to the delivery of this key priority, which is further supported by the All-Wales National Workforce Implementation Plan; Nurse Retention Plan and Strategic Nursing Workforce plan, which place a focus on the recruitment and retention of nursing staff.
3. Continued development and enhancement of reporting dashboards, enabling the analysis of workforce and patient data to support and inform nursing workforce decisions
4. The planned roster demand templates to be amended within the rostering system to reflect the approved rosters
5. Ward Managers will process the recruitment of staff, based on the revised nursing establishment (where applicable)
6. Ward Managers will ensure the ward boards, displayed at the ward entrances, are updated to reflect any changes to the planned roster and the date the nurse staffing calculations were presented to Board

Appendix 2: Annual Assurance Report

Health Board/Trust:	Betsi Cadwaladr University Health Board
Period of the report	8th April 2024 (Spring review cycle) - 5th April 2025 (Autumn review cycle)
Adult Acute Medical Inpatient Wards	25

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Adult Acute Medical Inpatient wards

Site	Name of Ward	TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the <u>start</u> of this report (Spring 2024 calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the <u>end</u> of the period of this report (Autumn 2024 calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
			TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
YWM	Acton	1	25.58	19.9	1	25.58	19.9	Yes	No	No change to staffing	No			
YWM	ACU	1	31.27	14.21	1	31.27	14.21	Yes	No	No change to staffing	No			
YWM	Bersham	1	25.58	19.9	1	25.58	19.9	Yes	No	No change to staffing	No			
YWM	Bonney	1	19.9	19.9	1	19.9	19.9	Yes	No	No change to staffing	No			
YWM	Cunliffe	1	19.9	19.9	1	19.9	19.9	Yes	No	No change to staffing	No			
YWM	Fleming	1	11.37	5.69	1	11.37	5.69	Yes	No	No change to staffing	No			
YWM	Morris	1	17.06	21.32	1	17.06	21.32	Yes	No	No change to staffing	No			
YWM	Pantomime	1	15.63	14.21	1	15.63	15.63	Yes	Yes	Staffing reconsidered during autumn 24 due to patient care needs and harms profile	No			
YWM	Prince of Wales	1	14.21	14.21	1	14.21	14.21	Yes	No	No change to staffing	No			
YG	Aran	1	25.58	25.58	1	25.58	25.58	Yes	No	No change to staffing	No			
YG	Glaslyn	1	19.9	26.58	1	19.9	26.58	Yes	No	No change to staffing	No			
YG	Glyder	1	14.21	11.37	1	14.21	11.37	Yes	No	No change to staffing	No			
YG	Hebog	1	22.74	22.74	1	22.74	25.58	Yes	Yes	Staffing reconsidered during autumn 24 due to patient care needs	No			
YG	Moelwyn	1	28.43	22.74	1	31.27	22.74	Yes	Yes	Staffing reconsidered during autumn 24 due to NIV level 2 bed staffing requirements	No			
YG	Prysor	1	12.79	10.95	1	12.79	12.37	Yes	Yes	Staffing reconsidered during autumn 24 due to patient care needs	No			
YGC	Ward 1	1	19.07	23.21	1	19.07	23.21	Yes	No	No change to staffing	No			
YGC	Ward 2	1	19.07	20.49	1	19.07	20.49	Yes	No	No change to staffing	No			
YGC	Ward 4	1	19.07	16.34	1	19.07	16.34	Yes	No	No change to staffing	No			
YGC	Ward 6 Respiratory	1	24.52	19.07	1	24.52	19.07	Yes	Yes	HCSW staffing reconsidered during spring 24 due to patient care needs and harms profile	No			
YGC	Ward 9	1	19.07	20.49	1	19.07	20.49	Yes	No	No change to staffing	No			
YGC	Ward 10	1	19.07	20.49	1	19.07	20.49	Yes	No	No change to staffing	No			
YGC	Ward 11 Stroke (was Ward 14)	1	21.79	20.49	1	21.79	20.49	Yes	No	No change to staffing	No			
YGC	Ward 12	1	21.79	19.07	1	21.79	19.07	Yes	No	No change to staffing	No			
YG	Alaw	1	17.66	14.21	1	17.66	14.21	Yes	Yes	RN staffing reconsidered in Spring 24 review due to increased patient care acuity and out of hours triage requirements.	No			
YGC	Enfys	1	19.9	19.9	1	19.9	19.9	Yes	Yes	RN & HCSW staffing reconsidered in Spring 24 review due to increased patient care acuity and harms profile	No			

Appendix 2: Annual Assurance Report

Health Board/Trust:	Betsi Cadwaladr University Health Board
Period of the report	6th April 2024 (Spring review cycle) - 5th April 2025 (Autumn review cycle)
Adult Acute Surgical Inpatient Wards	17

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report.

Adult Acute Surgical Inpatient wards

Site	Name of Ward	TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the <u>start</u> of this report (Spring 2024 calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the <u>end</u> of the period of this report (Autumn 2024 calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
			TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
YWM	Arrivals	1	14.21	11.37	1	14.21	11.37	Yes	No	No change to staffing	No			
YWM	Erddig	1	25.58	19.9	1	25.58	19.9	Yes	No	No change to staffing	No			
YWM	Mason	1	19.9	24.16	1	19.9	24.16	Yes	No	No change to staffing	No			
YWM	Glyndwr	1	25.58	17.06	1	25.58	17.06	Yes	No	No change to staffing	No			
YWM	U5	1	13.4	7.72	1	13.4	7.72	Yes	No	No change to staffing	No			
YG	Tegid	1	25.58	19.9	1	25.58	19.9	Yes	No	No change to staffing	No			
YG	Dulas	1	28.43	22.74	1	28.43	22.74	Yes	Yes	HCSW staffing reconsidered in spring 24 due to patient care needs	No			
YG	Ogwen	1	19.9	25.58	1	19.9	25.58	Yes	No	No change to staffing	No			
YG	Enlli	1	14.21	14.21	1	14.21	14.21	Yes	No	No change to staffing	No			
YGC	Ward 3	1	21.79	21.79	1	21.79	21.79	Yes	No	No change to staffing	No			
YGC	Ward 5	1	21.79	19.07	1	21.79	19.07	Yes	No	No change to staffing	No			
YGC	Ward 7	1	21.79	21.79	1	21.79	21.79	Yes	No	No change to staffing	No			
YGC	Ward 8	1	19.07	19.07	1	19.07	19.07	Yes	No	No change to staffing	No			
ABH	Ward 6 Abergele	1	15.57	13.62	1	15.57	13.62	Yes	Yes	Staffing reconsidered in Spring 2024 as part of the orthopaedic surgical services review.	No			
YGC	Ward 19a Glaslyn	1	11.37	7.72	1	11.37	7.72	Yes	No	Whilst no changes have been made to the planned roster staffing levels during spring 24 there have been changes in the WTE required due to amendments in shift times.	No			
YWM	Bromfield	1	11.37	5.69	1	11.37	5.69	Yes	No	No change to staffing	No			
YG	Ffroncon	1	11.37	8.53	1	11.37	8.53	Yes	No	No change to staffing	No			

Appendix 2: Annual Assurance Report

Health Board/Trust:	Betsi Cadwaladr University Health Board
Period of the report	6th April 2024 (Spring review cycle) - 5th April 2025 (Autumn review cycle)
Adult Acute Medical Inpatient Wards	3

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Paediatric Inpatient wards

Site	Name of Ward	TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the start of this report (Spring 2024 calculation cycle) <i>including uplift 26.9%</i>		TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the end of the period of this report (Autumn 2024 calculation cycle) <i>including uplift 26.9%</i>		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
			TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
YWM	Childrens Unit	1	28.43	8.53	1	28.43	8.53	Yes	No	No change to staffing	No			
YGC	Childrens Unit	1	28.43	11.37	1	28.43	11.37	Yes	No	No change to staffing	No			
YG	Childrens Unit	1	28.43	8.53	1	28.43	8.53	Yes	Yes	RN & HCSW staffing adjusted during spring 24 review due to patient care acuity	No			



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date		29/05/2025	
Date of Committee		08/05/2025	Report of: Audit Committee
Quoracy met:		Yes	
1	Agenda	The Audit Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: Audit Committee - BCUHB	
2a	Alert	<p>The Audit Committee wish to alert members of the Board that:</p> <ol style="list-style-type: none"> 1. The Response to the Audit Enquiries Letter has been completed ahead of schedule and was noted and endorsed. 2. Progress against the follow up review of Contracted Patient Services – Quality and Safety arrangements was received and swift action to address this review is being taken. 3. Progress against the Internal Audit Clinical Audit Report was received and this will be referred to the Quality, Safety and Experience Committee to ensure a robust Clinical Audit Plan for the Health Board is in place. 	
2b	Assurance	<p>The Audit Committee wish to assure members of the Board that:</p> <ol style="list-style-type: none"> 1. The Executive Director of Nursing and Midwifery provided an update on the outstanding Audit recommendations relating to Falls Management, Lessons Learnt and Deprivation of Liberty Safeguards (DoLS) 2024. 2. The External Audit recommendations proposed for closure will be discussed in further detail by the Committee to provide assurance in this area. 3. The Committee approved the Internal Audit recommendations outside the scope of the Internal Audit Charter put forward for Audit Committee closure. 4. The Corporate Risk Register and Board Assurance Framework were received and the following new risks were agreed, CRR24-27 – Neurodevelopment Waiting List and CRR24-28 – External Recommendations and Response plans. 5. The Committee received reasonable assurances on the recent internal audit reports. 6. An update on overdue policies was received, this will return to the next Committee and will include a tracker system. 7. A paper on Welsh Health Circulars and Ministerial Directions was received, the Committee asked for this to return in due course to ensure tracking and implementation of this documentation. 	
2c	Advise	The Audit Committee wish to advise members of the Board that:	

		<ol style="list-style-type: none"> 1. The Committee received an update on the review of overdue policies that have the highest risks and a process is being developed. 2. The External Audit Progress Report was received. 3. The results from the Annual Counter Fraud Staff Survey received positive feedback.
2d	Review of Risks	A review of the Corporate Risk Register took place and feedback was provided on dates, actions and the new risks opened.
2e	Sharing of learning	In relation to the Lessons Learnt Internal Audit Review, bi-weekly thematic learning reviews have been implemented across the Health Board to discuss key themes and lessons learnt with the wider teams.
3	Actions to be considered by the Quality and Safety Committee	QSE Committee to ensure a robust Clinical Audit Plan for the Health Board is developed.



Teitl adroddiad: <i>Report title:</i>	CORPORATE GOVERNANCE REPORT			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad Cyfarfod: y <i>Date of Meeting:</i>	Thursday, 29 May 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The objective of this report is to provide the Board with an update on key Corporate Governance matters and to provide an update to the Board on a range of corporate governance matters as well as assurance. As this report develops, a regular Corporate Governance Report will be reported through the Audit Committee and key updates directly to the Board.			
Argymhellion: <i>Recommendations:</i>	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the content of the report; • APPROVE the Board Business Cycle for 2025-26; • RATIFY the Chair's Action dated 30 April 2025; • NOTE the matters considered in the Private Board meeting on 27th March 2025; • APPROVE the Committee and Advisory Group Terms of Reference for inclusion in the Standing Orders; and • RATIFY the approved Clinicians and Section 12(2) Doctors across Wales. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger – Director of Corporate Governance			
Awdur Adroddiad: yr <i>Report Authors:</i>	Philippa Peake-Jones – Head of Corporate Governance			
Pwrpas adroddiad: yr <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau /	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithia	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth

	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	u / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p>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:</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>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.</p>			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>			
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>This is not applicable for this report.</p>			
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This is not applicable for this report.</p>			
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>				
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p>	<p>The effective management of Governance has the potential to leverage a positive financial</p>			

Financial implications as a result of implementing the recommendations	dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Failure to have effective Corporate Governance can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: <ul style="list-style-type: none"> To continue to improve and report on Corporate Governance 	
List of Appendices: Appendix 1 The Business Cycle for the Board for 2025-26 Appendix 2 The schedule for Informal Board and Board Development Appendix 3 Protocol for Reserving Matters to a Private Board or Committee meeting Appendix 4 Terms of Reference for the following Committee / Advisory Groups Supporting Pack Appendix 1 – Approved Clinicians and Section 12(2) Doctors Appendix 2 – Section 12(2) Doctors (All Wales).	

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

The purpose of this report is to provide the Board with an update on key corporate governance matters.

2. ANNUAL BUSINESS CYCLE 2025-26 (Formal, Informal and Board Development)

The Business Cycle for the Board for 2025-26 is attached at **Appendix 1** and the schedule for informal Board and Board Development is attached at **Appendix 2**.

3. URGENT ACTION

The Health Board's Standing Order 2.1 allows for urgent action to be taken whereby it would not be practical to call an urgent meeting of the Board.

Since the last meeting, there have been two Chair's Actions as follows:

Date	Subject	Financial Implications	Additional Information	Supported by
29 April 2025	Planned Care Delivery – Outsourcing & Insourcing Requirements	None	<ol style="list-style-type: none"> 1. The Health Board approves the pursuance of capacity and issuing of contracts with external providers through the use of Direct Award procurement frameworks up to the value of the external funding made available of £5m in the specialties identified in table 2. 2. The Health Board notes that additional activity is being explored through existing NHS contracts. 3. The Health Board notes the potential extension of these contracts for up to a year in totality as further resource is made available up to the value of the commissioning requirements identified. 4. The Health Board delegates future contract awards and decisions of contract deployment to the Executive Committee with oversight by the Performance, Finance 	Dyfed Edwards Gareth Williams Clare Budden Mike Larvin William Nichols Rhian Watcyn Jones

			<p>and Information Governance Committee where a time critical decision is required and funding is available;</p> <p>5. The Health Board is asked to note the different funding arrangement being mobilised for quarter 1 with funding in arrears as opposed to in advance.</p> <p>6. The Health Board to note the risk associated with committing resources and the allocation to offset these costs not being received should the targeted levels of activity not be achieved, impacting on the ability of the Health Board to attain the key first duty to break-even.</p> <p>7. The Health Board is asked to note the work being undertaken with Shared Services and mobilisation timescales associated.</p> <p>8. The Health Board is asked to note the current funding position for quarter 2 onwards.</p> <p>9. The Health Board is asked to note the draft additional performance requirements that could be introduced for the remainder of 2025/26.</p>	
30 April 2025	Approval of new Chair – Healthcare Professionals Forum	None	To seek Board approval to the selection of a new Chair for the Healthcare Professionals Forum. The Cabinet Secretary's approval will now be sought to this selection given that the Chair of the Healthcare Professionals Forum will be an Associate Member of the Board.	All Independent Board Members

4. SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 27 MARCH 2025

In accordance with Standing Orders 7.5.3 the Health Board is required to report any decisions made in private session to the next available public meeting of the Board.

The following items were discussed during the private Board meeting held on 27 March 2025:

Agenda Item	Subject (including narrative)	Financial Implications	Board Resolution
25/75	Continuing NHS Health Care and Funded Nursing Care Annual Fee Rates 2025 / 2026	Commercially Sensitive	It was resolved that the Board: <ul style="list-style-type: none"> • AGREED the recommendations.
25/76	North Wales Medical School		<ul style="list-style-type: none"> • APPROVED the BCUHB and GP Practice related elements of the PBC for submission to Welsh Government on 31 March 2025.
25/77	A Case for Strategic Change		<ul style="list-style-type: none"> • APPROVED the development of detailed service options and endorse the proposed engagement and consultation approach. • NOTED that final recommendations will be presented no later than Autumn 2025.
25/78	25/78 Confidential Quality Report		<ul style="list-style-type: none"> • NOTED the report.
25/79	High Value Claim x 3	Commercially Sensitive	<ul style="list-style-type: none"> • APPROVED the recommendations. •

The Corporate Governance Directorate have developed a Protocol for Reserving Matters to a Private Board or Committee meeting. This will support the Chair of the Board and Committee Chairs. The Protocol is attached at **Appendix 3**.

5. LEGAL UPDATE

The Health Board, along with all other Health Boards, awaits judgment following the Judicial Review hearing earlier in the year relating to the Joint Commissioning Committee (JCC) decision regarding changes to the Emergency Medical Retrieval and Transfer Services (EMRTS).

The Judicial Review reported in the last update against the Health Board and Gwynedd Council relating to a patient's care and educational provision, was resolved prior to the Hearing. The Health Board had a limited role in proceedings and is supportive of the outcomes agreed.

Learning From Events (LEFRs)

The Health Board has recurring issues with the timeliness of Learning from Events Report (LEFR) submissions to the Welsh Risk Pool (WRP), with these often delayed within services who struggle to provide evidence of learning and sustained improvement; it is important to note the period between an adverse event and a claim being settled can be several years. At the time of writing (on 06 May 2025), 16 LEFRs are overdue which is down from 86 at the start of the year. In December 2024, the Executive Team established a recovery trajectory for eliminating this backlog within a maximum of six months. The WRP has noted the improvement work led by Legal Services and as such granted a number of extensions, hence the number reported here being lower than in other reports as this reflects the extensions now applied. LEFR performance is now escalated for oversight by the Executive Performance Group and is part of the Conformance Report to the Audit Committee. Ongoing dialogue with the WRP continues to report on progress.

The Transforming Legal Services Plan continues to be delivered, with the aim of delivering improvements in access, quality, learning and value from legal functions.

6. COMMITTEE / ADVISORY GROUP TERMS OF REFERENCE

The Terms of Reference for the following Committee / Advisory Groups have been reviewed and are attached as **Appendix 4** for approval:

- Charitable Funds Committee – approved 11 January 2024. The next planned review is September 2025.
- People and Culture Committee – approved 10 April 2025. The next planned review is April 2026.
- Performance, Finance and Information Governance Committee – approved 6 May 2025. The next planned review is May 2026.
- Planning, Population Health and Partnerships Committee – approved 1 May 2025. The next planned review date is May 2026.
- Mental Health Legislation Committee – 8 May 2025. The next planned review is May 2026.
- Quality, Safety and Experience Committee – approved May 2025. The next planned review is May 2026.
- Remuneration Committee – approved April 2025. The next planned review is April 2026.
- Healthcare Professionals Forum – approved January 2024. The next planned review is June 2025.
- Local Partnership Forum – approved May 2025. The next planned review is May 2026.
- Stakeholder Reference Group – approved March 2025. The next planned review is March 2026.

The Executive Committee Terms of Reference was approved at the Board meeting on 30 January 2025.

The Charitable Funds Committee will be reviewed at the next meeting to be held on 3 June 2025.

Each Committee is in the process of undertaking their formal self-assessment and the results will be reported to the Board in July 2025.

7. APPROVED CLINICIANS AND SECTION 12(2) DOCTORS – FEBRUARY 2025

The Board is asked to **note** and **ratify** the approvals in line with the requirements of the Welsh Government Guidance Document “Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians”, the NHS Wales Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018 and the “All Wales Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals” document.

The following appendices are included in the **supporting pack**.

- **Appendix 1:** Approved Clinicians (All Wales)
- **Appendix 2:** Section 12(2) Doctors (All Wales).

8. STRATEGIC RISK REGISTERS

Board Assurance Framework

The Board approved the Board Assurance Framework in January 2025 and agreed that the assurance ratings would be considered individually by the Committees with oversight by the Audit Committee. As detailed in the Committee Reports, these Board Assurance Framework has been considered during the committee cycle in April and May 2025.

In accordance with the Risk Management Framework, the Board Assurance Framework will be reviewed by the Board bi-annually.

Corporate Risk Register

The Corporate Risk Register was reviewed by the Board in March 2025 and through the committees in April and May 2025.

External Link

The Board Assurance Framework and Corporate Risk Register are available on our external site and available for viewing here: [Corporate Risk Register and Board Assurance Framework - Betsi Cadwaladr University Health Board](#)

9. RECOMMENDATIONS

Members are asked to:

- **NOTE** the contents of the report;
- **APPROVE** the Board Business Cycle for 2025-26;
- **RATIFY** the Chair's Actions dated 29 April 2025, and 30 April 2025;
- **NOTE** the matters considered in the Private Board meeting on 27th March 2025;
- **APPROVE** the Committee and Advisory Group Terms of Reference for inclusion in the Standing Orders; and
- **RATIFY** the approved Clinicians and Section 12(2) Doctors across Wales.



Betsi Cadwaladr University Health Board

Cycle of Business (1 April 2025 – 31 March 2026)

Betsi Cadwaladr University Health Board should, on an annual basis, receive a cycle of business that identifies the items which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Health Board is effectively carrying out its role.

The Cycle of Business cover the period 1 April 2025 to 31 March 2026.

The Cycle of Business has been developed to help plan the management of Health Board matters and facilitate the management of agendas and Health Board business. The Annual Cycle of Business will be complemented by a “Non-Routine Board Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.

The role of the Health Board is set out in the standing orders which is available here: [Standing Orders and Financial instructions link](#)

<p>Board Chair Dyfed Edwards</p> <p>Board Vice Chair Gareth Williams</p>	<p>Independent Members Karen Balmer Clare Budden Urtha Felda Chris Lothian-Field Dyfed Jones Mike Larvin Billy Nichols Caroline Turner Rhian Watcyn Jones</p> <p>Associate Members Mike Parry Fôn Roberts</p>	<p>Executive Members Carol Shillabeer (Chief Executive) Russell Caldicott (Executive Director of Finance) Teresa Owen (Executive Director of Allied Health Professionals & Health Sciences) Sreeman Andole (Interim Executive Medical Director) Jane Moore (Executive Director Public Health) Paolo Tardivel (Interim Executive Director of Transformation & Strategic Planning) Angela Wood (Executive Director Nursing & Midwifery) Tehmeena Ajmal (Chief Operating Officer)</p>	<p>In Attendance Jason Brannan (Deputy Director of People Services) Helen Stevens-Jones (Director Partnerships, Engagement & Communications) Dylan Roberts (Chief Digital & Information Officer) Stephen Powell (Director Performance and Commissioning) Pam Wenger (Director Corporate Governance) Stuart Keen (Director of Environment & Estates)</p>
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Item of Business	Executive Lead	Committee	Reporting period	2025-2026	Q1			Q2			Q3			Q4			2026-27	
				Mar 2025	April 2025	May 2025	June 2025 *Extraordinary	July 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	April 2026	May 2026
Committee & Advisory Groups Annual Reports	Director of Corporate Governance		Annually	R												R		
Emergency Preparedness and Resilience Annual Report	Executive Director of Public Health		Annually					R										
Public Health Annual Report	Executive Director of Public Health		Annually															
Nurse Staffing Act	Executive Director for Nursing and Midwifery		Bi-Annually			R						R						
Winter Plan	Chief Operating Officer									R								
Annual Report Accountability Report	Director of Corporate Governance		Annually + Extraordinary				R	R										
Board Champion Annual Report	Director of Corporate Governance	B	Annually											R				
Annual Quality Report	Executive Director for Nursing and Midwifery		Annually				R											R
Research and Development Annual Report	Medical Director		Annually					R										
Duty of Candour Annual Report	Executive Director for Nursing and Midwifery									R								
Ombudsman Annual Letter	Executive Director for Nursing and Midwifery									R								
Quality Report	Executive Director for Nursing and Midwifery		All Regular Meetings	R		R		R		R		R		R		R		
Health and Safety Annual Report	Director of Environment & Estates									R								
Welsh Language Annual Report	Executive Director of Allied Health Professionals & Health		Annually							R								R
Audit Wales Structured Assessment and Audit Letter	Director of Corporate Governance		Annually											R				
Corporate Risk Register	Director of Corporate Governance		All Regular Meetings	R		R		R				R				R		R

Item of Business	Executive Lead	Committee	Reporting period	2025-2026	Q1			Q2			Q3			Q4			2026-27	
				Mar 2025	April 2025	May 2025	June 2025 *Extraordinary	July 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	April 2026	May 2026
Key Programmes																		
Report on Key Programmes	Interim Executive Director of Transformation & Strategic Planning	B																
Mental Health Electronic Healthcare Record (EHR)	Chief Digital & Information Officer							R										
Electronic Healthcare Record (EHR) Transformation Programme	Chief Digital & Information Officer																	
LIMS/RISP/ePMA digital programmes	Chief Digital & Information Officer																	
Llandudno Orthopaedic Hub	Director of Environment & Estates																	
Ablett Mental Health Unit	Director of Environment & Estates																	
Royal Alexandra Hospital	Director of Environment & Estates																	
Well-being hubs: Caledfryn, Conwy West, Holyhead, Bangor, Penygroes	Director of Environment & Estates																	
Major Programmes																		
Report on Key Programmes	Interim Executive Director of Transformation & Strategic Planning	B																
Foundations for the Future	Chief Executive	B				R										R		
Planned Care	Chief Operating Officer	B						R										
Urgent and Emergency Care	Chief Operating Officer	B								R								
Value and Sustainability		B										R						
Planning, Performance & Strategy																		

Item of Business	Executive Lead	Committee	Reporting period	2025-2026	Q1			Q2			Q3			Q4			2026-27	
				Mar 2025	April 2025	May 2025	June 2025 *Extraordinary	July 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	April 2026	May 2026
Forward Work Plan	Director of Corporate Governance	B	All Regular Meetings as Required	℞		℞		℞		℞		℞		℞		℞		℞
Cycle of Business	Director of Corporate Governance	B	All Regular Meetings as Required	℞		℞		℞		℞		℞		℞		℞		℞
Closing Business																		
Review of meeting effectiveness	N/A	B	All Regular Meetings as Required	℞		℞		℞		℞		℞		℞		℞		℞
Date of the next meeting	N/A	B	All Regular Meetings as Required	℞		℞		℞		℞		℞		℞		℞		℞
Resolution to exclude the Press and Public	N/A	B	All Regular Meetings as Required	℞		℞	℞	℞		℞		℞		℞		℞		℞

All Committees	
Quality and Safety Committee	
Audit Committee	
Planning, Population Health and Partnership Committee	
People and Culture Committee	
Performance, Finance and Information Governance Committee	



INFORMAL BOARD AND DEVELOPMENT PLAN 2025-26

1. INTRODUCTION

Effective Board development is critically important, for both Executive and Independent Members. The Board receives a programme of development sessions delivered at bimonthly informal board meetings. These sessions have included presentations from staff to aid learning and understanding of organisational activities and development.

A proposed plan for Board development has been produced for the Board's consideration.

2. BOARD DEVELOPMENT SESSIONS

The purpose of these sessions is to promote Board engagement, relationships and collaboration and increase the opportunity for Board members to gain a greater understanding of their core responsibilities, develop the skills of the collective Board, work together effectively in developing strategy, strengthening oversight and delivering the collective accountabilities of a Board. The approach will be a structured programme of development, facilitated where appropriate.

Topics for Board Development are predominantly suggested by Executive Leads or via referrals from Board Committee meetings.

The Corporate Governance Team will introduce a Microsoft Form so that any requests for sessions must be requested by the Lead Director. The Directorate of Corporate Governance will then discuss with the Chair and Chief Executive to agree the timing of such items

Topic Title	Purpose	Session Outcome	Month

Prior to the Board Development Session the lead Executive will be asked to provide a short briefing with any supporting information or signposting for members to consider in order to support the most effective and efficient use of time at the sessions.

Where there are specific requests for training, these will be arranged separately.



3. INFORMAL BOARD MEETINGS

The Board will meet bi-monthly on an informal basis, this will consist of part of the day covering strategic items that require discussion and development prior to the full item being brought the Board for approval. Typically this may include development of strategy and plans with a view to discussing approach and agreement of next steps.

The Directorate of Corporate Governance will work with the Chair and Chief Executive to develop a rolling programme of items for this part of the meeting.

The dates for these meetings are as follows:

28th May 2025
26th June 2025
28th August 2025
30th October 2025
11th December 2025
26th February 2026

The items currently allocated to the informal board meetings are detailed in the table below.

DATE	TOPIC	PURPOSE	LEAD EXECUTIVE
28 th May 2025	IMTP Reflections	To discuss early feedback from the IMTP process to inform the improvements for 2025-26	Interim Executive Director Transformation and Strategic Planning
26 th June 2025	Mental Health Electronic Health Record	To provide context and position to the Board in advance of the formal business cases	Chief Digital and Information Officer
26 th June 2025	Safeguarding (Training)	Equipping the Board with the relevant training to ensure compliance	Executive Director of Nursing and Midwifery
26 th June 2025	Quality Management System	Quality Management System (update following discussions at the Board and linked to the IMTP deliverables)	Executive Director of Nursing and Midwifery



DATE	TOPIC	PURPOSE	LEAD EXECUTIVE
26 th June 2025	IMTP, 10 year strategy and Clinical Services Plan	To discuss the approach and content of the Clinical Services Plan	Interim Executive Director Transformation and Strategic Planning
28 th August 2025	Risk Appetite	To review the Risk Appetite on an Annual Basis	Director of Corporate Governance
30 th October 2025	Welsh Language	Developing the Welsh Language Ambition for the organisation	Executive Director of Allied Health Professionals and Health Science
30 th October 2025	Equality Plan (delivering training to the Board)	Equipping the Board with the knowledge and understanding of the Equality Act as required by legislation and in the Equality Plan	Deputy Director of People
To be agreed	Capital Business Cases (To be determined)	To provide insight to the Board on any the issues of relevant business cases	Director of Estates and Environment
To be agreed	Mental Health and Wellbeing Strategy Delivery Plan 2025-2028	To review the Welsh Government Strategy and Delivery Plan	Executive Director of Allied Health Professionals and Health Science

4. BOARD BRIEFING SESSIONS

The purpose of Board Briefing sessions is to brief Board Members on topical issues (including confidential issues) and to raise awareness and understanding to better inform decision-making and scrutiny. Items can be suggested by the Executive, or requested by Independent Members to build a programme of briefings relevant to topical and timely issues.



These sessions will be offered in a hybrid approach allowing for a virtual format and will normally be the session allocated the afternoon prior to the Board Meeting.

Executive Leads should notify the Director of Corporate Governance of any Board Briefing requests so they can liaise with the Chair and Chief Executive to schedule these into existing commitments. The dates will be added to the annual schedule of Board and Committee meetings for ease of reference.

The Corporate Governance Directorate will be developing a plan of Board Visits during 2025-26 and these will be over and above individual visits undertaken by Board Members. The visits will be planned and focused on providing in interest in services cover corporate and operational and focus on the experience of staff. It is intended to utilise this slot for the visits wherever possible.

The dates for the Board Briefing (visits) are listed below:

- 28th May 2025
- 30th July 2025
- 24th September 2025
- 28th January 2026
- 25th March 2026

BOARD BRIEFING	TOPICS
28 th May 2025	NHS Wales Joint Commissioning Committee (1 hour)
31 st July 2025	Access to Care (as discussed in March Board)
24 th September 2025	Trusted Assessor

5. BOARD DEVELOPMENT 2025-26

It is proposed that the Board will receive the following development in the next 12 months. The plan is part of an iterative process which is informed by individual needs identified during regular performance reviews and also collective needs identified during planned development session.

DATE	TOPICS
28 th August 2025	Developing and Effective Board (Silver Maple)
26 th February 2026	Board Effectiveness



A range of other topics have been suggested which fall into the category of training/awareness, and separate sessions will be facilitated for Board Members.



PROTOCOL FOR RESERVING MATTERS TO A PRIVATE BOARD AND COMMITTEE MEETING

1. INTRODUCTION

In accordance with Betsi Cadwaladr University Health Board Standing Orders (SOs), the Board holds its formal Board meetings in public. The SOs provide, at paragraph 7.5.2, the basis to meet and discuss relevant items in private. This is sometimes known as a 'Private Board meeting'. The legal basis of this section of the SOs is The Public Bodies (Admission to Meetings) Act 1960, section 1 (2).

There will be occasions when aspects of the organisation's business are considered more appropriately in private session; this is to avoid prejudicing the public interest—in other words, to avoid any undue harm or unfair influencing of the public. This Protocol identifies the different rationales that apply to material considered in private sessions.

2. BETSI CADWALADR HEALTH BOARD VALUES AND TRANSPARENCY

Board members are accountable to the public in a stewardship role, and these measures help to protect Board members by ensuring there is openness and honesty in the business dealings of NHS organisations.

The Board operates on the basis that transparency and openness are at the heart of its governance and decision-making approach; and that Board members debate everything in the Public Board meeting unless there is a specific reason not to do so.

3. FACTORS TO CONSIDER WHEN RESERVING A MATTER FOR A PRIVATE BOARD MEETING

In deciding whether to reserve a matter for the Private Board agenda, there are a number of factors to consider, including:

- Any matter arising from a contract of employment and/or includes personal data;
- Commercial matters;
- Legal matters (including legal advice or subject to legal privilege);
- Actual or anticipated litigation, including any arbitration or dispute resolution process;
- Any matter that would cause undue concern or potential harm to the public;
- Draft documents for future publication;





- Any matter that could be prejudicial to the conduct of Health Board business;
- Any disclosure of the matter inhibited by law.

The list is not exhaustive and sets out to give examples of key considerations. The Board considers a number of papers in draft form in private session, before taking the final version at meetings in public.

4. MANAGEMENT OF BOARD MEETINGS HELD IN PRIVATE

When the Board comes together for formal meetings, the Public Board agendas set out the majority of the business under consideration. Board papers will include a formal rationale for taking any item in private session. There may be occasions when the Board needs to convene in private session, without public notice, to consider urgent business associated with its legal and statutory roles.

5. DECISION TO CONSIDER ITEMS IN PRIVATE SESSION

The Chair, with the support of the Chief Executive, takes the final decision on whether to discuss a matter in private or public session, following advice from the Director of Corporate Governance, Head of Corporate Governance, and lead Executive Officer, in accordance with this Protocol. The Chair may also seek advice from any other member of staff or professional advisor, including the designated Data Protection Officer for the organisation.

6. THE REPORTING OF ITEMS CONSIDERED IN PRIVATE SESSION

The Director of Corporate Governance will produce a summary report of any items taken in private session and include this on the agenda for the next Board or Committee meeting in public session.

7. REVIEW OF THIS PROTOCOL AND FEEDBACK

The Board will review this Protocol annually, to ensure that it continues to meet the needs of the organisation and remains consistent with the spirit of Regulations and SOs. The Head of Corporate Governance will maintain a log of items considered in private session and produce an analysis to inform the annual review.

We welcome any feedback about this Protocol and are happy to respond to any queries in relation to it. Please email the Head of Corporate Governance at BCU.OBS@wales.nhs.uk.





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

AUDIT COMMITTEE

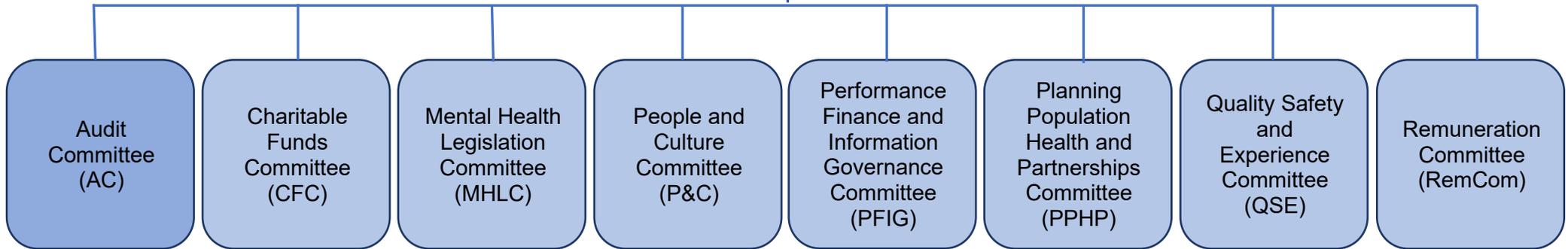
Terms of Reference & Operating Arrangements
(Schedule 3.5 of the Standing Orders)

Date approved by Health Board:

Betsi Cadwaladr University Health Board

Advisory Groups

Healthcare Professionals Forum (HPF)
 Local Partnership Forum (LPF)
 Stakeholder Reference Group (SRG)



Version Control

Version	Issued to	Date	Comments
V0.01	Audit Committee	04.03.25	Endorsed for approval at the May Board
V1.0	Board	29.05.25	

TERMS OF REFERENCE

1 INTRODUCTION

- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees
- 1.2 In accordance with Standing Orders (and the BCUHB scheme of delegation), the Board shall nominate annually a committee to be known as the Audit Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.

2 PURPOSE

2.1 The purpose of the Committee is to act on behalf of the Board to:

- 2.1.1 Advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the Health Board’s system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Health Board’s objectives, in accordance with the standards of good governance determined for the NHS in Wales.
- 2.1.2 Independently monitor, review and report to the Board on the processes of governance, and where appropriate, facilitate and support, through its independence, the attainment of effective processes.
- 2.1.3 Where appropriate, advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.
- 2.1.4 Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation’s activities, both clinical and non-clinical.
- 2.1.5 Seek assurance that the systems for financial reporting to Board, including those of budgetary control, are effective, and that financial systems processes and controls are operating.
- 2.1.6 Work with all Committees of the Board to ensure that governance and risks are part of an embedded assurance framework that is ‘fit for purpose’.
- 2.1.7 Receive assurance on delivery against relevant Planning Objectives aligned to the Committee in accordance with Board approved timescales, as set out in BCUHB’s Annual Plan.

3 DELEGATED POWERS

With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the Audit Committee will comment specifically upon:

3.1 Governance, Risk Management and Internal Control

3.1.1 The Committee shall review the adequacy of the Health Board's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives and designed to support the public disclosure statements that flow from the assurance processes, including the Accountability Reports.

This includes:

- the organisation's ability to achieve its objectives;
- compliance with relevant regulatory requirements, standards, quality and service delivery requirements and other directions and requirements set by the Welsh Government, the NHS Wales Executive and others;
- the reliability, integrity, safety and security of the information collected and used by the organisation;
- the efficiency, effectiveness and economic use of resources; and
- the extent to which the organisation safeguards and protects all its assets, including its people to ensure the provision of high quality, safe healthcare for its citizens.

3.1.2 In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements, together with any accompanying Head of Internal Audit documents and opinion, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- the underlying assurance processes that indicate the degree of the achievement of strategic and planning objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
- the policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by the Counter Fraud and Security Management Service.

3.1.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.1.4 This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

- 3.1.5 The Committee will seek assurance that effective systems are in place to manage risk, that the organisation has an effective framework of internal controls to address principal risks (those likely to directly impact on achieving strategic objectives), and that the effectiveness of that framework is regularly reviewed.
- 3.1.6 The Committee will monitor the assurance environment and challenge the build-up of assurance on the management of key risks across the year, and ensure that the Internal Audit plan is based on providing assurance that controls are in place and can be relied upon (particularly where there is a significant shift between the inherent and residual risk profile), and review the internal audit plan in year as the risk profile changes.
- 3.1.7 The Committee will also seek assurance on delivery against Integrated Medium Term Plan Objectives aligned to the Committee, considering and scrutinising the frameworks, charts/charters and action plans that are developed, supporting and endorsing these as appropriate.
- 3.1.8 The Committee will consider and recommend to the Board approval of any changes to the Risk Management Framework and oversee development of the Board Assurance Framework (BAF).
- 3.1.9 The Committee will be responsible for reviewing the Health Board's Standing Orders and Standing Financial Instructions and Scheme of Delegation annually, (including associated framework documents as appropriate), monitoring compliance, and reporting any proposed changes to the Board for consideration and approval.
- 3.1.10 The Committee will receive annually a full report of all offers of gifts, hospitality, sponsorship and honoraria recorded by the Health Board and report to the Board the adequacy of these arrangements.
- 3.1.11 It will also review and report to the Board annually the arrangements for declaring, registering, and handling interests.
- 3.1.12 The Committee will approve the writing-off of losses or the making of special payments within delegated limits.
- 3.1.13 The Committee will also receive an assurance on Post Payment Verification Audits through bi-annual reporting to the Committee.
- 3.1.14 The Committee will receive a report on all Single Tender Actions and extensions of contracts.

3.2 Internal Audit

- 3.2.1 The Committee shall ensure that there is an effective internal audit (including of the capital / PFI function) established by management that meets mandatory Internal Audit Standards for NHS Wales and provides appropriate independent assurance to the Committee, Chief Executive and Board.
- 3.2.2 This will be achieved by:
- reviewing and approving the Internal Audit Strategy, Charter, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation;

- reviewing the adequacy of executive and management responses to issues identified by audit, inspection and other assurance activity, in accordance with the Charter;
- regular consideration of the major findings of internal audit work (and management's response), and ensuring co-ordination between the Internal and External Auditors to optimise audit safety;
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation; and
- an annual review of the effectiveness of internal audit.

3.3 External Audit

3.3.1 The Committee shall review the work and findings of the External Auditor and consider the implications of, and management's responses to, its work. This will be achieved by:

- discussion and agreement with the External Auditor, before the audit commences, on the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors and inspection bodies in the local health economy;
- discussion with the External Auditor on its local evaluation of audit risks and assessment of the Local Health Boards/NHS Trusts and associated impact on the audit fee;
- reviewing all External Audit reports, including agreement of the Annual Audit Report and Structured Assessment before submission to the Board, and any work carried outside the annual audit plan, together with the appropriateness of management responses; and
- reviewing progress against the recommendations of the annual Structured Assessment.

3.4 Other Assurance Functions

3.4.1 The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications on the governance of the organisation.

3.4.2 The Committee's programme of work will be designed to provide assurance that the work carried out by the whole range of external review bodies is brought to the attention of the Board. This will ensure that the Health Board is aware of the need to comply with related standards and recommendations of these review bodies and the risks of failing to comply. These will include, but will not be limited to, any reviews by Inspectors and other bodies (e.g. Healthcare Inspectorate Wales, Welsh Risk Pool, etc), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc).

3.4.3 The Audit Committee and the Quality, Safety and Experience Committee both have a role in seeking and providing assurance on Clinical Audit in the organisation. The Audit Committee will seek assurance on the overall plan, its fitness for purpose and its delivery. The Quality, Safety and Experience Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit. The internal audit function will also have a role in providing assurance on the Annual Clinical Audit Plan.

3.4.4 The Audit Committee will also seek assurances where a significant activity is shared with another organisation(s), in particular the NHS Wales Shared Services Partnership, Welsh Health Specialised Services Committee, Emergency Ambulance Services Committee and other regional committees. The Audit Committee will expect to receive assurances from internal audit performed at these organisations that risks in the services provided to them are adequately managed and mitigated with appropriate controls.

3.5 Management

3.5.1 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

3.5.2 The Committee may also request specific reports from individual functions within the organisation (e.g. clinical audit), as they may be appropriate to the overall arrangements.

3.5.3 The Committee may also request or commission special investigations to be undertaken by Internal Audit, directors or managers to provide specific assurance on any areas of concern that come to its attention.

3.5.4 The Committee shall review the Annual Accounts and Financial Statements before submission to the Board, focusing particularly on:

- the ISA 260 report to those charged with governance;
- changes in, and compliance with, accounting policies and practices;
- unadjusted mis-statements in the financial statements;
- major judgemental areas;
- significant adjustments resulting from the audit;
- other financial considerations include review of the Schedule of Losses and Compensation; and
- the Management Letter of Representation to the External Auditors.

3.5.5 The Audit Committee shall prepare an Annual Report to the Board, timed to support the preparation of the Annual Governance Statement. The report should include, as a minimum, specific statements confirming that:

- the draft Annual Governance Statement is consistent with the view of the Committee on the organisation's system of internal control and that it supports the Board's approval of the Statement, subject to any reasonable limitations that the Committee wishes to draw to the attention of the Board;
- the system of risk management in the organisation is adequate in identifying risks and allowing the Board to understand the appropriate management of those risks;
- the Committee has reviewed the system of assurance, and believes that it is fit for purpose;
- there are no areas of significant duplication or omission in the systems of governance in the organisation that have come to the Committee's attention and not been adequately resolved; and
- the current self-assessment by the organisation against the relevant risk management standards is consistent with the Committee's understanding, gained through its assurance work.

- 3.5.6 The Committee shall also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.
- 3.5.7 The Committee should also ensure the provision of an effective Counter Fraud service that meets the standards set for the provision of Counter Fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee.
- 3.5.8 The Committee should assure the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards and Quality Management ensuring the Board is supported to make strategic decisions from a quality perspective.

4 AUTHORITY

- 4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
- Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
 - Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

5 SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

6 MEMBERSHIP

Formal membership of the Committee shall comprise of the following:

MEMBERS
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair) NB: At least one of the two Independent Members should be a member of the Quality, Safety & Experience Committee

The following should attend Committee meetings:

IN ATTENDANCE
Executive Director of Finance (Executive Lead)
Director of Corporate Governance
Other Attendees
Other Executive Directors as required by the Chair
Other Senior Managers as required by the Chair
Head of Internal Audit
Head / Individual responsible for Clinical Audit

Local Counter Fraud Specialist
Representative of Auditor General (External Audit)

- 6.3 The attendance of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 6.4 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation whom the Committee considers should attend, taking into account the matters under consideration at each meeting.

7 COMMITTEE MEETINGS

7.1 Quorum

- A quorum shall consist of no less than two of the membership, and must include as a minimum the Chair or Vice Chair of the Committee.

7.2 Frequency of meetings

- The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.
- Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

7.3 Withdrawal of individuals in attendance

- The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

7.4 Meeting arrangements

- The agenda and papers will be distributed/published seven days in advance of the meeting.
- The Director of Corporate Governance is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Director of Finance at least six weeks before the meeting date.
- The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members.

8 REPORTING AND ASSURANCE ARRANGEMENTS

The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing information.

- 8.1 The Committee Chair, supported by the Committee Secretary, shall:
- Report formally, regularly and on a timely basis to the Board on the Committee's activities;
 - Bring to the Board's specific attention any significant matter under consideration by the Committee; and
 - Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 8.2 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

9. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for these matters.

- 9.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.
- 9.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:
- Joint planning and co-ordination of Board and Committee business and
 - Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 9.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.
- 9.4 The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 10.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum

11. REVIEW

These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

12. CHAIR'S ACTION ON URGENT MATTERS

- 12.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board – after first consulting with **all** Members of the Committee. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 12.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



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Betsi Cadwaladr
University Health Board

EXECUTIVE COMMITTEE

**Terms of Reference & Operating Arrangements
(Schedule 3.5 of the Standing Orders)**

Date approved by Health Board : 30 January 2025

Version Control

Version	Issued to	Date	Comments
V0.01 Draft	Executive Team	31/12/2024	Developed as a first draft for review by the Executive Team before onward consideration by the Board
V0.02	Chair and Vice Chair	20/01/2025	Slight amendments to the wording to provide greater clarity
V1.0	Health Board	30/01/2025	Approved

TERMS OF REFERENCE

1. INTRODUCTION

- 1.1 The Board shall establish a committee to be known as the Executive Committee. The Executive Committee is the primary executive decision-making body of the Health Board in relation to the delivery of the Health Board's strategic objectives. It has powers delegated by way of those delegations already vested in the individual Directors.
- 1.2 Its principal role is to support the Chief Executive in overseeing the day-to-day management of an effective system of integrated governance, risk management and internal control across the whole organisation's activities (both clinical and non-clinical), which in turn supports the achievement of the organisation's objectives.
- 1.3 The detailed Terms of Reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

- 2.1 The Executive Committee will set appropriate frameworks and policies and procedures to support delivery of the organisational objectives. Using the frameworks in place the Executive Committee will continually monitor and review the operational performance of the Health Board and put in place corrective measures where necessary.
- 2.2 The Executive Committee will oversee the development of the Health Board's Integrated Medium Term Plan ensuring the engagement of the Board's Committees and Independent Members as well as internal and external stakeholders, so that when it is formally presented to the Board for approval, it is robust in terms of its objectives, performance measures, investment priorities and affordability.
- 2.3 The Executive Committee plays a key role in developing the overall strategy of the Health Board. It is also the formal route to support the Chief Executive in effectively discharging her responsibilities as Accountable Officer.

3. DELEGATED POWERS

The Executive Committee is authorised by the Board to:

- a) Implement the organisation strategy, Integrated Medium Term Plan, Clinical Strategy, and other plans, working alongside all Board Members to propose recommendations addressing risks and ensuring regular reporting to the Board;
- b) Ensure that quality, equality, and diversity issues are continually considered and addressed throughout the work of the Executive Committee, ensuring compliance with legislation;
- c) Monitor the Health Board's performance against key targets and other corporate objectives, delegating and coordinating where appropriate;
- d) Resolve operational performance issues, ensuring that the Health Board operates safely, effectively, efficiently, and in a patient-focused way;

- e) Monitor the actions arising from the Integrated Performance Report and performance manage the delivery of those action plans;
- f) Approve new and renewal leases in accordance with the Scheme of Reservation and Delegation (SORD) following consideration by the Capital Investment Group;
- g) Approve business cases for clinical posts requiring additional income and activity not within delegated budgets;
- h) Approve business cases and service developments requiring investment in accordance with the SORD;
- i) Consider and agree on the capital programme prior to Health Board approval;
- j) Consider the structures, processes, and responsibilities for identifying and managing key risks facing the organisation, prior to discussion at the Audit Committee and the Board;
- k) Approve policies and procedures in line with the Health Board's overarching policy framework;
- l) Review the high-level risks to the achievement of the Health Board's strategic objectives, advise the Board of urgent or emerging strategic issues and risks, and recommend actions and mitigations;
- m) Agree on all risk-related disclosure statements, particularly the Annual Governance Statement, prior to approval by the Audit Committee and the Health Board;
- n) Scrutinise key reports prior to submission to the Board to ensure their accuracy and quality;
- o) Provide a corporate view on pan-Health Board issues of current concern, ensuring coordination between Integrated Health Communities (IHC) and Pan BCU Services;
- p) Advise on planning, service level agreements, and change management initiatives;
- q) Identify any potential commercial and/or reputational opportunities arising from the Health Board's work;
- r) Consider issues arising from Executive Delivery Groups, Governance Groups, and Major Programmes;
- s) Ensure there is an effective business planning process in place;
- t) Review and adopt key strategies, plans, and assurances; and
- u) Oversee the Health Board's compliance with the management of conflicts of interest as stated in the Standing Orders and the Standards of Business Behaviour Policy.

4. AUTHORITY

- 4.1.** The Chief Executive has the authority to make decisions outside of the Executive Committee in line with the accountability delegated by the Board and through the Accountable Officer Memorandum;
- 4.2.** The Committee may investigate or have investigated any activity (clinical and non-clinical) within its Terms of Reference. It may seek relevant information from any:
 - a) Employee, with all employees directed to co-operate with any legitimate request made by the Committee; and,
 - b) Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.3.** It may also obtain outside legal or other independent professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers it

necessary, in accordance with the Board's procurement, budgetary and other requirements.

- 4.4. It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business, concerning quality, safety, patient and carer experience matters.
- 4.5. It will review risks from the Board Assurance Framework and Corporate Risk Register and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. SUB-COMMITTEES

- 5.1. The Committee may establish Group and/or task and finish groups to carry out on its behalf specific aspects of Committee Business.

The following Groups report directly to the Executive Committee:

- Operational Leadership Team

Delivery Groups

- Quality Delivery Group
- Integrated Performance Delivery Group
- Population Health Delivery Group
- Planning and Transformation Delivery Group
- Primary Care Board

Governance Groups

- Capital Investment Group
- Civil Contingency Assurance Group
- Risk Scrutiny Group
- Policy Oversight Group

Major Programmes (Tier 1)

Strategy

- Foundations for the Future
- Planned Care
- Urgent Emergency Care

Executive Committee

Governance Groups

Capital Investment Group
Civil Contingency Assurance Group
Risk Scrutiny Group
Policy Oversight Group

Pan BCU Groups

Operational Leadership Team
Quality Delivery Group
Integrated Performance Delivery Group
Population Health Delivery Group
Planning & Transformation Delivery Group
Primary Care Board

Major Programmes

Strategy
Foundations for the Future
Planned Care
Urgent Emergency Care

6. MEMBERSHIP

6.1. Members

Chief Executive (Chair)
Chief Digital and Information Officer
Chief Operating Officer
Director of Performance and Commissioning
Executive Director of Allied Health Professionals and Health Science
Executive Director of Finance
Executive Director of Nursing and Midwifery
Executive Director of Public Health
Executive Director of Transformation and Strategic Planning
Executive Director of Workforce and Organisational Development
Executive Medical Director
Director of Corporate Governance
Director of Environment and Estates
Director of Partnership, Engagement and Communication

6.2. By Invitation

6.2.1. Other Directors / Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.3. Secretariat

6.3.1. The Secretariat will be determined by the Director of Corporate Governance who will ensure a record of the meeting is recorded along with an action and decision log for approval and audit purposes.

7. COMMITTEE MEETINGS

7.1. Quorum

- 7.1.1. A quorum shall consist of no less than five and must include as a minimum at least three Executive Directors.
- 7.1.2. Any senior manager of the Health Board or partner organisations can, where appropriate, be invited to attend by the Chair.
- 7.1.3. Should any Member be unavailable to attend, they may nominate a deputy with agreement of the Chair but these deputies will not count towards the quorum and will be shown as 'in attendance'.
- 7.1.4. The Chair may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

7.2. Frequency of Meetings

- 7.2.1. Meetings shall be held bi-weekly, but may be convened at short notice if requested by the Chair.

7.3. Conduct of Meetings

- 7.3.1. Meetings will be held in person normally, however by exception members may join virtually subject to the agreement of the Chair.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 8.1. Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 8.2. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 8.3. The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees / Advisory Groups to provide advice and assurance to the Board through the:
 - Joint planning and co-ordination of Board and Committee business; and
 - Sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 8.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that

adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1. The Committee Chair shall:

9.1.1. Report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chief Executive's report.

9.1.2. Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Vice Chair or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of the Health Board.

9.1.3. The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

10.1. The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

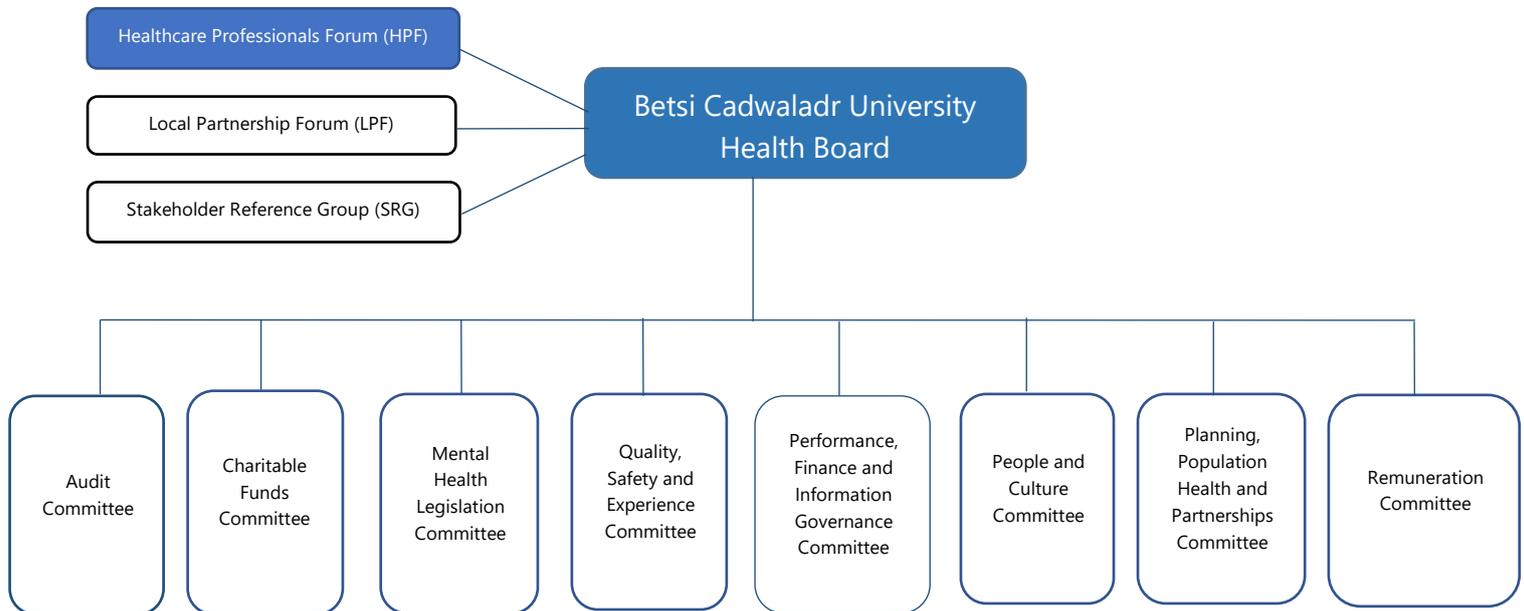
- Quorum

11. REVIEW

11.1. These Terms of Reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

HEALTHCARE PROFESSIONALS' FORUM

TERMS OF REFERENCE



Version	Issued to	Date	Comments
V0.01 Draft	Audit Committee	16/11/23	Developed as a first draft for review by Audit Committee on 16/11/23
V0.02 Draft	TOR meeting with Committee Chair & Executive Lead	18/12/23	Developed as a draft for review with Committee Chair and Executive Lead
V0.03 Draft	Health Board	18/01/24	Final Draft for consideration by the Health Board to be held on 25/01/24
V6.00 Approved		25/01/24	Approved by the Health Board

1) Introduction

1.1 The Healthcare Professionals' Forum's role is to provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery. Its role does not include consideration of healthcare professional terms and conditions of service. The detailed operating arrangements in respect of this Committee are set out below.

2) Purpose

- 2.1 The purpose of the Healthcare Professionals' Forum is to:
- facilitate engagement and debate amongst the wide range of clinical interests within the Health Board's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform the Health Board's decision making.

3) Responsibility of the Advisory Group

3.1 The Board must set out the relationships and accountabilities with others as well as the National Professional Advisory Group.

4) Membership

4.1 Formal membership of the Advisory Group shall comprise the following:

MEMBERS
Chair – nominated from within the membership of the Healthcare Professionals' Forum by its members and approved by the Minister
Vice Chair - nominated from within the membership of the Healthcare Professionals' Forum by its members and approved by the Minister
The membership of the Healthcare Professionals' Forum reflects the structure of the seven health Statutory Professional Advisory Committees set up in accordance with Section 190 of the NHS (Wales) Act 2006. Membership of the Forum shall therefore comprise the following eleven (11) members (or nominated deputy):
<ul style="list-style-type: none">• Welsh Medical Committee<ul style="list-style-type: none">○ Primary and Community Care Medical representative○ Mental Health Medical representative○ Specialist and Tertiary Care medical representative• Welsh Nursing and Midwifery Committee<ul style="list-style-type: none">○ Community Nursing and Midwifery representative○ Hospital Nursing and Midwifery representative• Welsh Allied Health Professions Committee

- Therapies representative
- Welsh Scientific Advisory Committee
 - Scientific representative
- Welsh Optometric Committee
 - Optometry representative
- Welsh Dental Committee
 - Dental representative
- Welsh Pharmaceutical Committee
 - Hospital and Primary Care representative
 - Community Pharmacists representative

4.2 The following should attend Committee meetings:

IN ATTENDANCE
Executive Lead – Executive Director of Therapies and Health Sciences
Secretariat – as determined by the Director of Corporate Governance

4.3 Where the Board determines it appropriate, the Health Board may extend membership to other individuals in order to ensure an appropriate balance in representation amongst healthcare professional groupings and across the range of primary, community and secondary service provision.

5) Member Responsibilities and Accountability

5.1 The Chair

5.1.1 The Chair is responsible for the effective operation of the Healthcare Professionals’ Forum:

- Chairing meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements; and
- Developing positive and professional relationships amongst the Healthcare Professionals’ Forum’s membership and between the Healthcare Professionals’ Forum and the Health Board, and in particular its Chair, Chief Executive and clinical Directors.

5.1.2 The Chair shall work in close harmony with the Chairs of the Health Board’s other advisory groups and, supported by the Director of Corporate Governance, shall ensure that key and appropriate issues are discussed by the Healthcare Professionals Forum in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

5.1.3 As Chair of the Healthcare Professionals' Forum, he or she will be appointed as an Associate Member of the Health Board. The Chair is accountable for the conduct of his or her role as Associate Member on the Health Board to the Minister, through the Health Board Chair and accountable to the Health Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

5.2 The Vice Chair

5.2.1 The Vice-Chair shall deputise for the Chair in his or her absence for any reason, and will do so until either the existing chair resumes duties or a new chair is appointed. This deputisation includes acting in the role of Associate Member of the Health Board.

5.2.2 The Vice Chair is accountable through the Healthcare Professionals' Forum Chair to the Health Board for his or her performance as Vice Chair, and to the nominating body or grouping for the way in which their views are represented at the Healthcare Professionals' Forum.

5.3 Members

5.3.1 The Healthcare Professionals' Forum shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for the decisions of the Healthcare Professionals' Forum.

5.3.2 All members must:

- be prepared to engage with and contribute fully to the Healthcare Professionals' Forum's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- comply with the terms and conditions of their appointment;
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the Healthcare Professionals' Forum within the healthcare professional discipline they represent.

5.3.3 Forum members are accountable through the Healthcare Professionals' Forum Chair to the Health Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the Healthcare Professionals' Forum.

6) Appointment and Terms of Office

6.1 Appointments to the Healthcare Professionals' Forum shall be made by the Board, based upon nominations received from the relevant healthcare professional group, and in accordance with any specific requirements or directions made by the Welsh Ministers. Members shall be appointed for a period specified by the Board, but for no longer than

four (4) years in any one term. Those members can be reappointed but may not serve a total period of more than eight (8) years consecutively.

- 6.2 The **Chair** will be nominated from within the membership of the Healthcare Professionals' Forum, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination will be subject to consideration by the Board, which must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair will be made by the Minister but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 6.3 The Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the Healthcare Professionals' Forum. That individual may remain in office for the remainder of his or her term as a member of the Healthcare Professionals' Forum after the term of appointment as Chair has ended.
- 6.4 The **Vice Chair** will be nominated from within the membership of the Healthcare Professionals' Forum, by its members, in a manner determined by the Board, subject to the condition that the appointment is from a different healthcare discipline to that of the Chair, along with any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the Healthcare Professionals' Forum's Chair's absence, the Vice Chair will also perform the role of Associate Member on the Health Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 6.5 The Vice Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the Healthcare Professionals' Forum. That individual may remain in office for the remainder of his or her term as a member of the Healthcare Professionals' Forum after the term of appointment as Vice Chair has ended.
- 6.6 Members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. Members must inform the Healthcare Professionals' Forum's Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Healthcare Professionals' Forum's Chair will advise the Board in writing of any such cases immediately.
- 6.7 The Health Board will require Forum members to confirm in writing their continued eligibility on an annual basis.
- 6.8 Resignation, suspension and removal of members**

- A member of the Forum may resign office at any time during the period of appointment by giving notice in writing to the Healthcare Professionals' Forum's Chair and the Board.
- If the Board, having consulted with the Healthcare Professionals' Forum's Chair and the nominating body or group, considers that:
 - It is not in the interests of the health service in the area covered by the Healthcare Professionals' Forum that a person should continue to hold office as a member; or
 - It is not conducive to the effective operation of the Healthcare Professionals' Forum
 it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.
- A nominating body or group may request the removal of a member appointed to the Healthcare Professionals' Forum to represent their interests by writing to the Board setting out an explanation and full reasons for removal.
- If an Healthcare Professionals' Forum member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:
 - The absence was due to a reasonable cause; and
 - The person will be able to attend such meetings within such period as the Board considers reasonable.
- Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

6.9 Relationship with the Board

- The Healthcare Professionals' Forum's main link with the Board is through the Healthcare Professionals Forum's Chair's membership of the Board as an Associate Member.
- The Board may determine that designated Board members or Health Board officers shall be in attendance at Advisory Group meetings. The Healthcare Professionals' Forum's Chair may also request the attendance of Board members or Health Board officers, subject to the agreement of the Health Board Chair.
- The Board shall determine the arrangements for any joint meetings between the Health Board and the Healthcare Professionals' Forum.
- The Board's Chair shall put in place arrangements to meet with the Healthcare Professionals' Forum Chair on a regular basis to discuss the Healthcare Professionals' Forum's activities and operation.

6.10 Rights of Access to Health Board for Professional Groups

- The Health Board Chair, on the advice of the Chief Executive and/or Director of Corporate Governance, may recommend that the Board affords direct right of access to any professional group in the following exceptional circumstances:

- where the Healthcare Professionals' Forum recommends that a matter should be presented to the Board by a particular healthcare professional grouping, e.g., due to the specialist nature of the issues concerned; or
- where a healthcare professional group has demonstrated that the Healthcare Professionals' Forum has not afforded it due consideration in the determination of its advice to the Board on a particular issue.
- The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter, in accordance with Standing Order 6.5.7.

6.11 Relationship with the National Professional Advisory Group

- The Healthcare Professionals' Forum Chair (or Healthcare Professionals' Forum Vice-Chair) will be a member of the National Professional Advisory Group.

7) Quorum and Attendance

- 7.1 The Standing Orders on which these Terms of Reference are based do not specify a quorum for Healthcare Professionals' Forums, however it is considered to be good governance that at least one quarter of the agreed membership be present to ensure the quorum of the Healthcare Professionals' Forum and must include the Chair or Vice Chair of the Group. If a meeting is not quorate, any decisions made must be ratified at the next meeting of the Healthcare Professionals' Forum.

8) Agenda and Papers

- 8.1 The Advisory Group Secretary is to hold an agenda setting meeting with the Chair and /or Vice Chair and the Executive Lead (Executive Director of Therapies and Health Sciences) at least six weeks before the meeting date.
- 8.2 The agenda will be based around the Advisory Group work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Advisory Group members. Following approval, the agenda and timetable for request of papers will be circulated to all Advisory Group members.
- 8.3 All papers must be approved by the Executive lead.
- 8.4 The agenda and papers will be distributed/published seven days in advance of the meeting.
- 8.5 A draft table of actions will be issued within two working days of the meeting. The minutes and table of actions will be circulated to the Advisory Group Chair and Executive lead within seven days to check the accuracy, prior to sending to Members to review within the next seven days.
- 8.6 Members must forward amendments to the Advisory Group Secretary within the next seven days. The secretariat will then forward the final version to the Advisory Group Chair for final review.

9) Meetings

- 9.1 The Healthcare Professionals' Forum will meet quarterly and an annual schedule of meetings will be determined by the corporate calendar.
- 9.2 The Healthcare Professionals' Forum may be convened at short notice if requested by the Chair.
- 9.3 Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Healthcare Professionals' Forum in discussion with the Executive Director of Therapies and Health Sciences.
- 9.4 The Healthcare Professionals' Forum may, subject to the approval of the Health Board, establish Groups to carry out on its behalf specific aspects of Healthcare Professionals Forum business.
- 9.5 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board therefore requires the Healthcare Professionals' Forum to hold meetings in public unless there are specific, valid reasons for not doing so.
- 9.6 The Healthcare Professionals' Forum secretariat shall be determined by the Director of Corporate Governance.

10) Private Session

- 10.1 The Healthcare Professionals Forum can operate with a 'closed' function to receive updates on the management of sensitive and /or confidential information.

11) Reporting and Assurance Arrangements

- 11.1 The Advisory Group, through its Chair and members, shall work closely with the other Committees and Advisory Groups to provide advice and assurance to the Board through joint planning and co-ordination of Board and Advisory Group business including the sharing of information.
- 11.2 The Advisory Group Chair, supported by the Advisory Group Secretary, shall:
- report formally, regularly and on a timely basis to the Board on the Advisory Group's activities;
 - bring to the Board's specific attention any significant matter under consideration by the Group / Forum; and
 - Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 11.3 The Advisory Group will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

12) Accountability, Responsibility and Authority

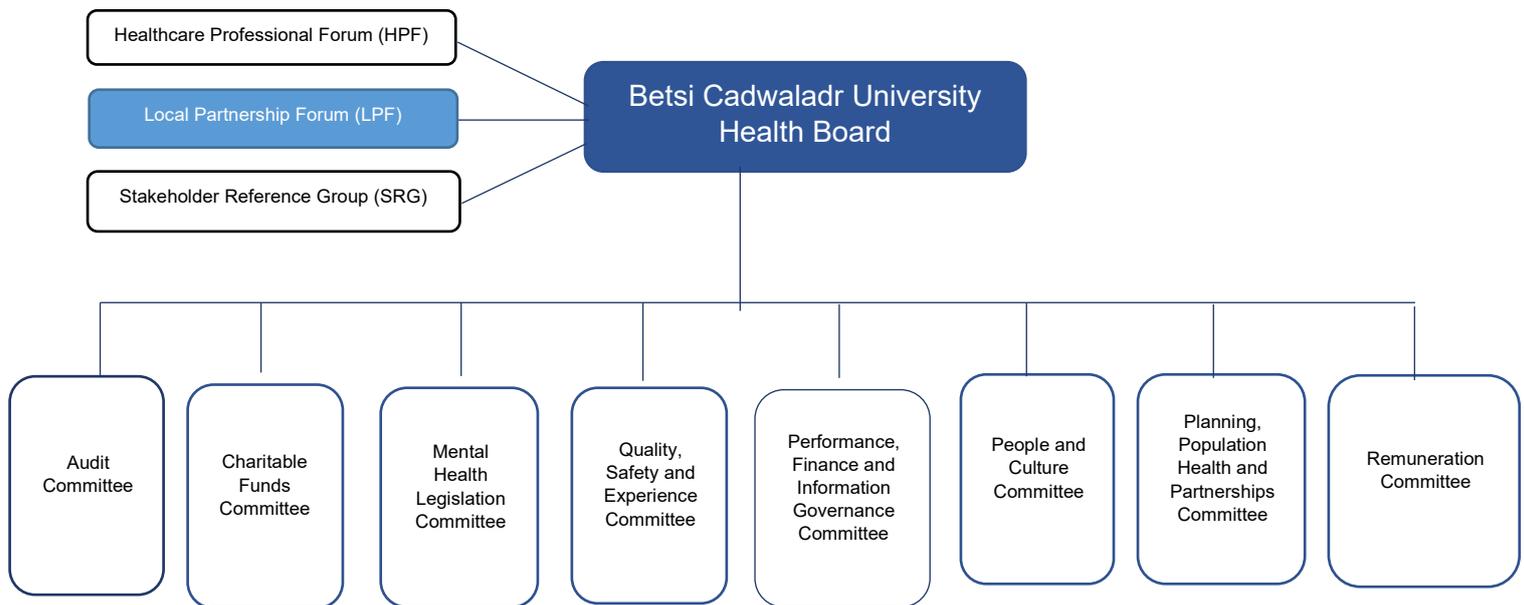
- 12.1 Although the Board has delegated authority to the Healthcare Professionals' Forum for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 12.2 The Healthcare Professionals' Forum is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 12.3 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Healthcare Professionals' Forum.

13) Review Date

- 13.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Forum for approval by the Board.

LOCAL PARTNERSHIP FORUM

TERMS OF REFERENCE



Version	Issued to	Date	Comments
V0.01 Draft	Audit Committee	16/11/23	Developed as a first draft for review by Audit Committee on 16/11/23
V0.02 Draft	TOR meeting with Committee Chair & Executive Lead	09/01/24	Developed as a draft for review with Committee Chair and Executive Lead
V0.03 Draft	Health Board	18/01/24	Final Draft for consideration by the Health Board to be held on 25/01/24
V9.00 Approved		25/01/24	Approved by the Health Board
V10.01 Draft	For LPF meeting May 2025	14/04/25	Approved at LPF meeting 6.5.25 for submission to the Board (V11.0)
V11.0 Approved	Health Board	29/05/25	

1 INTRODUCTION

- 1.1 The Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves. To help discharge this duty the Board has appointed Advisory Groups to provide advice to the Board in the exercise of its functions. The Board Advisory Groups include the Local Partnership Forum. The detailed operating arrangements in respect of this Advisory Group are set out below.
- 1.2 The BCUHB Local Partnership Forum is the formal mechanism through which management and trade unions and professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.
- 1.3 At the earliest opportunity, the Board will engage with staff organisations in key discussions at Health Board, Local Partnership Forum and Locality/Divisional level.
- 1.4 All members are full and equal members of the Forum and collectively share responsibility for the decisions made. Should any party be in disagreement with decisions taken, a note will be included within the minutes of the meeting.
- 1.5 The Local Partnership Forum provides the formal mechanism for consultation, negotiation and communication between the staff organisations and management. The TUC principles of partnership will apply. These principles are attached at Appendix 1.

2 PURPOSE

- 2.1 The purpose of the Local Partnership Forum is to:
 - Establish a regular and formal dialogue between the Board's Executive and staff organisations on matters relating to workforce and health service issues.
 - Enable employers and staff organisations to put forward issues affecting the workforce.
 - Provide opportunities for staff organisations and managers to input into organisation service development plans at an early stage.
 - Consider the implications on staff of service reviews and identify and seek to agree new ways of working.
 - Consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve mutually successful implementation.
 - Appraise and discuss in partnership the financial performance of the organisation on a regular basis.
 - Appraise and discuss in partnership the Board services and activity and its implications.
 - Provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.
 - Communicate to the partners the key decisions taken by the Board and senior management.

- Consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the Board including matters of service re-profiling.
- Negotiate on matters subject to local determination.
- Ensure staff organisation representatives are afforded reasonable paid time off to undertake trade union duties; and
- Develop in partnership appropriate facilities arrangements using A4C Facilities Agreement as a minimum standard.

3 GENERAL PRINCIPLES

- 3.1 The Health Board and Local Partnership Forum accept that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.
- 3.2 The principles of true partnership working between staff organisations and management are that they should:
- Show joint commitment to the success of the organisation with a positive and constructive approach.
 - Recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect.
 - Demonstrate commitment to employment security for workers and flexible ways of working.
 - Share success – rewards must be felt to be fair.
 - Practice open and transparent communication – sharing information widely with openness, honesty and transparency.
 - Bring effective representation of the views and interests of the workforce; and
 - Demonstrate a commitment to work with and learn from each other.
- 3.3 All members must:
- Be prepared to engage with and contribute fully to the Forum’s activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
 - Comply with their terms and conditions of appointment.
 - Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
 - Promote the work of the Local Partnership Forum within the professional discipline they represent.
- 3.4 A Code of Conduct is attached as Appendix 2.

4 MEMBERSHIP

- 4.1 All members of the Local Partnership Forum are full and equal members and share responsibility for the decisions of the Local Partnership Forum. The NHS organisation shall agree the overall size and composition of the Local Partnership Forum in consultation with those staff organisations the Health Board recognises for collective bargaining. The Trade Union member of the Health Board will be expected to attend the Local Partnership Forum in an ex-officio capacity.
- 4.2 As a minimum, the membership of the Local Partnership Forum shall comprise:

MEMBERS
Chair (The Health Board Chief Executive and Staff Organisation Chair will co-chair the Local Partnership Forum, and this will be done on a rotational basis)
Health Board Management Representation shall consist of the following post holders (or nominated deputy):
Chief Executive (co-Chair)
Executive Director of People Services and Organisational Development
Executive Director of Nursing and Midwifery
Executive Director of Finance
Chief Operating Officer
Representative IHC Director
Assistant Director – Organisational Development
Director of Estates and Environment
Director of Mental Health
Other Executive Directors and others may also be members or may be co-opted dependent upon the agenda
Staff Representation shall consist of:
The Board recognises those staff organisations listed in Appendix 3 for the representation of members who are employed by the organisation
Staff representatives must be employed by the organisation and accredited by their respective organisations for the purposes of bargaining. If a representative ceases to be employed by the Board or ceases to be a member of a nominating organisation then they will automatically cease to be a member of the Local Partnership Forum. Full time officers of the staff organisations may attend meetings subject to prior notification and agreement
Members of the Local Partnership Forum who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the Local Partnership Forum

5 QUORUM, ATTENDANCE AND ROLE OF THE ADVISORY GROUP

5.1 Quorum

- 5.1.1 Every effort will be made by all parties to maintain a stable membership. There should be 50% attendance of both parties for the meeting to be quorate.
- 5.1.2 There should be a minimum of 5 Health Board Management representatives and 5 Trade Unions at a meeting for it to be quorate.
- 5.1.3 If a meeting is not quorate no decisions can be made but information may be exchanged. Where joint chairs agree, an extraordinary meeting may be scheduled with 7 calendar days' notice.

5.1.4 Consistent attendance and commitment to participate in discussions is essential. Where a member of the Local Partnership Forum does not attend on 3 consecutive occasions, the Joint Secretaries will write to the member and bring the response to the next meeting for further consideration and possible removal.

5.2 Officers

5.2.1 The Staff Organisation Chair, Vice Chair and Secretary will be elected from the Local Partnership Forum. Best practice requires these three officers to come from different staff organisations.

5.3 Chairs

5.3.1 Both the Management (CEO), and Staff Organisation Chair, will chair the Local Partnership Forum. This will be done on a rotational basis. In the absence of the Chair(s), the Vice Chair(s) will act as Chair. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Board's other advisory groups. Supported by the Director of Corporate Governance, Chairs shall ensure that key and appropriate issues are discussed by the Local Partnership Forum in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

5.4 Joint Secretaries

5.4.1 Each side of the Local Partnership Forum should appoint/elect its own Joint Secretary. The Management and Staff Organisation Secretary will be responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of the Management and Staff Organisation Chairs.

5.4.2 The Executive Director of People Services and Organisational Development will act as Management Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

5.5 Other Groups

5.5.1 When it is considered appropriate, the Local Partnership Forum can decide to appoint a Group to hold detailed discussion on a particular issue(s). Nominated representatives to Groups will communicate and report regularly to the Local Partnership Forum.

6 AGENDA AND PAPERS

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Lead (Executive Director of People Services and Organisational Development) at least six weeks before the meeting date.

6.2 The agenda will be based on the Advisory Group's work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Advisory Group members. Following approval, the agenda and timetable for request of papers will be circulated to all Advisory Group members.

6.3 All papers must be approved by the Executive Lead.

- 6.4 The agenda and papers will be distributed / published seven days in advance of the meeting.
- 6.5 A draft Action Log will be issued within two working days of the meeting. The minutes and Action Log will be circulated to the Advisory Group Chair and Executive Lead within seven days to check the accuracy, prior to sending to Members to review within the next seven days.
- 6.6 Members must forward amendments to the Advisory Group Secretary within the next seven days. The Advisory Group Secretary will then forward the final version to the Advisory Group Chair for final review.
- 6.7 Relationship with the Board and others**
- 6.7.1 The LPFs main link with the Board is through the Executive members of the LPF.
- 6.7.2 The Board may determine that designated Board members or Health Board officers shall be in attendance at LPF meetings. The LPF's Chairs may also request the attendance of Board members or Health Board officers, subject to the agreement of the Health Board Chair.
- 6.7.3 The Board shall determine the arrangements for any joint meetings between the Health Board and the LPF's staff representative members.
- 6.7.4 The Board's Chair shall put in place arrangements to meet with the LPF's Joint Chairs on a regular basis to discuss the LPF's activities and operation.
- 6.7.5 The LPF shall ensure effective links and relationships with other groups / fora at local and, where appropriate, national level.

7 PRIVATE SESSION

- 7.1 The Local Partnership Forum can operate with a 'closed' function to receive updates on the management of sensitive and/or confidential information.

8 MEETINGS

- 8.1 Meetings will be held quarterly however this may be changed to reflect the need of either Health Board Management or Staff Representatives.
- 8.2 The business of the meeting shall be restricted to matters pertaining to Local Partnership Forum issues and should include local operational issues. Board wide strategic issues and issues that have all Wales wide implications shall be referred to the Welsh Partnership Forum via the Board.
- 8.7 The Local Partnership Forum has the capacity to co-opt others onto the Local Partnership Forum or its Group as deemed necessary by agreement.

9 REPORTING

- 9.1 The Advisory Group, through its Chair and members, shall work closely with the other Committees and Advisory Groups to provide advice and assurance to the

Board through joint planning and co-ordination of Board and Advisory Group business including sharing of information.

- 9.2 The Advisory Group Chair, supported by the Advisory Group Secretary, shall:
- Report formally, regularly and on a timely basis to the Board on the Advisory Group's activities.
 - Bring to the Board's specific attention any significant matter under consideration by the Committee; and
 - Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and / or Chairs of other relevant Committee, of any urgent / critical matters that may affect the operation and / or reputation of the Health Board.
- 9.3 The Advisory Group will undertake an annual review of the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

10 ACCOUNTABILITY, RESPONSIBILITY AND AUTHORITY

- 10.1 Although the Board has delegated authority to the Local Partnership Forum for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 10.2 The Local Partnership Forum is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 10.3 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Local Partnership Forum.

11 REVIEW DATE

- 11.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Advisory Group for approval by the Board.

Appendices

Appendix 1

Six Principles of Partnership Working

- A shared commitment to the success of the organisation.
- A focus on the quality of working life.
- Recognition of the legitimate roles of the employer and the trade union.
- A commitment by the employer to employment security.
- Openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation.
- Adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees.

Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually.
- Attend the meeting well-prepared, willing to contribute and with a positive attitude.
- Listen actively; allow others to explain or clarify when necessary.
- Observe the requirement that only one person speaks at a time.
- Avoid 'put downs' of views or points made by colleagues.
- Respect a colleague's point of view.
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation.
- Try not to react negatively to criticism or take as a personal slight.
- Put forward criticism in a positive way.
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views.
- No 'side-meetings' to take place.
- Respect the Chair.
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the member.

Appendix 3

List of Recognised Trade Unions / Professional Bodies referred to as 'staff organisations'

The following Staff Organisations (Trade Union and Professional Organisations) are recognised as staff organisations for the purposes of the Local Partnership Forum.

- Britain's General Union (GMB)

- British Association of Occupations Therapists
- British Dental Association
- British Dietetic Association
- British Medical Association
- British Orthoptic Society
- Chartered Society of Physiotherapy
- Federation of Clinical Scientists
- Royal College of Midwives
- Royal College of Nursing
- Society of Chiropodists & Podiatrists
- Society of Radiographers
- Unison
- Unite



GIG
CYMRU
NHS
WALES

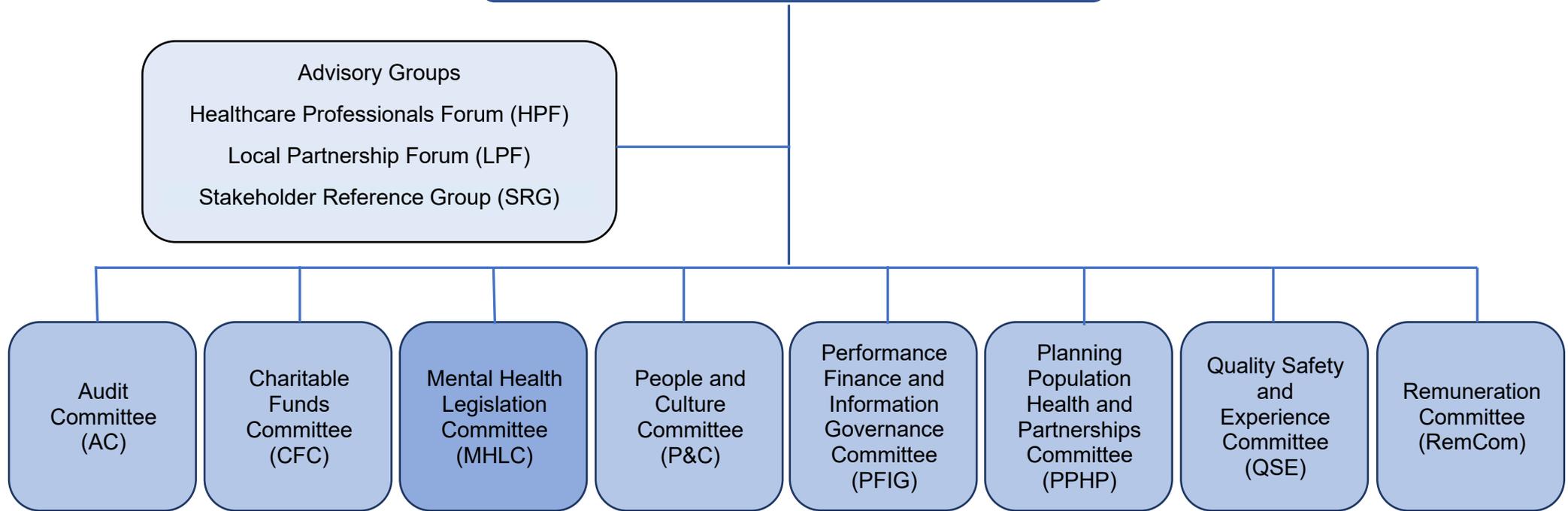
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MENTAL HEALTH LEGISLATION COMMITTEE

**Terms of Reference & Operating Arrangements
(Schedule 3.5 of the Standing Orders)**

Date approved by Health Board :

Betsi Cadwaladr University Health Board



Version Control

Version	Issued to	Date	Comments
V0.01	MHLC	08.05.2025	Endorsed for approval at the May Board Meeting
V1.0	Board	29.05.25	

TERMS OF REFERENCE

1 INTRODUCTION

- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees
- 1.2 In accordance with Standing Orders (and the BCUHB scheme of delegation), the Board shall nominate annually a committee to be known as the Mental Health Legislation Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.
- 1.3 Due to the nature of the business being considered at the RC these meetings will be held in private and papers/minutes will not be made publically available. A summary highlight report will be received at the Public Board meeting that follows.

2 PURPOSE

The purpose of the Committee is to act on behalf of the Board to:

- 2.1.1 Provide assurance that those functions of the Mental Health Act 1983, as amended and Mental Capacity Act, 2005, as amended which have been delegated to officers and staff are being carried out correctly:
 - The wider operation of the two Acts in relation to the Health Board’s area is appropriate and effective;
 - The Health Board’s responsibilities as Hospital Managers are being discharged effectively and lawfully; and.
 - The Health Board is compliant with Codes of Practice for the two Acts.
- 2.1.2 Identify any areas of concern in relation to compliance with mental health legislation and agree issues to be escalated to the Board with recommendations for action.
- 2.1.3 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

3 DELEGATED POWERS

With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the Mental Health Legislation Committee will comment specifically upon:

- 3.1 The Committee shall provide advice, assurance and support to the Board in ensuring the provision of high quality, safe healthcare for its citizens of all ages, as follows:
- 3.2 Review reports in relation to the two Acts from Healthcare Inspectorate Wales visits, NHS Wales

Executive and other external scrutiny bodies and approve the action plans for monitoring.

3.3 Consider issues arising from related Committees or Health Board Groups.

3.4 Receive Mental Health Legislation Assurance Reports to ensure compliance with the Codes of Practice. In respect of its provision of assurance to the Board, the Mental Health Legislation Committee will seek assurances that:

3.5 The operation of mental health legislation is exercised fairly and lawfully and that specific issues related to compliance are managed through its Committee and Group structures.

3.6 The powers provided by the Mental Health Act 1983 (notably the Board's delegated functions as Hospital Managers) are being exercised reasonably, fairly and lawfully and that specific issues related to compliance are managed through the Board's Committee and Group structure.

3.7 The powers provided by the Mental Capacity Act 2005 (notably in regard to the Deprivation of Liberty) are being exercised reasonably, fairly and lawfully and that decisions by the Court of Protection are implemented appropriately.

3.8 Identified matters of risk relating to compliance with mental health legislation are being appropriately mitigated.

3.9 Ensure that Associate Hospital Managers are being appointed, trained and appraised effectively to ensure the proper discharge of their duties and that there is appropriate access to mental health advocates; and draw on the experience of both Associate Hospital Managers and mental health advocates to receive assurance on the quality of care provided to patients.

3.10 Ensure policies and procedures are in place to facilitate compliance with the Mental Health Act 1983 and the Mental Capacity Act 2005.

3.11 Ensure that those staff who exercise the functions of mental health legislation have access to, and undertake, appropriate training to provide them with the requisite skills and competencies to discharge the Board's responsibilities.

3.12 Ensure adherence to the relevant legislation, in particular, the Human Rights Act 1998, the Equality Act 2010, and the Data Protection Act 1998.

3.13 Assure the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards and Quality Management ensuring the Board is supported to make strategic decisions from a quality perspective.

4 AUTHORITY

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
- Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

5 SUB-COMMITTEES

5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

6 MEMBERSHIP

6.1 Formal membership of the Committee shall comprise of the following:

MEMBERS
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)

6.2 The following should attend Committee meetings:

IN ATTENDANCE
Executive Director with responsibility for Mental Health and Learning Disabilities (Executive Lead)
Executive Director of Nursing and Midwifery
Executive Medical Director
Medical Director for Mental Health and Learning Disabilities
At least one of the Medical Directors of the Integrated Health Communities
Chief Operating Officer
Deputy Director for Legal Services
Senior Manager for Mental Health Act
Senior Manager for Mental Capacity Act
At least one Director of Operations from the Integrated Health Communities
Director of Safeguarding/Head of Safeguarding
Associate Hospital Managers
CAMHS Representative
Other Attendees
The Chair can if required, invite representatives of partner agencies to attend Committees.

6.3 The attendance of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

6.4 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation whom the Committee considers should attend, taking into account the matters under consideration at each meeting.

5. COMMITTEE MEETINGS

5.1 Quorum

- A quorum shall consist of no less than two of the membership, and must include as a minimum the Chair or Vice Chair of the Committee.

5.2 Frequency of meetings

- The Committee will meet quarterly and an annual schedule of meetings will be determined by the corporate calendar.
- Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

5.2 Withdrawal of individuals in attendance

- The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

5.3 Meeting arrangements

- The agenda and papers will be distributed/published seven days in advance of the meeting.
- The Director of Corporate Governance is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Director of Allied Health Professionals and health Science at least six weeks before the meeting date.
- The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members.

6. REPORTING AND ASSURANCE ARRANGEMENTS

The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing information.

6.1 The Committee Chair, supported by the Committee Secretary, shall:

- Report formally, regularly and on a timely basis to the Board on the Committee's activities;
- Bring to the Board's specific attention any significant matter under consideration by the Committee; and
- Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

6.2 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

7. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for these matters.

7.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

7.2 The Committee, through its Chair and members, shall work closely with the Board's other

committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

7.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

7.4 The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. REVIEW

These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

10. CHAIR'S ACTION ON URGENT MATTERS

10.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board – after first consulting with all Members of the Committee. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

10.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



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CYMRU
NHS
WALES

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Betsi Cadwaladr
University Health Board

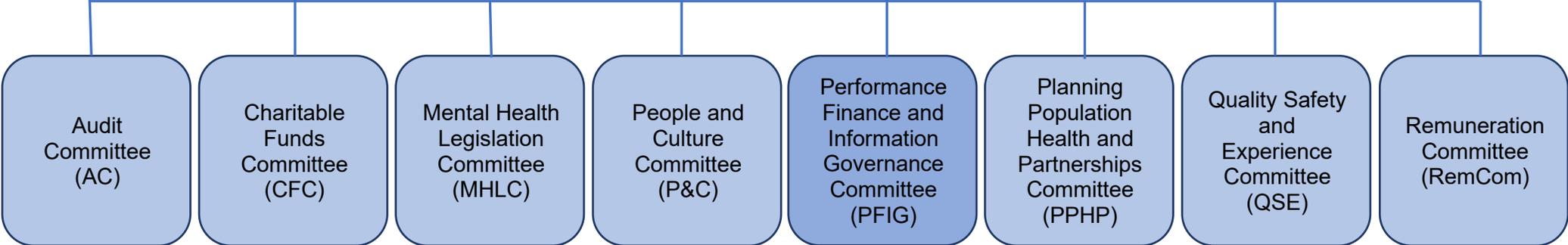
PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE

**Terms of Reference & Operating Arrangements
(Schedule 3.5 of the Standing Orders)**

Date approved by Health Board :

Betsi Cadwaladr University Health Board

Advisory Groups
 Clinical Advisory Group (CAG)
 Local Partnership Forum (LPF)
 Stakeholder Reference Group (SRG)



Version Control

Version	Issued to	Date	Comments
V0.01	PFIG	06.05.25	Endorsed for approval at the May Board
V1.0	Board	29.05.25	

TERMS OF REFERENCE

1 INTRODUCTION

- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees
- 1.2 In accordance with Standing Orders (and the BCUHB scheme of delegation), the Board shall nominate annually a committee to be known as the Performance Finance and Information Governance. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.

2 PURPOSE

- 2.1 The purpose of the Committee is to act on behalf of the Board to:
- 2.2 To advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance.
- 2.3 Oversight, delivery and monitoring of financial strategy, planning, policies and performance including capital and external contracting.
- 2.4 Oversight, delivery and monitoring of performance strategies, framework, policies, WG / local targets and performance reports.
- 2.5 Monitoring the performance of external contracts including shared services and primary care. The Committee will provide advice on the adoption of a set of key indicators of quality of care against which the Health Board performance will be regularly assessed and reported on.
- 2.6 To seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.
- 2.7 To monitor the performance and oversight of Information Governance.

3 DELEGATED POWERS

With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the Performance Finance and Information Governance will comment specifically upon:

3.1 The Performance, Finance and Information Governance Committee is required by the Board to:

- 3.1.1 Provide evidence based and timely advice to the Board on the development of finance and performance related strategies and the Integrated Medium Term Plan/Annual Plan.
- 3.1.2 Provide evidence based and timely advice to the Board on the delivery of Strategies/aspects of strategies relating to finance, performance and information governance.
- 3.1.3 Oversee and provide evidence based and timely advice to the Board on relevant risks and mitigation.
- 3.1.4 Provide relevant and timely advice to the Board on developing the Integrated Medium Term Plan in relation to:
 - The financial performance of the Health Board.
 - The operational performance of the Health Board and associated impact on Improvement Plans.
 - Evidence based assurance on the financial position, forecasting, and the capital programme.
 - Evidence based assurance to the Board and Accountable Officer on whether effective arrangements are in place through the operation of the governance framework for data processing and information management.
- 3.1.5 Receive the results of relevant investigations and provide the Board with assurance around the implementation of accepted recommendations.
- 3.1.6 Seeking assurance in relation to the compliance with relevant national practice and mandatory guidance and healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards and Quality Management in relation to the business of the committee.

3.2 Financial Management

- 3.2.1 Seek assurance on the Financial Planning process.
- 3.2.2 Monitor financial performance and cash management against revenue budgets and statutory duties.
- 3.2.3 Consider submissions to be made in respect of revenue or capital funding and the service implications of such changes, including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions.
- 3.2.4 Monitor turnaround and transformation programmes' progress and impact/pace of implementation of organisational savings plans.

- 3.2.5 Receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual directorates, divisions and sites.
- 3.2.6 Determine any new awards in respect of Primary Care contracts.

3.3 Performance Management and Accountability

- 3.3.1 Review and endorse revisions to the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).
- 3.3.2 Ensure scrutiny of the performance and resources dimensions of the Quality and Performance Report (QAP)
- 3.3.3 Monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets.
- 3.3.4 Review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP)
- 3.3.5 Review and monitor performance against external contracts.
- 3.3.6 Receive assurance reports arising from Performance and Accountability Reviews of individual teams.
- 3.3.7 Receive assurance reports in respect of the Shared Services Partnership.
- 3.3.8 Review post implementation, the extent to which benefits from business cases have been realised.

3.4 Capital Expenditure and Working Capital

- 3.4.1 Approve and monitor progress of the Capital Programme.

3.5 Workforce

- 3.5.1 Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.
- 3.5.2 Consider and determine any proposals from the Primary Care Board (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices.

3.6 Information Governance

- 3.6.1 Oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
- 3.6.2 Oversee the direction and delivery of the Health Board's information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation using information and technology.

- 3.6.3 Consider the information governance implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners.
- 3.6.4 Consider the information governance implications for the Health Board of internal and external reviews and reports.
- 3.6.5 Oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).
- 3.6.6 Oversee the direction and delivery of the Health Board's Cyber security policy (details of which will be taken in private session of the committee)
- 3.6.7 Oversee the direction and delivery of the Health Board's Patient records management.
- 3.6.8 Oversee the direction and delivery of the Health Board's National systems and programmes.

4 AUTHORITY

- 4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
 - Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
 - Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

5 SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

6 MEMBERSHIP

6.1 Formal membership of the Committee shall comprise of the following:

MEMBERS
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)

6.2 The following should attend Committee meetings:

IN ATTENDANCE
Executive Director of Finance (Executive Lead)
Chief Operating Officer
Chief Digital and Information Officer
Director of Director of Environment and Estates
Director of Performance and Commissioning

6.3 The attendance of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

6.4 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation whom the Committee considers should attend, taking into account the matters under consideration at each meeting.

5. COMMITTEE MEETINGS

5.1 Quorum

- A quorum shall consist of no less than two of the membership, and must include as a minimum the Chair or Vice Chair of the Committee.

5.2 Frequency of meetings

- The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.
- Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

5.2 Withdrawal of individuals in attendance

- The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

5.3 Meeting arrangements

- The agenda and papers will be distributed/published seven days in advance of the meeting.
- The Director of Corporate Governance is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Director of Finance at least six weeks before the meeting date.
- The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members.

6. REPORTING AND ASSURANCE ARRANGEMENTS

The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing information.

- 6.1 The Committee Chair, supported by the Committee Secretary, shall:
- Report formally, regularly and on a timely basis to the Board on the Committee's activities;
 - Bring to the Board's specific attention any significant matter under consideration by the Committee; and
 - Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 6.2 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

7. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for these matters.

- 7.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.
- 7.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:
- ~ Joint planning and co-ordination of Board and Committee business and
 - ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

7.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

7.4 The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. REVIEW

These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

10. CHAIR'S ACTION ON URGENT MATTERS

10.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board – after first consulting with all Members of the Committee. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

10.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



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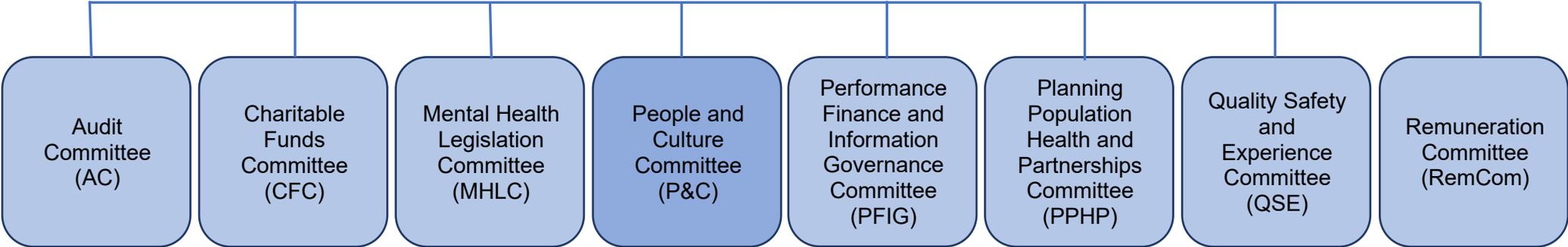
PEOPLE AND CULTURE COMMITTEE

Terms of Reference & Operating Arrangements
(Schedule 3.5 of the Standing Orders)

Date approved by Health Board :

Betsi Cadwaladr University Health Board

Advisory Groups
 Clinical Advisory Group (CAG)
 Local Partnership Forum (LPF)
 Stakeholder Reference Group (SRG)



Version Control

Version	Issued to	Date	Comments
V0.01	People and Culture	10.04.25	Endorsed for approval at the May Board
V1.0	Board	29.05.25	

TERMS OF REFERENCE

1 INTRODUCTION

- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees
- 1.2 In accordance with Standing Orders (and the BCUHB scheme of delegation), the Board shall nominate annually a committee to be known as the People and Culture Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.

2 PURPOSE

- 2.1 The purpose of the Committee is to act on behalf of the Board to:
- 2.2 provide assurance to the Board on compliance with legislation, guidance and best practice to do with the People and Organisational Development (OD) agenda including:
 - Foundations for the Future Programme
 - Organisational Culture
 - Leadership Development
 - Engagement
 - Workforce Planning
 - Recruitment and Retention
 - Wellbeing
 - Welsh Language
 - Employee Relations;
- 2.3 provide assurance to the Board on the delivery of the strategic priorities in relation to people and culture as outlined in the Integrated Medium-Term Plan (IMTP) and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board’s overall strategic direction and with any requirements and standards set for NHS bodies in Wales;
- 2.4 provide assurance to the Board on the organisation’s ability to create and manage a strong, high performance organisational culture for all its people (including workforce, volunteers and stakeholders); and
- 2.5 seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.
- 2.6 approve the appointment of Consultants in accordance with the National Health Service (Appointment of Consultants) (Wales) Regulations 1996.

- 2.7 seek assurance on the Health Board plans to ensure the implementation of the Social Partnership and Public Procurement (Wales) Act 2023.

3 DELEGATED POWERS

With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the People and Culture Committee will comment specifically upon:

- 3.1 provide assurance to the Board on compliance with legislation, guidance and best practice to do with the People and OD agenda, learning from work undertaken nationally and internationally, ensuring the Health Board is continually improving;
- 3.2 provide assurance to the Board on the delivery of the strategic priorities in relation to people and culture as outlined in the Integrated Medium term Plan (IMTP) and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales;
- 3.3 provide assurance to the Board on the implementation and monitoring of the Health Board's Equality, Diversity and Inclusion arrangements;
- 3.4 provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board in relation to staff development;
- 3.5 provide assurance that there are appropriate arrangements to ensure education and commissioning meet future workforce needs;
- 3.6 receive assurance on delivery against all relevant People Planning Objectives;
- 3.7 recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report;
- 3.8 receive assurance through any Committee Update Reports (that may be in existence or developed) and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate);
- 3.9 assure the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards and Quality Management ensuring the Board is supported to make strategic decisions from a quality perspective;
- 3.10 provide oversight, delivery and monitoring of Health and Safety strategies, planning, policies, performance and regulatory compliance; and
- 3.11 have delegated powers to consider reports on the position in regard to whistleblowing and Speaking Out Safely.
- 3.12 Monitor compliance with issues of professional registration for all registered professionals.

4 AUTHORITY

- 4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
- Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
 - Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

5 SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

6 MEMBERSHIP

- 6.1 Formal membership of the Committee shall comprise of the following:

MEMBERS
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)

- 6.2 The following should attend Committee meetings:

IN ATTENDANCE
Executive Director of Workforce and Organisational Development (Executive Lead)
Chief Executive
Director of Environment and Estates
Executive Director (with responsibility for Welsh Language)

- 6.3 The attendance of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 6.4 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation whom the Committee considers should attend, taking into account the matters under consideration at each meeting.

5. COMMITTEE MEETINGS

5.1 Quorum

- A quorum shall consist of no less than two of the membership, and must include as a minimum the Chair or Vice Chair of the Committee.

5.2 Frequency of meetings

- The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.
- Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

5.2 Withdrawal of individuals in attendance

- The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

5.3 Meeting arrangements

- The agenda and papers will be distributed/published seven days in advance of the meeting.
- The Director of Corporate Governance is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Director of Workforce and Organisational Development at least six weeks before the meeting date.
- The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members.

6. REPORTING AND ASSURANCE ARRANGEMENTS

The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing information.

- 6.1 The Committee Chair, supported by the Committee Secretary, shall:
- Report formally, regularly and on a timely basis to the Board on the Committee's activities;
 - Bring to the Board's specific attention any significant matter under consideration by the Committee; and
 - Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 6.2 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

7. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for these matters.

- 7.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

7.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

7.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

7.4 The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. REVIEW

These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

10. CHAIR'S ACTION ON URGENT MATTERS

10.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board – after first consulting with **all** Members of the Committee. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

10.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



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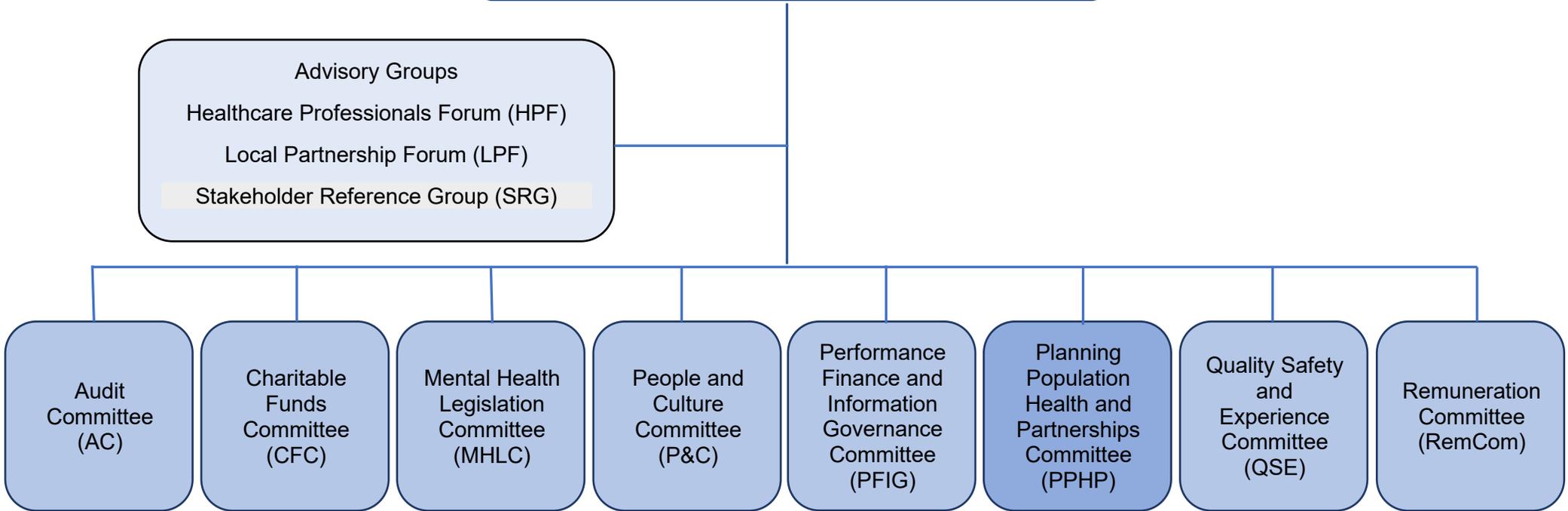
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE

Terms of Reference & Operating Arrangements
(Schedule 3.5 of the Standing Orders)

Date approved by Health Board :

Betsi Cadwaladr University Health Board



Version Control

Version	Issued to	Date	Comments
V0.01	PPHP	01.05.2025	Endorsed for approval at the May Board
V1.0	Board	29.05.25	

TERMS OF REFERENCE

1 INTRODUCTION

- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees
- 1.2 In accordance with Standing Orders (and the BCUHB scheme of delegation), the Board shall nominate annually a committee to be known as the Planning, Population health and Partnerships Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.

2 PURPOSE

The purpose of the Committee is to act on behalf of the Board to:

- 2.1 Provide advice and assurance to the Board with regard to the development and oversight of the Health Board’s long term planning, Integrated Medium Term Plan and Annual Operating Plan ensuring that enabling strategies are aligned to these plans.
- 2.2 Ensure effective partnership arrangements are in place to improve Population Health (i.e primary care, public health and the social determinants of health) and reduce health inequalities.
- 2.3 Provide oversight, delivery and monitoring (by exception) of Population Health improvement and health inequalities strategies, policies and performance informed through Population Need’s Assessment.
- 2.4 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

3 DELEGATED POWERS

With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the Planning, Population health and Partnerships Committee will comment specifically upon:

- 3.1 Providing advice, assurance and support to the Board on compliance with legislation, guidance and best practice relevant to the Planning, Population Health and Partnerships agenda, learning from work undertaken nationally and internationally,

ensuring the Health Board can continually improve the quality of healthcare for the population.

- 3.2 Providing advice and insight to the Board on the implementation of the strategies related to the Committee's remit and assurance that it is consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
- 3.3 Providing advice, assurance and insight to the Board on the organisation's ability to create and manage strong planning, population health and partnership arrangements, including through a robust data strategy.
- 3.4 Providing the Board with advice and insight on the development of the Health Board's Integrated Medium Term Plan (IMTP), and long term planning based on robust business intelligence and modelling, and assuring the development of delivery plans within the scope of the Committee including their alignment to the Population Health Needs assessment.
- 3.5 Seeking assurances on all outstanding plans in relation to the National Networks and Joint Committees including commitments agreed with partner organisations.
- 3.6 Receiving assurance through any update reports (that may be in existence or developed) and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
- 3.7 Receiving assurance on the development of plans for Digital and Information Management, noting that operational assurance of Information Governance requirements is under the remit of the Health Board's Performance, Finance and Information Governance Committee.
- 3.8 Seeking insights and relevant information from Committee Advisory Groups where relevant to the remit of this agenda.
- 3.9 Assuring the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards, Quality Management and the Civil Contingencies Act ensuring the Board is supported to make strategic decisions from a quality perspective.

4 AUTHORITY

- 4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
 - Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
 - Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

- 4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

5 SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

6 MEMBERSHIP

- 6.1 Formal membership of the Committee shall comprise of the following:

MEMBERS

Independent Member (Chair)

2 x Independent Members (one of whom will be designated as Vice Chair)

- 6.2 The following should attend Committee meetings:

IN ATTENDANCE

Executive Director of Transformation, Strategic Planning and Commissioning
(Executive Lead)

Executive Director of Public Health

Director of Partnerships, Engagement and Communications

Chief Digital and Information Officer

- 6.3 The attendance of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 6.4 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation whom the Committee considers should attend, taking into account the matters under consideration at each meeting.

5. COMMITTEE MEETINGS

5.1 Quorum

- A quorum shall consist of no less than two of the membership, and must include as a minimum the Chair or Vice Chair of the Committee.

5.2 Frequency of meetings

- The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.

- Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

5.2 Withdrawal of individuals in attendance

- The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

5.3 Meeting arrangements

- The agenda and papers will be distributed/published seven days in advance of the meeting.
- The Director of Corporate Governance is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Director Transformation, Strategic Planning and Commissioning at least six weeks before the meeting date.
- The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members.

6. REPORTING AND ASSURANCE ARRANGEMENTS

The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing information.

- 6.1 The Committee Chair, supported by the Committee Secretary, shall:
- Report formally, regularly and on a timely basis to the Board on the Committee's activities;
 - Bring to the Board's specific attention any significant matter under consideration by the Committee; and
 - Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 6.2 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

7. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for these matters.

- 7.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.
- 7.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:
- ~ Joint planning and co-ordination of Board and Committee business and
 - ~ Sharing of information
- In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.
- 7.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.
- 7.4 The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum

9. REVIEW

These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

10. CHAIR'S ACTION ON URGENT MATTERS

- 10.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board – after first consulting with **all** Members of the Committee. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 10.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



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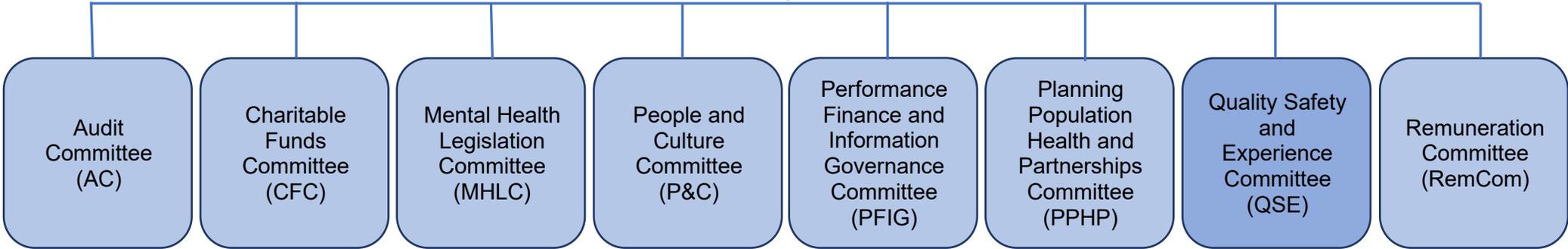
QUALITY, SAFETY AND EXPERIENCE COMMITTEE

**Terms of Reference & Operating Arrangements
(Schedule 3.5 of the Standing Orders)**

Date approved by Health Board :

Betsi Cadwaladr University Health Board

Advisory Groups
 Healthcare Professionals Forum (HPF)
 Local Partnership Forum (LPF)
 Stakeholder Reference Group (SRG)



Version Control

Version	Issued to	Date	Comments
V0.01	QSE Committee	01.05.25	Approved for submission to the Board
V1.0	Board	29.05.25	

TERMS OF REFERENCE

1 INTRODUCTION

- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees
- 1.2 In accordance with Standing Orders (and the BCUHB scheme of delegation), the Board shall nominate annually a committee to be known as the Quality, Safety and Experience Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.

2 PURPOSE

- 2.1 The purpose of the Committee is to act on behalf of the Board to:
 - 2.2 scrutinise, assess and seek assurance in relation to the patient experience, safety, impact, quality and health outcomes of the services provided by the Health Board;
 - 2.2 provide evidence-based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care provided and secured by the Health Board;
 - 2.3 provide assurance that the Health Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate. This includes consideration of the Annual Plan/Integrated Medium Term Plan (IMTP); and
 - 2.4 provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided is of a high standard.

3 DELEGATED POWERS

With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the Quality, Safety and Experience Committee will comment specifically upon:

- 3.1 provide advice to the Board on the adoption of a set of key indicators of quality of care against which the Health Board’s performance will be regularly assessed and reported on;
- 3.2 seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern;
- 3.3 ensure the right enablers are in place to promote a positive culture of quality improvement based on best evidence;

- 3.4 seek assurance on delivery against planning objectives aligned to the Committee, considering and scrutinising the processes that are developed and implemented, supporting and endorsing these as appropriate;
- 3.5 provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided and, in particular, that sources of internal assurance are reliable, there is capacity and capability to deliver and lessons are learned from patient safety incidents, complaints and claims;
- 3.6 provide assurance to the Board in relation to improving the experience of patients, including those services provided by other organisations or in a partnership arrangement. Patient stories will feature as a key area for patient experience and lessons learnt;
- 3.7 provide assurance to the Board in relation to its responsibilities for the quality and safety of mental health, primary and community care, public health, health promotion, prevention and health protection activities and interventions in line with the Health Board's strategies. This includes consideration of those health and safety matters which fall under the responsibilities of this Committee;
- 3.8 ensure that the organisation is meeting the requirements of the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations;
- 3.9 approve the required action plans in respect of any concerns investigated by the Ombudsman;
- 3.10 agree actions, as required, to improve performance against compliance with incident reporting;
- 3.11 provide assurance that the Central Alert Systems process is being effectively managed with timely action where necessary;
- 3.12 provide assurance on the delivery of action plans arising from investigation reports and the work of external regulators;
- 3.13 approve the annual clinical audit plan, ensuring that internally commissioned audits are aligned with strategic priorities;
- 3.14 provide assurance that a review process to receive and act upon clinical outcome indicators suggesting harm or unwarranted variation is in place and is operating effectively with concerns escalated to the Board;
- 3.15 consider advice on clinical effectiveness and, where decisions about implementation have wider implications with regard to prioritisation and finances, prepare reports for consideration by the Executive Team which will collectively agree recommendations for consideration through relevant Committee structures;
- 3.16 provide assurance in relation to the organisation's arrangements for safeguarding vulnerable people, children and young people;
- 3.17 approve policies and plans within the scope of the Committee, having taken assurance that the quality and safety of patient care has been considered within these policies and plans;
- 3.18 assure the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour,

Quality Standards and Quality Management ensuring the Board is supported to make strategic decisions from a quality perspective;

- 3.19 develop a work plan which sets clear priorities for improving quality, safety and experience each year, together with intended outcomes, and monitor delivery throughout the year;
- 3.20 refer quality and safety matters which impact on other Board Committees and receive referrals from other Committees; and
- 3.21 agree issues to be escalated to the Board with recommendations for action.

4 AUTHORITY

- 4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
 - Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
 - Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

5 SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

6 MEMBERSHIP

- 6.1 Formal membership of the Committee shall comprise of the following:

MEMBERS
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)

- 6.2 The following should attend Committee meetings:

IN ATTENDANCE
Executive Director of Nursing and Midwifery (Executive Lead)
Executive Medical Director
Executive Director of Allied Health Professionals and Health Science
Other Executive Directors as required by the Chair including:
Chief Operations Officer
Director of Performance and Commissioning
Executive Director of Workforce and Organisational Development
Other BCUHB Senior Managers as required by the Chair and
Chair of Healthcare Professionals Forum (Associate Board Member)
Representative of Llais

- 6.3 The attendance of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 6.4 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation whom the Committee considers should attend, taking into account the matters under consideration at each meeting.

5. COMMITTEE MEETINGS

5.1 Quorum

- A quorum shall consist of no less than two of the membership, and must include as a minimum the Chair or Vice Chair of the Committee.

5.2 Frequency of meetings

- The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.
- Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

5.2 Withdrawal of individuals in attendance

- The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

5.3 Meeting arrangements

- The agenda and papers will be distributed/published seven days in advance of the meeting.
- The Director of Corporate Governance is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Director of Nursing and Midwifery at least six weeks before the meeting date.
- The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members.

6. REPORTING AND ASSURANCE ARRANGEMENTS

The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing information.

6.1 The Committee Chair, supported by the Committee Secretary, shall:

- Report formally, regularly and on a timely basis to the Board on the Committee's activities;
- Bring to the Board's specific attention any significant matter under consideration by the Committee; and

- Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

6.2 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

7. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for these matters.

7.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

7.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

7.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

7.4 The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. REVIEW

These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

10. CHAIR'S ACTION ON URGENT MATTERS

10.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board – after first consulting with **all** Members of the Committee. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

10.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

REMUNERATION COMMITTEE

Terms of Reference & Operating Arrangements
(Schedule 3.5 of the Standing Orders)

Date approved by Health Board:

Betsi Cadwaladr University Health Board

Advisory Groups

Healthcare Professionals Forum (HPF)

Local Partnership Forum (LPF)

Stakeholder Reference Group (SRG)

Audit
Committee
(AC)

Charitable
Funds
Committee
(CFC)

Mental Health
Legislation
Committee
(MHLC)

People and
Culture
Committee
(P&C)

Performance
Finance and
Information
Governance
Committee
(PFIG)

Planning
Population
Health and
Partnerships
Committee
(PPHP)

Quality Safety
and
Experience
Committee
(QSE)

Remuneration
Committee
(RemCom)

Version Control

Version	Issued to	Date	Comments
V0.01 Draft	Audit Committee	16/11/23	Developed as a first draft for review by Audit Committee on 16/11/23
V0.02 Draft	TOR meeting with Committee Chair & Executive Lead	19/12/23	Developed as a draft for review with Committee Chair and Executive Lead. The ToR were also reviewed at the Remuneration Committee held on 23/01/24
V0.03 Draft	Health Board	18/01/24	Final Draft for consideration by the Health Board to be held on 25/01/24
V1.00 Approved		25/01/24	Approved by the Health Board
V1.01 Draft	Remuneration Committee	11/06/24	<ul style="list-style-type: none"> To transfer UPSW and Performers List Regulatory Cases directly to the Board To transfer 3.5 <i>'The Committee must monitor compliance with issues of professional registration, including the revalidation process for medical and dental staff and registered nurses, midwives and health visitors and all other registered professionals'</i> to the People and Culture Committee
V1.02 Draft	Remuneration Committee	11.06.2024	To remove section 7 <i>'In Committee - 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.'</i> as the Committee will routinely be held in closed session.
V2.01	Remuneration Committee	10.12.2024	<ul style="list-style-type: none"> Template updated to reflect the Model Standing Orders 2 – strengthened the purpose section Included additional detail regarding Welsh Government approval 5,6 and 7 amalgamated into one section Meeting section has been streamlined Included section on urgent action as this is the standard wording from the Model Terms of Reference.
V3.01	Remuneration Committee	08.04.2025	Approved for onward submission to the Board
V3.0	Health Board	May 2025	

1 INTRODUCTION

- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees
- 1.2 In accordance with Standing Orders (and the BCUHB Scheme of Delegation), the Board shall nominate annually a committee to be known as the Remuneration Committee (RC). The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out in this document.
- 1.3 Due to the nature of the business being considered at the Remuneration Committee these meetings will be held in private and papers / minutes will not be made publicly available. A summary highlight report will be received at the Public Board meeting that follows.

2 PURPOSE

- 2.1 The purpose of the Committee is to act on behalf of the Board to:
 - 2.1.1 **Approve**, on behalf of the Board the remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Assembly Government.
 - 2.1.2 **Provide Assurance** to the Board in relation to the Health Board’s arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.
 - 2.1.3 Perform certain, specific functions on behalf of the Board.
- 2.2 The Committee shall have no powers to develop or modify existing pay schemes.

3 DELEGATED POWERS

- 3.1 With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the Remuneration Committee will comment specifically upon:
 - 3.1.1 Remuneration and terms of service for the Chief Executive, Executive Directors, other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by Welsh Government are applied consistently.
 - 3.1.2 Any new or amended VSM roles who are regular Board attenders (or amendments to statutory Officer roles).

- 3.1.3 All proposed senior interim appointments that exceed the top of the relevant salary banding.
- 3.1.4 The monitoring and approval interim senior manager appointments as follows:
 - Range up to £500/day – quarterly report summarising number, location, duration and cost of supernumerary interim appointments.
 - Range £501 to £1,000/day – all interim roles to be reported on individually including whether supernumerary or covering an established vacancy.
 - Over £1000/day – role and maximum pay to be agreed in advance for up to six months unless it is to cover an Officer member absence or vacancy; (or in support of a declared Major Incident) with quarterly monitoring.
- 3.1.5 Objectives for Executive Directors and other VSMS and their performance assessment.
- 3.1.6 Performance management systems in place for those in the positions mentioned above and its application.
- 3.1.7 Proposals to make additional payments to Medical and Dental Consultants outside of normal terms and conditions.
- 3.1.8 Proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the provision of the regulations and in accordance with Ministerial instructions, Welsh Government guidance.
- 3.1.9 Consideration and approval of Voluntary Early Release applications and redundancy / severance payments in respect of Executive Director / Director posts, in line with Standing Orders and extant Welsh Government guidance.
- 3.2 The Committee is to be advised also of all Voluntary Early Release Scheme applications and severance payments.
- 3.3 Approve any Strategic Advisor arrangements, including scope and pay.
- 3.4 In developing remuneration packages the Committee will ensure that there is:
 - 3.4.1 A clear statement of responsibilities of the individual posts and their accountabilities of meeting objectives of the organisation.
 - 3.4.2 A means of assessing the comparative job weight.
 - 3.4.3 Comparative salary information from the NHS, other public sector organisations and industrial service organisation.

Circumstances where Welsh Government Approval is required

Circumstances in which Welsh Government approval is required from an accounting perspective for individual end of employment payments. These are set out in the NHS Wales

Manual for Accounts under the Losses and Special Payments chapter, however, in summary, these are:

- 3.5 **Contractual Redundancy:** BCUHB has delegated authority from a financial accounting perspective to pay contractual entitlements so Welsh Government approval is not needed. However, for Executive Directors, Welsh Government do need to be aware before any such contractual arrangements are signed off with the individual and approved by the Director General / CEO NHS Wales as Accounting Officer.
- 3.6 **Voluntary Early Release Scheme (VERS):** organisations have delegated authority for payments up to £50,000 as set out on the VERS Model Scheme rule. Payments over this level requires Welsh Government Accounting Officer approval, and there is a template Business Case to submit to Welsh Government for approval.
- 3.7 **Ex gratia / Settlement payment:** any payment amount above contractual entitlement requires Welsh Government approval. Given that cases will be based on individual circumstances there is no set template, however Welsh Government have developed a spreadsheet with options to demonstrate that the course of action is cost effective and demonstrates value for public sector money, as any such payments should only be exceptional. The Losses and Special payment chapter also outlines the principles to follow and the checklist that must be completed and signed off.
- 3.8 In all of the above scenarios (3.5 to 3.7), the Committee provides an essential role and must sign off the payment prior to submission to Welsh Government for final approval.

4 AUTHORITY

- 4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
 - 4.1.1 Employee - and all employees are directed to co-operate with any legitimate request made by the Committee; and
 - 4.1.2 Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

5 SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business

6 MEMBERSHIP

- 6.1 Formal membership of the Committee shall comprise of the following:

MEMBERS
Independent Member (Chair) NB: The Chair of the Health Board will be the Chair of this Committee
All Independent Members (one of whom will be designated as Vice Chair)
The Chair of the Audit Committee will be appointed to this Committee either as Vice-Chair or a member (to be agreed with Chair of the Health Board)

6.2 The following should attend Committee meetings:

IN ATTENDANCE
Executive Director of Workforce & Organisational Development (Executive Lead)
Chief Executive
Director of Corporate Governance
Other Executive Directors as required by the Chair

6.3 Apart from the issue of the Chief Executive's personal salary and remuneration, the Chief Executive will be invited to attend meetings when the remuneration of Executive Directors and other members of the Executive Team is on the agenda for discussion.

6.4 The attendance of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

6.5 Other Directors / Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation whom the Committee considers should attend, taking into account the matters under consideration at each meeting.

7 COMMITTEE MEETINGS

7.1 Quorum

7.1.1 A quorum shall consist of no less than three of the membership, and must include as a minimum the Chair or Vice Chair of the Committee.

7.2 Frequency of meetings

7.2.1 The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.

7.2.2 Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

7.3 Withdrawal of individuals in attendance

7.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

7.4 Meeting arrangements

- 7.4.1 The agenda and papers will be distributed / published seven days in advance of the meeting.
- 7.4.2 The Director of Corporate Governance is to hold an agenda setting meeting with the Chair and/or Vice Chair, Chief Executive, and the Executive Lead (Executive Director of Workforce & Organisational Development) at least six weeks before the meeting date.
- 7.4.3 The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members.

8 REPORTING AND ASSURANCE ARRANGEMENTS

- 8.1 The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business, including sharing information. In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.
- 8.2 The Committee Chair, supported by the Committee Secretary, shall:
 - 8.2.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities.
 - 8.2.2 Bring to the Board's specific attention any significant matter under consideration by the Committee; and
 - 8.2.3 Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and / or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and / or reputation of the Health Board.
- 8.3 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

9 RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES / GROUPS

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for these matters:
 - 9.1.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.
 - 9.1.2 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

9.1.3 The Committee shall embed the Health Board's corporate standards, priorities and requirements, eg, equality and human rights through the conduct of its business.

10 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

10.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11 REVIEW

These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

12 CHAIR'S ACTION ON URGENT MATTERS

12.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board – after first consulting with **all** Members of the Committee. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

12.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

STAKEHOLDER REFERENCE GROUP

Terms of Reference & Operating Arrangements
(Schedule 3.5 of the Standing Orders)

Date approved by Health Board :

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Betsi Cadwaladr University Health Board

Advisory Groups

Healthcare Professionals Forum (HPF)

Local Partnership Forum (LPF)

Stakeholder Reference Group (SRG)

Audit
Committee
(AC)

Charitable
Funds
Committee
(CFC)

Mental Health
Legislation
Committee
(MHLC)

People and
Culture
Committee
(P&C)

Performance
Finance and
Information
Governance
Committee
(PFIG)

Planning
Population
Health and
Partnerships
Committee
(PPHP)

Quality Safety
and
Experience
Committee
(QSE)

Remuneration
Committee
(RemCom)

Version Control

Version	Issued to	Date	Comments
V0.01 Draft	Audit Committee	16/11/23	Developed as a first draft for review by Audit Committee on 16/11/23
V0.02 Draft	TOR meeting with Advisory Group Chair & Executive Lead	18/12/23	Developed as a draft for review with Advisory Group Chair and Executive Lead
V0.03 Draft	Health Board	18/01/24	Final Draft for consideration by the Health Board to be held on 25/01/24
V9.00 Approved		25/01/24	Approved by the Health Board
V9.02 Draft	SRG Meeting	25/02/25	Draft for consideration
V10	SRG Meeting	03/03/25	Approved by SRG at its meeting on 03/03/25
V10.0	Board	29.05.25	

1 INTRODUCTION

- 1.1. The Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves. To help discharge this duty the Board has appointed Advisory Groups to provide advice to the Board in the exercise of its functions. The Board Advisory Groups include the Stakeholder Reference Group. The detailed operating arrangements in respect of this Advisory Group are set out below.

2 PURPOSE

- 2.1 The role of the Stakeholder Reference Group is to provide independent advice on any aspect of Health Board business. This may include:
- early engagement and involvement in the determination of the Health Board's overall strategic direction;
 - provision of advice on specific service proposals prior to formal consultation; and
 - feedback on the impact of the Health Board's operations on the communities it serves.

3 RESPONSIBILITIES OF THE ADVISORY GROUP AND DELEGATED POWERS

- 3.1 The Stakeholder Reference Group provides a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the Health Board, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the Health Board's decision making.
- 3.2 The Stakeholder Reference Group's role is distinctive from that of Llais, which has a statutory role in representing the interests of patients and the public in its areas. The Stakeholder Reference Group shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the Health Board. Membership may include community partners, provider organisations, special interest and other groups operating within the Health Board's area.
- 3.3 It does not cover those stakeholders whose interests are represented within the remit of other Advisory Groups established by the Health Board, eg, the Healthcare Professionals' Forum and Local Partnership Forum.
- 3.4 In addition to the provisions in 3.2 above the Board must set out the relationships and accountabilities with others, such as the Regional Partnership Board.

4 MEMBERSHIP

- 4.1 The membership of the Stakeholder Reference Group, including the approval of nominations to the Group; the appointment of Chair and Vice Chair; definition of member roles, powers and terms and conditions of appointment (including remuneration and reimbursement) will be determined by the Board, taking account of the views of its stakeholders.
- 4.2 There shall be no minimum or maximum requirement regarding membership size. In determining the number of members, the Board shall take account of the need to ensure the Stakeholder Reference Group's size is optimal to ensure focused and inclusive activity.
- 4.3 Membership must be drawn from within the area served by the Health Board, and shall ensure involvement from a range of bodies and groups operating within the communities served by the Health Board. Where the Board determines it appropriate, it may extend membership of the Group to individuals in order to represent a key stakeholder group where there are no formal bodies or groups established or operating within the area. Such individuals may represent the interests of these stakeholders on the Stakeholder Reference Group
- 4.4 In determining the overall size and composition of the Stakeholder Reference Group, the Board must take account of the:
- demography of the areas served by the Health Board;
 - need to encourage and reflect the diversity of the locality, to incorporate different ages, race, religion and beliefs, sexual orientation, gender, including transgender, disability and socio-economic status. Where appropriate, the Health Board shall support positive action to increase representation;
 - need to ensure balance in both the range of difference stakeholders and the geographical areas covered, taking particular care to avoid domination by any particular stakeholder type or geographical area;
 - design and operation of the partnership/stakeholder fora already influencing the work of the Health Board at local community levels;
 - need to complement, and not duplicate the work of Llais; and
 - need to guard against the over involvement of particular stakeholders through their roles across the range of partnership/stakeholder arrangements in place.
- 4.5 The Board shall keep under review the size and composition of the Stakeholder Reference Group to ensure it continues to reflect an appropriate balance in stakeholder representation.

5 MEMBER RESPONSIBILITIES AND ACCOUNTABILITY

5.1 The Chair

- 5.1.1 The Chair is responsible for the effective operation of the Stakeholder Reference Group:
- chairing Group meetings;
 - establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and
 - developing positive and professional relationships amongst the Group's membership and between the Group and the Health Board and its Chair and Chief Executive.
- 5.1.2 The Chair shall work in close harmony with the Chairs of the Health Board and other advisory groups, and, supported by the Director of Corporate Governance, shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 5.1.3 The Chair of the Stakeholder Reference Group may also be an Associate Member of the Health Board. The Chair is accountable for the conduct of the role as Associate Member on the Health Board to the Cabinet Secretary, through the Health Board Chair and accountable to the Health Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

5.2 The Vice Chair

- 5.2.1 The Vice-Chair shall deputise for the Chair in his or her absence for any reason, and will do so until either the existing Chair resumes duties or a new Chair is appointed. This deputisation includes acting in the role of Associate Member of the Health Board.
- 5.2.2 The Vice Chair is accountable, through the Stakeholder Reference Group Chair to the Health Board, for his or her performance as Vice Chair, and to the nominating body or grouping for the way in which its views are represented at the Stakeholder Reference Group.

5.3 Members

- 5.3.1 The Stakeholder Reference Group shall function as a coherent Advisory Body, all members being full and equal members and sharing responsibility for the decisions of the Stakeholder Reference Group.

5.3.2 All members must:

- be prepared to engage with and contribute fully to the Stakeholder Reference Group’s activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- comply with their terms and conditions of appointment;
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the Stakeholder Reference Group within the communities it represents.

5.3.3 Stakeholder Reference Group members are accountable through the Stakeholder Reference Group Chair to the Health Board for their performance as Group members and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the Stakeholder Reference Group.

5.3.4 The following should attend Advisory Group meetings:

IN ATTENDANCE
Executive Lead - Director of Partnerships, Engagement and Communications
Other Executive Directors as requested by the Chair
The SRG requires engagement from many Health Board colleagues and this will be determined by the Chair and Executive Director lead
Secretariat – As determined by the Director of Corporate Governance

5.3.5 The membership is based upon nominations received from stakeholder bodies / groups and the current sectors represented are shown in **Appendix 1**.

6 APPOINTMENT AND TERMS OF OFFICE

6.1 Appointments to the Stakeholder Advisory Group shall be made by the Board, based upon nominations received from stakeholder bodies / groups. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or operating within the area that may represent the interests of these stakeholders on the Stakeholder Reference Group.

6.2 The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by the Welsh Ministers. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment. The appointments process is attached to these terms of reference as **Appendix 2**.

- 6.3 The Director of Corporate Governance, on behalf of the Chair of the Board, will oversee the process of nomination and appointment to the Stakeholder Reference Group.
- 6.4 Members shall be appointed for a period specified by the Board, but for no longer than three (3) years in any one term. Those members can be reappointed but may not serve a total period of more than five (5) years consecutively. The Board may, where it considers it appropriate, make interim or short-term appointments to the Stakeholder Reference Group to fulfil a particular purpose or need.
- 6.5 The **Chair** shall be nominated from within the membership of the Stakeholder Reference Group, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration by the Health Board, which must submit a recommendation on the nomination to the Cabinet Secretary for Health and Social Services. The appointment as Chair shall be made by the Cabinet Secretary, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 6.6 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the Stakeholder Reference Group. That individual may remain in office for the remainder of his or her term as a member of the Stakeholder Reference Group after the term of appointment as Chair has ended.
- 6.7 The **Vice Chair** shall be nominated from within the membership of the Stakeholder Reference Group, by its members in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the Health Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the Stakeholder Reference Group Chair's absence, the Vice Chair shall also perform the role of Associate Member on the Health Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 6.8 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the Stakeholder Reference Group. That individual may remain in office for the remainder of his or her term as a member of the Stakeholder Reference Group after the term of appointment as Vice Chair has ended.

- 6.9 **Members'** tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. Members must inform the Stakeholder Reference Group Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Board in writing of any such cases immediately.
- 6.10 The Health Board will require Stakeholder Reference Group members to confirm in writing their continued eligibility on an annual basis.
- 6.11 **Resignation, suspension and removal of members**
- A member of the Group may resign office at any time during the period of appointment by giving notice in writing to the Stakeholder Reference Group Chair and the Board.
 - If the Board, having consulted with the Stakeholder Reference Group Chair and the nominating body or group, considers that:
 - it is not in the interests of the health service in the area covered by the Stakeholder Reference Group that a person should continue to hold office as a member; or
 - it is not conducive to the effective operation of the Stakeholder Reference Group that a person should continue to hold office,it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.
 - A nominating body or group may request the removal of a member appointed to the Stakeholder Reference Group to represent their interests by writing to the Board setting out an explanation and full reasons for removal.
 - If a Stakeholder Reference Group member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:
 - the absence was due to a reasonable cause; and
 - the person will be able to attend such meetings within such period as the Board considers reasonable.
 - Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.
- 6.12 **Relationship with the Board**
- The Stakeholder Reference Group's main link with the Board is through the Stakeholder Reference Group Chair's membership of the Board as an Associate Member.
 - The Board may determine that designated Board members or Health Board officers shall be in attendance at Advisory Group meetings. The Stakeholder Reference Group's Chair may also request the attendance of Board members or Health Board officers, subject to the agreement of the Health Board Chair.

- The Board shall determine the arrangements for any joint meetings between the Health Board and the Stakeholder Reference Group.
- The Board's Chair shall put in place arrangements to meet with the Stakeholder Reference Group Chair on a regular basis to discuss the Stakeholder Reference Group's activities and operation.

6.13 Relationship between the Stakeholder Reference Group and others.

- The Board must ensure that the Stakeholder Reference Group's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the Health Board.
- The Stakeholder Reference Group shall:
 - ensure there are effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the Stakeholder Reference Group membership;
 - ensure its role, responsibilities and activities are known and understood by others; and
 - take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.

6.14 Working with Llais

- The Stakeholder Reference Group shall make arrangements to ensure designated Llais members receive the Stakeholder Reference Group's papers and are invited to attend Stakeholder Reference Group meetings.
- The Stakeholder Reference Group shall work together with Llais within the area covered by the Health Board to engage and involve those within the local communities served whose views may not otherwise be heard.

7 QUORUM

- 7.1 The Standing Orders on which these Terms of Reference are based do not specify a quorum for Stakeholder Reference Groups, however it is considered to be good governance that at least one quarter of the agreed membership must be present to ensure the quorum of the Stakeholder Reference Group and must include the Chair or Vice Chair of the Group. If a meeting is not quorate, any decisions made must be ratified at the next meeting of the Stakeholder Reference Group.

8. AGENDA AND PAPERS

- 8.1 The Advisory Group Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Lead (Director of Partnerships, Engagement and Communications) at least six weeks before the meeting date.
- 8.2 The agenda will be based on the Advisory Group's work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Advisory Group members. Following approval, the agenda

and timetable for request of papers will be circulated to all Advisory Group members.

- 8.3 All papers must be approved by the Executive lead.
- 8.4 The agenda and papers will be distributed/published seven days in advance of the meeting.
- 8.5 A draft table of actions will be issued within two working days of the meeting. The minutes and table of actions will be circulated to the Advisory Group Chair and Executive Lead within seven days to check the accuracy, prior to sending to Members to review within the next seven days.
- 8.6 Members must forward amendments to the Advisory Group Secretary within the next seven days. The Advisory Group Secretary will then forward the final version to the Advisory Group Chair for final review.

9. MEETINGS

- 9.1 The Stakeholder Reference Group will meet quarterly, and an annual schedule of meetings will be determined by the corporate calendar.
- 9.2 The Stakeholder Reference Group may be convened at short notice if requested by the Chair.
- 9.3 Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Stakeholder Reference Group in discussion with the Director of Partnerships, Engagement and Communications.
- 9.4 The Stakeholder Reference Group may, subject to the approval of the Health Board, establish Groups to carry out on its behalf specific aspects of Stakeholder Reference Group business.
- 9.5 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board therefore requires the Stakeholder Reference Group to hold meetings in public unless there are specific, valid reasons for not doing so.
- 9.6 The Stakeholder Reference Group secretariat shall be determined by the Director of Corporate Governance.

10. PRIVATE SESSION

- 10.1 The Stakeholder Reference Group can operate with a 'closed' function to receive updates on the management of sensitive and /or confidential information.

11. REPORTING AND ASSURANCE ARRANGEMENTS

- 11.1 The Advisory Group, through its Chair and members, shall work closely with the other Committees and Advisory Groups to provide advice and assurance to the Board through joint planning and co-ordination of Board and Advisory Group business including the sharing of information.
- 11.2 The Advisory Group Chair, supported by the Advisory Group Secretary, shall:
- report formally, regularly and on a timely basis to the Board on the Advisory Group's activities;
 - bring to the Board's specific attention any significant matter under consideration by the Group; and
 - ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 11.3 The Advisory Group will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

12. ACCOUNTABILITY, RESPONSIBILITY AND AUTHORITY

- 12.1 Although the Board has delegated authority to the Stakeholder Reference Group for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 12.2 The Stakeholder Reference Group is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 12.3 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Stakeholder Reference Group.

13. REVIEW DATE

- 13.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Advisory Group for approval by the Board.

Appendix 1

The membership is made up of representatives from the following sectors:

Third Sector	6 places
Independent Sector	3 places
Town / Community Councils	1 place
Housing Associations	1 place
Carers	1 place
Local Authorities	6 places
Disability / Equality	1 place
North Wales Regional Equality Network	1 place
Hospices	1 place
LGBTQ	1 place
TOTAL	22

This membership will be reviewed by the Chair and Director of Partnerships, Engagement and Communication on an annual basis.



Process for the Appointment of Members to the BCU Stakeholder Reference Group

January 2025

1 Role and Purpose – what the SRG is here to do

The **Stakeholder Reference Group** provides a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the Health Board, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the HB's decision making

The SRG will provide independent advice and expertise on any aspect of Health Board business. This will be done on behalf of stakeholders who may be affected by the decisions of the Health Board. The SRG will:

- provide early stakeholder engagement and participation for the Health Board when it is shaping its overall strategic direction;
- provide advice and expertise for specific service proposals initially as part of engagement and then prior and after formal consultation;
- scrutinise the Health Board's arrangements relating to patient experience; and
- give feedback on the impact of Health Board plans and decisions on communities and stakeholders

2 The Role of SRG Members and the SRG Chair

The conduct of SRG members is at the heart of ensuring a cohesive, balanced stakeholder perspective is provided to the Health Board. It is important that the individuals carrying out these roles know what is expected from them at meetings and when they are working with others.

3 Membership of SRG

SRG membership is made up of a range of stakeholders drawn from across the Health Board area. These stakeholders represent a range of bodies and groups including statutory organisations we work in partnership with, communities, provider organisations, and special interest groups which reflect protected characteristics from the Equality Act and other relevant groups. We aim to ensure our membership reflects the diversity, demographics and geography of the community we serve.

Members: There will be no minimum or maximum requirement regarding membership size. However, in determining the number of members, the Board will take account of the need to ensure the Stakeholder Reference Group's size is optimal to ensure focused and inclusive activity, and that we complement, and not duplicate, the work of Llais. The term of office for members is a maximum of 5 years (3 + 2 years). The role description and person specification for this role is attached at Appendix 1.

Current membership list is as follows:

Third Sector	6 places
Independent Sector	3 places
One Voice Wales (Town / Community Councils)	1 place
Housing Associations	1 place
Carers	1 place
Local Authorities	6 places
Disability / Equality	1 place
North Wales Regional Equality Network	1 place
Hospices	1 place
LGBTQ	1 place
TOTAL	22

The **Chair** will normally be selected from within the elected members of the Group and agreed nomination will be subject to consideration by the Board. Expressions of Interest will be sought from within the membership and the members of the Group will vote for their preferred candidate. Once approved by the Board, the recommendation will require the approval and agreement of the Cabinet Secretary for Health and Social Services. The Chair will be an Associate Member of the Board. The term of office as Chair will be for up to 2 years, with the ability to stand for a further year, in line with the member's term of office as a member of the SRG. The individual can remain in office for the remainder of their term as a member of the SRG after the term of appointment as Chair has ended. The role description and person specification for this role is attached at Appendix 2.

The **Vice Chair** will be selected by the Group as above, and will require consideration of the Board. The Vice Chair will deputise in the Chair's absence as an Associate Member of the Board. The term of office as Vice Chair will be for up to 2 years, with the ability to stand for a further year, in line with the member's term of office as a member of the SRG. The individual can remain in office for the remainder of their term as a member of the SRG after the term of appointment as Chair has ended.

SUGGESTED PROCESS FOR VACANCIES

1. Where a vacancy arises for a new member of the SRG, the Chair will agree with the members of the SRG the best way to seek expressions of interest from relevant groups
2. A role profile has been developed (Appendix 1) for the members of the SRG to consider and this will be circulated as part of the nomination process.
3. In circumstances whereby separate requests are made to become a member of the SRG, the Chair of the SRG, in discussion with other members, will consider if there is need for representation from the particular group.

4. Following consideration by the Chair, if it is deemed that there is an identified need in terms of the stakeholder group, a process of nomination for that particular group will be initiated, in the same way as when there is a vacancy.
5. The Board may seek independent expressions of interest to represent a key stakeholder group where there is a view that formal bodies or groups are not already established or operating within an area that may represent the interests of these stakeholders on the Stakeholder Reference Group.

Appendix 1

Betsi Cadwaladr University Health Board Stakeholder Reference Group (SRG) Member Role Description

Aim of role

- To represent a defined stakeholder body or group, who have an interest in, or whose own role and activities may be impacted by the decisions of Betsi Cadwaladr University Health Board (the Health Board).

Accountability

- You are accountable, through the SRG Chair, to the Health Board for your performance as a member of the Group.
- You are also accountable to the wider sector who have elected you (*****) or your nominating organisation for the way in which you represent the views of your organisation / equality / specialist interest at the SRG.
Note your role on the SRG is as an elected individual not the organisation you work for.
- You have a formal role as an SRG member and the Chair will invite new members as part of their induction to meet with them to discuss this role description.
- It is expected that if you resign, you notify both the Chair and your relevant electing or nominating body.
- Your first term of office ends after an initial period of three years, and can be followed by a further 2 years in office, however you cannot be an elected member for more than 5 years consecutively. It is proposed that the Chair of the SRG will speak directly to the member to agree whether a second term of office will be offered / undertaken.
- All members need to declare if they take on a different role within their nominating organisation which affects their ability to be a member of the SRG, or their ability to represent the views of their organisation / equality / specialist interest group at the SRG. Members will therefore be requested to complete an annual declaration confirming their eligibility to continue as a member of the SRG.

Responsible to:

The SRG Chair

Time commitment:

Usually no more than 4 meetings per annum, of approximately 3 hours duration.

Term of Office

- No longer than 3 years in any one term. Members can be re-appointed but may not serve a total period of more than 5 years consecutively.

Key working relationships

- To work closely with the SRG Chair.
- Wherever possible SRG members should attend the Third Sector Health and Social Care Network, or other relevant mechanisms, to maintain good working relationships and gather views from stakeholders.
- To maintain good working relationships with the Health Board, local and community partnerships and other key stakeholders who do not form part of the SRG membership.

Role

You will be expected to:

- Regularly commit to the meetings of the SRG.
- Represent your nominating organisation or equality / specialist interest group at SRG meetings.
- Express opinions clearly and allow others to express theirs.
- Share responsibility for the recommendations of the SRG with other members.
- Promote the work of the SRG in the community it represents.
- Undertake appropriate induction and development training identified by the SRG Chair or Health Board.

Key tasks

- Meaningfully engage with the meeting in relation to your special interest group or organisation.
- Suggest ways in which the Health Board could better engage with your special interest group or organisation.
- Engage with and contribute fully in SRG activities, accepting responsibility to share work load with other members where identified and completing tasks to set timescales.
- Encouraged to attend a Health Board to observe the business. Please let the SRG Chair know as they will then ensure introductions and welcome.

Remuneration

SRG members are not paid. However, you are entitled to claim out of pocket expenses, ie, mileage and public transport costs, in accordance with the Health Board policy.

Stakeholder Reference Group (SRG) Member Personal Specification

All SRG members will be required to demonstrate the following qualities:

Commitment

- A commitment to the work of the SRG, believing in its purpose and functions.
- Reliable, punctual and professional in attendance and conduct at meetings.
- Willingness to participate in the continuing development of the SRG.
- Compliant with the terms and conditions of the appointment.

Attitude and Approach

- Respectful and appreciative of the contribution that others make
- Welcoming and encouraging towards people from different backgrounds who may bring with them different opinions and perspectives.
- Sensitive, diplomatic and tactful in dealing with others.
- Flexibility in approaching complex problems and issues.
- Willing to learn new information and contribute to solving problems.

Skills and Experience

- A current connection to the nominating group or body you are representing at the SRG.
- Ability to work as part of a team.
- Experience of dealing with confidential issues.
- Ability to consider reports and other documentation and contribute to discussion and decisions.

Betsi Cadwaladr University Health Board

Stakeholder Reference Group (SRG) Chair

Role Description

Aim of role

- To ensure the effective operation of the SRG as a coherent Advisory Body, developing positive and professional relationships between the SRG, the Health Board (HB) and its Chair and Chief Executive.

Accountability

- As Chair of the SRG, you will be appointed as an Associate Member of the Health Board. You will be accountable for the conduct of your role as Associate Member to the Cabinet Secretary, through the Health Board Chair.
- You are also accountable to the Health Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

Responsible to:

- Betsi Cadwaladr University Health Board Chair

Time Commitment

- Usually no more than six SRG meetings, and eighteen Health Board Meetings / Development Sessions per annum, with other related meetings as required.

Term of Office

- The Chair's Term of Office shall normally be for a period of a minimum of two years, with the ability to stand for a further year in line with the member's term of office as a member of the SRG. You may remain in office for the remainder of your term as a member of the SRG after your term of appointment as Chair has ended.

Key Working Relationships

- Health Board Chair, Chief Executive and Director of Corporate Governance.
- Lead Executive for SRG (Director of Partnerships, Engagement and Communications), management support, and secretariat.
- SRG members and Health Board members
- The Health Board's other Advisory Groups and Committees
- Local and community partnerships and other key stakeholders who do not form part of the SRG membership.

Role

You will be expected to:

- Chair SRG meetings
- Attend meetings of the Health Board, providing advice on behalf of the SRG where appropriate.
- Report regularly to the Health Board on SRG activities and submit an annual report on SRG activity.
- Work with the Health Board to maintain a strong SRG membership
- Promote the work of the SRG in the community it represents
- Undertake appropriate induction and development training identified by the Health Board

Key tasks

- Lead the SRG to provide a forum to facilitate full engagement and active debate amongst stakeholders from across the HB area.
- Provide formal feedback to the SRG from the Health Board meetings
- Aim to reach and present a cohesive and balanced stakeholder perspective to inform the Health Board's decision making, this will include the provision of:
 - Advice on specific service proposals prior to formal consultation
 - Feedback on the impact of LHB operations within the community
 - Early stakeholder engagement and involvement for our LHB when it is shaping its overall strategic direction.
 - Casting vote on decisions will remain with the Chair.

Remuneration

The SRG Chair is not a paid role. However, you are entitled to claim out of pocket expenses, ie, mileage and public transport costs, in accordance with the Health Board policy.

Stakeholder Reference Group (SRG) Chair

Personal Specification

As SRG Chair, you will be required to demonstrate the following qualities:

Commitment

- A commitment to the work of the SRG, believing in its purpose and functions.
- Reliable, punctual and professional in attendance and conduct at meetings.
- Willingness to participate in the continuing development of the SRG and the Health Board.
- Compliant with the Terms and Conditions of the appointment.

Attitude and Approach

- Ready to develop positive working relationships with others.
- Respectful and appreciative of the contribution that SRG members make.
- Welcoming and encouraging towards people from different backgrounds who may bring with them different opinions and perspectives.
- Sensitive, diplomatic and tactful in dealing with others.
- Flexibility in approaching complex problems and issues.
- Willing to learn new information and contribute to solving problems.

Skills and Experience

- Experience of leading programmes of work and people
- Experience of stakeholder engagement
- Ability to analyse complex information, collate views and develop concise reports.
- Ability to influence and be persuasive.
- Ability to work as part of a team.
- Experience of dealing with confidential issues.

Confidentiality Declaration

NB This declaration applies to elected third sector representatives and those representing collective groups. Representatives of statutory organisations are bound by the confidentiality clauses within their employment contracts.

Duty of Confidentiality

An essential aspect of good governance is that the Betsi Cadwaladr University Health Board Stakeholder Reference Group (SRG) members maintain confidentiality in respect of all Advisory Group matters and discussions. Other than as required by law, strict confidentiality will be observed and all discussion and records will remain confidential.

Confidentiality forms the basis of trust and encourages an open and honest forum for discussion. SRG members have a right to freely express their views without fear of being named outside the meeting as taking a particular position. Once a decision is made it is a decision of the group as an entity, whether you personally agree with the decision or not.

The Stakeholder Reference Group will hold meetings where participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, should be revealed.

Betsi Cadwaladr University Health Board Stakeholder Reference Group Confidentiality Agreement

I understand that, in performing my duties as an elected member representative of the BCU SRG, I may have access to discussions and / or information and / or records which are confidential. This includes discussions or information related to parties or individuals.

I confirm that I will treat all such information and conversations as confidential.

I undertake not to disclose any such information to any person, who isn't specifically authorised by the SRG to receive the information, nor use it to my own advantage, or that of a third person. I understand that if I don't know or am uncertain if the information

is confidential, I will seek clarification from the Chair of the SRG who may seek advice from the Health Board.

I acknowledge that, if I breach any of my obligations under this Confidentiality Agreement, the SRG may take any action it considers appropriate against me in respect of such breach and may remove me from the Group. Such removal shall be by a majority vote of the Group.

I understand that, even if removed from the Group, these confidentiality obligations still apply.

I have read, understand, and agree to abide by all of the terms of this agreement as a condition of my service as a Stakeholder Reference Group member.

Signed: _____

Date: _____



Health Board
Key Issues Report
(this report should be a maximum of 2 sides of A4 paper)

Board Date	29/05/2025		
Date of Committee	01/05/2025	Report of:	Planning, Population Health & Partnerships Committee
Quoracy met:	Yes		
1	Agenda	The Planning, Population Health & Partnerships Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: PPHP Committee – BCUHB	
2a	Alert	The PPHP Committee wish to alert members of the Board that: <ol style="list-style-type: none">1. The Committee had a really good strategic discussion around reflections on the IMTP Plan and process noting that a further session would be arranged on the same topic with the full Board.2. The Population Health Delivery Report was reviewed and assurance was received. It was agreed that disparity in relation to areas of health inequality, deprivation and uptake of vaccinations were evident and the Committee would discuss this in more detail as part of a Development Session.3. The Ministerial Direction relating to the Eye Health Needs Assessment had not been reported as it should and was received by the Committee.	
2b	Assurance	The PPHP Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. The Decarbonisation Progress Report was received noting the progress in relation to the Action Plan which has now been approved. The Committee supported the delivery of the BCUHB Re:Fit Programme and the progression of the Ysbyty Gwynedd Solar Farm Development.2. Well-Being Objectives were reviewed and approved for consideration by the Board.3. The Committee overall had positive strategic conversations.	
2c	Advise	The PPHP Committee wish to advise members of the Board that: <ol style="list-style-type: none">1. The Committee noted concern around the extent of the delay to the target risk due date for risk CRR24-18 'Operational Planning for Transmittable Diseases and Outbreaks'.2. The Terms of Reference for the Committee were approved.	
2d	Review of Risks	The Committee reviewed the four (one private) corporate risks to which the Committee has oversight as well as the Board Assurance Framework.	
2e	Sharing of learning	No specific areas of learning were highlighted.	

3	Actions to be considered by the	There were no items to be referred.
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**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	29/05/2025		
Date of Committee	08/05/2025	Report of:	Mental Health Legislation Committee
Quoracy met:	Yes		
1	Agenda	The Mental Health Legislation Committee (MHLIC) continues to meet quarterly. The Committee considered an agenda which is attached: https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/mental-health-legislation-capacity-and-compliance-committee/311024-mhlc-bundle-v10pdf/	
2a	Alert	The MHL Committee wish to alert members of the Board that: <ol style="list-style-type: none">1. There are issues around the financial authorisation for payments to employed Best Interest Assessors and the contract with the Independent Mental Capacity Act Advisors which do not reflect well on the Health Board, given our espousal of a commitment to promoting Fair Work. These need to be resolved as a matter of urgency.2. A discussion with Chief Inspector Luke Hughes of the North Wales Police highlighted the issue of Section 136 suites not being available due to delays in allocating in-patient beds to those admitted as Health Board in-patients, leading to the Police having to take those detained to Emergency Departments where there were often long waits before they could be seen. This is a system-wide problem, but short term solutions need to be identified quickly.	
2b	Assurance	The MHL Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. There continues to be an increase in Mental Capacity Act (MCA) training compliance, and a decrease in the proportion of Deprivation of Liberty Safeguards (DoLS) applications with errors identified through audit.2. The Associate Hospital Managers (AHMs) upheld Mental Health Act detentions in all 31 cases heard in the first quarter of the year, although in one case an error in the process was identified. The Committee believes that the AHMs make a very valuable contribution to assuring the Board that our MHL services demonstrate a high degree of compliance with the Act.	
2c	Advise	The MHL Committee wish to advise members of the Board that: <ol style="list-style-type: none">1. Although staff vacancies due to ill-health and other circumstances in the MHA team have not been fully resolved, the situation is improving.	

		<p>2. The Committee intends to look more closely at the information provided to patients on their rights under the MHA.</p> <p>3. The Mental Health Bill which is progressing through Parliament will have significant implications for the Health Board and these will be considered by the Committee.</p>
2d	Review of Risks	The Committee is not required to review the Corporate Risk Register and the Business Assurance Framework, but risks with regard to Section 136 detentions and to MHA staffing were considered at the Committee.
2e	Sharing of learning	N/A
3	Actions to be considered by Other Committees	<p>People and Culture to consider the broader issue of the degree of assurance/evidence needed to draw on budgets provided on a ring-fenced basis by Welsh Government highlighted in the MCA report.</p> <p>The Executive Committee and QSE to consider the issue of how to reduce or stop the use of Emergency Departments as a place of safety for those detained under Section 136 powers.</p>



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	29/05/2025		
Date of Committee	10/04/2025	Report of:	People and Culture Committee
Quoracy met:	Yes		
1	Agenda	The People and Culture (P&C) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: People & Culture Committee - BCUHB	
2a	Alert	The P&C Committee wish to Alert members of the Board that: 1. The response to the NHS Wales Staff Survey 2024 results were received and will be received at Board in May 2025.	
2b	Assurance	The P&C Committee wish to assure members of the Board that: 1. A Welsh Language Compliance paper was received and the Committee will receive an action plan which will be monitored through Committee.	
2c	Advise	The P&C Committee wish to advise members of the Board that: 1. A Staff Story was heard in relation to the importance of being able to learn Welsh and use Welsh with patients, in this particular story with children. 2. The Strategic Occupational Health Group highlighted four risks to the Committee and a more substantive item will return to Committee focussing on the strategic way forward. 3. A high-level summary of the process and progress of Foundations for the Future was received noting that this would be the next major strategic focus of the May Health Board.	
2d	Review of Risks	The Committee received and considered the contents and agreed with the assurance rating of the Board Assurance Framework risk BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability.	
2e	Sharing of learning	There were no items to be shared	
3	Actions to be considered by the	There were no items to be referred.	



Health Board Key Issues Report

Board Date	29/05/2025		
Date of Committee	08/04/2025	Report of:	Remuneration Committee
Quoracy met:	Yes		
1	Agenda	<p>The Remuneration Committee considered matters relating to Very Senior Manager (VSM) appointments and updates. In particular, recruitment to the post of Executive Director of People Services and Organisational Development was discussed.</p> <p>Approval was sought to an ex-gratia payment relating to an on-going Employment Tribunal Case.</p> <p>A review of the Terms of Reference had been undertaken and these were approved by the Committee.</p>	
2a	Alert	There were no matters on which the Board needed to be alerted.	
2b	Assurance	The Remuneration Committee wish to assure the Board that they were satisfied with the work being undertaken in recruiting to Executive and senior manager posts.	
2c	Advise	The Remuneration Committee wish to advise the Board that they approved interim appointments to ensure continuation of service.	
2d	Review of Risks	No risks identified	
2e	Sharing of learning	No learning to be shared.	
3	Actions to be considered by the Board	The Board are asked to note the revised Committee Terms of Reference presented as part of the Director of Corporate Governance's report.	



Health Board Key Issues Report

Board Date	29/05/2025		
Date of Committee	19/05/2025	Report of:	Additional Remuneration Committee
Quoracy met:	Yes		
1	Agenda	An additional meeting of the Remuneration Committee was held on 19 th May 2025 to approve the appointment of the substantive Executive Medical Director, and to receive an update from the Chief Executive on Very Senior Managers. The Committee approved the appointment of the Executive Medical Director.	
2a	Alert	There were no matters on which the Board needed to be alerted.	
2b	Assurance	The Remuneration Committee were assured that a robust recruitment process had been undertaken in the appointment of the Executive Medical Director.	
2c	Advise	The Remuneration Committee wish to advise the Board that they approved the Executive Medical Director appointment.	
2d	Review of Risks	No risks identified	
2e	Sharing of learning	No learning to be shared.	
3	Actions to be considered by the Board	The Board are asked to note the approval of the substantive appointment and ratify the Board Appointment.	



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date		29/05/2025	
Date of Committee		06/05/2025	Report of: Local Partnership Forum
Quoracy met:		Yes	
1	Agenda	The Local Partnership Forum (LPF) continues to meet quarterly. The Forum considered an agenda which is attached: https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/health-board-advisory-groups1/local-partnership-forum-lpf/lpf-agenda-bundle-5225-v20/	
2a	Alert	The Committee wish to alert members of the Board that: 1. A question was raised regarding delays to several policies awaiting uploading to BetsiNet due to formatting issues. The Deputy Director of People to investigate.	
2b	Assurance	The LPF wish to assure members of the Board that: 1. The Deputy Director of People to do a piece of work looking at creating a framework to train staff how to apply for positions and improve interview skills. 2. Jack Sargeant AM, responsible for Local Partnerships, arranging to speak to Workforce & Organisational Development to look at the worth of the input from the Workforce Partnership Council into the Social Partnership Bill. 3. BCUHB is being held as an exemplar of best practice regarding working as a Health Board working in social partnership, following the inaugural Social Partnership conference.	
2c	Advise	The LPF wish to advise members of the Board that: 1. Staff side colleagues to be encouraged to attend, to assure trade union quoracy. More support to be offered to staff.	
2d	Review of Risks	There were none.	
2e	Sharing of learning	There was none to be shared.	
3	Actions to be considered by the	There were no actions to be considered or to be referred to another Committee.	

Teitl adroddiad:	EXECUTIVE COMMITTEE			
Report title:				
Adrodd i:	Health Board			
Report to:				
Dyddiad y Cyfarfod:	Thursday, 29 May 2025			
Date of Meeting:				
Crynodeb Gweithredol:	Since the last Executive Committee report to Board in January, the Executive Committee has convened on 19th March, 2nd April, 16th April and 30th April.			
Executive Summary:				
Argymhellion:	Members are asked to:			
Recommendations:	<ul style="list-style-type: none"> NOTE the report from the Executive Committee. 			
Arweinydd Gweithredol:	Carol Shillabeer, Chief Executive Officer			
Executive Lead:				
Awdur yr Adroddiad:	Catrin Williams, Head of Corporate Office			
Report Authors:				
Pwrpas yr adroddiad:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Purpose of report:				
Lefel sicrwydd:	Arwyddocaol <i>Significant</i> <input type="checkbox"/>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/>	Rhannol <i>Partial</i> <input type="checkbox"/>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>
Assurance level:	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>	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

<p>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:</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>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This work links to all strategic objectives of the Health Board.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>This is not applicable for this report.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This is not applicable for this report.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>This content of the report aligns work relating to, amongst other elements, corporate risks and board assurance framework, as the Committee oversees delivery of the healthboard strategic objectives and management of the organisation.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The effective management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to have effective leadership Corporate Governance can impact adversely on the workforce.</p>

<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>None</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Next Steps:</p> <ul style="list-style-type: none"> To continue to improve and report on the leadership, management and oversight of delivering the organisations strategic objectives. 	
<p>List of Appendices:</p> <p>None</p>	

EXECUTIVE COMMITTEE REPORT

Since the last Executive Committee Report the Executive Committee has convened on the 19th March, 2nd April, 16th April and 30th April

The Executive Committee meets in private and therefore there may be some items of business that are considered to be confidential in accordance with the Health Board Standing Orders.

MEETINGS HELD SINCE THE LAST BOARD MEETING

1.0 Meeting held on 19th March 2025

1.1 Board Assurance Framework (BAF)

The Committee received an updated Board Assurance Framework, reflecting the Health Board's Three-Year Plan and strategic objectives. This is a live document used to identify and manage principal risks. Each risk has an assigned assurance rating, and individual risk scores have been approved by relevant Executive Leads. Members agreed the BAF will be reviewed again after the new plan is published and aligned accordingly.

The Committee **noted** the report.

1.2 Risk Scrutiny Group Chairs Assurance Report

The Committee were presented with the outcomes of the most recent Risk Scrutiny Group meeting, covering updates to the Corporate Risk Register and Board Assurance Framework. The committee noted delays in updating two specific risks (Orthodontics and Dermatology) and the need for SMART action plans.

Deep dives into People, Culture, and Leadership risks showed positive movement, although the risk levels remain unchanged. The report emphasised the importance of Executive ownership and effective time allocation for risk oversight.

The Committee **noted** the report.

1.3 Corporate Risk Register Report

The Committee approved proposed changes to the Corporate Risk Register, including deadline extensions and new risk escalations (Neurodevelopment waiting lists and response plans to external recommendations). Gaps in assurance and overdue actions were highlighted, particularly in orthodontic and dermatology services. The discussion focused on improving escalation pathways, clarifying thresholds for inclusion, and reducing duplication.

The Committee **noted** the report and **agreed** to arrange a workshop with the Executive Committee to review in detail the Corporate Risk Register.

1.4 Charitable Funding Requests (March)

Members received a report noting the thirteen charitable funding applications were supported, totalling over £1.5 million. These included clinical equipment (e.g., gastroscopes, paediatric mannequins), staff wellbeing spaces, and patient-focused improvements (e.g., upgraded trolleys and chairs). The Committee noted the fund's growing capacity (£13 million) and the potential to act as a strategic enabler. The selection process was scrutinised to ensure alignment with Health Board objectives.

The Committee supported the report for consideration by the Charitable Funds Committee.

1.5 Awyr Las Budget 2025/26 and Forward Look (2026–28)

The proposed Awyr Las budget for 2025/26 was endorsed, reflecting pay inflation and full-year costs of previously unfilled roles. Members supported the forward-look plan through 2028, but noted a need to drive more value from current funding and improve visibility on research and development investments.

The Committee supported the report for consideration by the Charitable Funds Committee.

1.7 Awyr Las Reserves Policy and Accounting Policies (2025/26)

Members received an update of the Awyr Las Reserves Policy for 2025/26 and confirmed the accounting policies for 2024/25 for onward. The target reserve for March 2026 is £4.24 million, reflecting expected operational and grant activity.

The Committee **supported** the report for approval by the Charitable Funds Committee without any requests for changes.

1.8 Third Sector Contracts 2025/26

The Committee supported extending current third sector and local authority contracts for 12 months (up to March 2026) with a 1.77% inflationary uplift. The committee noted that there was a deliverable in the IMTP in relation to the review of third sector commissioning.

Members agreed that this would be reported at a future Planning, Population Health & Partnerships Committee

2.0 Meeting held on 2nd April 2025

2.1 Public Health Quarter 4 Delivery Report

The Committee received and noted the end-of-year performance report. Members highlighted the importance of using the Annual General Meeting (AGM) to spotlight success stories and focus on community wellbeing. Future reports will aim to capture all indicators, and emphasis was placed on celebrating achievements in public health while continuing the momentum into the next planning cycle.

Members received the report noting the progress.

2.2 Final Internal Audit Report: Clinical Audit

The report reviewed compliance with clinical audit policy, noting gaps in Tier 2 audit coverage and documentation processes. The Committee emphasised the need for a multidisciplinary approach and proposed that the Clinical Audit Plan must be reviewed by the Executive Committee before going to the Quality and Safety Committee. There was consensus that a full refresh of the programme was needed, integrating with the Quality Management System (QMS) and improving governance.

Members **noted** the limited assurance report and **agreed** that urgent work in relation to developing a multi-disciplinary approach clinical audit was required.

2.3 Eye Health Needs Assessment

Members approved publication of the Eye Health Needs Assessment, a Ministerial Direction, with the draft to be shared online and taken through the Planning, Population Health & Partnerships Committee. Members noted the delay in escalating the paper and recommended re-establishing the eye health network. Future iterations should address the full eye care pathway, including secondary services.

Members **approved** the publication of the Eye Health Needs Assessment.

2.4 Values and Behaviours Framework Deployment Plan

Members received the draft deployment plan for the Values and Behaviours Framework.

Members agreed that additional refinement was needed, with operational leads to be identified and feedback to be incorporated into a revised version. The plan will return to a future meeting for further development.

2.5 Decarbonisation Progress Report

The Committee noted significant achievements in estate decarbonisation, including the Re:Fit Appraisal and the Solar Farm at Ysbyty Gwynedd. While appreciating the progress, members recommended simplifying detail for future PPHP reports. Agile working remains a key discussion area. Support was given for the proposed energy investments, pending separate Health Board approval for binding commitments.

Members **noted** the progress report.

2.6 Review of Well-being Objectives

Members discussed alignment of the well-being objectives with the wider organisational strategy and Fair Work requirements. The financial impact of delivering these objectives will

be clarified in the next version, and alignment with the Values and Behaviours Framework will be explicitly stated. A revised paper will be circulated for further review.

2.7 Internal and External Audit Recommendations Update

The Committee noted the current status of audit recommendations and approved the submission of items proposed for closure to the Audit Committee. Directors were asked to submit final updates ahead of formal submission. The report ensures continuing oversight of assurance processes.

2.8 Risk Impact of Overdue Policy Reviews

The Committee noted the risk posed by overdue policies and supported proposals for review. Committee were asked to reassess whether some documents should remain classified as policies. The review process will aim to streamline approval routes and improve control document categorisation.

3.0 Meeting held on 16th April 2025

3.1 Nurse Staffing Act Compliance

The Committee received assurance that the Health Board is meeting statutory duties under the Nurse Staffing Levels (Wales) Act 2016. Biannual staffing assessments are completed for designated ward types. Although the clinical assessments were endorsed, concerns were noted about financial support for uplifts not being included in the budget. Risk assessments are to be updated accordingly.

Report to be progressed to Board in May.

3.2 Ministerial Directions and Welsh Health Circulars (WHCs)

The Committee reviewed a summary of WHCs and Ministerial Directions received between September 2024 and March 2025. The paper confirmed acceptable compliance levels and proposed regular reporting to the Executive Committee to ensure assurance and governance over implementation.

Position **noted**.

3.3 Corporate Governance Code Compliance

The report provided assurance of the Health Board's compliance with the HM Treasury Corporate Governance Code for central departments. Compliance will be reflected in the 2024/25 Accountability Report.

Compliance **noted** and endorsed.

3.4 Annual Delivery Plan (ADP) 2024/25 – Full Year Update

An initial review showed 80% of the 314 milestones across five strategic objectives were achieved. The Committee acknowledged variation across objectives, with quality improvement areas facing the most challenges. Discussions focused on whether the 20% of unachieved goals would be retired or rolled forward. Preparations for the upcoming AGM

were discussed, including ensuring alignment across documentation and identifying key indicators for the JET report.

Progress supported; finalised update to be presented to the Board in May.

3.5 HARP Peer Review: Infection Prevention

Following a HARP-led peer review due to rising CDI rates, the Committee received a report outlining several priority actions including governance restructuring, standardising cleaning protocols, and strengthening ANTT practices. Members noted the importance of defining clinical and environmental leads as part of revised governance.

Recommendations supported.

3.6 Short-Term Aids Loan Service – British Red Cross

The Committee approved the extension and renegotiation of the British Red Cross grant for the all-Wales short-term mobility aids loan service. There was a preference to avoid service user charges, with a move towards a usage-based funding model rather than weighted population. Clarity required on funding approach and commence preparation for re-tendering post-2026.

Report **approved**.

3.7 Recommissioning of Substance Misuse Detoxification Service

Proposal approved for submission to PFIG and Board.

3.8 Pilot MSc Programme for International Nurses

The Committee approved a pilot to host 10 fee-paying international MSc nursing students at Bangor University, with BCUHB offering clinical placements. The pilot aims to generate income and support workforce development, although retention in Wales post-study is not mandatory. Committee sought assurance that Welsh Language awareness was embedded in the student experience.

4.0 Meeting held on 30th April 2025

4.1 Research & Development Annual Report 2024/25

The Committee reviewed the draft Research and Development Annual report, noting that there was an opportunity to re-structure the report to include a retrospective review and a forward-looking strategy.

Members agreed that the Annual Report would be scheduled for July Board.

4.2 Six Goals 2025/26 Delivery Plan

The committee with a draft local Six Goals Delivery Plan for consideration ahead of submission. The 2025/26 Six Goals for Urgent and Emergency Care Delivery Plan is supported by a £2.744 million non-recurrent Welsh Government allocation. The plan outlines key priorities including continued delivery of SDEC and UPCC, with a shift in focus to national enabling actions. A financial plan is in development, and any significant changes to services or funding will follow formal governance processes.

The Committee raised concerns about destabilising existing services like SDEC and called for alignment with the IMTP. A reset will be initiated to clarify deliverables, resource allocations, and governance. Standardised metrics and improved integration will be introduced to manage expectations and assess impact.

4.3 Welsh Government Unpaid Carers Grant 2025/26

The Committee approved the allocation of the £213,000 annual grant to continue services provided by NEWCIS and Carers Outreach. The services support discharge and carer wellbeing. Members endorsed the current delivery model but encouraged further exploration of funding utilisation and potential expansion beyond discharge support.

4.4 Contracted Patient Services Audit Follow-up

The Committee discussed an internal audit follow-up report that identified unresolved governance issues in external patient services contracting. Five high-priority actions are to be completed in Quarter 1.

Members noted that this was a follow up on a limited assurance report and that urgent action was required to address the recommendations.

4.5 Healthcare Provision at HMP Berwyn

Funding concerns and service pressures were discussed around expanding healthcare provision at HMP Berwyn. Issues included use of public health funding to fund the expanding GP service. Lack of clarity on the strategic positioning of offender health. Members agreed to a comprehensive review of healthcare services in prison settings and recommended bringing a governance paper to the Board.

4.6 Staff Engagement and Experience Report

An early draft of the staff engagement report was discussed. Feedback highlighted the need for a clearer, more action-focused narrative. Concerns around poor staff survey follow-up and regional disparities in engagement were noted. Plans include refining the report, linking it to culture change initiatives, and involving leadership in accountability for engagement improvement.

Members **noted** the report and that further refinements were required before onward consideration by the Board in May 2025.

4.7 Draft Accountability Report

The draft Accountability Report was shared for early review. Members noted no major issues, and it will proceed to the Audit Committee. Final edits and contributions are to be completed during the busy planning period ahead.

Members **noted** the Draft Accountability Report.

4.8 Declarations of Interest and Gifts

Members received an update on the Standards of Business Conduct Policy and agreed to the changes in relation to the audit arrangements. Members noted the progress in relation to declaration numbers have increased, compliance and understanding remain challenging.

Members endorsed plans to revise the policy with clearer narrative guidance and improved reporting mechanisms, supported by a new communications plan.

Members **agreed** to the changes related to the audit arrangements in the policy and for onward consideration to the Audit Committee.

4.9 Risk Scrutiny Group Chair's Report and Terms of Reference

The Committee accepted the Chair's report and agreed to schedule a session to rationalise the Corporate Risk Register. Concerns were raised about the burden and applicability of mandatory risk training. Work will begin to differentiate statutory and role-specific training and assess time and cost impacts.

Members **approved** the terms of reference of the Risk Scrutiny Group.

4.10 Discretionary Capital Funding Audit Report

Members received the final internal audit report noting the substantial assurance on capital funding processes but flagged weaknesses in the prioritisation process. The Committee agreed to continue the two-year planning cycle, improve oversight, and implement clearer governance for managing in-year pressures and urgent capital needs.

4.11 Audit Enquiries to Those Charged with Governance

The Committee reviewed the draft response to a comprehensive audit enquiry from Audit Wales as part of the Annual Accounts and Annual Report process.

Members **supported** the contents for onward consideration and submission by the Audit Committee.