Bundle BCU Health Board 31 July 2025

1 09:30 - PRELIMINARY MATTERS

1.1 09:30 - 25/124 Welcome, Introductions and Apologies for Absence
Dyfed Edwards, Chair

1.2 09:32 - 25/125 Declarations of Interest relating to the Agenda
Dyfed Edwards, Chair

1.3 09:35 - 25/126 Minutes of the Previous Meetings held on 29 May and 26 June 2025
Dyfed Edwards, Chair
25.126.1 Minutes from Health Board Meeting 29.05.25 V0.04 (Public) Draft
25.126.2 Minutes from Health Board Meeting 26.06.25 V0.4 (Public) Draft

1.4 09:40 - 25/127 Action Log
Dyfed Edwards, Chair
25.127 Summary Action Log Health Board (Updated 24.07.25) Public

1.5 09:45 - 25/128 Experience Item
Angela Wood, Executive Director of Nursing and Midwifery
25.128 Patient Story - Johns Story Royal Air Force Veteran

1.6 10:05 - 25/129 Chair's Report
Dyfed Edwards, Chair
25.129 Chair's Report

1.7 10:15 - 25/130 Chief Executive's Report
Carol Shillabeer, Chief Executive
25.130 Chief Executive's Report July 2025
25.130.1 2025-07-15 JP to CS - re Oversight and Escalation arrangements - BCUHB

1.8 10:25 - 25/131 Vice Chair's Report
Gareth Williams, Vice Chair
25.131 Vice-Chair Report to Board July 2025 V2.0

2 10:35 - STRATEGIC ITEMS

2.1 10:35 - 25/132 Accountable Officer Report
Carol Shillabeer, Chief Executive
Agenda item 2.1 is embargoed until 9.15 am on Thursday, 31 July 2025
The embargo has been applied to ensure that appropriate governance, communication, and stakeholder engagement processes are followed. Early disclosure may risk influencing or inhibiting the Board's decision-making process and compromise the integrity of associated deliberations.

2.2 11:05 - 25/133 Planned Care
Russell Caldicott, Executive Director of Finance
25.133 Planned Care Delivery - 2025-26 v0.3

2.3 11:25 - 25/134 Mental Health Progress Report
Teresa Owen, Executive Director of Allied Health Professionals and Health Science
25/134 Mental Health Progress Report

2.4 11:40 - Comfort Break

3 11:55 - INTEGRATED PERFORMANCE

3.1 11:55 - 25/135 Chair's Assurance Report - Quality, Safety and Experience Committee
Caroline Turner, Committee Chair
25.135 Chair's Assurance Report - Quality, Safety and Experience Committee

3.2 12:00 - 25/136 Annual Quality Report
Angela Wood, Executive Director of Nursing and Midwifery
25.136 Annual Quality Report 2024-25 (Cover Paper)

25.136.1 Annual Quality Report 2024-25

3.3 12:10 - 25/137 Improving Quality Report
Angela Wood, Executive Director of Nursing and Midwifery
25.137 Board - Improving Quality Report - July 2025 (Final)

3.4 12:30 - 25/138 Chairs Assurance Report - Performance, Finance and Information Governance Committee
Gareth Williams, Vice Chair/Committee Chair
25.138 AAA Report for PFIG Commitee 25.06.25

3.5 12:35 - 25/139 Integrated Performance Report
Stephen Powell, Director of Performance and Commissioning
25.139 IQPR - HB - July 2025 v0.3
25.139.1 Appendix 2 IQPR - HB - July 2025 DRAFT v0.3

3.6 12:50 - 25/140 Finance Report
Russell Caldicott, Executive Director of Finance
25.140 Finance Report 25-26 Coversheet - Month 3
25.140.1 BCU 2025-26 M03 Finance Report

3.7 13:05 - Lunch

4 13:35 - GOVERNANCE, RISK AND ASSURANCE

4.1 13:35 - 25/141 Chairs Assurance Report - Audit Committee
Karen Balmer, Committee Chair
25.141 AAA Report for Audit Committee 24.06.25 V1.0

4.2 13:40 - 25/142 Corporate Governance Report
Pam Wenger, Director of Corporate Governance
25.142 Corporate Governance Report - July v0.1

4.3 13:50 - 25/143 Corporate Risk Register
Pam Wenger, Director of Corporate Governance
25.143 Corporate Risk Register

4.4 14:00 - 25/144 Chairs Assurance Report - Planning, Population Health and Partnership Committee
Clare Budden, Committee Chair
25.144 AAA Report for PPHP Committee 03.07.25 V1.0
25.144.1 WNW Task & Finish Scoping Report - Health Board 310725 (Final)
25.144.2 Well North Wales Task & Finish Scoping Study May 2025

4.6 14:05 - 25/145 Emergency Preparedness, Resilience and Response Annual Report 2024/25
Jane Moore, Executive Director Public Health
25.145 Public EPRR Annual Board Report 2024_25 FINAL V3 (updated 240725)

5 14:15 - FOR INFORMATION

5.1 14:15 - 25/146 Committee & Advisory Group Chairs Reports
Charitable Funds Committee, Dyfed Jones, Committee Chair
Remuneration Committee, Dyfed Edwards, Chair
People and Culture Committee, Dyfed Jones, Committee Chair
Executive Committee, Carol Shillabeer, Chief Executive
Healthcare Professional Forum, Advisory Group, Emma Adamson, Chair
25.146.1 AAA Report for CFC Commitee 03.06.25
25.146.2 AAA Remuneration Committee Report 2.7.25 and 26.6.25
25.146.3 AAA Report for P&C Committee 12.06.25 V1.0
25.146.4 July Board - Executive Committee Report
25.146.5 AAA Report for HPF 06.06.2025.EA.TO.V2

6 14:25 - CLOSING BUSINESS

6.1 14:25 - 25/147 Date of the next meeting - 25 September 2025

Dyfed Edwards, Chair

6.2 14:26 - 25/148 Resolution to exclude the Press and Public
Dyfed Edwards, Chair
"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 Meeting
held in Public on 29 May 2025
at Venue Cymru

Board Members present	
Name	**Title**
Dyfed Edwards	Chair
Dr Sreeman Andole	Interim Executive Medical Director
Tehmeena Ajmal	Chief Operating Officer
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
Chris Lothian-Field	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
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	
Jason Brannan	Deputy Director of People
Stuart Keen	Director of Environment and Estates
Steve Powell	Director Performance and Commissioning
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Geraint Parry	Interim Assistant Director of Transformation and Improvement (part meeting)
Erica Roberts	Acting Assistant Director Digital Delivery (part meeting)
Georgina Roberts	Senior Associate Director, People Services (part meeting)
Geoff Ryall-Harvey	Chief Officer, Llais North Wales
Kamala Williams	Head of Health Strategy and Planning (part meeting)
Philippa Peake-Jones	Head of Corporate Governance
Laura Jones	Acting Corporate Governance Manager

PRELIMINARY MATTERS

25/78 Welcome, Introductions and Apologies for Absence

The Chair welcomed Board Members, Observers, Members of the public and those viewing online to the meeting. The Chair also welcomed the Chief Operating Officer to her first formal Board meeting.

Apologies were received for Paolo Tardivel (Kamala Williams and Geraint Parry deputising) and Dylan Roberts.

On behalf of the Board, the Chair paid tribute to Mike Peters from the band The Alarm whose funeral was taking place during the afternoon. Mike Peters and his family have been champions for the NHS both locally and nationally, whilst also being users of cancer services in the Health Board. They have helped raise a substantial amount of money which has helped to support services within North Wales. Mike had also been a champion for the Welsh language, though not a fluent Welsh speaker himself. The Chair extended condolences to the family on behalf of the Board.

25/79 Declarations of Interest Relating to the Agenda

No declarations of interest were received.

25/80 Unconfirmed Minutes of the Health Board meeting held on 27.03.25.

It was resolved that the Board:

- **AGREED** that the minutes of the Health Board meeting held on 27.03.25 were a true and accurate record.

25/81 Action Log

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

Improving Quality Report

- In relation to action 24/236.1 it was confirmed that the Chief Executive had received an update from the lead Medical Examiner at the NHS Leadership Conference confirming that those involved in the changes to the medical certification and the role of Medical Examiners are aware of the barriers and there is a need to continue connecting in this area to ensure progress is made.

It was resolved that the Board:

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

25/82 Experience Item

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

- The story was based on Child Adolescent Mental Health Services (CAMHS) and described the Alternative 2 Admission Pilot project that has been launched to support Children and Young People in Crisis.
- The service has been developed in the Central area to support patients attending Ysbyty Glan Clwyd and has now been officially opened for use.
- Since the service commenced, the Team have been working to identify how many admissions have been averted from the Emergency Department and also opportunities to provide open access for use across the organisation.

In discussing the video presentation, the Board:

- Acknowledged the success of the project suggesting the need to involve Local Authorities and partners to add value to this service and provide an improved provision to deal with trauma for children and young people.
- Queried where the requirement for this provision commences and suggested the need to be proactive in terms of early intervention and support for children and young people before they reach a crisis situation proposing this forms part of the design and offer as the service develops and expands.
- Highlighted the enthusiasm of those involved in the project stating that this demonstrates the Health Board's commitment to the Children's Charter in practice and also integrates well with the Crisis Service due to the proximity to the team.
- Enquired how the transition from CAMHS to Adult services functions in this area. It was confirmed that the space has been designed to be multifunctional for different age groups, the CAMHS team are also working with the Adult Mental Health team to provide a pathway through the service.
- Agreed that the service needs to be evaluated as a multi-agency approach in terms of what support is being provided ahead of patients requiring this service and the aim to reach a point where young people no longer need to present at Emergency Departments.
- Thanked all the staff involved in developing the service to become operational.

It was resolved that the Board:

- **NOTED** the Experience item.

25/83 Chair's Report

The Board received the report and the Chair highlighted:

- Mike Parry's term as Chair of the Stakeholder Reference Group comes to an end in June 2025 noting this was Mike's last Board meeting. It was highlighted that Mike has accelerated and increased the scope of work and enthusiasm for the Stakeholder Reference Group as well as strengthening partnership working and was thanked for his contributions as an Associate Member of the Board.
- Peter Lewis has been presented as the prospective new Chair of the Stakeholder Reference Group and it was recommended that Peter's name is put forward 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. The Board agreed.
- Jane Wild's term of office as Chair of the Healthcare Professionals Forum and Associate Member of the Board has come to an end and the Chair thanked Jane for her dedication and contribution to the work of the Board.
- The Cabinet Secretary has endorsed Emma Adamson as the new Chair of the Healthcare Professionals Forum and Associate Member on the Board.
- The Ministerial Advisory Group (MAG) recently published their recommendations in a report which focuses around meeting the targets set by Welsh Government. As a Health Board there will be a challenge to get balance in terms of achieving what is set out by Welsh Government as well as moving forward the agenda of creating a sustainable Health and Well-Being service within local communities to ensure the Health Board are able to make long term improvements.
- The Chair recently visited Canolfan Glanhwfa in Llangefni to see the great partnership working in the community hub. This is an example of communities coming together and developing a building for the public to engage in activities that promote Health and Well-Being. He also visited Ysbyty Cefni in the town.

- The Chair also visited and officially opened the new IV Access Suite at Ysbyty Glan Clwyd. This is the first of its kind in Wales and allows patients to receive services outside of the hospital environment. This is an example of an innovative, whole system approach to service change which has a positive impact on patient outcomes and waiting times.

It was resolved that the Board:

- **AGREED** to put forward Peter Lewis to the Cabinet Secretary for Health and Social Services as the Board's nomination for the role of Chair of the Stakeholder Reference Group and Associate Member of the Board; and
- **NOTED** the content of the report.

25/84 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

- Members of the Board attended an event hosted by the Cabinet Secretary to receive a briefing on the priorities and five key areas for Health and Social Care over the coming year.
- There is significant cross reference with the Health Board's Integrated Medium-Term Plan and the organisation will receive information regarding the next steps and actions in due course.
- The Cabinet Secretary has announced the introduction of 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. This will provide an opportunity for openness and transparency which the Health Board are well placed to provide.
- Representatives of the Board attended an event hosted by the Cabinet Secretary where the report of the Ministerial Advisory Group was launched. It was noted that the Ministerial Advisory Group report makes 29 recommendations and provides clear direction on utilising resources. Members noted that the report is being reviewed to ensure the organisation can respond to the recommendations and focus on deploying resources ensuring alignment with the Health Board plans.
- A cross section of staff within the organisation have come forward to become culture change leaders with a total of circa 100 staff to date. A recent meeting took place with the Chief Executive to discuss the way forward in terms of creating a compassionate, collective and inclusive organisation.
- There has been a focus on the quality of care provided by the organisation and the Chief Executive offered condolences in relation to a recent inquest that examined the sad death of a young baby during summer 2023 and a commitment to learn from these situations.
- The Chief Executive welcomed Tehmeena Ajmal as Chief Operating Officer and confirmed the recruitment of Dr Clara Day as the Executive Medical Director who is likely to take up post in September 2025.

In discussing the report, the Board:

- Acknowledged the recommendations included in the Ministerial Advisory Group report as a short-term focus and queried how this can be managed in conjunction with other priorities such as Special Measures and providing a balanced budget. It was confirmed that the Foundations for the Future Programme is based around building an organisation that can provide the immediate needs of patients waiting for care but also focuses on building an organisation that can take forward the medium and long-term planning arrangements.
- Confirmed that the aim of the Health Board is to build a Health and Well-Being service for the future that is different to the current provision in both the short and long term and this will be tested by evaluating what difference this will make for the people of North Wales.

It was resolved that the Board:

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

25/85 Vice Chair's Report

The Board received the report and the Vice Chair highlighted:

- The importance of the Ministerial Advisory Group report and the need for the Health Board to focus more coherently and consistently on developing Primary and Community care services as well as becoming more productive and effective in providing acute and planned care.

It was resolved that the Board:

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

STRATEGIC DIRECTION

25/86 Citizen Experience Report

The Board received the report and the Chair and Director of Partnerships, Engagement and Communications highlighted:

- The report provides the Board with a summary of the key themes following correspondence and engagement with the patients and citizens of North Wales.
- A wide variety of engagement is undertaken by Llais and the information provided on a regular basis allows the Health Board to develop a comprehensive picture of experiences and where service improvement is required.
- This is an evolving report that allows the team to learn and make improvements as we move forward and staff members were thanked for gathering the feedback to help understand the themes included in the report.
- The Independent Review of Engagement and Communications that was completed in this area highlighted that the Health Board are good at listening and compiling feedback but need to move into the space of identifying the changes that are being made as a result of the feedback received.

In discussing the report, the Board:

- Suggested there is a need for triangulation in terms of the information being provided via Board reports and how the issues being raised align and refer to action in other areas to address specific issues. For example, satisfaction levels in Emergency Departments are low but what is happening in other areas to address this such as developing services and hubs to address patient issues before they attend Emergency Departments. It was suggested that individual Committees review specific areas and provide feedback via indicators within reports as to which areas are being addressed by which Committee.
- Acknowledged that the Planning, Population Health and Partnerships Committee addresses how the Health Board engage with partners and suggested this report should go to the Committee initially to allow discussion on the strategic intent of the Committee before being shared with Board members.
- Referred to the need to review opportunities and areas for transformation within Community services and Primary Care suggesting this is supported by the appropriate Committee and reported back to the Board.
- Highlighted concerns in relation to a number of areas including the need to improve access to Dental services, provide additional capacity for Dermatology patients and the need to

review the work being completed by the Cardiff and the Vale Inclusion Service in terms of working with refugees, asylum seekers and the homeless. It was confirmed that the Stakeholder Reference Group will be discussing homelessness at their next meeting to understand this area in more detail and also the need to address the offer in relation to Dental and Dermatology.
- Recognised the correspondence being received highlighting issues in a range of areas and suggested the need to shape the feedback into services and Committees to address the issues being raised.
- Suggested that patients and communities should be highly involved in developing and designing services to ensure facilities are being transformed in line with the needs of the population. It was confirmed that co-design is currently taking place in the development of the Womens Health Hub which is also being supported by Welsh Government.
- Confirmed that there has been an increase in feedback and patient satisfaction levels however further work is required in this area and this is being supported by the Patient Experience Team in terms of monitoring action plans.
- Stated that a wide range of feedback being received links to planning, improvement and transformation and there is a need for this to influence service design and development as we move forward.

Actions:
- **25/86.1** Develop a method of triangulating the information being provided in Board reports and how the issues being raised align to what is being done in other areas. Suggest that Committees review specific areas and provide feedback via indicators within reports as to which areas are being addressed by which Committee.
- **25/86.2** The Citizen Experience Report to go to the Planning, Population Health and Partnerships Committee before being presented to the Board to allow discussion on the strategic intent of the Committee before being shared with Board members.
- **25/86.3** Planning, Population Health and Partnerships Committee to support a review of opportunities and areas for transformation within Community services and Primary Care and report back to the Board.

It was resolved that the Board
- **NOTED** the content of the report.
- **AGREED** that the detailed report should be considered by the Planning, Population Health and Partnerships Committee but recognising that this was an important report for the Board in terms of Citizen Engagement.

25/87 Strategic Direction and Planning Report

The Board received the report and the Head of Health Strategy and Planning highlighted:
- The report focusses on the Health Board's Strategic Objective 2: Delivery strategy and long-lasting change, as well as the Ten-Year Strategy, Clinical Services Plan and other key programmes including Special Measures and will be a regular report received by the Board.
- In addition, the report focussed on three additional areas which included:
  - The proposed changes to the Well-being objectives for consideration and approval, taking into account how these contribute to fair work and shape the development of Health Board plans at all levels.
  - The proposed approach for developing longer term service solutions relating to Tywyn and Penley Hospitals including proposed timelines set out for consideration and discussion by Board.

- The Hywel Dda University Health Board's Clinical Services Plan (CSP) Programme which is out for consultation to be noted by the Board.

In discussing the report, the Board:

- Acknowledged the update to the Well-being objectives stating the need for the organisation to commit to the objectives and ensure fair work is demonstrated throughout the Health Board by addressing issues relating to short term contracts as well as reviewing how the organisation commission services. It was agreed that there is a need to think more flexibly around the use of short-term contracts.
- Queried how the objectives are being managed and the steps to achieve progress in this area. It was confirmed that future items will set out the strategic workplan for the year to identify those areas that are progressing and where these align to the appropriate Committees. In terms of strategic development, this is in the early stages and the next report can provide an initial focus around strategic intent.
- Confirmed that the Well-being objectives have been discussed by the Planning, Population Health & Partnerships Committee who recommended that the Board approve the objectives, with caveats. It was confirmed that the objectives will inform the Ten-Year Strategy and it was also noted that there is a need to be clear on the future intent of the Well-being objectives to ensure there is no commercial risk associated with this area of work.
- Highlighted the need to consider the implications in terms of the Hywel Dda Clinical Services Plan and determine the services that the Health Board can offer. It was confirmed that the organisation will fully engage with Hywel Dda and this will provide an opportunity for learning as well as being able to influence their plan.
- Referred to the delay in discussing Tywyn and Penley Hospitals in the public domain and the need to move forward with similar discussions more quickly in the future. It was agreed that systems and processes need to be developed in this area to ensure formal discussions take place in a more timely manner.
- Agreed that the report allows discussion within the strategic planning space and highlights challenging and ambitious timescales. This will be a key report going forward in terms of the planning route for strategic change as well as the Clinical Services Plan.

It was resolved that the Board

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

25/88 Foundations for the Future

The Board received the report and the Chief Executive and Senior Associate Director, People Services highlighted:

- 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.
- The Foundations for the Future Programme has been developed as a major priority for the Board, and is one of the organisations four Major Change Programmes.
- The aim of the programme is to help better serve the population of North Wales by becoming a more effective organisation and the programme describes the core components

of how an organisation should work in order to successfully deliver its purpose and strategic objectives.

- A structured, evidence-based approach is being used that comprises of 3 stages which include discover, design and deliver.
- The discovery phase was completed in 2024, this provided a wide range of insights from staff and external colleagues and the outcome of this phase was published in November 2024.
- The Team are now working through the design phase which includes an outline design of the operating model however the scope is wider than just focussing on structures and includes five key elements: Strategy, Culture, People, Structure and Processes.
- All phases will involve listening and learning from staff in the co-creation of the model as well as reviewing models developed by external organisations from within Wales, the UK and further afield.
- In addition, the Health Board requires an organisational structure that enables improvements to be made for the health and well-being of the population as well as the provision and commissioning of high quality, high value healthcare services and a core model has been included in the paper.
- Work is currently underway to further engage with a plan to undertake the detailed design work in relation to the structures workstream and finalise the prioritised work in other workstreams during the Summer 2025.
- In the Autumn 2025, a further report will come to the Board containing the details of the structure's proposal, and if approved early implementation will commence on the structure's elements in Quarter 4.
- Progress and oversight of the programme will continue via the People and Culture Committee.

In discussing the report, the Board

- Thanked the Team for the work completed to date, acknowledging the importance of this step forward for the organisation to improve services for the people of North Wales.
- Emphasised the need to restructure the budget to support the objectives and core activity of the programme for future sustainability. It was confirmed that there is a need to establish and embed the programme effectively to ensure fundamental long-term change.
- Highlighted that the elements of the programme interlink which will allow for a more seamless route through healthcare and will allow wider opportunities for staff to develop and improve their skills.
- Enquired how this will have an impact on the public, those waiting for appointments, improving the health and well-being of patients and also Health Board staff. It was confirmed that the programme provides clear strategic direction with high level outcomes to improve the way the organisation operates and provides a significant step forward to deliver better outcomes for the population of North Wales.

It was resolved that the Board:

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

25/89 Health Board Key Programmes Progress Report

The Board received the report and the Chief Executive and the Quality Improvement Fellow highlighted:

- In addition to the four Major Change Programmes for the organisation, the report focusses on the additional key programmes that are in development and these are listed in the paper.
- An Executive led Strategic Planning and Service Change Group reporting to the Executive Committee has been developed to oversee the programmes and ensure governance and reporting processes are in place.
- The aim of each of the programmes all include an element of workforce redesign and align to improving services and providing better care for the population of North Wales.
- The report highlights the background, current position and key challenges for each programme as well as the plan to go forward.
- The item is for discussion to ensure the programmes move forward in line with the strategic direction of the Health Board.

In discussing the report, the Board:

- Highlighted that the capital programme is a significant element that requires delivery to enable the provision of the key programmes.
- Referred to the digital programmes and the current challenges, pace is required and there is a need to be assured in this area.
- Recognised that further resource is required to deliver the prescribing services suggesting structures need to be further developed to take this programme forward and deliver services.
- Noted that the cover sheet refers to partial assurance and queried how this level of assurance can be increased. It was confirmed that the Strategic Planning and Service Change Group will identify assurance levels going forward to be reported back to the Board via future reports.
- Queried the original proposal for the Ablett Mental Health Unit, it was confirmed that the original plan was to provide storage and offices rather than clinical space. The new strategy supports estates rationalisation in terms of reducing floor area.
- Stated that the programmes include an element of risk and requires substantial levels of funding and this needs to be reviewed in further detail in future reports.
- Confirmed that the report demonstrates how the Health Board are developing services for the people of North Wales, the report will mature as we move forward and will highlight progress, timelines, risk mitigation and confidence levels.
- Welcomed the report as an opportunity for the Board to endorse the arrangements going forward and allow the information to be shared within the public domain.

It was resolved that the Board:

- **NOTED** the report and current position of key programmes.
- **AGREED** to receive further summary updates at Board with the individual programmes reported at committee level in with Annual Delivery Plan cycle.
- **AGREED** that oversight of the programmes will be reported through the Planning, Population Health and Partnerships Committee.
- **RECEIVED ASSURANCE** that the Executive Committee has oversight of all these programmes.

25/90 Annual Plan – 2024/25 Closure and Look Forward to 2025/26

The Board received the report and the Quality Improvement Fellow highlighted:

- The report provides a summary of the progress made throughout 2024/25 against the five strategic objectives included in the Annual Delivery Plan.
- Significant progress has been made against a range of governance elements and the Board approved its first financially balanced Integrated Medium-Term Plan (IMTP) this year.

- The new Values and Behaviours Framework has been formally launched by the Board and there are currently circa 100 culture change leaders across the organisation.
- A broad programme of engagement work is taking place and improvements have been made in areas such as Pharmacy, performance against Mental Health metrics and concern management.
- There has been an 85% completion rate against the delivery of the strategic objectives which is higher than the rate in previous cycles.
- The Annual Delivery Plan for 2025/26 has been developed alongside the Integrated Medium-Term Plan (IMTP) and a more detailed programme of work has also been created underneath the priorities to support more detailed tracking and assurance.
- A change control summary was included in the report highlighting the outcome of the assessment to retire the objectives that have subsequently been superseded by newly agreed priorities.
- Further work is required in relation to Strategic Objective 4 to ensure delivery expectations are met, clinical services are strengthened and the Health Board deliver in terms of making a difference to the population of North Wales.
- The approach is maturing, further improvements are continuing and this will provide assurance on how we progress going forward.

In discussing the report, the Board:

- Recognised the 85% completion rate but also suggested the need for the Board to be sighted on whether the deliverables completed have been embedded and sustained and also what was not achieved within the strategic objectives.
- Stated the importance of identifying which objectives align with which Committee to provide assurance around the delivery and integration of specific outcomes. It was confirmed that work is taking place with teams to develop and align objectives to the Integrated Performance Report and the Committees and a clear protocol is in place to ensure any evidence being provided is tested to provide assurance.
- Highlighted the lack of progress in relation to challenged services and the need to focus on this area over the next twelve months. It was confirmed that this is a key area that has been confirmed by Welsh Government and checkpoints will be established in this space.
- Queried whether the organisation need to have a longer term look back for example over a three-year period to determine whether there have been improved health outcomes for the population. It was confirmed that the look back element is important to determine whether the changes being made are providing improved outcomes for patients and whether there is a need to change the way services are being delivered.
- Confirmed that the Annual Plan has transformed over the past two years, the work completed to date aligns with the information being received from the Ministerial Advisory Group and the Cabinet Secretary, there is further work to be completed in relation to Value and Sustainability and the Clinical Services Plan and there is a need to integrate these elements of work as we move forward.

It was resolved that the Board:

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

25/91 Staff Engagement and Experience Report

The Board received the report and the Deputy Director of People highlighted:

- This is the initial version of the report and provides an overview of staff experience and engagement including key elements of feedback from the Staff Survey and progress in terms of creating a compassionate culture.
- Significant work has been completed in relation to culture, leadership and the Values and Behaviours Framework to strengthen staff connections with the organisation. The Personal Appraisal Development Review (PADR) has also been revised to align with individual performance as well as values and behaviours.
- In terms of Key Performance Indicators, the current position of the Health Board demonstrates low sickness absence and nurse staffing turnover and high completion of mandatory training.
- The results from the Staff Survey have been received and the detail is being shared with Teams to review the data and determine local feedback from staff. The participation rate has been low, there is a need to reach more staff to gain quality information and a clear target is being set for next year.
- Reference was made to the engagement index, there has been a decrease in the overall score and a range of concerns were captured however there had been an increase in positive feedback in a number of areas including the ability to make improvements and enthusiasm for work.
- Further work is taking place in relation to culture which includes Speaking up Safely, the relaunch of the Seren Betsi Award, recognising staff achievements and tools have been put in place to support Managers with recognition and reward.

In discussing the report, the Board:

- Recognised the results received from the Staff Survey but suggested the need to consider how to reach those members of staff who want to raise concerns but do not have the capacity to complete the survey. It was confirmed that there are a range of ways to compete the survey however further work is required to ensure senior directors and managers take responsibility to connect with staff around the importance of completing the survey.
- Suggested incentivising the Staff Survey to increase the completion rate. It was confirmed that a prize draw was offered however feedback suggested staff are not completing the survey as they do not have belief and confidence that changes will be made as a result of the information being provided and there is also a need to start planning ahead to allow staff the time to complete the survey.
- Referred to staff retention and it was confirmed that there has been a reduction in retention figures especially in Nursing, a Retention Lead has now been appointed to provide more focus in this area.
- Highlighted the increase in the patient safety score suggesting this connects to the narrative of the Health Board and the need to share positive feedback.

It was resolved that the Board:

- **DISCUSSED** the Staff Engagement and Experience Report.
- **ENDORSED** the actions underway, to be overseen by the People and Culture Committee of the Board.

INTEGRATED PERFORMANCE

25/92 Chair's Assurance Report: Quality, Safety and Experience Committee

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

- The Board have been alerted on the discussion regarding the Nurse Staffing Act as it was identified during the Committee that the nurse staffing levels requirements reported to the Board in November 2024 had not been funded. Progress against this is covered in the Nurse Staffing Levels Act paper later on the agenda.
- The Committee received the Royal College of Psychiatry Action Plan, progress has been made in terms of action and implementing the recommendations from the report.
- There are a number of risks associated with the QSE Committee, there is a need to focus on the mitigations and reducing the risk scores going forward.

It was resolved that the Board

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

25/93 Improving Quality Report

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

- The number of inpatient falls continues to decrease across the organisation resulting in a reduction to harm levels and the extensive learning and improvement in relation to inpatient falls prevention and management has been acknowledged by the Health and Safety Executive.
- There has been a similar downward trend in relation to healthcare acquired pressure ulcers, significant work has taken place in this area to reduce levels of harm.
- There has been an improvement in Nationally Reportable Incidents with only four currently overdue and also an improvement in compliance with the 75% target of overdue complaints which is currently at 78.3%.
- Work has taken place in relation to Clinical Effectiveness to take forward improvements in this area and the Clinical Audit Final Internal Audit report 2024-2025 was considered by the Audit Committee in May 2025.

In discussing the report, the Board:

- Referred to the press release from the British Medical Association Cymru to end corridor care and queried how the Health Board can work towards eliminating this. It was confirmed that a formal response has been provided, there are difficulties with the flow of patients through the organisation and work is taking place with the clinical and operational teams to provide support in this area
- Highlighted the Learning from Events Reports (LFERs) and whether there is an escalated focus in this area. It was confirmed that this is an area of focus, the process has been amended and the three divisions with the highest number of LFERs are being supported.
- Further work is also taking place in relation to LFERs with the Legal Service Team to gain oversight and reach an improved position. Assurance was also provided as the Health Board are currently working closely with the Welsh Risk Pool to agree extensions to those reports that are overdue.

It was resolved that the Board:

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

25/94 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 (PFIG) Committee highlighted:

- Significant work is required in relation to patients whose follow-up is significantly overdue, this needs to be reviewed in further detail to identify priorities in addressing the backlog.
- The Committee will discuss the response to the Ministerial Advisory Group recommendations at the next meeting and additional members will be invited to join the meeting.
- There will be a need to restructure the budget when considering the Foundations for the Future programme.
- There is potential to review the risk tolerances set by the Executive against the risk appetite and this will be considered in due course.

It was resolved that the Board:

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

25/95 Integrated Performance Report

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

- The report highlights the position up to the end of March 2025.
- After having no new never events over the past seven months, a never event occurred in March 2025.
- The number of overdue Learning from Event Reports (LFERs) have decreased with the latest position at 43 overdue which is a positive improvement.
- Clinical Coding compliance remains a significant risk as compliance remains low and the latest position was 21.4% as at January 2025.
- Sickness absence decreased to 5.6% in March 2025 however the monthly turnover rate of nursing and midwifery staff increased during the same month.
- Reference was made to access and activity performance which highlighted a reduction in the number of patients waiting over 104 weeks and an increase in compliance against the Mental Health measures.
- The latest performance relating to children requiring assessment for neurodivergence continues to be significantly adverse to target and has been recognised as a nationwide issue, work has started to develop and improve the service.
- Improvements have been made in relation to Referral to Treatment performance with the current figures showing a significant reduction and there is a need to maintain this position.
- The performance against the single cancer pathway (SCP) target remains fragile, however the position improved at the end of March 2025 with a rate of 59%.
- The number of patients waiting over 8 weeks for a diagnostic test has increased, a bid has been submitted to Welsh Government for additional funding in this area.

In discussing the report, the Board:

- Queried how Primary and Community care reports in to the Board and should this be a key area of challenge. It was confirmed that Primary and Community care along with Commissioning will contribute to this report in future. However, further work is required.
- Referred to theatres starting late and finishing early, it was confirmed that the Chief Executive has met with surgeons in the East who want to create a more streamlined process and this will be taken forward.
- Suggested that there is a lack of leadership at the correct level for clinicians. It was confirmed that clinical leaders are engaging in service review meetings and this will be addressed as part of the Foundations for the Future programme.

- Highlighted a range of issues that need to be addressed including clinical coding and the follow up backlog. It was confirmed that clinical coding poses a mortality risk, service change is required and work is taking place to mitigate the risk. In relation to follow ups, there is a need to review the backlog to distinguish between cases.
- Referenced the unsatisfactory position in relation to diagnostics, it was confirmed that the position has deteriorated, a diagnostic service review has recently taken place and work continues to address the issues in this area.

It was resolved that the Board:

- **REVIEWED** the contents of the report.
- **PROPOSED ACTIONS** arising from the report and **IDENTIFIED** additional assurance work and actions recommended for Executive colleagues to undertake.

25/96 Finance Report

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

- The draft accounts were submitted on 2 May 2025 highlighting a full year unaudited financial position for the Health Board as a deficit of £7.6m.
- Audit Wales are reviewing the documentation, the Finance Team are working closely with the Team and the 30 June 2025 will be the last day to submit the final accounts.
- A deficit position of £7.6m does not meet the key first financial duty to break-even therefore the Health Board may receive a regulatory qualification.
- The full year savings value totals £58.4m which is higher than the target however the full year recurrent savings totals £44.0m which reflects a gap of £4.0m.
- In terms of Capital, the 2024/25 expenditure is £51.7m against a year-to-date plan of £52.0m, with an underspend of £0.3m. Going forward there is a need to review and move into a financially sustainable model.
- The month 1 position is reported as a £3.7m deficit against the savings requirement of £40m apportioned equally over the financial year. There is a need to focus on savings delivery as well as value and sustainability as a key model.

In discussing the report, the Board:

- Suggested that the Performance, Finance and Information Governance (PFIG) Committee reflect on the last twelve months in terms of what worked well and lessons learnt. It was confirmed that the Committee have plans to review value and sustainability and can factor this into discussions.
- Queried how funds are being moved into Primary and Community Care. It was confirmed that there is no clear line of sight and there is a need to ensure allocations into this area are visible. This will form part of the value and sustainably work: there will be a need to review efficiencies, develop proposals and target investment to provide the greatest return and Board members will be involved in those discussions.
- Acknowledged the positive result in achieving the savings target for the Health Board, thanked the Team for their hard work and noted the position provides confidence in the organisation going forward in relation to financial control.

It was resolved that the Board:

- **RECEIVED** and **SCRUTINSED** the report.

GOVERNANCE & ASSURANCE

25/97 Nurse Staffing Levels Act

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

- The paper is an annual assurance report on compliance with the Nurse Staffing Levels (Wales) Act highlighting that the organisation has met its statutory duty to review and calculate nurse staffing levels requirements and provided assurance to the Board in this area.
- During April 2025 the budgets were uplifted to reflect the nurse staffing levels presented to November Board and recommended in the May 2024 review, but not for the recommended November 2024 requirements. Mitigating actions have been taken to support the areas and maintain patient safety, this is detailed within the appendices of the report and has been supported by the Chief Operating Officer.
- The ward acuity data and incidents for these unfunded areas will be reviewed going forward to determine if any harm has been caused over the period of the assessment and if this poses a risk, this will be considered as part of the ongoing process.
- In relation to wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016, the areas reviewed in the Spring 2025 reviews did not require any further uplifts, this does not require approval but will be monitored going forward.
- The Board has now discharged its duty in line with legislation.

It was resolved that the Board gained **ASSURANCE** in relation to:

- Betsi Cadwaladr University Health Board (BCUHB) 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.
- BCUHB is meeting its statutory duty to provide an annual presentation to the Board detailing calculated nurse staffing levels.
- 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.

25/98 Chair's Assurance Report: Audit Committee

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

- The Committee received progress against the follow up review of Contracted Patient Services – Quality and Safety arrangements and swift action to address this review is being taken.
- It was agreed that overdue policies, Welsh Health Circulars and Ministerial Directions will have oversight in the form of a tracker to ensure the Committee are able to monitor action within these areas.
- A private Audit Committee took place on 20 May 2025 to review the draft Annual Report & Accounts for 2024/25, the Finance Team were commended for meeting the deadline to allow External Audit to commence the Audit at an early stage.
- The final report will be received by the Audit Committee on 24 June 2025 and Internal Audit are suggesting an overall limited opinion will be received.

It was resolved that the Board:

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

25/99 Corporate Governance Report

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

- There are a number of appendices and recommendations for consideration and approval.
- The Board cycle of business has been revised to align to the Integrated Medium-Term Plan (IMTP).
- The Committee cycles of business will now be developed in line with the Board cycle of business and highlight priorities for each Committee to be reviewed by members.
- A Chair's Action has been included for ratification.
- A protocol has been developed for matters considered in the Private Board to allow Board members to gain an understanding in this area and this is part of the improvements being made in line with the IMTP.
- A full set of Terms of Reference have been developed and received by the relevant Committees as this review is required to take place on an annual basis. The Charitable Funds Committee are due to review their Terms of Reference in June 2025.
- The Committees have reviewed the Board Assurance Framework during the recent meetings, it has been agreed not to share the Corporate Risk Register with the Board at this meeting as further work is required by the Executive Committee.
- The Corporate Governance Directorate were thanked for their work and support to the Board.

It was resolved that the Board:

- **NOTED** the content of the report.
- **APPROVED** the Board Business Cycle for 2025-26 and the planned Informal Board and Development Sessions.
- **RATIFIED** the Chair's Action dated 30 April 2025.
- **NOTED** the matters considered in the Private Board meeting on 27th March 2025.
- **APPROVED** the Committee and Advisory Group Terms of Reference for inclusion in the Standing Orders.
- **RATIFIED** the approved Clinicians and Section 12(2) Doctors across Wales.

25/100 Chair Reports of Committees and Advisory Groups

The Board received the Chair's Reports from the following 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

In discussing the reports, the following was highlighted:

- The question raised at the Local Partnership Forum in relation to delays to policies being uploaded was queried. It was confirmed that there is a delay with the current policy process. The process is complex and this is being streamlined and the new process will be shared at the next meeting.
- Mike Parry was thanked for his contribution to the Board and Stakeholder Reference Group, Mike Parry confirmed his confidence in the Board and thanked the Board members for their support.

It was resolved that the Board:

- **RECEIVED** and **NOTED** the reports.

OTHER MATTERS

25/101 Review of Meeting Effectiveness

It was agreed that the Board:

- Are working well as a unified Board and this approach will continue.
- Need to identify the most important items that require discussion as the main aim of the Board is to improve performance and healthcare services for the population of North Wales.
- Need to receive information relating to Primary and Community Care as this is an important area of focus.
- Are moving into the strategic agenda and planning space.

25/102 Date of Next Meeting:

Thursday 26 June 2025, 9.30am

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 26 June 2025
at Bangor University

Board Members present	
Name	**Title**
Dyfed Edwards	Chair
Emma Adamson	Associate Member (Chair of Healthcare Professionals Forum)
Dr Sreeman Andole	Interim Executive Medical Director
Tehmeena Ajmal	Chief Operating Officer
Russell Caldicott	Executive Director of Finance
Urtha Felda	Independent Member
Dyfed Jones	Independent Member
Phylis Makurunje	Aspiring Board Member Programme
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
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
Georgina Roberts	Senior Associate Director, People Services
Charlotte Smith	Consultant, Public Health
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Philippa Peake-Jones	Head of Corporate Governance
Laura Jones	Acting Corporate Governance Manager (Minutes)

PRELIMINARY MATTERS

25/117 Welcome, Introductions and Apologies for Absence

Apologies were received for Karen Balmer, Clare Budden, Mike Larvin, Chris Lothian-Field, Fôn Roberts, Mike Parry, Jane Moore (Charlotte Smith deputising), Jason Brannan and Dylan Roberts.

25/118 Declarations of Interest Relating to the Agenda

No declarations of interest were received.

The Director of Corporate Governance declared an interest in the Audit Wales External Audit Report as the contract of employment related to the Director of Corporate Governance role within the report.

ANNUAL REPORT

25/119 Annual Financial Statements 2024/2025

Members received the update and the Executive Director of Finance highlighted:

- The Annual Financial Statements were reviewed in detail by the Audit Committee on 24 June 25.
- The full year audited financial position for the Health Board will be reported as a deficit of £7.6m. This position is circa £1m better than the planned position for the financial year and this figure did not move from the draft to the final accounts position.
- The accounts will receive an unqualified true and fair opinion however there are uncorrected non-material misstatements within the accounts.
- A matter relating to a capital payment made to Scottish Power was identified, it was confirmed that the opinion shared by Audit Wales was that the payment should have been recorded as a pre-payment. The Executive Director of Finance confirmed that as the Health Board are contracted to make the payment to Scottish Power, this will result in an asset to the Health Board and reporting the transaction as an asset under construction rather than a prepayment was the preferred treatment, it has been agreed that this is noted as a non-material adjustment.
- A matter was raised relating to ensuring sufficient audit evidence was able to be shared in regards to goods being received prior to close of the financial year for capital procurements. It was confirmed that the process will be refined and improved going forward to enhance the evidence of delivery for assets with the transactions reported appropriately.
- The accounts will receive a qualified regulatory opinion as the Health Board did not achieve its financial duties to break-even in year or over a three-year period.
- The engagement and openness experienced between the Health Board and Audit Wales has been positive, both parties recognising the significant progress made in partnership working over the past two financial years.

In discussing the report, the Committee:

- Highlighted the need to enhance the use of pooled budgets in working with partners to include Local Authorities. It was confirmed that this issue was discussed at the Audit Committee on 24 June 25 and actions have been noted by the Committee.
- Acknowledged the high standard of accounting and the improvement in performance over the past two-year period to reach a significantly lower control total, noting that the organisation is one of few Health Boards to reach this position.
- Referred to the continued progress being made and the need to provide enhanced clarity over allocation of resources, so as to ensure we can identify / quantify the value and impact of those investments for the population of North Wales, who are depending on the services being provided by the Health Board.

25/120 ISA 260 Audit of Financial Statements

Members received the update and the Executive Director of Finance highlighted:

- Audit Wales have reviewed the Health Boards financial transactions and in terms of materiality whereby misstatements are identified, it was confirmed that a high level of accuracy has been reported.
- Subject to the Health Boards endorsement, the Auditor General will sign off an unqualified audit opinion and a qualified regularity opinion as the Health Board did not meet its financial duty to break even.

- There will be a need to review how pooled budgets can be used more effectively and this will be a key area of focus.
- The audit has been completed in an open and transparent manner and Audit Wales were satisfied by the accounts process.

In discussing the report, the Board:

- Highlighted the significant number of Remuneration Committee meetings that have taken place due to the number of appointments being made. This process has been improved to become more streamlined and this was recognised by Audit Wales.
- Referred to the issue raised in relation to the Declarations of Interest system, a follow-up audit is being completed and assurance was provided that work in this area will continue.
- Thanked Audit Wales colleagues for the collaborative approach to reach this position.

25/121 Head of Internal Audit Opinion and Annual Report 2024/2025

Members received the update and the Director of Corporate Governance and Head of Internal Audit highlighted:

- The Head of Internal Audit Opinion has been received along with a detailed briefing paper.
- The annual opinion for 2024/25 is Limited Assurance, the briefing paper has been provided due to the close decision of the opinion.
- The Audit Committee have developed additional processes in relation to Audit recommendations however further work is required to ensure appropriate evidence is being provide.
- The briefing paper refers to improvements and strengthening of internal controls however challenges and concerns remain in certain areas.

In discussing the report, the Board:

- Welcomed the report and stated that the rationale provided is helpful to allow the Board to understand the opinion and the context of the decision.
- Highlighted concern in relation to the reference that information is being withheld. It was confirmed that requests are sent for teams to provide evidence, if this is not forthcoming, a supplementary request is sent and if no reply is received this is noted as withheld.
- Confirmed that the process is due to be discussed in further detail. Progress is being reported via the Audit Committee for assurance and delivery of the recommendations.
- Referred to the lack of evidence provided in relation to job evaluation, it was confirmed that there was an issue with the Trade Unions providing the evidence required. The Chief Executive has had a positive discussion with the Trade Unions and this issue has now been addressed.
- Thanked the Internal Audit Team for the strong working relationship, the detailed report and an explanation of where attention is required. Work is taking place to ensure the organisation is responding, making positive steps forward and using the learning from the report to continue the improvement journey.

25/122 Annual Report 2024/2025

Members received the update and the Chief Executive and Director of Corporate Governance highlighted:

- The Health Board are currently two years in to the improvement journey and the report provides the context to highlighting signs of improvement in areas such as governance and finance. The report also highlights areas where further work is required and a key area of

focus going forward will be access to services and ensuring patients receive care in a timely manner.

- The report is a combination of documents set out in three parts which include the performance report, accountability report and financial accounts which will be consolidated, subject to Board approval for onward sign off by the Auditor General.
- Board members have had the opportunity to review the Annual Report and this has been received by the Audit Committee and recommended for approval and signature by the Board.
- The report represents a true and fair opinion in relation to the governance arrangements and sets out the progress in relation to the systems of internal control and the challenges for the organisation going forward.
- The Health Board have had two Structured Assessment reviews reported during the period. Progress is being made and the issues are being addressed via the Integrated Medium-Term Plan
- Board members have completed an effectiveness self-assessment which has been received by the Board and identified a number of areas of focus. The Committees are now completing individual self-assessments to ensure feedback is provided to allow the Committee Chairs to undertake their roles effectively.
- Breaches in relation to Standing Orders and Standing Financial Instructions have been reported through the Audit Committee, actions to address these issues have been developed and are detailed within the report.
- There has been a failure to achieve the first financial duty however a balanced plan has been approved.

In discussing the report, the Board:

- Commended the work completed with Internal and External Audit and provided assurance that the Audit Committee have scrutinised the accounts and the Annual Report identifying areas that require further action. It was suggested that the documents are accepted by the Board following scrutiny from the Audit Committee.
- Reflected on the progress made and the need to maintain the focus and drive going forward. The aim will be to continue to embed and mature corporate, organisational and financial governance as the foundations of the organisation. There will also be a focus on addressing performance and access to services by delivering the objectives to see tangible improvements for staff, patients and local communities and build trust and confidence in the local health service.
- Highlighted that the organisation has significant challenges that will take time. There will be a need to work strategically over the next twelve months to deliver further improvements for the population of North Wales.

It was resolved that the Board:

- **RECEIVED** the Annual Report 2024-25, Part 1 and 2 and Annual Governance Statement.
- **APPROVED** the Annual Report 2024-25 in readiness for submission to Audit Wales and Welsh Government.
- **APPROVED** the Annual Financial Statements in readiness for submission to Audit Wales and Welsh Government.
- **APPROVED** the Letter of Representation for signing by the Chair and Chief Executive, on behalf of the Board.

25/123 Date of Next Meeting

Annual General Meeting – Thursday 17 July 2025

Health Board Meeting – Thursday 31 July 2025

Health Board Action Log (Public)

Updated 24.07.25

Open Actions						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
			REMAIN OPEN			
1	**25/86.1**	29.05.25	**Citizen Experience Report** Develop a method of triangulating the information being provided in Board reports and how the issues being raised align to what is being done in other areas. Suggest that Committees review specific areas and provide feedback via indicators within reports as to which areas are being addressed by which Committee.	Pam Wenger	Nov 25	**Remain Open** **30.06.25** This will be addressed as part of the work related to the Corporate Governance Plan.
2	**25/86.3**	29.05.25	**Citizen Experience Report** Planning, Population Health and Partnerships Committee to support a review of opportunities and areas for transformation within Community services and Primary Care and report back to the Board.	Tehmeena Ajmal	Nov 25	**Remain Open** **24.07.25** This will be discussed at the PPHP Committee to agree an approach.
3	**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~~ Revied timeline Sept 25	**Remain Open** **22.07.25** A briefing will be provided for the Board at the Board Development session being held on 30 July 2025.

						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.
ACTIONS PROPOSED FOR CLOSURE						
1	**25/86.2**	29.05.25	**Citizen Experience Report** The Citizen Experience Report to go to the Planning, Population Health and Partnerships Committee before being presented to the Board to allow discussion on the strategic intent of the Committee before being shared with Board members.	Helen Stevens-Jones Pam Wenger	July 25	**Action proposed for closure** **30.06.25** This will be included on the agenda for the PPHP Committee in September and has also been included on the PPHP cycle of business.
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~~ Revied timeline May 25	**Action proposed for closure** **30.06.25** Information and key documents relating to the death certification process have been shared with all

						Consultants and resident doctors. **29.05.25** It was confirmed during the meeting that the Chief Executive had received an update from the lead Medical Examiner at the NHS Leadership Conference confirming that those involved in the changes to the medical certification and the role of Medical Examiners are aware of the barriers and there is a need to continue connecting in this area to ensure progress is made. **19.03.25** This action is ongoing, the Interim Medical Director regularly attends the 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. **16.01.25** A briefing is being commissioned from NHS Wales Shared Services and

						will be shared with the Board once received.
Closed Actions (as agreed at meeting on 29.05.25)						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
1	**25/53.1**	27.03.25	**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 partnership working further and provide evidence that our partners have influenced our planning and join outcomes.	Pam Wenger Clare Budden Jane Moore Helen Stevens-Jones	May 25	**14.04.25** This action has been included on the forward workplan for the PPHP Committee.
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	**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	**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	**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	**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	**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	**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	**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	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	**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.

Teitl adroddiad: ***Report title:***	Stori John – Cyn-Filwr Llu Awyr Brenhinol John's Story – Royal Air Force Veteran			
Adrodd i: ***Report to:***	Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	31st July 2025			
Crynodeb Gweithredol: ***Executive Summary:***	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: ***Recommendations:***	Board is asked to note this report.			
Arweinydd Gweithredol: ***Executive Lead:***	Angela Wood, Executive Director of Nursing and Midwifery			
Awdur yr Adroddiad: ***Report Author:***	Chis Lynes, Deputy Executive Director of Nursing Leon Marsh, Head of Patient Experience Rachel Wright, Patient and Carer Experience Lead Manager			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

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.

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Quality
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	N/A
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A

In accordance with WP68, has an SEIA identified as necessary been undertaken?	
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)***	BAF21-10 - Listening and Learning
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF21-10 - Listening and Learning
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** N/A	
Rhestr o Atodiadau: Veteran Patient Story (Cymraeg) FINAL.mp4 Veteran Patient Story (English) FINAL.mp4 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 (Twitter, Facebook etc) and the CIVICA national platform where Health Boards across Wales can access the story ***List of Appendices:*** Appendix A- Patient Story Summary	

Betsi Cadwaladr University Health Board

Stori John – Cyn-filwr llu awyr brenhinol

John's Story – Royal Air Force Veteran

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

Overview of Patient Story

The storyteller is a patient at Holywell Community Hospital who is 100 years old, sharing his experience of joining the Royal Air Force from 1943 and how he subsequently trained to become a Psychiatric Mental Health Nurse (RMN).

The storyteller shares his experience of being admitted to hospital due to a fall at home, and the importance of being recognised as a veteran whilst an inpatient.

Key Messages

- The storyteller describes a positive experience at Holywell Community Hospital
- The storyteller describes staff being very attentive, careful and professional
- The awareness of the Poppy (Veteran Identification) Programme

Summary of Learning and Improvement

Betsi Cadwaladr University Health Board (BCUHB) is proud to have signed the Armed Forces Covenant. Through the pledge to the Armed Forces Covenant the Health Board has promised the nation that the Armed Forces community (those who serve or have served in the Armed Forces), along with their families will be treated fairly.

The Health Board has a dedicated Armed Forces Covenant & Veteran Healthcare Collaborative Lead who is responsible for managing the relationship between the Armed Forces Community (AFC) and the Health Board, advising senior managers on Covenant legislation and coordinating delivery of Armed Forces friendly, accredited policies and services.

The main areas of focus within the Armed Forces portfolio to support improved patient and staff experience include:

Communication

Information resources are available on SharePoint for staff to access, providing details on the Armed Forces Covenant, Armed Forces and Veteran initiatives and support services available within the voluntary and public sector to assist in combatting potential disadvantages which the Armed Forces Community may face.

Identifying our Armed Forces Community (AFC) - Workforce

In efforts to ensure efficient workforce planning, the Electronic Staff Record system (ESR) now records the identification of Armed Forces Community personnel. This has helped enable the Health Board to establish a dedicated Armed Forces network, which supports awareness-raising of the duties of the Health Board under the Armed Forces Covenant.

Twelve staff from across the Health Board have volunteered to be Armed Forces Service Champions. Through training and development, the Champion will understand the culture of the armed forces community and use this to design their services. There is an ongoing recruitment for staff to volunteer as a Champion.

Supporting Employment of the Armed Forces Community Personnel

The Health Board is part of the Defence Employer Recognition Scheme (DERS) as a Gold Award holder, and is fortunate to employ a significant number of serving military personnel (Reservists / Cadets Adult Volunteers). The Health Board supports time off work for serving personnel to attend annual deployment exercises. In addition, BCUHB supports the AFC in accessing career opportunities within the National Health Service (NHS) by offering guaranteed interviews for all Armed Forces Community personnel seeking employment.

Identifying our Armed Forces Community (AFC) – Patient Population

The Health Board has implemented a Poppy (Veteran Identification) Programme which seeks to identify Veteran patients, and members of the wider Armed Forces Community, including personnel currently serving, Reserve personnel, veterans and their families. The Poppy Programme aims to ensure that all patients in acute hospital admission areas are asked if they have served in HM Forces and their Armed Forces status will be recorded. For those patients who are admitted into hospital, a palm-sized poppy magnet will be placed at their bedside, allowing nursing teams to discuss appropriate onward referral to external veteran support services and charitable veteran organisations, before they are discharged.

The Poppy Programme enables Health Board a significant insight into understanding the proportion of patient population who make up the Armed Forces Community, who are accessing services and require support from Third Sector organisations to support veterans back into their homes preventing the need to return to hospital for further clinical interventions.

In order to acknowledge the already overburdened workloads of our dedicated clinical teams the Health Board has partnered with Soldiers, Sailors and Airmen's Families Association (SSAFA), the Armed Forces Official Charity, who will visit patients in hospital to support referrals to third sector veteran organisations who can provide grants, equipment and peer support. For example, a visually impaired patient may be referred to Blind Veterans UK.

The Poppy Programme is live across inpatient wards at Wrexham Maelor Hospital, and Ysbyty Glan Clwyd and within the Emergency Quadrant at Ysbyty Gwynedd. Further roll out

of the Poppy Programme is due to take place across the Health Board including engaging with Therapy Services.

The Armed Forces Covenant & Veteran Healthcare Collaborative Lead has led on the following initiatives:

- Signposting patients to the appropriate Veteran Support Services, away from acute hospitals
- Reducing the length of in-hospital stays, by engaging with Armed Forces charities
- Enhancing Veteran patient experience
- Achieving service user positive patient outcomes, working in partnership with Veteran charities
- Establishing vital links with 3rd Sector Voluntary Veteran Organisation
- Raising the reputation of the Health Board
- Leading the way on the Armed forces Portfolio of work for Wales, recongised by securing the Armed Forces Covenant award 2023 on behalf of the Health Board
- Parliamentary ambassador for BCUHB, championing NHS Support Services in Wales

From 23 – 27 June 2025 to celebrate National Armed Forces Week, a series of activities took place across the Health Board including 3 dedicated 'Veteran Aware' flag raising ceremonies across acute hospital sites to mark the commencement of Armed Forces Week and to pay tribute to Armed Forces across the country. For official Reserves Day on Wednesday 25 June 2025, the Health Board invited all staff who are reserves to wear their uniform to work so they could be identified and celebrated. Staff videos were launched on SharePoint, external Health Board website and social media platforms, with staff who are part of the Armed Forces Community, Veteran Leads and Armed Forces Champions sharing their experiences.

The Patient and Carer Experience Team will share this positive 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 storyteller for sharing her experience.

Teitl yr adroddiad: ***Report title:***	Chair's Report			
Adrodd i: ***Report to:***	Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	31 July 2025			
Crynodeb Gweithredol: ***Executive Summary:***	This report provides information on key issues within the organisation and external work with Government and other partners • Meetings with Elected Representatives • Appointments • Details of visits and meetings			
Argymhellion: ***Recommendations:***	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: ***Executive Lead:***	Chair			
Awdur yr Adroddiad: ***Report Author:***	Chair			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Ar gyfer sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in Delivery*
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):***	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? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	Not applicable at this stage.
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?***	Not applicable at this stage.
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)***	The issues raised impact across a range of risks.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no specific implications arising from this report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no specific implications arising from this report.
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 Risgiau Corfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	The issues raised impact across a range of risks.
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential Committee (where relevant)***	Not applicable.
Next Steps: ***Implementation of recommendations*** Not applicable to this report.	

Report of Chair to Betsi Cadwaladr University Health Board
July 2025

Some of the work I have undertaken since my report to the May Board is summarised below:

Board and Committees

This July Board meeting will be Karen Balmer's final meeting as an Independent Member. She was appointed to the Board in March 2023 and helped shaped the organisation in those early days when we were a small group of four Independent Members. Karen has chaired the Audit Committee during this time and has developed the role ensuring that this committee has oversight of key areas from a risk aspect as well as relevant issues relating to finance. Her contribution has supported the progress of the Health Board and we are grateful for Karen's contribution during what has been a key period for the organisation.

Phylis Makurunje has joined us as part of the Aspiring Board Members Programme Aspiring Board Members Programme - Academi Wales This is a 12 month leadership development programme designed to support and prepare people from Black, Asian and minority ethnic backgrounds for Independent Board Member roles within health bodies in Wales. The programme seeks to enable a wider diversity of individuals to play their part in the future of NHS Wales.

Phylis is attending Board meetings and briefings together with some committees. This will provide support to enable Phylis to gain knowledge of the governance of the Health Board and insight into our ways of working. Both Pam and Urtha are supporting her during this placement and I hope that she will find this experience valuable and assist her in considering a future role.

Developing the Organisation

We have seen a renewed focus on ensuring delivery in the Health and Well-Being system by Welsh Government in recent months. The Cabinet Secretary for Health and Social Services has written to all Health Boards underlining his priorities for the next 12 months: Improving performance together: priority delivery actions for better health and care 2025 to 2026 Most of these priorities align with those set out by ourselves in our strategic planning – Annual Plan and IMTP. It is clear that the Cabinet Secretary's ambition is not only to improve access to the health system but also to do things differently, ensuring that health and well-being is addressed in the community, both in terms of service provision and health promotion/intervention, and that resources are aligned appropriately. We share this ambition and will hope to embrace this work with an approach that will support the further sustainable development of our organisation.

Engaging with others

I have continued to meet with Members of the Senedd, and have also had the opportunity to engage with some of our trade union partners. Attendance at a Conwy Council Social

Care and Health Scrutiny Committee together with Gareth Evans and Alison Cowell was valuable and constructive. Gareth Williams, Vice Chair, Stuart Keen, Director of Estates and Environment, and I recently met with Jane Bryant MS, Minister for Housing and Local Government, in order to consider possibilities of land use to support affordable housing. We are very willing to work with government on any such proposals that will maximise the utilisation of our estate as well as helping our local population to access housing.

I was very pleased to attend the 12 month anniversary of the Wrexham Maelor based Wellbeing Choir concert at St, Giles Church in the town. The formation of the choir has been a haven for many of our staff and reminds us the key role music, and the arts in general, can play in our health and well-being. Congratulations to the choir and a great Diolch yn fawr to Aled Phillips and Aled Evans in their role as Musical Directors of the choir.

I once again attended a Project Search Graduation Ceremony, this time at Coleg Llandrillo Menai in Bangor. I was so encouraged to hear of the progress of young people and the way we have worked in partnership with Coleg Menai Llandrillo to ensure opportunities for a cohort of young people to gain skills and support them in their career journeys. This is part of our role as an Anchor Organisation and a major employer for our region.

The Health Board will be present at this year's National Eisteddfod in Wrexham by way of a stand with other partners under the auspices of the Regional Partnership Board. There will be a number of activities during the week and an opportunity to learn of the work of some of our partners. It is very exciting to note that Leanne Parry who is a neurological physiotherapist at Ysbyty Glan Clwyd and Colwyn Bay Hospital, has reached the final of Welsh Learner of the Year. The winner will be announced on Wednesday August 6. Pob lwc Leanne!

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

Date	Meeting / Visit
22 May 2025	Filming for reflection on 2 years in post
22 May 2025	Radio Ysbyty Glan Clwyd
23 May 2025	Wellbeing Choir Concert at St Giles Church, Wrexham
27 May 2025	Chairs Peer Group
27 May 2025	Victoria Peach, Interim West IHC Director, Ysbyty Gwynedd
27 May 2025	Weekly Planned Care Briefing
28 May 2025	Informal Board
29 May 2025	Health Board
2 June 2025	Welsh Language Strategic Forum
2 June 2025	Stakeholder Reference Group
3 June 2025	Audit Wales
3 June 2025	St David's Hospice
3 June 2025	Cabinet Secretary for Health and Social Care re Planned Care
4 June 2025	Independent Member Appraisal
4 June 2025	Conwy Council Social Care and Health Scrutiny Committee
4 June 2025	Interview for S4C
16 June 2025	Director of People Services interview
17 June 2025	Project Search Graduation Ceremony at Coleg Llandrillo Menai Bangor
18 June 2025	Phylis Makurunje, Aspiring Board Member

19 June 2025	Cabinet Secretary for Health and Social Care
19 June 2025	First Minister visit to Wrexham Maelor Hospital
20 June 2025	Hannah Blythyn MS, Mold
23 June 2025	Cabinet Secretary for Health and Social Care re Planned Care with CEO
24 June 2025	Audit Committee
25 June 2025	Performance, Finance and Information Governance Committee
26 June 2025	Health Board to receive Annual Report
26 June 2025	Board Development
26 June 2025	Remuneration Committee
27 June 2025	Llandudno Hospital Orthopaedic Hub with Cabinet Secretary for Health and Social Care and Clare Hughes MP
30 June 2025	Darren Millar MS, Abergele
30 June 2025	Unison and RCN, Abergele
30 June 2025	Senior Leadership CEO Briefing
1 July 2025	Minister for Housing and Local Government
2 July 2025	Digital Healthcare Together Webinar
2 July 2025	Remuneration Committee
3 July 2025	Planning Population Health and Partnerships Committee
3 July 2025	Quality Safety and Experience Committee
7 July 2025	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
8 July 2025	Filming for WEAVE, Arts and Mental Health Conference
9 July 2025	Public Leaders Forum
11 July 2025	Chair Interview Panel for Consultant in Community Paediatrics
15 July 2025	Bangor University Court
15 July 2025	Victoria Peach, Interim West IHC Director, Ysbyty Gwynedd
16 July 2025	Monthly Meeting with Cabinet Secretary for Health and Social Services
17 July 2025	Annual General Meeting
18 July 2025	Ground breaking Event for Penrhos Village development
21 July 2025	NHS Confederation All Members Chairs Group
21 July 2025	Health Inspectorate Wales
21 July 2025	Tehmeena Ajmal, Chief Operating Officer
21 July 2025	Weekly Planned Care Briefing

Teitl adroddiad: ***Report title:***	Chief Executive Report			
Adrodd i: ***Report to:***	Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 31 July 2025			
Crynodeb Gweithredol: ***Executive Summary:***	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. It covers the period end of May 2025 to 11 July 2025. Some of the content is further expanded in other reports on the Board agenda.			
Argymhellion: ***Recommendations:***	The Board is asked to **DISCUSS** and **NOTE** the report			
Arweinydd Gweithredol: ***Executive Lead:***	Chief Executive			
Awdur yr Adroddiad: ***Report Author:***	Chief Executive			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	Relates to all objectives			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***				
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	N/A			

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?***	N/A
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)***	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	No recommendation results in a financial decision or implication
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	No recommendation results in a workforce decision or implication
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** There are a range of actions to address relating to the content of the report. ***Implementation of recommendations*** Recommendations are to discuss and note.	
Rhestr o Atodiadau:	

CHIEF EXECUTIVE REPORT

1.0 INTRODUCTION

This report covers the period end of May 2025 to 11 July 2025 and includes the summary of key developments or matters of specific interest. Some of the content is further expanded in other reports on the Board agenda.

2.0 KEY DEVELOPMENTS

2.1 All-Wales Assessment of Maternity and Neonatal Services

The Health Board welcomes the Cabinet Secretary's announcement of an all-Wales assurance assessment of maternity and neonatal services and fully support this important work and the commitment to shared learning across the NHS in Wales. As a learning organisation (strategic objective 5), the organisation continues to focus on actions to improve the quality, safety and experience of care for all women, babies and families.

Whilst over the past decade, the Health Board has made significant changes to strengthen maternity and neonatal services, it is important that fresh assessments, gathering in the learning from elsewhere, can take place including at its heart listening to women, families and staff. Our ambition is to be among the best in Wales and the UK.

As CEO with a lead in Maternity and Neonates, continued close working with the Network, Welsh Government and other NHS organisations in Wales is key. The detailed timetable and approach to the work is due to be shared shortly and the key route via Executive Committee will be to the Quality, Safety and Experience Committee.

2.2 Joint Executive Team and Special Measures Assurance Meeting

The Executive Team attended the Joint Executive Team meeting on 21 May 2025 with representatives of Welsh Government, which also incorporated the quarterly special measures assurance review.

Progress was noted by Welsh Government during the meeting, which included:

- **Leadership and Governance**: New appointments are strengthening leadership. The first balanced Integrated Medium-Term Plan (IMTP) has been submitted, marking a significant step in financial planning and governance.
- **Operational Stability**: Focus on stabilising operations and laying the groundwork for long-term improvements. Progress noted in governance, financial management, leadership, and cultural transformation.
- **Financial Management**: Commitment to balancing finances by reducing costs and improving efficiency, despite ongoing fiscal challenges.
- **Quality Improvement**: Significant progress following the approval of the Quality Management System (QMS) framework, leading to increased accountability and improved service delivery.
- **Digital Infrastructure**: Improvements in digital infrastructure, with a focus on delivering electronic patient records for mental health and implementing national solutions.
- **Service Delivery Challenges**: Ongoing challenges in operational service delivery, particularly in planned care, cancer, and urgent and emergency care. Efforts are

being made to address these issues, including reducing waiting times and improving patient care.
- **Workforce Stability**: Progress in workforce stability and engagement, with reductions in fixed-term contracts and improvements in staff survey metrics.
- **Mental Health and Neurodiversity**: Efforts to improve mental health services and reduce neurodiversity wait times, with a focus on addressing long waits and implementing recommendations from the Royal College of Psychiatrists review.
- **Primary Care and Dental Services**: Challenges in primary care and dental services, with efforts to stabilise services and address contract handbacks.

The Special Measures Assurance Board was held on 18 July 2025 and formal notification is awaited from Welsh Government.

2.2 Escalation Status

The Welsh Government wrote to the Health Board on 15 July 2025 confirming there would be no change to the escalation status. A copy of the letter is attached at **Appendix 1.**

The progress report published by Welsh Government is available here and a high level summary of the report is provided below.

In conclusion the Welsh Government report indicates:

There has been steady and measurable improvement made across key areas including leadership, governance, clinical quality, and financial management over the past two years.

Significant challenges remain – especially in planned and urgent and emergency care, which will require additional focus during the coming months.

The priority is to improve operational grip and control, agree and implement a new operating model, improve performance and build the necessary foundations for sustainable, system-wide improvement.

In addition, Welsh Government report draws out the following:

The organisation has made many changes over the last two years. Year one saw improvements in corporate governance, financial governance and performance, and board leadership, while year two has seen a focus on quality and safety, with the board responding to many legacy issues in an open and transparent manner.

The health board has set out ambitious plans for the year ahead – it has submitted a balanced three-year plan for the first time ever and was able to deliver an outturn deficit of £7.6m for 2024 to 2025, which was an improvement on the agreed target control total. Unfortunately, the plan could not be approved by Welsh Ministers because it did not meet the wider requirements of the NHS Wales Planning Framework 2025 to 2026, mainly those related to performance expectations.

This year, the focus is on reducing the number of long waits and the overall size of the waiting list – bringing it back to pre-pandemic levels – and tackling outpatient appointments in the most challenged specialities, as well as taking action to improve waiting times for urgent and emergency care services. This is a priority for the health board as it has by far the largest proportion, and the longest waits, in Wales.

The status of other Health Boards, provided as a comparator are included below:

Organisation	Previous Status (March 2025)	Current status (July 2025)
Aneurin Bevan	Level 4 – finance, strategy and planning Level 3 – performance and outcomes	Level 3 – finance, strategy and planning Level 3 – performance and outcomes
Cardiff and Vale	Level 4 – finance, strategy and planning	Level 4 – whole organisation
Cwm Taf Morgannwg	Level 4 – performance and outcomes (emergency care) Level 3 – finance, strategy and planning and performance and outcomes (planned care)	Level 4 – performance and outcomes (emergency care) Level 3 –performance and outcomes (planned care) Level 1 – finance, strategy and planning
Hywel Dda	Level 4 – finance, strategy and planning, performance and outcomes, and fragile services Level 3 – leadership and governance, performance and outcomes (CAMHS)	Level 4 – finance, strategy and planning, performance and outcomes, and fragile services Level 3 – leadership and governance, performance and outcomes (planned care) Level 1 – performance and outcomes (CAMHS)
Powys	Level 4 – finance, strategy and planning	Level 4 – finance, strategy and planning
Swansea Bay	Level 4 – finance, strategy and planning, performance and outcome (HCAI, emergency care, cancer) Level 3 – performance and outcomes (maternity and CAMHS)	Level 4 – finance, strategy and planning, performance and outcome (HCAI, emergency care, cancer) Level 4 – maternity and neonatal services Level 3 – performance and outcomes (CAMHS)

The Cabinet Secretary also announced the revision to the Oversight and Escalation Arrangements.

2.3 Executive Team

Interim Executive Director of People Services

Following a competitively advertised process and formal approval by the Remuneration Committee on 26 June, Georgina (George) Roberts has been appointed as Interim Executive Director of People Services for a period of six months.

George currently serves as the Senior Associate Director of People and brings a wealth of experience and leadership to this interim role.

The Health Board is in the process of preparing to advertise the substantive Executive Director of People Services post in partnership with our search and selection provider, with the campaign expected to launch in the coming month.

I would like to take this opportunity to sincerely thank Jason Brannan, Deputy Executive Director of People Services, for his dedicated functional and executive support over the past 28 months.

Many of you will be aware that Jason is currently focusing on his recovery following a period of illness, and we fully support his decision to prioritise his health at this time.

Director of Performance and Commissioning

Steve Powell, Director of Performance and Commissioning has announced his retirement from the NHS at the end of September 2025. Steve retires from the NHS after nearly 37 years of services. I would like to take this opportunity to sincerely thank Steve for his contribution to the Health Board.

2.4 Strategic Planning and Service Change

The Executive Committee is in the process of strengthening its arrangements in implementing the organisations key strategic objectives. A new sub-group has been established to lead the strategic planning and service change agenda. The CEO report will be used to draw attention of key pieces of work, in addition to formal reporting mechanisms that already exist.

Hywel Dda Health Board, Clinical Services Plan

In terms of external service change external a key focus is on the Hywel Dda clinical services plan consultation. Hywel Dda University Health Board is consulting on a series of options for nine services (Critical Care, Emergency General Surgery, Ophthalmology, Dermatology, Urology, Orthopaedics, Endoscopy, Radiology and Stroke) due to service fragilities or unsustainability. The options being consulted upon detail changes to the way services are delivered across their four acute hospital sites (Bronglais, Glangwili, Prince Philip and Withybush). The deadline for contributing to the consultation is 31 August 2025 and the BCU team are in regular contact with the Hywel Dda team, with a particular focus on impacts relating to changes at Bronglais Hospital in Aberystwyth. A paper on the Health Board response will be shared with Board Members in advance of the deadline at the Board Development Session in August 2025 and will be received in Planning, Partnerships and Public Health Committee in September 2025.

The consultation process ends on 31 August 2025, and the Board is asked to agree that the response to the consultation is delegated to the Chair and Chief Executive and to be shared with the Board in advance of the next meeting in September 2025.

3.0 MEETINGS/VISITS

3.1 Annual General Meeting 17 July 2025

The Health Board Annual General Meeting took place on 17 July 2025 and was an opportunity to reflect of the performance of the Health Board during 2024/25.

An overview was given as to the overarching progress the health board continues to make as well as the key priorities and challenges it is taking forward. Russell Caldicott, Executive Director of Finance presented the financial performance and governance elements signalled a strong performance across a range of indicators. Teresa Owen, Executive Director of

Allied Health Professions and Health Science presented the development in improving quality, outcomes and experience and this led into a series of presentations from colleagues across different areas of the health board, often working in partnership with University and other partners including:

- The Intravenous Access service, improving the way in which vascular access is provided for patients, improving experience and effectiveness of care. This has been shortlisted for the NMS Wales Award.
- Focusing on marginal gains – improving value and effectiveness. A presentation provided by a senior Orthopaedic Consultant sharing the work on improving the effectiveness, efficiency and value of care as a core element of service provision. Innovative and creative ways of making improvements was shared as an example of value-based healthcare.
- An innovative research project examining the potential of a medicine dispenser unit in rural community; a joint endeavour between Bangor University and the health board. The test of acceptance and utilisation from the public would be key in any potential wider scaling of this initiative.

A copy of the Annual Review for 2024/25 is available on our website.

3.2 The Women's Health Plan for Wales – Stakeholder Event

The first Women's Health Plan for Wales was launched in December 2024 and illustrates a 10-year vision to improve healthcare services for women across Wales. The health boards Integrated Medium Term Plan indicates this as a key priority.

A Health Board internal stakeholder event took place on 10 July 2025 and along with Angela Wood, Executive Director of Nursing and Midwifery I had the pleasure of speaking at the event.

3.2 Culture Change and Leadership

The work to develop the organisations culture continues to progress and a series of focus group sessions is well underway. Senior leaders are sponsoring the focus groups and I had the pleasure of joining one in Ysbyty Glan Clwyd, listening and chatting with colleagues about experiences. These sessions form a key part of capturing the description of current with a synthesis report being collated as a result. This, along with other key strands of work, helps form the areas of focus for the next stage of development in line with tired and tested Culture Change methodology.

3.3 Service Visits

During July 2025, a number of service visits across the Health Board have taken place to help understand the successes, opportunities and challenges. These visits are both informative and inspiring and an ideal way to connect directly with colleagues and learn more about their work. The visits included:

- **Mental Health and Learning Disability Services**

  A visit to the medium secure forensic unit took place, meeting both staff and patients, understanding more the key working relationship with colleagues from the Ministry of Justice. The service provides specialised care for individuals with mental health

issues who pose a risk to themselves or others, focussing on rehabilitation and risk management. I was struck by the compassion of the staff at the facility and the stories of patients who had made significant progress.

A visit was also undertaken to the Community Mental Health Team in Nant-y-GIyn, Colwyn Bay. A helpful discussion took place with colleagues regarding the model of care and some of the challenges experienced, as well as opportunities for new thinking for the future of how best the needs of patients can be met.

It was also a reminder of the poor estate that exists in many parts of the heath board and that a medium to long term strategic approach is needed to ensure modern, therapeutic environments of care are provided for the benefit of both patients and staff. Strong partnership working was expressed and there continue to be opportunities to undertake further developments on this front, including with the voluntary sector.

- **Hwb Iechyd Cybi**

A visit to Holyhead took place to meet with the Local Authority regarding potential developments for the local population. There is a shared ambition to focus on improving health and wellbeing for a population in specific need and the potential to collaborate with other partners to achieve a joined-up approach. The development of a health and wellbeing centre/hub strategically placed in the town could enable significant additional benefit to the provision already in the area. There is great potential here to work with the local authority, North Wales Police, Welsh Government, the Regional Partnership Board and other partners to provide services for this community. A workshop will now be established to help take forward the next stage of thinking for this project.

- **Ysbyty Glan Clwyd**

A couple of visits have taken place to Ysbyty Glan Clwyd recently, meeting both staff, patients and members of the public. A canteen visit always gives an opportunity to chat with people in an informal setting and again being approached by a member of the public provided an excellent opportunity to discuss the challenges of the emergency care pathway and the work that is underway to improve access to services. This was an informal opportunity for issues to be raised and for concerns to be heard.

An excellent visit also took place at the Health Records department, seeking to gain a better understanding of the process of ensuring that health records get to the right place at the right time to give clinicians and patients all the information needed to inform decisions. The visit highlighted the issues and challenges of the current way of working and the potential benefits of moving to an electronic system. A scanning project is being developed and will be considered at an Informal Executive Team meeting shortly.

Linked to this to the Pre-Operative Assessment clinic took place, discussing the service and potential developments with staff who help to prepare patients for their planned surgery by assessing the patient's fitness for an operation and/or anaesthetic. The reliance of vast amounts of patient's paper files was clear and hence the need to digitise some of this process is essential. An e-POAC system is

being developed at a national level and the health board has indicated a keen support for being amongst the first to take this forward.

The theatres teams hosted a visit around the theatres and the pre and post care areas. The theatres themselves are modern and clearly significant investment has been made over recent years. A discussion regarding the effective use of resources took place and specifically about how improvements could be made in terms of the numbers of patients that could be seen. This is clearly a team with a significant appetite for improvement and colleagues shared ideas regarding the areas they felt could be tackled.

It was extremely helpful on my latest visit to the Emergency Department to sit in on a multi-disciplinary team 'huddle' where the team discussed individual patients in ED and how to move their care forward. It was clear that the department was extremely busy with patients being cared for in corridors. The essential issue continues to be the availability of inpatient beds in the main hospital and colleagues were sharing their approaches to maintaining safety and dignity for patients as well as considering more strategic options for service development. It was clear that the staff were aware of every patient's needs and were so committed to ensuring they had the best care despite the challenging circumstances. This is a key area of focus for the organisation and the planning for Winter has already started. The Major Change Urgent and Emergency care Programme will report to the Board in the autumn.

- **Ysbyty Wrecsam Maelor**

A visit took place to Ysbyty Wrecsam Maelor, with a significant walk through the hospital to understand from a service view the challenges of both the current layout of the hospital but also the fabric of the building. Both factors are limiting the ability to provide modern, efficient care and the medium to long term estates plan will need to effectively support improvements in models of care provided. Examples of this include the ability to provide a holistic day surgery service that meets high level of efficiency and effectiveness. It was good to engage directly with staff who work in these areas to hear their views of what would help improve care. Follow-up discussions will be taking place over the coming months and these will shape clinical service plans moving forward, with the potential of short-term changes being considered.

The visiting also included discussing with urology service colleagues the service provision and estate limitations. There is strong support for the development of a Urology unit where the innovative practice that is present can be further expanded, helping to improve access times to care. Working across the organisation came through as a strong theme and an understanding that to be most effective the way in which services are provided will need to develop. A follow-up on site discussion on these matters will be taken forward in the coming weeks. the Urology department to learn more about development and the challenges. Our new Director of Environments and Estates will be key in unlocking this issue.

The Posture & Mobility service has been developing its outdoor therapeutic space and a visit helped to gain an understanding of the successful partnership working with the local authority in the area in utilising gardens to enhance wellbeing. Staff, students and service users have worked together to install state-of-the-art outdoor equipment to support patients learning to use prosthetics. The garden has some challenging

obstacles designed to mimic walking in different environments and includes a walkway with cobbles, grass and blocks, to help people with a prosthetic leg to learn how to walk on different types of ground, a really positive project.

Finally, a visit was arranged to a community garden in the grounds of the health board, led by volunteers. It underlined the commitment of people in the local community to contribute to the overall wellbeing of communities as part of a partnership with the health board. The enthusiasm stood out and a visit is highly recommended. A discussion with the Director of Environment and Estates has led to some ideas being generated regarding garden across the health board area and further thinking will come forward on this in due course.

4.0 Conclusion

The report intends to give am 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.

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive

Llywodraeth Cymru
Welsh Government

Carol Shillabeer
Chief Executive
Betsi Cadwaladr University Health Board

Our Ref: JP/SJ/SB

15 July 2025

Dear Carol

NHS Oversight and Escalation Arrangements

In line with the NHS oversight and escalation framework, escalation levels are considered at least twice a year. This includes an assessment of each health organisation against the six escalation domains, and discussions with partners around the current issues, concerns and progress since the last review.

I am writing to you to confirm that following a recent assessment, the escalation status of your organisation will remain unchanged at level 5 (special measures).

We will continue to hold quarterly special measures assurance board meetings to monitor progress against the agreed special measures framework and de-escalation criteria.

Yours sincerely

Judith Paget

Judith Paget CBE

Teitl yr adroddiad: ***Report title:***	Vice Chair's Report			
Adrodd i: ***Report to:***	Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	31 July 2025			
Crynodeb Gweithredol: ***Executive Summary:***	This report provides information on key areas of engagement undertaken since the last Board meeting.			
Argymhellion: ***Recommendations:***	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: ***Executive Lead:***	Vice Chair			
Awdur yr Adroddiad: ***Report Author:***	Vice Chair			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Ar gyfer sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in Delivery*
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):***	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 EqIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable at this stage.			

In accordance with WP7 has an EqIA been identified as necessary and undertaken?	
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?***	Not applicable at this stage.
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)***	The issues raised impact across a range of risks.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no specific implications arising from this report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no specific implications arising from this report.
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 Risgiau Corfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	The issues raised impact across a range of risks.
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential Committee (where relevant)***	Not applicable.
Next Steps: ***Implementation of recommendations*** Not applicable to this report.	

Report of the Vice-Chair to the Betsi Cadwaladr University Health Board, 31 July 2025

A highlight of the last couple of months was the opportunity to attend the NHS Confederation Expo in Manchester on 11 and 12 June.

This was an impressively organised event with 8000 attendees, and consisted of a large number (normally between 10 and 15) parallel sessions happening simultaneously. While it was (perhaps inevitably) largely focused on developments in England, we need to recognise that almost all of the problems we face are shared with other parts of the UK, and that we can learn a lot from others' attempts to find solutions to them. I was disappointed at how poor the attendance from Wales was, although the Welsh NHS Confederation (with their colleagues in Northern Ireland) arranged a very stimulating discussion over dinner with Welsh and Irish participants.

In all I attended seven sessions on a variety of themes, from improving Discharge to Assess, the Mental Health Bill currently before Parliament, how to provide a better environment for those in mental health crisis in Emergency Departments and using the third sector to engage with hard to reach groups to identify and then treat potentially serious incipient long-term conditions.

Some of the most important 'takeaways' from the event in respect of mental health, primary care and prevention are highlighted in the following sections, alongside information about other recent visits and meetings I have had in these areas which, as Vice-Chair, I am particularly tasked with speaking up for.

In terms of other issues, the main points of interest were:

- In **planned care,** the very major focus on productivity and the very strong leadership – particularly of clinical leaders - from NHS England and the UK Government in terms of ensuring that English acute trusts were able to demonstrate their adherence to best practice, GIRFT (Getting it Right First Time) standards in respect of planned care.
- Innovative approaches to shortening and even by-passing conventional waiting lists, for example a 'Mass Knee Clinic', involving an entire trusts consultants, resident doctors and some trainees over a weekend to clear a waiting list backlog which had resulted in more than a 100 patients being seen, and a financial saving from economies of scale and avoiding DNAs of around £250k.
- In terms of **Urgent and Emergency Care,** details of a project supporting six pilot areas to increase the use of 'Discharge to Assess' by addressing the culture of 'us and them' between the NHS and Social Care, in order to speed up discharges and to work towards an assumption of early discharge. In one specific case (Dorset), critical success factors were said to be
    - identifying a joint leadership team with two Senior Responsible Officers who brought little baggage to the table;
    - building the trust of front line workers (social workers, ward staff) in each others' data and commitment to doing the best for patients;
    - reintroducing social workers onto wards, rather than them working remotely;
    - using a case-study approach (looking at individual examples of sub-optimal patient management and collectively discussing what would have ben a better approach) to build a greater focus of staff on the interests of the patient and to minimise an over cautious approach to risk;
    - ensuring strong end-to-end data based on robust data-sharing agreements;
    - training staff to have more confidence in having conversation with families about 'home first' solutions;
    - not being afraid to challenge each other when agreed principles were not followed.

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Mental Health

Since my last report, I have undertaken a significant number of visits and meetings with MHLD staff. These have included some 'first visits', notably to the **Memory Assessment Service (MAS) t**eams in Conwy and Denbighshire and in Flintshire, which increased my awareness of the really important and sensitive work done by the Service in not only diagnosing dementia but also supporting patients and their families through this life-changing and challenging process. The importance of rapid diagnosis, given the increasing potential of treatments to delay the progress of these horrendous conditions was clear, but while teams – albeit not without challenges – are working hard to undertake assessments within a 28 day target, there are sometimes long delays in diagnosis due to waiting times for access to MRI scans and to occupational therapy assessments.

I also made a first visit to **Cynnydd Ward, our closed rehabilitation ward** within the Ablett (on the Ysbyty Glan Clwyd site), where I also met Laura Rogers, the Matron of the Rehabilitation Service. Like the MAS this is a very distinctive part of MHLD, where staff work intensively with patients with a difficult personal history who need long-term support before they are able to move back into the community. Amongst other things, the visit reminded me that the risks in terms of self-harm are very different for different patient groups, with our focus – essential though it is – on anti-ligature measures sometimes seeming something of a blunt instrument.

I also paid return visits to our **inpatient wards both in Hergest (Ysbyty Gwynedd) and Heddfan (Ysbyty Wrexham Maelor)**; met the **Adult Mental Health Community Teams (CMHTs) for Arfon, and Wrexham and the Older People's CMHT, Adult CMHT and the Local Primary Mental Health Support Service (LPMHSS) for Flintshire.**

One of the issues raised with me was the huge increase in referrals to Mental Health Services of adults seeking a diagnosis with regard to neuro-divergence, notably **ADHD and autism** and the extent to which this was posing a significant challenge in terms of meeting the Welsh Government targets under the Mental Health Measure. To a large extent this appears anomalous, given the clear understanding that these conditions are not mental illness, but currently there is no alternative pathway for supporting such individuals. I discussed this further with Liz Bond, Head of Pharmacy for Community Mental Health) who is working on developing proposals to address this issue in the shorter term.

In the longer term, this of course links to the Mental Health Bill currently before Parliament, which requires the development of an alternative service model for ND/autism; it is recognised that it is likely to be a significant time before this part of the Bill can be implemented, a point underlined in the NHS Confederation session I attended in Manchester. Other key points from that event relating to Mental Health were:

- Some parts of the Mental Health Bill are likely to be implemented relatively quickly, including the shorter duration of detentions imposed by 'Sections'; the introduction of four underlying principles for any detention including the requirement for there to be therapeutic benefit and the need to show likelihood of serious harm to self or others; and the greater opportunity to challenge detention. Bringing about these changes will be challenging for BCUHB and for every Health Board.
- Interesting work is being done on Advance Choice Documents (completed by individuals with a history of serious mental illness which sets out their preferences in the case of a future episode requiring sectioning) by the South London and Maudsley NHS Trust and Kings College London
- The significant problem of long-waits by those in mental health crisis presenting in Emergency Departments, linked to the lack of available in-patient Mental Health beds: 42%

of EDs in England have had at least one person in ED for five days or more in the last two years.
- The potential to reconfigure spaces within EDs to provide separate and much more appropriate spaces for those in mental health crisis (which is now being taken up through the Secretary of State's emphasis on 'Mental Health Emergency Departments.
- The emphasis being put on the increased provision of access to talking therapies (via primary care or self-referral) in England, with the Office of Budget Responsibility and the Treasury being highly supportive because of the proven link between access to such therapies and sustaining/re-entering employment.

In terms of increasing access to talking therapies in Wales, I continue to be enthused by the Welsh Government's/NHS Executive's plans for significant change in the approach to mental health service provision, starting with guaranteed access to same day, single session support. While our staff generally do an excellent job of supporting those who are 'open' to our services, it is very clear that the system overall is failing to meet the needs of the very many people who seek support from primary care for depression, anxiety or distress in a timely and meaningful way, leading not only to patient harm but also in some cases to acute mental illness which ultimately is far more damaging for the individual and expensive for the NHS.

Clearly, this new approach will require systemic change: I was pleased to have the opportunity to discuss this with our 111 # 2 service which will have a critical role in this during my visit to Heddfan. I was also interested to meet the recently appointed Head of Arts Therapies, Greg Hanford, who is a powerful advocate of the role of registrant arts therapists in respect of mental illness and learning disabilities.

I have also had regular update meetings with Teresa Holdsworth as Executive Director with responsibility for MHLD, Ros Alstead, our External Adviser, Vicky Jones, Head of Strategy for MHLD and Louise Bell from CAMHS. Louise has also taken over responsibility for leading strategic transformation of the Neuro-Divergent service for young people and I was encouraged to receive an update on work being taken forward in this space by the Children's Regional Partnership Board (RPB).

I also chaired the most recent meeting of the Together for Mental Health in North Wales Partnership Board. Following the publication of the new Welsh Government Mental Health Strategy, and an unrelated decision by the RPB secretariat no longer provide the secretariat for the Board, we are intending to hold a workshop in September to map out the way forward for the Board.

Primary Care and Prevention and Early Intervention

Perhaps unsurprisingly given the range of meetings and visits in respect of mental health, I have spent less time on primary care in the last two months. I had an initial meeting with Alan Lawrie, formerly of the Strategic Programme for Primary Care, who has recently been appointed on a part-time basis to support the Board in developing a more coherent approach to our managed practices in particular and towards primary care in general. I now have regular meetings with our new Chief Operating Officer, Tehmeena Ajmal, who has a strong commitment to primary care, but also an extremely large and demanding portfolio, as well our Executive Director of Public Health, Jane Moore.

I spent a very useful day in Llangefni where I visited the Coed y Glyn GP practice, had an excellent meeting with senior staff from the local authority and visited the Canolfan Glanhwfa, a dynamic community centre which also will house a Dementia Centre once a current building project is completed. I was pleased that other BCUHB staff were able to join the meeting and we

were able to explore the opportunities for collaboration between the centre and the Board on a range of early intervention/preventative interventions.

I also had a meeting with Nia Boughton, our Primary Care Consultant Nurse and Dawn Leoni, the Assistant Director of Allied Health Professionals (AHPs) about the challenges of supporting the development of Multi-Disciplinary Team (MDT) working in primary care, noting the contrast with England where the Additional Roles Reimbursement Scheme (ARRS) has played a major, albeit not uncontroversial, role in rebalancing GP practices staffing by boosting the employment of advanced practitioner nurses or AHPs, first contact physiotherapists, pharmacists and pharmacy technicians, paramedics, mental health support workers and others.

Overall, I believe that, as a Health Board, we can do much more to provide a clear sense of direction for primary and community care across North Wales and to bring a stronger and more practical focus on early intervention. We need to recognise that many of those who work in primary care feel that they are left alone to cope with ever increasing demand and the fall-out of the long waiting times for access to outpatient appointments and secondary care. The NHS Confederation Expo highlighted some key learning in this regard:

- The importance of 'making every contact count', using every opportunity presented to NHS staff from pre-natal services onwards to focus on questions of lifestyle, notably healthy eating and exercise was a consistent theme.
- The learning from a Community Wellness project in West Berkshire which involved 43 GP practices.
    - The practices identified individuals on their patient lists who lived in relatively deprived parts of three local authority areas and had not been in touch with the practice for at least 12 months.
    - Contact details were passed to voluntary sector partners who were contracted to contact these individuals and invite them to a Point of Care health check up in a community setting which was also open to 'walk ins' and where health checks were complemented by the presence of a variety of third sector specialist services (e.g. on homelessness, debt etc.).
    - Data from the point of care testing (which included blood pressure, lipids, cholesterol, blood sugar) was transferred direct to the patients records in EMIS and Practices were obliged to follow up any concerning results (minimum three attempts) and invite the individual patients into the surgery for further checks, advice and potentially prescribing of treatments.
    - The project aimed to reach 10,000 hard to reach or 'low NHS users' in deprived communities; it identified at least 1,200 individuals with undiagnosed long-term conditions

We should not be reluctant to learn from, or indeed copy, initiatives like this one.

Other Matters

In addition to issues arising from my role as Chair of the Performance, Finance and Information Governance Committee (which includes regular meetings with key members of the Executive), I continue to take part in regular meetings about Planned Care. I was also spent a very useful few hours visiting the Radiology department which gave me an excellent insight into the technological, staffing and financial challenges facing that critical service. Finally, I was delighted to represent the Chair at the graduation for participants on our Supported Internships programme at Ysbyty Glan Clwyd at Coleg Llandillo, a scheme which provides structured work experience for young people who have struggled with their education. This was a joyous occasion and a reminder of some of the very positive role which the Health Board can and does play as an 'anchor' institution in North Wales.

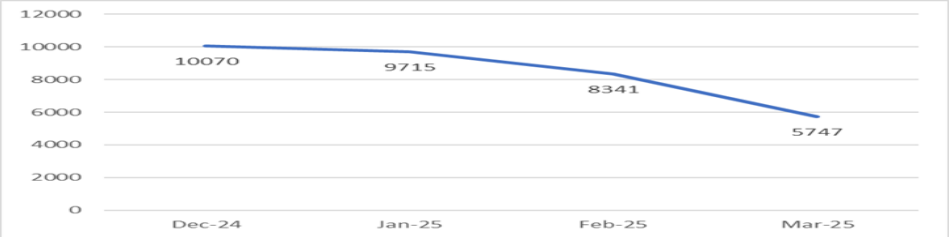
Gareth S. Williams *July 2025*
Vice-Chair

Teitl adroddiad: ***Report title:***	**Planned Care Delivery – 2025/26**
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	31st July 2025
Crynodeb Gweithredol: ***Executive Summary:***	Welsh Government has allocated resources recurrently to support enhanced delivery of Planned Care, with Betsi Cadwaladr University Health Board receiving £34m. These funds are allocated to support delivery of Urgent Suspected Cancer (USC), diagnostic waiting times and a reduction of extreme waiting patients (those waiting over 104 weeks for conclusion of their treatment) the stages of treatment as defined within the below:

Stage of Care	Description of Care
1	Outpatients new
2	Diagnostic
3	Decision (decision to discharge or treat)
4	Procedure

Table 3: Stages of treatment

This report places focus on the improvements planned to be attained and gains realised since May 2025, enhancing access for patients and the subsequent improvement (reduction) in patients waiting over 104 weeks for treatment as detailed within the below table;



Description	Patients waiting
Total waiting over 104 weeks at 31st December 2025	10,069
Total waiting over 104 weeks at 31st March 2025	5,747
Total reduction in patients waiting	43% reduction

Table 4: Patients waiting over 104 weeks improvement

There is further work progressing in 2025/26 to deliver the targeted levels of performance for access to care for our local population, with Welsh Government supporting the improvement through additional allocations of resources (on a national level), as denoted within the below:

a) £5m to reduce patients waiting over 104 weeks (£20m nationally)
b) £6m to support treatment of cataract patients (£20m nationally)
c) £3m to support diagnostic delivery for 8 weeks target
d) Treatment of 45,000 1st outpatient appointments (national)
e) Treatment of 15,000 1st outpatient appointments (local)
f) Potential further diagnostic resource to support (d) & (e) above

Targeted improvements modelled within the Integrated Medium-Term Plan (IMTP) submitted by the Health Board within reductions in extreme waiting patients are detailed within the following table:

Patients forecast waiting over 104 weeks for conclusion of treatment				
Description	30th June 2025	30th September 2025	31st December 2025	31st March 2026
Patients waiting	4,950	2,800	Nil	Nil
Actual	5,382			

Table 5: - Targeted delivery for 2025/26 by quarter

Whilst actual performance to 30th June 2025 was above plan, the Health Board continues to improve access for patients and has in 6 months seen a cumulative reduction of 47% of patients waiting over 104 weeks for treatment. The reason for the actual being higher than plan centring largely upon mobilisation delays in patients being seen through additionality (contracts with other providers) in part a consequence of delays in funds being made available.

However, contracts are now mobilised and the Health Board has a detailed plan to support delivery of no more than 2,800 patients waiting beyond 104 weeks for treatment, this in nine months representing a reduction of 73% of patients waiting an extreme amount of time within the local community.

The Health Board is in parallel developing sustainable solutions for maintaining access to care for local residents, shifting away from reliance placed upon continued additionality from third parties, this the most expensive means by which to provide timely access to care for the local population.

As such, the Planned Care Programme Board, chaired by the Chief Executive Officer, is overseeing delivery of improvements in utilisation of theatres and clinics (driven by GIRFT standards) and cleansing of lists (the Planned Care Major Change Programme) with key themes developed for implementation during the 2025/26 financial year in support of improvements in delivery.

The Planned Care Programme Board (PCPB) will also seek to provide oversight for attainment of the 8 weeks to diagnostic standard, key elements of performance contained within this element centring upon;

- Radiology waiting times
  Increase volumes of referrals (direct referral from Primary Care an example). Referral pathways are under review

- Endoscopy waiting times
  Clinical prioritisation to conclude cancer work has impacted upon the ability of the teams to service patients within the 8-week diagnostic category

Additional resources from Welsh Government combined with reviewing drivers for the increases and performance are underway, with plans being

ratified to improve performance in this area (to be reported within the monthly Integrated performance Report).

The Planned Care Programme Board is overseeing developed a number of workstreams to improve delivery, a focus placed upon productivity, efficiency, Patient Tracking List (PTL) management examples, with workstreams and key themes modelled and referenced within the below table:

Planned Care and Cancer

2025/26 Priorities for delivery within the 6 workstreams of the Planned Care Major Change Programme:

- **WS1 – RTT Waiting List Management:** Clerical and Clinical validation - sustainably embedded approaches pan-BCU for consistent quarterly reporting (Q3). Roll-out patient validation chat-bot (Q4).
- **WS2 – Referral Management:** Roll out of WPRS WAP Full to 12 prioritised specialities (Q4) 150+ Health Pathways in place (Q4)
- **WS3 – Booking:** Delivery against 104 Q2 trajectory and delivery of programme of work including 45k insourcing, Q2 outsourcing, 15k additionality, plus maximum efficiency of internal capacity.
- **WS4 – Pre-operative & Operative Effectiveness:** HSQ/POA optimal process trialled and adopted pan-BCU (Q3), retrospective HSQ for long-waiters (Q4), e-POAC national pilot TBC. Deliver against late start/early finishes targets and continue work to increase HVLC listings (Q4). BCU Cataracts Network established with a priority to implement direct listing for Cataracts (Q2).
- **WS5 – Follow-ups**: FU to New's ratio delivered in-line with CHKS benchmarking (Q3). In advance of the CIN targets being released, work to align with SOS/PIFU national benchmarking ratios (Q4). Improve the FU position >100% delays through FU validation and data quality cleanse (Q4).
- **WS6 - Integrated Planning for Planned Care, Cancer and Diagnostics:** Cancer network meetings commence monthly. Draft action plan to deliver cancer targets reviewed and endorsed (Q2). Establish a resilient model for delivering insourcing/outsourcing to support waiting list reduction targets (Q2). Delivery of ministerial priority for 0 patients waiting over 8-weeks for a specified diagnostic test (Q4)

Table 8: - Planned Care Programme Board workstreams

This paper further highlights the essential work needing to be undertaken to determine true demand and capacity modelling within each speciality for the Health Board, the steps needing review centring upon;

- Confirmation of in house capacity (theatres and outpatients)
- Productivity of our capacity (opportunity to see more patients)
- Speciality demand on an annual basis (review referrals)
- Future models of care to service demand

There are metrics we can use to assess current performance, such as for theatres what sessions are available, do we start on time, do we finish early, are we cancelling patients at short notice and do we book patients into all of the available in-house capacity. The unvalidated performance data highlighting there to be real opportunity for improvement.

	In addition, the Health Board is seeking to reduce the number of patients waiting for care through the nationally (45,000) and locally (15,000) resourced outpatients programme of work. Whilst this is excellent news for the local population, there are risks evident in delivery as patients receive their initial first outpatient appointment through contracts agreed with an insourced provider and then move through the stages of care, as denoted within the below; • Stage 1 – seen and discharged reduces patients waiting • Stage 2 – seen and diagnostic required, this element to be funded • Stage 3 – decision to discharge or refer for procedure The contract award will not be for full pathway, as such should patients require a procedure, a further outpatient appointment with Health Board employed staff may be needed, additional risks centring upon; • as the diagnostic route is to be determined we may be unable to move to stage 3 should this capacity not be realised for these patients. • Patients seen at stage 1 referred for Urgent Suspected Cancer or Urgent will take priority over routine patients waiting. This could result in an adverse impact to those routine patients waiting beyond 104 weeks for treatment (routine capacity diverted to accommodate patients with a higher clinical priority). Whilst we continue in the short-term committing funds to premium working in the early part of 2025/26, the improvements from the work undertaken within the Major Planned Care Programme will both support in year delivery and offer a sustainable model for improvements in access to treatment for the local population for the future. The Executive is to consider how to enhance demand and capacity modelling for the Health Board, with oversight through the Integrated Performance Executive Delivery Group and via Quality Management Systems the Quality Committee and performance via the Performance, Finance and Information Governance Committee (Value & Sustainability). In summary, this is an unprecedented year for investment within Planned Care, improvements in access. A focus on improving productivity and efficiency is key to delivering improved access for our local population. This report presented to offer greater insight into the work progressing on Planned Care and improvements for access, noting the performance is and will continue to be reported within the Performance Report.
Argymhellion: ***Recommendations:***	In light of Welsh Government directives, ministerial and enabling actions members are asked to note the following; 1. To **note** the significant reduction in patients waiting over 104 weeks for treatment (47% reduction in 26 weeks) at 30th June 2. To **note** trajectories submitted patients waiting over 104 weeks for conclusion of treatment (zero 31st December 2025). 3. To **note** the challenged specialities (in particular Orthodontics & Oral Surgery) in achieving a zero position by 31st December 2025

<table>
<tr><td></td><td colspan="4">4. To note the use of contracts in delivery for the early part of the financial year, with work progressing in the Planned Care Major Programme to ensure productive and efficient use of capacity
5. To note the substantial resources to improve Planned Care improvements in 2025/26 (National new outpatients 45,000, 15,000 local new outpatients, cataracts and diagnostics)
6. To highlight for noting the key specialities and next steps on development of plans to deliver 8-week diagnostic performance (additional funds allocated to support this area

Members are also asked to note the key risks associated with delivery and actions being taken in mitigation, examples being challenged specialities such as Orthodontics and Oral Surgery, with the diagnostic element to support national stage 1 outpatients' appointments yet to be confirmed.</td></tr>
<tr><td>Arweinydd Gweithredol:
Executive Lead:</td><td colspan="4">Russell Caldicott, Executive Director of Finance.</td></tr>
<tr><td>Awdur yr Adroddiad:
Report Author:</td><td colspan="4">Russell Caldicott, Executive Director of Finance.</td></tr>
<tr><td>Pwrpas yr adroddiad:
Purpose of report:</td><td>I'w Nodi
For Noting
☒</td><td colspan="2">I Benderfynu arno
For Decision
☒</td><td>Am sicrwydd
For Assurance
☐</td></tr>
<tr><td>Lefel sicrwydd:

Assurance level:</td><td>Arwyddocaol
Significant
☐
Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

High level of confidence/evidence in delivery of existing mechanisms/objectives</td><td>Derbyniol
Acceptable
☒
Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

General confidence / evidence in delivery of existing mechanisms / objectives</td><td>Rhannol
Partial
☒
Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

Some confidence / evidence in delivery of existing mechanisms / objectives</td><td>Dim Sicrwydd
No Assurance
☐
Dim hyder/tystiolaeth o ran y ddarpariaeth

No confidence / evidence in delivery</td></tr>
<tr><td colspan="5">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:</td></tr>
<tr><td colspan="5">The commissioning of healthcare services by the Health Board is to be strengthened to ensure services are reflective of that required by the local population and further that quality measures are to be developed to support assessment of performance levels by external partners.</td></tr>
<tr><td colspan="2">Cyswllt ag Amcan/Amcanion Strategol:
Link to Strategic Objective(s):</td><td colspan="3">This paper aligns to the strategic goal of delivery of high-quality affordable services to our local population.</td></tr>
<tr><td colspan="2">Goblygiadau rheoleiddio a lleol:

Regulatory and legal implications:</td><td colspan="3">Health Boards are required to report performance against long waiters (noting a Performance forum is to be implemented for 2024/25 by Welsh Government)</td></tr>
</table>

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 Equality Impact (EqIA) and a socio-economic (SED) impact assessments 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) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The Health Board fails to secure productivity and efficiency from capacity, limiting the ability to service the local population health needs and requires resources to be committed at premium rates, which may not represent value for money
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Costs associated with the paper are underwritten from the Welsh Government Planned Care Fund allocation of £34m for 2024./25.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	The 2024/25 plans are reliant on premium working, which places risk of potential impacts upon health and well-being for our workforce. Further, substantive increase in capacity would require increased establishments to deliver services.
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)*	**Appendix C** **BAF risks** BAF 21-01, Safe and effective management of planned care
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations***	
Rhestr o Atodiadau: ***List of Appendices:***	

Betsi Cadwaladr

Planned Care Delivery Update 2025/26

1.0 Introduction

Welsh Government has invested within the Health Boards to support enhanced Planned Care delivery (both in 2024/25 and into 2025/26) with the annual allocations ring fenced for use on servicing elective planned care, see below;

Health Board	Initial funding for Planned Care Sustainability	Additional Planned Care Resource Allocation	Total funding allocation to support Planned Care delivery	Percentage of the Planned Care Funbds received	Percentage of the Health Population	Further allocation for Planned Care Delivery in Quarter 1 of 2025/26	Percentage of the allocation totalling £20m received by BCUHB	Percentage of the extreme wait (104 weeks for all stages)
	£m	£m				£m		
Aneurin Bevan HB	22.605	3.940	26.545	16%		Unknown		
Betsi Cadwaladr University HB	27.102	7.445	34.547	20%	23%	5.000	25%	70%
Cardiff and Vale University HB	15.966	6.900	22.866	13%		Unknown		
Cwm Taf Morgannwg HB	18.426	7.300	25.726	15%		Unknown		
Hywel Dda HB	15.347	4.900	20.247	12%		Unknown		
Powys HB	5.307	-	5.307	3%		Unknown		
Swansea Bay HB	15.248	19.500	34.748	20%		Unknown		
Total	120.000	49.985	169.985			20.000		

Table 1: - Resource allocations for Planned Care (Health Board analysis)

This resource was largely utilised on premium working with £34.547m now recurrently with examples of the use being waiting list initiatives / insourcing / outsourcing / additional hours for staff. The use of the funding does not always represent best value, with funds utilised in this way in the short-term owing to the pace of improvement required. The Health Board has developed a Planned Care Major Programme to enable a modernisation of practice and ensure internal capacity is at expected levels of productivity and efficient in delivery of improved access to the local population.

GIRFT (Getting It Right First Time) and other measures (Welsh Optimisation Frameworks) are to be utilised to assess if actual patients seen within in-house capacity represents a productive service (are we seeing as many patients as can be expected within our core services). Services that can evidence being productive and experiencing increased waiting times owing to excess demand able to access these resources recurrently, supporting expansion of in-house capacity and where estate restrictions exist, the extending of operating lists into the evenings or weekends.

This paper seeks to offer members greater insight within the delivery of Planned Care and Diagnostics for 2025/26 and further the improvement journey to enhance access for our local population to care through development of a greater understanding by speciality of demand, current utilisation of in-house capacity and future and current models to enhance productivity. It is of note that performance continues to be included within the Performance Report shared with members routinely within each meeting.

2.0 Targeted Performance

Welsh Government confirmed a continuation of an allocation received in 2024/25 totalling £82m non-recurrently into 2025/26, seeking oversight of use of £42m of this allocation to ensure focus is placed on deployment in delivery of Ministerial performance and enabling actions, targets denoted for 2024/25 detailed within the below table;

Ref	Measure	September 2024 Target	December 2024 Target	March 2025 Target
1	Number of patients waiting more than 52 weeks for an outpatient appointment	40% reduction		Zero
2	Number of patients waiting more than 104 weeks for treatment		Zero	
3	Number of patients waiting more than 8 weeks for a diagnostic		95% zero	
4	Percentage of patients awaiting their first treatment within 62 days from point of suspicion		60%	70%
5	Number of Ambulance handovers over one hour		30% reduction	
6	Number of patients spending 12 hours or more from arrival in emergency department	20% reduction		Further 20% reduction
7	Percentage of therapeutic interventions started within 28 days following LPMHSS under 18		80%	
8	Percentage of therapeutic interventions started within 28 days following LPMHSS Adults		80%	

Table 2: - WG targeted performance 2024/25

The Health Board submitted an Integrated Medium-Term Plan (IMTP) that articulated delivery against Planned Care (noting a separate report on Urgent Suspected Cancer is to be presented to members) with this report focusing upon two key targets, as follows;

- Zero patients waiting more than 104 weeks by 31st December 2025
- Patients waiting 8 weeks or less for diagnostic assessment by 31st March 2026

The Health Board has modelled expected activity by Integrated Healthcare Community and speciality, with the rest of the report identifying current performance, targeted delivery in year and risks associated with attainment of performance.

3.0 Historic Delivery of patients waiting in excess of 104 weeks

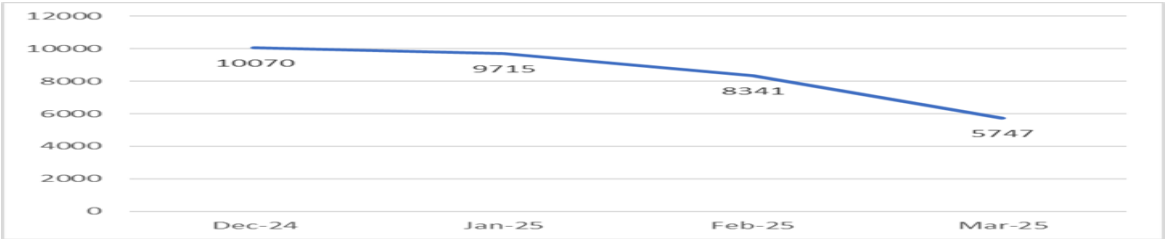
The Health Board is seeking to improve access for patients to ensure no-one waits beyond 104 weeks for conclusion of their care stages of treatment as defined within the below;

Stage of Care	Description of Care
1	Outpatients new
2	Diagnostic
3	Decision (decision to discharge or treat)
4	Procedure

Table 3: Stages of treatment

This report places focus on the improvements planned to be attained and gains realised since May 2025, enhancing access for patients and the subsequent improvement

(reduction) in patients waiting over 104 weeks for treatment as detailed within the below table;



Description	Patients waiting
Total waiting over 104 weeks at 31st December 2025	10,069
Total waiting over 104 weeks at 31st March 2025	5,747
Total reduction in patients waiting	43% reduction

Table 4: Patients waiting over 104 weeks improvement

The Health Board has reduced patients waiting over 104 weeks by 43% to 31st March 2025.

4.0 Planned Care Delivery 2025/26

4.1 Introduction

There is further work progressing in 2025/26 to deliver the targeted levels of performance for access to care for our local population, Welsh Government supporting the improvement through additional allocations of resources (on a national level) to improve performance, as denoted within the below;

a) £5m to reduce patients waiting over 104 weeks (£20m nationally)
b) £6m to support treatment of cataract patients (£20m nationally)
c) £3m to support diagnostic delivery for 8 weeks target
d) 45,000 1st outpatient appointments (national) funds flow based on patients seen
e) 15,000 1st outpatient appointments (local) funds flow based on patients seen
f) Potential further diagnostic resource to support (d) & (f) above

4.2 Patients waiting in excess of 104 weeks (all stages)

Targeted improvements modelled within the Integrated Medium-Term Plan (IMTP) submitted by the Health Board within reductions in extreme waiting patients detailed within the following table;

Patients forecast waiting over 104 weeks for conclusion of treatment				
Description	30th June 2025	30th September 2025	31st December 2025	31st March 2026
Patients waiting	4,950	2,800	Nil	Nil
Actual	5,382			

Table 5: - Targeted delivery for 2025/26 by quarter

Whilst actual performance to 30th June 2025 was above plan, the Health Board continues to improve access for patients and has in 6 months seen a cumulative reduction of 47% of patients waiting over 104 weeks for treatment. The reason for the actual being higher than plan centring upon mobilisation delays in patients being

seen through additionality (contracts with other providers) in part a consequence of delays in funds being made available.

However, contracts now mobilised the Health Board has a detailed plan to support delivery of no more than 2,800 patients waiting beyond 104 weeks for treatment, this representing a reduction of 73% of patients waiting an extreme amount of time within the local community. The total patients requiring treatment modelled within the below;

Ref	Description	Patients waiting above 104 weeks
1	Patients waiting 30th June 2025	5,382
2	Patients whose waiting times will exceed 104 weeks from st July 2025 to 30th September 2025	9,096
3	Total Patients to be seen	14,478
4	Patients with other providers (seen July)	(450)
5	Target patient number 30th September 2025 (below 2,800)	(2,715)
6	Patients care to be delivered by 30th September 2025 (See below delivery)	11,313

Table 6: - The over 104 weeks Patient cohort to be seen quarter 2 of 2025/26

For 2,800 patients to be awaiting their treatment to conclude at 30th September 2025 the Health Board will require 11,313 patients expected to require access to care to have their treatment completed. The below table evidences how the plans have been developed to facilitate delivery of this ask;

Specialty	Forecast modelling for plan development				Health Board Integrated Healthcare Community delivery	Activity to be delivered through contractual delivery
	West	Central	East	Total	Total	Total
General Surgery	460	780	691	1931	1216	715
Ophthalmology	352	587	511	1450	789	661
Oral Surgery	464	93	376	933	333	600
Urology	9	588	395	992	636	356
ENT	392	362	282	1036	561	475
Trauma & Orthopae	337	232	317	886	644	242
Orthodontics	165	130	4	299	174	125
Vascular Surgery	98	116	438	652	537	115
Dermatology	334	73	164	571	571	0
Gynaecology	373	277	658	1308	1077	231
Gastroenterology	503	631	42	1176	1176	0
Pain Management	0	27	33	60	60	0
Restorative Dentistr	0	0	12	12	12	0
Breast Surgery	0	0	0	0	0	0
Cardiology	0	0	3	3	0	3
Endocrinology	0	0	0	0	0	0
General Medicine	0	0	0	0	0	0
Plastic Surgery	0	3	0	3	7	-4
Clinical Haematology	0	0	0	0	0	0
Paediatrics	0	0	0	0	0	0
Diagnostic	0	0	0	0	0	0
Total	**3,487**	**3,899**	**3,926**	**11,313**	**7,793**	**3,520**

Table 7: - Delivery of patients requiring treatment conclusion by 30th September 2025

The 11,313 patients requiring their treatment to conclude centres upon a model whereby 7,793 patients would be expected to be treated without additional contracts (8,650 patients seen in quarter 1, adjusted for reduced capacity in August 2025).

There is a requirement for 3,520 patients to be seen, through 661 of these are Ophthalmology patients and serviced through the outsourced contract. Additional contracts are in place to see the remaining patients and mobilisation of an internal delivery plan to best utilise these contracts has been initiated. This will be enhanced through the Planned Care Major Programme that will target enhanced management of the Patient Tracker List (PTL) through education and application of the rules governing patients, improvements in productivity, Treat in Turn and 'other' measures (see section 4.3).

4.3 Planned Care Major Change Programme

A Planned Care Major Change Programme of work has commenced, with the chaired by the Chief Executive in order to move from a requirement to commit resources for premium working or external contracts to modernised approaches to models of care and utilisation of internal capacity to improve access to services for the local population.

The workstreams making up the programme for Planned Care are articulated below, with timeframes for improvement in services and accountable officers identified for each workstream. Thus, enabling sustainable provision of access to services that meets the demands of the local population in the medium to long term.

Planned Care and Cancer

2025/26 Priorities for delivery within the 6 workstreams of the Planned Care Major Change Programme:

- **WS1 – RTT Waiting List Management:** Clerical and Clinical validation - sustainably embedded approaches pan-BCU for consistent quarterly reporting (Q3). Roll-out patient validation chat-bot (Q4).
- **WS2 – Referral Management:** Roll out of WPRS WAP Full to 12 prioritised specialities (Q4) 150+ Health Pathways in place (Q4)
- **WS3 – Booking:** Delivery against 104 Q2 trajectory and delivery of programme of work including 45k insourcing, Q2 outsourcing, 15k additionality, plus maximum efficiency of internal capacity.
- **WS4 – Pre-operative & Operative Effectiveness:** HSQ/POA optimal process trialled and adopted pan-BCU (Q3), retrospective HSQ for long-waiters (Q4), e-POAC national pilot TBC. Deliver against late start/early finishes targets and continue work to increase HVLC listings (Q4). BCU Cataracts Network established with a priority to implement direct listing for Cataracts (Q2).
- **WS5 – Follow-ups**: FU to New's ratio delivered in-line with CHKS benchmarking (Q3). In advance of the CIN targets being released, work to align with SOS/PIFU national benchmarking ratios (Q4). Improve the FU position >100% delays through FU validation and data quality cleanse (Q4).
- **WS6 - Integrated Planning for Planned Care, Cancer and Diagnostics:** Cancer network meetings commence monthly. Draft action plan to deliver cancer targets reviewed and endorsed (Q2). Establish a resilient model for delivering insourcing/outsourcing to support waiting list reduction targets (Q2). Delivery of ministerial priority for 0 patients waiting over 8-weeks for a specified diagnostic test (Q4)

Table 8: - Workstream delivery for Planned Care Major Programme

The ability to initiate and realise benefits for the local population through this workstream will be key to provision of sustainable, productive and cost-effective service delivery that meets the needs of the local population.

Key early progress has been made in the following areas:

- Pre-operative Assessment: a new model and process is currently being tested in East IHC ahead of modification and roll out across the organisation. This could be enabled further with e-POAC where an electronic system is introduced speeding up the process and enabling greater accessibility for patients and clinicians. In addition, the introduction of HSQ (Health Screening Questionnaire) will enable improved patient categorisation and hence greater speed of assessment and agility of listing patients.
- Clerical validation: a revised approach has been developed and this will be coupled with a new approach to clinical validation forming a single, consistent approach for the organisation in relation to ensuring waiting lists are up to date.
- Other workstreams are in development and priority will be given to key activities that are a once for North Wales solution and that enable high impact, particularly in-year.

5.0 Diagnostics

All patients are targeted to receive a diagnostic within 8 weeks, with the Health Board position growing significantly over the past few months owing to largely two specialities (Endoscopy and Radiology) as per the below table;

Service heading	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Cardiology Total	1592	1533	1524	1356	1679	1592	1358	1452	1794	1770	1436	1646	1605	1795	1456
Diagnostic Endoscopy Total	2038	2238	2612	2867	3268	3536	3551	3602	3845	2339	4069	3990	4258	4846	4840
Imaging Total	0	2	3	5	8	7	6	6	11	7	3	9	9	33	36
Physiological Measurement Total	74	38	28	19	26	20	19	24	30	20	13	11	15	21	16
Radiology - Consultant referral Total	1140	1093	1073	1138	1308	1402	1503	1613	2046	2339	2220	2495	3200	3414	3457
Radiology - GP referral Total	667	745	910	761	973	958	838	989	1472	1858	1551	2128	2843	3315	3241
Neurophysiology Total	1029	970	947	932	986	952	907	997	987	868	775	671	687	644	670
Grand Total	6540	6619	7097	7078	8243	8467	8182	8683	10185	9201	10067	10950	12612	14068	13716

Table 9: - Patients breaching 8-week diagnostic standard

The endorsement of continued support through insourcing of Endoscopy (noting the recovery planned for Cancer prioritised workload) and Radiology (noting assessment being undertaken in regards to referrals to the service) combined with additional resource allocation by Welsh Government (see below table) is being modelled in order to achieve the target of zero patients waiting by 31st March 2026.

Modality/ Test	Solution	Activity	Cost (£)
Cardiac CT	Outsourcing	200	100,000
Echocardiograms	Internal/Insourcing	1725	180,000
Endoscopy	Insourcing/Outsourcing	5146	1,211,000
Neurophysiology	Internal/Insourcing/Outsourcing	1000	325,000
Non-Cardiac CT	Internal/Insourcing	3500	466,813
Non-Cardiac MR	Insourcing	4736	1,025,000
NOUS	Internal/Insourcing	6000	317,040
Total costs			**3,624,853**

Table 10: - Resource allocation from Welsh Government for 8-week standard

Performance will continue to be reported within the Integrated Performance Report, with the resultant outputs from the above work included within the forecast trajectories for delivery of the targeted patients waiting for diagnostics position.

6.0 Additional Information and risks

This paper further highlights the essential work needing to be undertaken to determine true demand and capacity modelling within each speciality for the Health Board, the steps needing review centring upon;

- Confirmation of in-house capacity (theatres and outpatients)
- Productivity of our capacity (opportunity to see more patients)
- Speciality demand on an annual basis (review referrals)
- Future models of care to service demand

There are metrics we can use to assess current performance, such as for theatres what sessions are available, do we start on time, do we finish early, are we cancelling patients at short notice and do we book patients into all of the available in-house capacity. The unvalidated performance data highlighting there to be real opportunity for improvement.

In addition, the Health Board is seeking to reduce the number of patients waiting for care through the nationally (45,000) and locally (15,000) resourced outpatients programme of work. Whilst this is excellent news for the local population, there are risks evident in delivery as patients receive their initial first outpatient appointment through contracts agreed with an insourced provider and then move through the stages of care, as denoted within the below;

- Stage 1 – seen and discharged reduces patients waiting
- Stage 2 – seen and diagnostic required, this element to be funded
- Stage 3 – decision to discharge or refer for procedure

The contract award will not be for full pathway, as such should patients require a procedure, a further outpatient appointment with Health Board employed staff may be needed, additional risks centring upon;

- As the diagnostic route is to be determined we may be unable to move to stage 3 should this capacity not be realised for these patients.

- Patients seen at stage 1 referred for Urgent Suspected Cancer or Urgent will take priority over routine patients waiting. This could result in an adverse impact to those routine patients waiting beyond 104 weeks for treatment (routine capacity diverted to accommodate patients with a higher clinical priority).

7.0 Conclusion and recommendations

7.1 Conclusion

Whilst we continue in the short-term committing funds to premium working in the early part of 2025/26, the improvements from the work undertaken within the Major Planned Care Programme will both support in year delivery and offer a sustainable model for improvements in access to treatment for the local population for the future.

The Executive are to consider how we enhance demand and capacity modelling for the Health Board. With oversight through the Integrated Performance Executive Delivery Group and via Quality Management Systems the Quality Committee and performance via the Performance, Finance and Information Governance Committee (Value & Sustainability).

In summary, this is an unprecedented year for investment within Planned Care, improvements in access. A focus on improving productivity and efficiency is key to delivering improved access for our local population. This report presented to offer greater insight into the work progressing on Planned Care and improvements for access, noting the performance is and will continue to be reported within the Performance Report.

7.2 Recommendations

In light of Welsh Government directives, ministerial and enabling actions members are asked to note the following;

1. To note the significant reduction in patients waiting over 104 weeks for treatment (47% reduction in 26 weeks) at 30th June
2. To note trajectories submitted patients waiting over 104 weeks for conclusion of treatment (zero 31st December 2025).
3. To note the challenged specialities (in particular Orthodontics & Oral Surgery) in achieving a zero position by 31st December 2025
4. To note the use of contracts in delivery for the early part of the financial year, with work progressing in the Planned Care Major Programme to ensure productive and efficient use of capacity
5. To note the substantial resources to improve Planned Care improvements in 2025/26 (National new outpatients 45,000, 15,000 local new outpatients, cataracts and diagnostics)
6. To highlight for noting the key specialities and next steps on development of plans to deliver 8-week diagnostic performance (additional funds allocated to support this area

Members are also asked to note the key risks associated with delivery and actions being taken in mitigation, examples being challenged specialities such as Orthodontics and Oral Surgery, with the diagnostic element to support national stage 1 outpatients' appointments yet to be confirmed.

Teitl adroddiad: ***Report title:***	**Mental Health service: Progress report - including the implementation of actions following the Royal College of Psychiatrists Invited Services Review**		
Adrodd i: ***Report to:***	Health Board		
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 31 July 2025		
Crynodeb Gweithredol: ***Executive Summary:***	The Board approved the Response to the Royal College of Psychiatrists' (RCPsych) Invited Review Services Report in July 2024, making a commitment to progressing and embedding actions at a steady pace, with clear evidence that actions are completed, and a focus on moving forward collaboratively with patients and users, and families. This progress report provides an overview of the work undertaken both across the organisation and specifically in mental health services, including progress on specific RCPsych Invited Services Review actions. Views are also provided by the Health Board Special Advisor (and Chair of the Expert Advisory Group) in Section 3 of this report. The report also includes an outline proposal for the next stage of oversight and development of this work when the Special Advisor completes her appointment period in September 2025.		
Argymhellion: ***Recommendations:***	**The Board is asked to:** • **NOTE** the contents of the report. • **CONSIDER** on the progress of the Health Board response to the RCPsych Invited Services Review. • **CONSIDER** the approach for ensuring that improvements continue to receive oversight and development.		
Arweinydd Gweithredol: ***Executive Lead:***	Teresa Owen – Executive Director of Allied Health Professionals and Health Science		
Awdur yr Adroddiad: ***Report Authors:***	Ros Alstead – Special Advisor to the Health Board Phil Meakin – Associate Director of Governance		
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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):***	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. Establish an effective environment for learning.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Not applicable
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?***	This is not applicable for this report.
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?***	This is 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)	CRR 24-04 (Learning)

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	None to note at this stage
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	None to note at this stage
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	The paper has been prepared as per the next steps set out at the Health Board Meeting in July 2024 and January 2025, and following consideration at the Quality, Safety and Experience Committees that have taken place since July 2024. The most recent QSE committee meeting was held on 3 July 2025.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF24-06 – Ineffectively delivering the required improvements to transform care and enhance outcomes. BAF24-05 – Ineffectively engaging with citizens, partners and communities.
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:

- Follow up from the feedback from the Special Advisor and Expert Advisory Group to enhance the response to the improvement actions.
- A further report on the progress detail to be presented at the Quality, Safety and Experience (QSE) Committee on 4th September 2025.
- Receive and consider the final report from the Special Advisor
- Establish the Mental Health Oversight and Development Group and progress a clear work programme

List of Appendices:Appendix 1 – Current position against Health Board Themes and Trajectories for Progressing the Improvement Actions

MENTAL HEALTH: PROGRESS REPORT INCLUDING RESPONSE TO THE ROYAL COLLEGE OF PSYCHIATRY INVITED SERVICES REVIEW

1. INTRODUCTION

The Board received a report on the 25 July 2024 that set out the Health Board Response to the Royal College of Psychiatrists' Invited Review Services Report. The report outlined the Boards commitment to making good progress on the actions at a steady pace, with clear evidence that actions are completed, and real focus on moving forward collaboratively with patients and users, and families.

The emphasis in the response included the organisation wide work that was either underway or required in order to enable the organisation to be more effective as well as a specific mental health division lens. One year on, this July 2025 report reports on progress on both the wider actions and those specific to the Health Board response to the RCPsych Invited Services Review, as well as commentary provided by the Health Board Special Advisor (and Chair of the Expert Advisory Group).

The Quality, Safety and Experience Committee has had oversight of this work.

2. BACKGROUND

The Royal College of Psychiatrists Invited Review Service Report, considered progress against the actions taken to a number of historic reviews. The scope of the review covered the recommendations made in the following reports:

- Ockenden 1 (2014)
- Ockenden 2 (2018)
- HASCAS (2018)
- Holden (2013)

The Review was grouped into 10 key themes and the level of evidence available assessed in each area relating to progress over the extended period:

- ✓ Theme one: Patient and user centred care
- ✓ Theme two: Legislation and clinical guidelines
- ✓ Theme three: Governance
- ✓ Theme four: Staffing
- ✓ Theme five: Management structure
- ✓ Theme six: Clinical services organisation
- ✓ Theme seven: Training and development
- ✓ Theme eight: Leadership and staff engagement
- ✓ Theme nine: Resources
- ✓ Theme ten: Physical environment

The emphasis on improvement included an organisational wide approach as well as a focus specifically on mental health services led and managed through the mental health division, given many of the remaining issues were organisational features.

3. UPDATE FROM THE HEALTH BOARD SPECIAL ADVISOR

The overall purpose of the role of the Special Advisor to the Health Board is to provide additional independent expertise, specialist knowledge in relation to Mental Health and Learning Disabilities (MHLD) and advice / support to the Board. This section reflects the views of the Special Advisor.

3.1 The Expert Advisory Group

The Expert Advisory Group (EAG) is a time limited group set up to offer service user and family member perspectives, external review, and support the response to the Invited Services Review. The EAG has benefitted from the membership of subject matter expert members, including having expertise on service user engagement and experience, mental health service provision and dementia.

An EAG Work Programme has been established with the final planned meeting on 22nd August 2025. Meeting formats have been adjusted continuously to take account of feedback and support individuals health and well-being. The EAG has also co-produced a way of working protocol with the Health Board Head of Patient Experience leading this work. Many meetings have been face to face in a group and some individual meetings as required.

The EAG would not exist without the participation and time generously given by members, many of whom have had previous adverse experiences over many years engaging with former Health Board leaders. Support and commitment from Board, Executive Team members and their teams has been evident throughout the EAG work programme. Llais staff are also instrumental in supporting EAG members which has been important, valued and greatly appreciated. The North Wales Regional Director of Llais is the Vice Chair of the Group.

Most EAG family members were previously involved in similar meetings, looking at how recommendations from reports have been put in place. In the past family members have been given assurance things are in place only to be let down finding out they are not. On this occasion, the EAG has been designed for the members role to be informative, adding their perspective and feedback. *The EAG is not part of the formal governance approval process which determines whether the actions are adequately met*.

The improvement actions on the RCPsych action plan have been presented by subject matter experts in team presentations with EAG members. Many presentations detail improvements, for example in processes such as the complaints management, and patient safety reporting and management including learning. There remains a concern from members that improvements they are told about are not always evidenced in practice or transferred across all areas.

There have been several clinical audits received on areas where experts' relatives had adverse experiences and harm, some still showing mixed results. Some audits indicate that standards are being met,, for example antipsychotic prescribing for older people, whilst others indicate more variance in progress.

Hearing the experts perspective about the importance of standards from their experience has also been useful and has led to a greater focus on the performance in some standards for which there was lower compliance such as mental capacity assessments. Generally, there is evidence of audit action plans which will need to be given careful leadership oversight to ensure improvements take place and are sustained.

The EAG has not yet looked at environmental and ligature improvements and the medium - term capital and estates plans. This will take place in August. Tawel-fan EAG members are very keen to hear positive news about the new facility on the Ablett site which is very significant to them.

There has been a welcome opportunity to meet many Health Board staff working in different roles to ask their perspective and hear their responses to questions. Staff have been well engaged and very helpful and their team input is much appreciated.

Llais have also begun to undertake visits to adult and older adult wards part of the review process with EAG members invited to participate. A report on each visit has been shared with the Executive Director of Allied Health Professionals and Health Science. The environmental design and presentation in the Hergest Unit, including dormitory accommodation is a longer-term issue for the Health Board to consider. The planned maintenance of gardens so patients can use and enjoy being outside in several wards is another issue to address.

There is evidence of greater service user and care involvement and participation, although this is still in its infancy which needs to continue to grow and flourish.

Decisions on how actions from the action plan will be met and sustained, and ensuring the focus meets the overall narrative of the RCPsych Invited Services Review report which details what good mental health care looks like, needs more attention. Hence, moving forward it is crucial to ensure that this programme of work leads to the continued improvement of mental health care which can be measured and sustained. Health Board leaders including the Chief Executive and the Executive Director for Allied Health Professionals and health science are setting up the best ways of doing this to take effect no later than end September 2025.

3.2 Reflection on working with an Expert Advisory Group

The Quality Safety and Experience Committee on 2 July 2025 requested that the Special Advisor consider the key learning for the Health Board in working with an Expert Advisory Group and this will be further considered as part of the final report. It is clear however that the organisation has moved forward in its commitment and ability to work with people who have experienced services.

There has been a significant and visible improvement in collecting patient experience data at patient and team level in mental health services. The is very positive and would benefit being embraced at scale, involving all teams and staff. This provides real time feedback about patient experience at team level. Mental Health teams appear to be the first to do this and this work could be further applied across all Health Board teams.

The Health Board Special Advisor is due to complete her appointment by the end of September 2025 and the Expert Advisory Group is due to complete its scheduled work programme by the end of August 2025. The work will result in a summary report from the Special Advisor outlining an assessment of progress, including feedback received from the Expert Advisory Group. A date for the receipt of this report will be agreed with the Special Advisor and will be reported through the Quality Safety and Experience Committee and the Board.

Included below is a summary of the areas of consideration the EAG had undertaken:

- The Welsh Government's business case approval for the Electronic Patient Record (EPR) in mental health is also a major step forward that the EAG could see evidence of, whilst noting that procurement and implementation will need to effectively delivered and mobilised.
- The EAG received information and a presentation from team members that the Organisational Development strategy is comprehensive and that there is evidence of staff involvement and training. In addition, the Group received detailed improvements that have been made in Mental Health and Learning Disabilities (MHLD) staff wellbeing at the staff well-being centre. It is not yet been possible to demonstrate clearly the beneficial impact on mental health teams but this is a positive development that should improve staff retention and well-being.
- The new operating model for all Health Board services has important interplay from the Allied Health Professionals, psychology and estates perspective. The EAG wished to express the view that this would hopefully not delay the substantive leadership roles in mental health at all levels.
- It was clear from the EAG workplan that there is a comprehensive mental health physical health strategy. The Group and the Special Advisor are keen to receive more information to demonstrate it being effectively implemented and this will be a focus of its work during August 2025.
- The Group also received information to demonstrate that there are improvements in timeliness and responsiveness to complaints handling. Mental health has no overdue complaints, and response times are the best in Wales. Reporting and management of incidents and serious incidents including family involvement appears to be better than that experienced by family members some years ago.
- The Special Advisor (and EAG Chair) has been a strong advocate for developing a mental health outcomes framework/performance dashboard so there will be a way of ensuring standards continue to improvement in real time. A prototype has been developed with input from many Health Board teams and service user experience groups in mental health are involved.
- It is clear from working with the Group that there is a real value to co-production and listening to a different perspective about what matters most to people. More specifically, in the eyes of service users and family members, internal improvements and accreditation benefit from external validation. The Expert Advisory Group members was clear about the importance of external benchmarks, accreditation and networks to validate progress against national standards and best practice.
- The presence of an EAG creates more focus on impact and sustainability rather than just the completion of an improvement action. It is recognised as valid to progress the improvement actions, but Group members are as keen to see that improvements are in place for the longer term. This is relevant to the next steps in developing the outcomes framework and performance dashboard.

The experience of the EAG so far has illustrated the importance of focussing on the activities/ big impact items which will make the most difference to service users now and in the future, including:

- Measuring patient experience / every contact in real time at team level. Measuring staff experience and addressing concerns immediately if possible.
- Multidisciplinary input to all community and inpatient teams. Currently there is a gap in Allied Health Professionals and Psychology input to inpatient teams. A business case is in development. The time-line for this to be addressed has been agreed as October 2025. (This was an original Ockenden recommendation in 2014).

- Substantive Multi-Disciplinary Team leadership at all levels with adequate leadership and skills in older persons mental health and a reduction of interim managers and senior clinicians.
- A modern standard operating model working across all services adult and older adult mental health.
- Valuing the importance of older adult leadership integrated teams and programmes.
- Service user/carer participation in care plans and review appears to be a gap in audits.
- A modern fit for purpose inpatient environment which maximises safety and promotes privacy and dignity
- Strategy and partnerships, the importance of self-help and early help and peer support
- Improved management of information and data, one single version of the truth and better use of analysis, for example using trends and range, rather than averages and data at team level.

4. PROGRESS ON ORGANISATIONAL WIDE IMPROVEMENT ACTIONS

The Board, in July 2024, endorsed an approach that would take an organisation wide lens to improvements as well as specific actions within mental health services division. There is significant progress across a range of the organisational actions which have been anchored within the Board Integrated Medium-Term Plan (3-year plan); a summary is provided below:

4.1 Developing the Strategy and Vision of the Health Board

The Health Board has set out five key strategic objectives in order to better meet its purpose of improving health and wellbeing and providing/securing excellent health services and these have been embedded over the last 15 months. Each strategic objective applies to the whole of the organisation, thus including mental health services.

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.

For the first time in the health board's history, the Board was able to approve at its meeting in March 2025, a financially balanced Integrated Medium-Term Plan has been developed, indicating significant progress in planning. In addition, a core objective is to develop strategy and work is now underway on the establishment of a Strategic Intent, 10-year strategy and Clinical services Plan. Mental health will be a key focus of this, including the review of models of care that can best meet the needs of citizens.

4.2 The Operating Model (Foundations for the Future)

A major change programme has been established to improve the way in which the health board operates. The Foundations for the Future Programme has taken 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 Board has received a separate report on the progress of this work at its May 2025 meeting.

4.3 Introduction of a Quality Management System (QMS)

The Health Board approved a Quality Management System in May 2024 and implementation has been progressing since. Whilst there is further work to do to fully develop, embed and sustain, key elements are outlined below.

- Developed a digital QMS maturity assessment tool, enabling services to evaluate current position in relation to a functioning QMS and supporting staff in creating targeted improvement plans.
- Established a robust governance structure, including a strategic group with clinical and non-clinical representation, to ensure inclusive oversight and alignment.
- Targeted work led by accredited services to define the role and interaction of accredited services within the QMS maturity assessment.
- Engaged with clinically challenged services to introduce and support with the QMS Maturity Assessment, with services progressing through key components of the assessment.
- Ongoing refinement of digital systems governance and technical architecture to enable and support broader implementation.
- Developed a three-phase communication and engagement plan with phase one focused on introducing the concept of QMS internally as well as agreeing digestible definitions for each quadrant to form the basis for future messaging. Engagement was focused at service level to provide support and guidance to early implementers.
- Evaluation of progress to date is underway, aimed at capturing key insights and lessons learned to inform the next phase of rollout and development.

4.4 The new Integrated Concerns Policy

The new integrated concerns policy was approved by the Board in July 2024 and launched in September 2024 setting out the standards and framework to recognise, respond, learn and improve from incidents, complaints and mortality reviews (medical examiner scrutiny) along with a supporting toolkit.

Central to the successful implementation of the policy has been the Integrated Concerns Hub which is a virtual hub that ensures on a (working) daily basis the correct triage, triangulation and processing of incidents, complaints and mortality reviews.

Local IHC/Divisional Processes have been strengthened with weekly Integrated Concerns Operational Groups (ICOG) to ensure learning is identified, cascaded and acted upon to ensure a culture of continuous learning and improvement. These also support staff throughout the process and ensure a culture of learning is embedded, including compliance with the Duty of Candour.

Additionally, there has been the formation of an Executive Integrated Concerns Oversight Panel (EICOP), led by a clinical executive or deputy. The purpose of the EICOP is to ensure that all new serious concerns are being managed in accordance with the correct processes, that services are supported to progress matters and that early learning is identified and shared based on the findings of the initial investigation (Rapid Review).

4.5 Strengthening Organisational Development: Culture, Leadership and Engagement

The Board approved 9 strategic intent areas at its meeting in September 2023, signalling a strong commitment to improving culture, leadership and engagement. Since that time the

organisation is progressing a Culture Change Programme centred on an evidence-based model designed by Professor Michael West. A co-designed Values and Behaviours Framework was approved at the November 2024 Board meeting and is now being implemented, with a toolkit launched in May 2025 providing resources, links, guides and examples of best practice to support teams across the Health Board to live the required behaviours.

In relation to the Culture Change Programme, 87 Culture Change Leaders have been recruited to date, with an intent of moving to approximately 150. They have been involved in facilitating Board/Senior Leadership Team conversations, facilitating Culture Focus groups and are influencing culture change at a local grassroot level.

In relation to leadership development an Integrated Leadership Development Framework has now commenced. In addition, a "Better Basics for Managers" programme has been introduced with three programmes developed so far.

4.6 Progressing an Electronic Health Record (EHR) for Mental Health Services

The All-Ages Mental Health and Learning Disabilities (MHLD) Outline Business Case (OBC) was approved by the Health Board and the Welsh Government in July 2025, successfully gaining £12m in funding to enable the Health Board to positively respond to the wide range of reports that identified the limitations of the current record keeping approach and to reduce the risk of patient harm. This is a pathway project within Wales. Procurement of the new system is underway, undertaken collaboratively with Cwm Taf Morgannwg University Health Board (CTMUHB).

This is a large and complex service transformation. A change team is currently being recruited to, headed up by the recently appointed Clinical Lead. Change plans have been developed and work with some services has started to prepare for the change. A project board has been set up, led by the Senior Responsible Officer (SRO) the Divisional Director of MHLD with membership from across the services with further work being undertaken to ensure the patient voice is integrated into the project. Collaborative working will continue with CTMUHB as the project progresses to provide ongoing support and learning to each other.

4.7 Service User and Carer Engagement

The organisation has been focused on a new approach to engaging with people and using their experience and feedback to improve the design and delivery of services. A Special Advisor supports this work, providing advice and challenge to the health boards Engagement Steering Group.

Divisional MHLD Patient and Carer Engagement Group commissioned the establishment of Service User/ Family and Carer Engagement Task and Finish Group. The Group was formed to specifically develop a Divisional Strategy for Service User Involvement and Engagement. This is to ensure that there is a systematic and consistent approach to service user and carer involvement across Mental Health Services. It aims to build on current good practice in involving service users across services to date and also to look at good practice that exists across Wales and further afield. A draft strategy is being developed for the end of July 2025.

Co-production is at the heart of developing the strategy. The involvement and engagement of people with lived experience of Mental Health services, carers and our workforce has

been central throughout the development and delivery of a range of Lived Experience Engagement Events with the support of 'Caniad'. These were held across the North Wales region in Rhyl, Porthmadog, Llangefni and Wrexham alongside 2 virtual events in November 2024.

Health Education and Improvement Wales (HEIW) as part of the implementation of the National Mental Health Strategic Workforce plan have made available fixed term funding for 12 months to all Health Boards to recruit a Lived Experience Peer Lead to lead the early scoping and development of Business Case for the introduction of a Recovery College for North Wales, identifying potential benefits and opportunities for the Health Board and wider partnerships.

A Recovery College provides courses and programmes on a range of mental health, physical health and wellbeing topics for any student, including staff, people with lived and/or living experience, carers or members of public. The courses are co–produced, written, designed and delivered in partnership with people with lived and/or living experience of mental health challenge and people with professional experience. A number of media assets have been produced to support awareness raising of the project and to allow people to get involved in shaping the future offer. The engagement will support the production of the business case for North Wales.

BCUHB MHLD division has been mapped to Civica (total 96 services) to ensure Patient (and carer) Reported Experience Measure (PREMs) data can be captured and analysed, this is inclusive of all in-patient wards. Divisional data is reported through the MHLD Patient Carer Experience (PCE) group and in line with recommendations from Royal College Psychiatry (RCPsych) review. Each of the 96 services have been assigned a unique Quick Response (QR) code to enable real-time feedback from patients, families and carers. Specific work ongoing through local Quality Safety and Experience meetings to increase uptake of reporting and learning from feedback received through reports.

4.8 Embedding the Health Board Risk Management Framework

The Health Board approved the current Risk Management Framework on 24 July 2024, and it was activated in September 2024 giving the explicit commitment to ensuring a robust infrastructure to manage risk ensuring an integrated approach, and where risks crystallise, to evidence improvements.

In March 2025, Internal Audit undertook a review of Risk Management and Board Assurance arrangements during 2024/25, which focused on how the Risk Management Framework was being implemented and upheld. A 'reasonable assurance' rating was given to the Board which was an improvement from the 2023/2024 'limited assurance' rating.

In July 2024, the Health Board enhanced its governance of risks by establishing a Risk Scrutiny Group. This Group is tasked with closely monitoring and scrutinising corporate risks, as well as providing assurance on the advancement of operational risk governance arrangements.

The corporate risk management team now produces a governance report outlining the effective risk management arrangements across Divisions, Directorates, and Integrated Health Communities (IHCs), in alignment with the Risk Framework and Risk Management Procedures. Risk management audits evaluate the completeness and accuracy of risk registers, the timeliness of risk reviews and updates, governance and oversight of risk processes, and compliance with risk management training requirements.

4.9 Dementia Activity across the Health Board, and in partnership

Improvement in Older Persons and Dementia care was a consistent theme throughout the RCPsych report. The Health Board works in partnership to ensure this work is progressing across North Wales. The five key areas of the Regional Dementia work plan are listed below:

1. Dementia Action Plan (DAP) Schemes
2. NW Regional Partnership Board Dementia Strategy Action Plan
3. All Wales Dementia Care Pathway Standards (AWDCPS)
4. Memory Support Pathway (MSP) Improvement
5. Dementia Friendly Communities

A focus throughout 2024/25 has been relation to dementia training. From July 2025, further Welsh Government funding will be received for non-Registered staff for further 'Finding the Light' in dementia live study days for 100 staff, Dementia Bus training for 96 staff, and Dementia diversity training (Purple Theatre Company) for 30 staff in face-to-face sessions and 60-100 staff online.

An MHLD Consultant Nurse for Dementia was appointed during 2025 which is one of the Improvement actions identified in the RCPsych Invited Services Review. In addition, a Dementia Practice Educator was appointed in June 2025 to lead the work on tackling deconditioning in nursing home settings. They will work alongside established Practice Educators focused on inpatient falls prevention and improving documentation of therapeutic enhanced observations.

5. PROGRESSION OF THE RCPSYCH INVITED SERVICES REVIEW THEMES IMPROVEMENT ACTIONS

This section of the report summarises the progress made against the specific actions from the Review, including the trajectory of when evidence of remaining improvement actions will be completed. A detailed update on the progress and the trajectory for completion of improvement actions will be provided through the Quality Safety and Experience Committee on 4 September 2025.

There are 80 improvement actions (arising from 84 RCPsych Invited Service Review Recommendations) in the Health Board's response to the RCPsych Invited Services Review. The Quality Safety and Experience Committee received a report on 3 July 2025 detailing progress in this regard and Appendix 2 of that report provided a detailed update on improvement actions by each of the ten themes with examples for each. In summary:

- 56 of the 80 improvement actions have been progressed to the point that evidence of progress has been received and considered by the Health Board's governance arm.
- 27 improvement actions with accompanying presentations by Health Board Teams have been considered at the Expert Advisory Group as at 3 July 2025 with two more Expert Advisory Groups planned for August 2025.
- The Health Board Action Delivery Groups expects evidence of individual improvement actions to be completed by December 2025.

The Programme Team has summarised progress in the ten theme areas that is reviewed at the Health Board Action Delivery Group and rated delivery confidence in improvement actions being progressed. There is a high degree of confidence in all themes aside from Theme 9 where it is medium confidence. This is due to the extra time needed to consider

and develop a proposal to ensure/secure funding. The confidence level relates to the ability of improvement actions to be progressed and received for review by the Health Board by December 2025, noting that feedback from the Expert Advisory Group will influence the assessment of progress against a number of these improvements during August 2025. A summary of progress by theme is contained below.

Theme 1 Report - Patient and User Centred Care		
Theme	**Theme Delivery Confidence**	**Theme 1 - Update**
1	High	There are fifteen improvement actions to deliver this outcome. In total, fourteen action owners have submitted evidence and are awaiting assessment through various stages of the agreed governance route. One action remains in progress, albeit not to deadline which is aligned to reviewing the Local Authority (LA) working model in Community Mental Health Teams to ensure collaborative partnership working.

Theme 2 Report - Legislation and Clinical Guidance		
Theme	**Theme Delivery Confidence**	**Theme 2 - Update**
2	High	There are nine improvement actions to deliver this outcome. In total, seven action owners have submitted evidence and are awaiting assessment through various stages of the agreed governance route. Two actions remain in progress, albeit not to deadline. They relate to the implementation of the MH&LD Physical Health Strategy

Theme 3 Report - Governance		
Theme	**Theme Delivery Confidence**	**Theme 3 - Update**
3	High	There are 14 improvement actions to deliver this outcome. In total, seven action owners have submitted evidence and are awaiting assessment through various stages of the agreed governance route. Seven actions remain in progress, three of which are not to deadline. They relate to the development of the MH&LD Operating Model, development of a portal for “Putting Things Right” (There is a proposal to remove this action at the next Delivery Group as the Health Board focus on this will progress activity).

Theme 4 Report - Staffing		
Theme	**Theme Delivery Confidence**	**Theme 4 - Update**
4	High	There are eight improvement actions to deliver this outcome. In total, five action owners have submitted evidence and are awaiting assessment through various stages of the agreed governance route. Three actions remain in progress, albeit not to deadline which are aligned to the recruitment of a MH&LD Director of Nursing (that is now out to advert), a Consultant Psychiatrist for the Hergest Unit and progressing the funding the Wellness, Work and Us Service.

Theme 5 Report – Management Structure		
Theme	**Theme Delivery Confidence**	**Theme 5 - Update**
5	High	There are three improvement actions to deliver this outcome. One action owner has submitted evidence and this action is awaiting approval through various stages of the agreed governance route. Two actions are in progress and within deadline. These actions relate to the ongoing recruitment to substantive posts.

Theme 6 Report – Clinical Services Organisation		
Theme	**Theme Delivery Confidence**	**Theme 6 - Update**
6	High	There are two related improvement actions in progress not to deadline, 6.5 - Ensure all Centre and East Memory Assessment units attain Memory Service National Accreditation Programme (MSNAP) accreditation. Action 6.6 - Progress the pilot scheme for in-reach workers in care homes, review and measure impact and outcomes and carry out options appraisal to expand to all care homes to enable consistency of service provision is due October 2025.

Theme 7 Report – Training and Development		
Theme	**Theme Delivery Confidence**	**Theme 7 - Update**
7	High	Four key improvement actions are aligned to this theme. An MHLD Divisional Learning event is currently being planned for September 2025, aiming to have two events per year. This will enable a wide variety of stakeholder engagement as well as themed topics that will support learning and improvement across the Division.

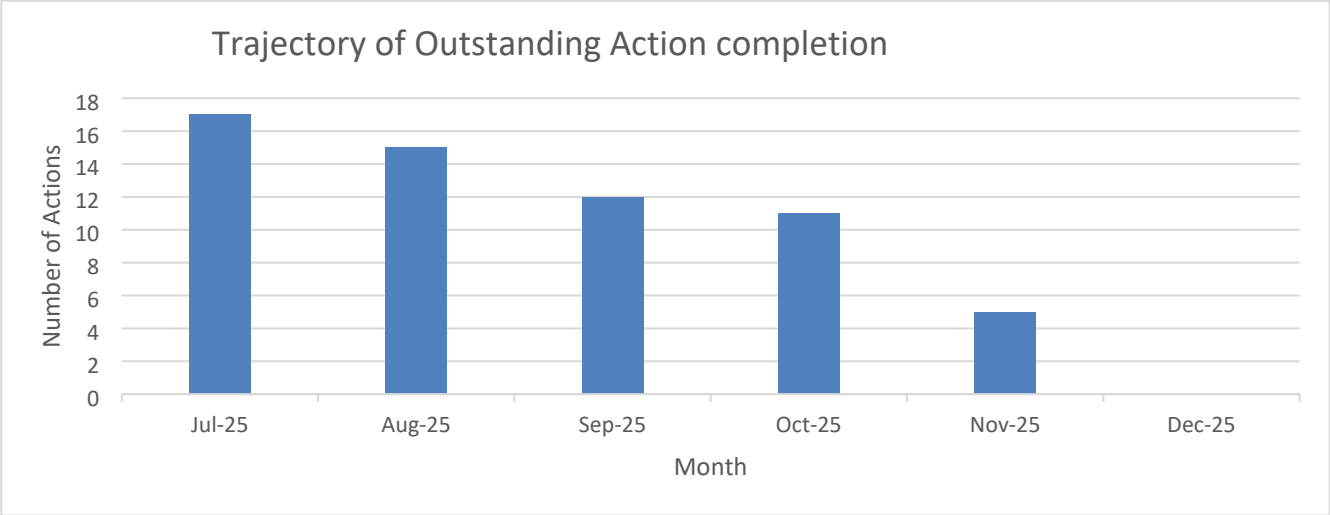
Theme 8 Report – Leadership and Staff Engagement		
Theme	**Theme Delivery Confidence**	**Theme 8 - Update**
8	High	There are seven improvement actions across the Health Board to support delivery of this outcome. Six actions are awaiting assessment following evidence submissions and the remaining one is in progress albeit not within the deadline for delivery. These include Health Education and Improvement Wales (HEIW) training, Cultural Change Leaders, Managing Absence Performance Prompt (MAPP), Staff Survey and Divisional Senior Leadership Team walkabouts. The remaining improvement action is 8.7 “Support the creation of a culture within MHLD that is consistently compassionate and high performing.” The Programme Teams are awaiting the evidence submission and are aware of positive actions being taken.

Theme 9 Report - Resources		
Theme	**Theme Delivery Confidence**	**Theme 9 - Update**
9	Medium	There are five improvement actions to support the delivery of this outcome. The response to the RCPsych Invited Services review highlights that the Therapy Services gap analysis is underway. The Health Board supports the vital contribution Therapy Services can make to achieve the aspirations of the refreshed Health Board Clinical Services plan: to supporting the delivery of integrated mental and Physical Health Services and which meet the needs of our population. The status as medium reflects that an extended deadline has been agreed by the Health Board Action Delivery Group to enable an effective business case that can access funding.

Theme 10 Report – Physical Environment		
Theme	**Theme Delivery Confidence**	**Theme 10 - Update**
10	High	There are eight Health Board wide improvement actions to deliver this outcome. In total, seven action owners have submitted evidence and are awaiting assessment through

		various stages of the agreed governance route. One action remains in progress, albeit not to deadline which is aligned to progressing necessary Divisional Capital Estates works as part of the annual plan to ensure all works are captured. This work will be reviewed at the Delivery Group on the 28 July 2025.

As of 18 July 2025, there are 22 actions that require further strengthening following the peer review by the Evidence of Outcomes Group. The following tables shows the anticipated trajectory of actions completion, aiming for all to be complete by December 2025.



6. MOVING FORWARD – PROPOSALS FOR THE FUTURE OVERSIGHT AND DEVELOPMENT OF MENTAL HEALTH SERVICES

The Health Board Special Advisor is due to complete her appointment by the end of September 2025 and the Expert Advisory Group is due to complete its scheduled work programme by the end of August 2025. This will result in a summary report from the Special Advisor outlining an assessment of progress, including feedback received from the Expert Advisory Group. A date for the receipt of this report will be agreed with the Special Advisor and will be reported through the Quality, Safety and Experience Committee and the Board.

The Chief Executive and Executive Director of Allied Head Professionals and Health Science have determined that there should continue to be an accountable group to oversee the continued development of improvements from the RCPsych Invited Services Review and other related Mental Health service developments. The focus of the group will be influenced by the final report of the Special Advisor referenced above.

The proposal is for the development of a Mental Health Oversight and Development Group that would report into the Executive Committee. The precise scope and membership of the Executive level Group will be determined but consideration is already being given to the optimal framework for the work. The following areas are likely to be in scope.

- Mental Health strategy and service models - This work will align with the new 10 year all Wales Mental Health and Wellbeing Strategy 2025-2035, which aims to improve wellbeing for the people of Wales and improve outcomes for people accessing support for their mental health. This is key in taking forward the Outcomes Framework.

- Patient/carer involvement – The work will build upon the foundations set during the EAG period and the valuable feedback and experiences shared by EAG members and Llais colleagues.
- Estates – Given the recent appointment of a Health Board Director of Estates and Environment, there is an opportunity to develop the good work within the MHLD division to ensure an improved estate for patients and staff, with a clear prioritised and deliverable development plan to support future services.
- Standards of Clinical Practice – This is a key opportunity to utilise and embed the QMS approach to support and develop mental health clinical pathway work – community and secondary care.
- Workforce – By fully understanding the workforce establishment/baseline, the focus would be on workforce planning and modernisation to match the ambitions of the service model work.
- Leadership and Management –The Mental Health team has had a positive focus in recent years on stabilisation, and there is an opportunity to now consider training requirements and succession planning arrangements in mental health.
- Culture Work – The recent staff survey has demonstrated some positive early signals for the MHLD division. An action plan is already in place, however a focussed cultural work programme approach could yield further progress at pace.
- Performance visibility – The RCPsych response work has enabled work to progress on a data dashboard which is described briefly in Section 7 of the report. This has been a significant step for the division, and this approach now requires HB support to embed fully at all levels within the organisation.
- 'Key programmes' – the redevelopment of the Ablett Unit is a key service change programme as is the EHR development as an enabler.

It is anticipated that the first meeting would take place no later than end September 2025. The Group will be chaired by the Chief Executive. It will be important to engage with the Llais Regional Director in terms of the detail of this development.

7. NEXT STEPS

The key next steps are outlined as:

- Follow up from the feedback from the Special Advisor and Expert Advisory Group to enhance the response to the improvement actions.
- Report on detail of progress to the Quality, Safety and Experience Committee on the 4 September 2025.
- Clarify the timescales to produce the final report from the Special Advisor
- Develop the approach and arrangements for the Mental Health Oversight and Development Group, progressing an outline work programme (to include progressing the Draft Outcomes Framework and Performance Dashboard for co-production with key stakeholders).

7. RECOMMENDATIONS

The Board is asked to:

- **NOTE** the contents of the report
- **CONSIDER** the progress of the Health Board response to the RCPsych Invited Services Review, noting that detailed oversight is provided by the Quality, Safety and Experience Committee

- **CONSIDER** the approach for ensuring that improvements continue to receive oversight and development.

Closing Statement

The Health Board's sincere thanks are again extended to the families and current service users who have supported this work since July 2024, with special thanks to the members of the Expert Advisory Group. The Health Board has seen and benefitted from their determination to support the improvement of Health Board services. This is resulting in very considered and significant expert feedback that informs ongoing assessment of progress that has been made.

The Health Board is also very appreciative of the significant support provided by Llais to formulate the approach reflected in this report and the opportunity it has given to fully understand the concerns of families and current service users. The commitment and engagement of members of Llais and the Expert Advisory Group is greatly appreciated by the Health Board and the colleagues that they have met with so far.

Agenda Item

Health Board Key Issues Report (this report should be a maximum of 2 sides of A4 paper)				
Board Date		31/07/2025		
Date of Committee		03/07/2025	**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: 1. The Committee received a report on the Key Strategies and Policies relating to Women's Health and Perinatal Services, and noted the national requirements and expectations of the Health Board, which have been included as key priorities in the Health Board's Three Year Plan and in the IMTP. QSE will receive an annual report on progress. 2. That the Gastroenterology Service in the Central IHC is in a fragile position and the IHC need support to address this through a North Wales solution 3. The Committee received an update on the work of the Royal College of Psychiatrists' Expert Advisory Group's Chair, noting that sustainability was key and that a report would be received at the next Board, who will wish 4. The Central IHC Directorate raised concerns that it is difficult to back-fill posts where the funding is non-recurring, and this is having an impact on services. Five incidents have been reported since the 30th April 2025, and a specific example was given in relation to lack of on-going speech therapy for a stroke patient, following discharge.		
2b	Assurance	The QSE Committee wish to assure members of the Board that: 1. The Committee reviewed the outcome of the Central IHC Self Assessment noting that it was now in a much more stable position and would be focussing on being a learning organisation. 2. Whilst compliance with Clinical Coding will remain a significant risk during 2025-26, trajectories indicate improvement. The position has stabilised and is showing improvement, and is now at 40%. This measure will be kept in escalation through the Integrated Quality and Performance Report for monitoring and assurance.		

		3. In relation to complaints handling the, percentage of complaints closed within 30 days is consistently over target, and the Health Board was now the best in Wales for this 4. There had been a reduction in the number of National Reportable Incidents (NRIs) since August 2024, as well as a sustained reduction in the number of NRIs that remain open 90 days or more. 5. The number of consultations delivered through the Pharmacist Independent Prescribing Service remains high and is the highest in Wales.
2c	Advise	The QSE Committee wish to advise members of the Board that: 1. There has been a significant reduction in the number of Regulation 28 Notices since August 2024 and Coroners are reporting an improvement in timely responses. 2. That clarity had been sought and that PPHP would be the Committee that would have oversight of Primary Care and Community Care going forwards
2d	Review of Risks	The Committee reviewed the risks including those on the Board Assurance that the Committee had oversight of.
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: ***Report title:***	Annual Quality Report 2024-25
Adrodd i: ***Report to:***	Board – Public
Dyddiad y Cyfarfod: ***Date of Meeting:***	31 July 2025
Crynodeb Gweithredol: ***Executive Summary:***	From April 2023, The Health and Social Care (Quality and Engagement) (Wales) Act 2020, requires NHS bodies to publish an annual report on the steps they have taken to comply with the duty of quality – **Annual Quality Report**. The report must include an assessment of the extent of any improvement outcomes in the steps the Health Board have taken to improve the quality of the health services we provide. Most importantly, the report must be meaningful to the Health Board, stakeholders and our population if we are to optimise learning, sharing and improvement opportunities. The NHS Wales Performance and Improvement have provided support to the Health Board and other NHS bodies by providing some fundamental principles to be considered when developing the Annual Quality Report under the Duty of Quality. In terms of what needs to be included within the report, the duty outlines the following: • A look back at what has been achieved, including where things may not have gone well. • A look forward about the organisations quality priorities and ambitions for the upcoming year, alongside how progress will be monitored. • Describe what key strategic decisions have been taken, and how the duty of quality has informed these decisions. • Describe the progress and challenges on our quality journey to our population and stakeholders, in a meaningful way • Reflect the breadth of the domains of quality, quality enablers and quality management system. • Develop a so-called ‘always on’ reporting mechanism (how we collate, monitor and make information about the quality of our services readily available to our population. • Demonstrate the duty of quality decision-making, action taken following learning, quality improvement and ultimately, improved outcomes for the population. Many of the changes the Health Board are making as part of the Special Measures work will ultimately improve the way we approach quality as an organisation. Therefore, the report focuses on the work of special measures as this reflects and includes our current position in terms of our quality journey. <u>The following areas have been reviewed and updated following feedback from the QSE Committee of the draft in June 2025:</u> The inclusion of Public Health, Planning and Mental Health and Learning Disabilities information. <u>Publication Timeframe</u> The duty states that the Annual Quality Report should be prepared as soon as practicable after the end of each financial year. To streamline reporting requirements and reduce duplication, it is suggested that NHS bodies align the annual quality report to their Annual Report and Accounts process. • Quality and Safety Committee 3 July 2025 (final draft)

	• Board 31 July 2025 (final approval)			
Argymhellion: ***Recommendations:***	**Members are asked to :** • **APPROVE** the Health Boards Annual Quality Report			
Arweinydd Gweithredol: ***Executive Lead:***	Angela Wood, Executive Director of Nursing and Midwifery Dr Sreeman Andole Interim Executive Medical Director Teresa Owen, Executive Director of AHPs and Healthcare Science Dr Jane Moore , executive Director of Public Health			
Awdur yr Adroddiad: ***Report Author:***	Joanne Kendrick , Head of Quality Erika Dennis, Lead Quality Manager *With contributions from across the Health Board*			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/ tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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:***				
There is confidence in the data provided in the report and this is being monitored through the appropriate Health board governance and Special measures assurance processes .				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Outcome 4 - Improved access, outcomes and experience for citizens Outcome 5 - Recognition of BCU as a learning and self-improving organisation			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. 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. Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.			
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?***	N/A			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A			

In accordance with WP68, has an SEIA identified as necessary been undertaken?	
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)***	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Information intended for future publication
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** N/A	
Rhestr o Atodiadau: ***List of Appendices:*** 1. Annual Quality Report 2024/25	

Annual Quality Report 2024/25





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Foreword from the Chair and Chief Executive

As we reflect on the past year and look ahead to the future, we are proud to present Betsi Cadwaladr University Health Board's **Annual Quality Report for 2024-25**. This report outlines our continued commitment to delivering high-quality, safe, and effective healthcare services for the people of North Wales.

2023-24 has been a transformative year. Since entering **special measures** in February 2023, we have worked to stabilise and strengthen the organisation. A renewed governance structure and the appointment of independent Board members have enhanced accountability and decision-making. Our leadership development programme equips executives to lead with compassion and drive meaningful change, fostering a culture of improvement. More details on our progress can be found in the **Special Measures Progress Report (July–September 2024)**.

Delivering on our **Three Year Plan 2024-27**, we have taken steps to improve service quality and patient outcomes. The Planned Care Hub at Llandudno Hospital now provides expanded access to scheduled treatments, helping to significantly reduce waiting times. In mental health services, we established a new oversight framework, enabling more robust assurance measures. Additionally, pilot programmes in vascular and urology services are testing a new **Quality Management System** designed to enhance patient care. Further details about our financial and operational improvements can be found in our **Annual Report and Accounts 2024-25**.

Improving transparency and engagement remains a priority. We have made Board meetings more accessible to the public, ensuring accountability and open dialogue with our communities. As we move forward, financial sustainability will be central to our approach, and our revised financial governance model has already strengthened budget management and resource allocation. Insights into our financial governance improvements are available in the **Annual Audit Report 2024**.

We are dedicated to fostering a compassionate and inclusive culture. Our **Values and Behaviour Framework**, introduced in late 2024, supports a positive work environment and staff wellbeing. In line with the Board's commitment to Culture, Leadership, and Engagement, the **Compassionate Leadership Pledge** was signed in September 2024, outlining practical ways to embed its principles in our workplace.

Looking ahead, the Health Board is entering a pivotal phase of transformation. By driving innovation, embedding sustainable improvements, and strengthening partnerships with staff, patients, and stakeholders, we are confident in delivering lasting change for the communities we serve.

Thank you for your continued support as we strive to provide the highest standards of care across North Wales.

Dyfed Edwards, Chair

Carol Shillabeer, Chief Executive

Commitment to Quality: A Statement from the Executive Nurse Director

At Betsi Cadwaladr University Health Board, our unwavering commitment to quality remains at the heart of everything we do. As we move forward into 2024-25, we continue to uphold the principles outlined in our **Quality Management System (QMS)**, ensuring that every decision we make is driven by a dedication to excellence in patient care.

The focus to date has remained around testing QMS with 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. An app for the QMS has been developed which will highlight areas that need further focus. The app is the first of its kind and work is underway to licence and share the app across Wales, in the first instance. QMS is a journey which will take around ten years to fully implement, but what we have is the foundations in place for a future way of working which is driven by quality and which creates a culture for quality.

A **Quality Dashboard** has been developed with a theme analysis on complaints to support learning as part of the QMS principles. It triangulates key quality data into one place and assists with quality driven decision making, supporting staff to understand how services are performing in terms of delivering quality of care, and any areas which require focus for improvement. It also supports 'Always on' reporting, ensuring that we have quality data readily accessible.

The **Integrated Concerns Policy** was approved by the Board in July 2024 and launched in September 2024 and this has introduced a more integrated approach to handling incidents, complaints, and mortality reviews, supporting a culture of learning and improvement. We are committed to addressing concerns with transparency, compassion, and efficiency. The Policy ensures that patient, family, and staff feedback drive continuous improvement and enhances patient safety.

Our approach to quality is guided by the Duty of Quality, as set out in the **Health and Social Care (Quality and Engagement) (Wales) Act 2020.** This duty reinforces our responsibility to continuously improve health services, enhance patient outcomes, and foster a culture of learning and self-improvement.

In the past year, we have made significant strides in strengthening leadership, improving access to care, and ensuring that our services are responsive to the needs of our communities. Looking ahead, we will continue to build on these achievements by embedding a quality-focused approach across all aspects of our organisation.

Our **five strategic objectives for 2024-25** will drive our commitment to delivering safe, effective, and compassionate care. We will prioritise patient experience, staff engagement, and evidence-based decision-making to ensure that our services remain aligned with the highest standards of healthcare excellence.

As Executive Nurse Director, I am proud to lead on quality in an organisation that is dedicated to making a meaningful difference in the lives of those we serve. Together, we will uphold our

commitment to quality, ensuring that Betsi Cadwaladr University Health Board remains a learning and improving organisation that places patient safety and well-being at the forefront of its mission.

There are three key messages which you will find threaded through this report which aims to highlight the areas of focus in terms of how the Health Board is improving quality of care:

Our Three Key Messages

1. **Becoming a Quality-Driven and Learning Organisation** – The Health Board is embedding a culture of continuous learning and quality improvement, ensuring that every service meets high standards of care.
2. **Improving Timely Access to Healthcare** – The Health Board is focused on reducing waiting times, expanding urgent care services, and enhancing efficiency, ensuring that patients receive the right care, at the right time, in the right place.
3. **Working with Our Citizens and Partners** – It recognises the importance of collaboration in delivering better healthcare. By actively engaging with patients, families, community groups, and healthcare partners, it is shaping services that truly meet the needs of our population.

Our quality improvements are structured around five key objectives to enhance healthcare services across North Wales:

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 and Skills Development

1. Building an Effective Organisation

Organisational Focus and Vision

The Health Board is focused on strengthening its foundations to ensure long-term success in delivering high-quality healthcare services. This includes improving governance, leadership, workforce development, risk management, and operational efficiency. The organisation is embedding a Quality Management System (QMS), refining its operating model, and enhancing performance and accountability frameworks to drive continuous improvement.

Key Improvements

- **Strong Leadership, Smarter Governance:** Betsi Cadwaladr University Health Board has used the Tushman and O'Reilly **ambidextrous leadership model** to guide its improvement journey, balancing learning from past challenges with **implementing sustainable solutions**. Through the special measures discovery work, the Health Board engaged with patients, staff, and partners to identify key areas needing change, ensuring that governance structures support both innovation and stability.

These insights have led to the development of a new **Integrated Governance Policy**, designed to create clearer leadership roles, stronger accountability, and a culture of continuous learning. Quality remains central to these improvements through **enhanced oversight, improved stakeholder engagement, and smarter decision-making**, the Health Board is building a safer, more effective healthcare system for North Wales. By embedding a learning mindset while strengthening operational effectiveness, it is creating a smarter, more responsive organisation, ensuring that every patient receives the highest standard of care.

The Health Board's commitment to quality improvement and governance transformation includes initiatives such as the implementation of a Quality Management System (QMS) and the new Leadership Development Programme which are covered in this report.

- **Quality Management System (QMS):** The Health Board has embarked on a journey to implement a Quality Management System, recognising that meaningful improvement takes time and commitment. Early implementors have played a crucial role in shaping the system, with initial testing conducted within challenged services to ensure its robustness and adaptability.

By standardising performance monitoring and fostering continuous service enhancement, the QMS supports consistent clinical governance, ensuring that all departments adhere to best practices while evolving to meet future healthcare needs.

A key component of this approach is quality planning, which serves as the foundation for sustainable improvements, a few of which include:

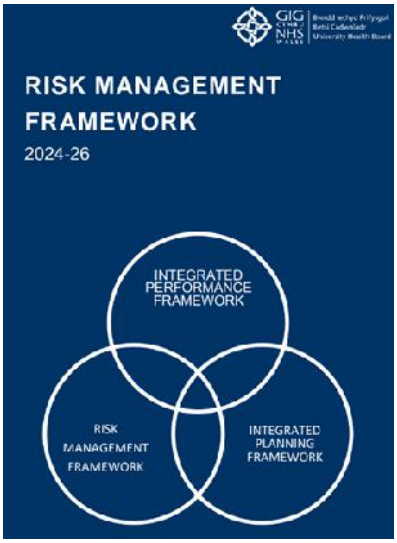
The Health Board's **Integrated Medium-Term Plan (IMTP)** outlines several quality-focused improvements to its planning process, ensuring strategic objectives align with long-term healthcare needs. A financially balanced approach is central to the IMTP, linking closely to Quality Planning to support sustainable service improvements. One key development is the creation of a **new planned care hub for Llandudno Hospital**.

The new hub at Llandudno Hospital is a major development aimed at improving elective orthopaedic services across North Wales. The Welsh Government has approved £29.4 million in funding to support the project, which is expected to deliver 1,900 procedures annually. The hub is designed to specialise in high-volume, low-complexity care, ensuring that orthopaedic services are provided away from emergency hospitals to reduce the impact of unscheduled care on elective treatments. This approach is expected to minimise surgery postponements and improve patient outcomes.

The Health Board is re-designing its **Crisis & 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 24/7. The re-design will focus on expanding the capacity and function of the current Unscheduled Care 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.

- **Risk Management Enhancements:** The Health Board has enhanced its centralised risk register, ensuring greater visibility of key risks, including patient safety concerns and operational challenges. The register is now updated quarterly and reviewed by committees every six months, strengthening oversight and accountability.

From April 2024, the Health Board fully implemented a new **Risk Management Framework**, ensuring that risk management remains a core component of decision-making. Each corporate-level risk is now assigned to a Board Committee, which conducts bi-monthly reviews to assess progress and mitigation strategies.



As part of its special measures' improvement plan, the Health Board has introduced quarterly forums chaired by the Cabinet Secretary. These forums provide an opportunity to assess risk management effectiveness and ensure that key risks are being addressed in a timely manner.

These initiatives demonstrate the Health Board's commitment to refining its risk management processes to working with its stakeholders such as Welsh Government, to enhance patient safety and operational resilience.

- **Performance & Accountability:** The Health Board has embedded a new framework to enhance transparency and drive measurable improvements in service delivery. This framework includes real-time monitoring of patient outcomes and staff performance metrics, ensuring that decision-making is informed by accurate and timely data. Additionally, the Health Board has strengthened its corporate systems of assurance, aligning performance monitoring with governance structures to improve accountability.

  As part of ongoing improvements, the Health Board has implemented the **Integrated Performance Framework (2024-2025)**, which aligns key performance indicators (KPIs) with strategic objectives to ensure measurable improvements in service delivery. This framework integrates data from the **Annual Delivery Plan (2024-25)** to provide a structured approach to monitoring and accountability.

  Governance enhancements have also been a priority, with the full implementation of a **governance and committee structure** from April 2024, strengthening oversight and accountability. The Health Board has introduced quarterly assurance meetings chaired by NHS Wales leadership, ensuring that performance tracking remains effective. Additionally, the appointment of a new Chair and Chief Executive in early 2024 has led to improved oversight and decision-making processes, ensuring that performance monitoring is integrated into the Health Board's broader governance approach.

  These initiatives demonstrate the Health Board's commitment to refining its performance and accountability processes to enhance service delivery and patient outcomes.

- **Welsh Language & Inclusivity:** The Health Board is committed to ensuring bilingual communication across all patient-facing services, recognising the importance of accessibility for Welsh-speaking patients. Initiatives include the Welsh Language Standards, which set

statutory requirements for bilingual service provision. The Health Board has implemented staff training programmes to enhance Welsh language proficiency among healthcare professionals, ensuring that patients can receive care in their preferred language.

Additionally, the Health Board has developed a Five-Year Plan to increase the availability of Welsh-medium clinical consultations, supporting a more inclusive healthcare environment. The Welsh Language Services Annual Monitoring Report (2023-24) highlights improvements in signage, correspondence, and digital accessibility, ensuring that patients can engage with services bilingually.

These initiatives demonstrate the Health Board's commitment to fostering inclusivity and ensuring equitable access to healthcare for Welsh-speaking communities.

- **Legislative Compliance:** The Health Board is actively aligning its policies with new legislative requirements to ensure compliance with national healthcare regulations and enhance patient safety standards. In response to the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the Health Board has strengthened its **Annual Quality Report** process, ensuring that reporting mechanisms reflect statutory duties to improve healthcare quality.

  Additionally, the Health Board has implemented enhanced governance structures following the **Public Audit (Wales) Act 2004**, reinforcing financial accountability and operational efficiency. The special measures framework introduced in 2023 has also led to improvements in regulatory oversight, ensuring that compliance measures are embedded within service delivery.

  The Health Board has strengthened its governance around mental health legislation, ensuring adherence to the Mental Health Act 1983, Mental Capacity Act 2005, and Mental Health (Wales) Measure 2010. The newly renamed **Mental Health Legislation Committee**, effective from January 2024, provides oversight on compliance and ensures that policies align with statutory requirements.

  Following recommendations from Audit Wales, the Health Board has refined its quality governance arrangements to improve compliance with national healthcare regulations. This includes strengthening monitoring and reporting structures to ensure that patient safety remains a priority.

  The Health Board continues to align its financial governance with the Public Audit (Wales) Act 2004, reinforcing transparency and accountability in financial reporting and operational efficiency.

These initiatives demonstrate the Health Board's commitment to maintaining high standards of legislative compliance while continuously improving patient safety and service quality.

How this supports QMS

The implementation of the Quality Management System (QMS) ensures that governance structures, risk management, and operational frameworks are aligned with quality assurance standards. **By embedding performance monitoring**, the Health Board ensures that leadership decisions are data-driven and **focused on continuous improvement**. Initiatives such as the planned care hub for Llandudno Hospital enhances elective care efficiency, reducing surgery postponements and improving patient outcomes.

2. Developing Strategy and Long-Lasting Change

Organisational Focus and Vision

The Health Board is committed to improving the health and wellbeing of the population through preventative care, early intervention, and community-based services. This includes expanding public health initiatives, strengthening mental health support, and improving access to primary care services.

Key Improvements

- **Public Health Initiatives:** The Health Board is committed to protecting patients and communities through infection prevention, disease screening, and public health initiatives.

    - **Infection Prevention in Care Homes** – The Health Board supports residential care homes across North Wales by providing advice, training, and infection prevention audits. Most homes have made significant improvements, with 83.6% of recommended actions completed. Over 50 care homes now participate in a monthly training programme to maintain high infection control standards.
    - **TB and Blood Borne Virus Screening** – In March 2025, a screening event was held in Wrexham to help people who may struggle to access healthcare, including those facing homelessness or substance misuse. Forty individuals were screened for tuberculosis and blood-borne viruses, with half also receiving Hepatitis B vaccinations. This initiative helped reconnect vulnerable individuals with needed care and treatment.
    - **Hepatitis B and C Elimination** – The Health Board is working to reduce Hepatitis B and C in North Wales. A plan submitted to Welsh Government has expanded virus testing in probation services and substance misuse support, leading to nearly 200 additional tests in six months. Increased uptake of Hepatitis B vaccinations is helping to prevent infections and improve public health outcomes.

In tackling obesity, the Health Board has expanded its **Healthy Weight: Healthy You** initiative, promoting nutritional education and physical activity through community engagement programmes.

Additionally, the **Alcohol Harm Reduction Plan** has been developed in partnership with Public Health Wales to reduce alcohol-related harm. Research has been conducted to understand drinking behaviours and inform interventions that support healthier choices.

The Health Board has also launched targeted initiatives to address smoking cessation, obesity prevention, and mental health awareness, aiming to reduce preventable

diseases and improve long-term health outcomes.

The **Help Me Quit** programme continues to provide tailored support for individuals seeking to stop smoking, offering access to trained advisors and nicotine replacement therapies.

Smoking is still one of the biggest causes of early death, with half of long-term smokers dying up to 10 years earlier than non-smokers. To help change this, **the Help Me Quit service supported 4,688 people across North Wales** to try and stop smoking during 2024–25, well above the yearly target. Two-thirds of those who used the service successfully quit, meaning over 3,100 people gave up smoking. Based on national health guidance, this could mean around 88 lives saved in the region, depending on factors like age, background, and how long someone has smoked.

A special pilot programme to support pregnant women to stop smoking also showed positive results. More women not only quit during pregnancy, but many stayed smoke-free for up to a year after giving birth, helping to protect their own health and that of their baby.

The **Well North Wales Initiative** programme continues to address health inequalities by establishing community health and wellbeing centres in areas with limited healthcare access. These centres integrate mental health support, chronic disease management, and social prescribing, fostering a holistic approach to patient care.

- **Health Inequalities Reduction:** The Health Board continues to develop community health and wellbeing centres in areas with high levels of deprivation. These centres provide integrated services, including mental health support, chronic disease management, and social prescribing, ensuring a holistic approach to patient care.

  A new social prescribing initiative has been introduced to connect patients with non-medical support, including housing assistance, employment services, and community activities. This approach helps address the broader determinants of health and supports individuals in managing their well-being.

  The Health Board has developed an NHS strategic and operational response to food poverty, ensuring that vulnerable populations have access to nutritious food. This initiative is part of a broader effort to tackle socio-economic barriers to health. You can read more about this in the **North Wales on the Move Annual Report 2024** by the Health Boards Director for Public Health.

  These initiatives demonstrate the Health Board's commitment to reducing health inequalities and ensuring equitable healthcare access across North Wales.

These initiatives reinforce the Health Board's commitment to improving care across the region and demonstrate the Health Board's commitment to improving public health through targeted campaigns and collaborative efforts.

- **Community-Based Healthcare:** Betsi Cadwaladr University Health Board remains committed to strengthening community-based healthcare, ensuring accessible, high-quality services across North Wales, which includes the **Expansion of Minor Injury Units (MIUs)** where the Health Board has enhanced MIUs across the region, providing urgent care services within local communities to reduce pressure on emergency departments. This expansion ensures patients receive timely treatment closer to home.

  Telehealth and Mobile Clinics are in place to improve accessibility in rural areas, the Health Board has strengthened telehealth services, enabling remote consultations for patients facing barriers to in-person care. Additionally, mobile health clinics have been deployed to provide essential healthcare services to remote communities, reducing the need for long-distance travel.

  The expansion of occupational therapy services has improved access to rehabilitation and preventative care, supporting patients in maintaining independence and enhancing their quality of life with **Community-Based Occupational Therapy Services** in place.

  These initiatives align with the Health Board's Three-Year Plan (2024-27), reinforcing its commitment to delivering accessible, patient-centred healthcare within local communities.

- **Mental Health Support:** The Health Board continues to strengthen mental health services, ensuring timely access to care through specialist pathways and enhanced community-based support. The **iCAN** initiative has expanded across North Wales, providing 12 iCAN Community Hubs that offer early intervention services for individuals experiencing mental health challenges. These hubs operate on a drop-in basis, addressing a range of issues such as debt, relationship breakdowns, substance misuse, and housing concerns.

Additionally, the Health Board has introduced iCAN Primary, a service that places occupational therapists within GP surgeries to provide early assessments and support, reducing pressure on primary care providers. Plans are also underway to improve crisis intervention services, ensuring that individuals in urgent need receive timely and appropriate support during evenings and weekends.

The Health Board's **Mental Health Hub** offers digital self-help resources, including access to Silver Cloud online therapy, supporting individuals with mild to moderate mental health concerns. Furthermore, the Health Board is working in partnership with Denbighshire County Council to ensure that mental health services align with the **Mental Health (Wales) Measure 2010**, providing structured pathways for individuals requiring specialist care.

The **111 Press 2** service provides 24/7 mental health support for people of all ages across North Wales. This initiative allows individuals to call 111 and select option 2 to speak directly with a trained mental health professional, offering urgent support for concerns such as anxiety, depression, and crisis situations.

The service is designed to reduce pressure on emergency departments by providing immediate access to mental health triage and signposting to appropriate services. It covers patients within Conwy, Denbighshire, Anglesey, Gwynedd, Flintshire, and Wrexham, ensuring widespread accessibility. Additionally, the iCAN initiative integrates with 111 Press 2, supporting early intervention and community-based mental health care.

The **Mental Health Awareness Campaign** has strengthened access to early intervention services, ensuring that individuals receive timely support through enhanced outreach and digital resources.

These initiatives demonstrate the Health Board's commitment to improving accessibility, enhancing crisis care, and expanding community-based mental health services across North Wales.

- **Digital Health Strategy:** The Health Board has placed a strong emphasis on digital inclusivity, ensuring that patients who may struggle with technology can still access healthcare services. This includes training programmes for staff and patients to improve digital literacy and confidence in using online health tools.

  The Health Board continues to expand its **telehealth services**, allowing patients to access virtual consultations with healthcare professionals. This is particularly beneficial for those in rural areas, reducing travel time and improving accessibility.

  It is integrating **AI-driven** patient monitoring tools to track health trends and provide early intervention. These tools help clinicians identify potential health risks before they escalate, improving patient outcomes.

  The Health Board has actively engaged with staff, carers, and patients to shape its roadmap for digital transformation, which is **Our Digital Future strategy**. This engagement has influenced the structure and priorities, ensuring that digital transformation aligns with patient needs.

  These initiatives demonstrate the Health Board's commitment to leveraging digital solutions to improve healthcare accessibility and patient outcomes.

- **Women's Health:** Betsi Cadwaladr University Health Board's **Women's Health Plan for 2024–25** sets out a clear commitment to improving the quality, accessibility, and experience of care for women across North Wales. The plan forms part of the Health Board's wider Three-Year Plan and is aligned with national priorities for women's health.

  Key deliverables include:
  - **Enhanced maternity care:** The Health Board will deliver one-to-one midwifery support for over 90% of women in labour by March 2025. This will be achieved through the recruitment of additional midwives and redesigned antenatal pathways, supporting safer births and more personalised care.
  - **Community-based postnatal hubs:** Three new hubs will open in Wrexham, Conwy, and Gwynedd, offering breastfeeding support, perinatal mental health screening, and infant development clinics. These hubs will improve access to early postnatal care and reduce reliance on acute services.
  - **Improved access to gynaecology services:** Two new community diagnostic and treatment clinics will be established in Denbighshire and Anglesey. These will reduce waiting times for conditions such as pelvic pain and heavy menstrual bleeding, ensuring timely and effective treatment.

- **Expanded menopause and reproductive health support:** Specialist menopause clinics will be introduced in four locations, supported by virtual peer groups. A new health promotion programme will also be launched in partnership with Bangor University to improve preconception health awareness in schools and communities.

These initiatives are designed to improve clinical outcomes, reduce health inequalities, and enhance patient experience. Progress will be monitored through the Annual Delivery Plan performance dashboard and reported quarterly to the Quality and Safety Committee, ensuring transparency and accountability in delivering high-quality care for women.

Emergency Preparedness Resilience & Response

The Health Board now has an established Emergency Preparedness Resilience and Response (EPRR) team in place, with a comprehensive Work Programme created that is aligned to our annual and three-year strategic plans, to fulfil our statutory obligations under the Civil Contingencies Act 2004 and compliance to other National standards.

The priority areas for EPRR are:

1. Business Continuity & Major Incident planning with all services across BCUHB and exercising plans to embed learning.
2. Scoping our capabilities and capacity to respond to a Chemical Biological Radiological Nuclear (CBRN) incident.
3. Training of our command-and-control management on call colleagues, both internally and externally with multi-agency partners, to effectively respond to a major or business continuity incident, should the need arise.
4. An in-depth analysis of the national, regional and local Civil Contingency risks identifying further controls and mitigations.

How this supports QMS

The Health Board's preventative approach is supported by public health campaigns, community-based services, and mental health initiatives that enable earlier intervention and reduce long-term pressures. The Women's Health Plan enhances this by expanding access to maternity, postnatal, gynaecology, and menopause care, ensuring timely, personalised support for women. Alongside the Digital Health roadmap, which improves access through telehealth and remote monitoring these initiatives will become embedded within the Quality Management System (QMS), promoting consistent standards, reducing variation, and driving continuous improvement across care pathways.

3. Creating Compassionate Culture, Leadership, and Engagement

Organisational Focus and Vision

Supporting staff through training, wellbeing initiatives, and leadership development to foster a resilient and engaged workforce. The Health Board is focused on staff retention, education and training, and diversity and inclusion to create a supportive and high-performing workplace.

Key Improvements

- **Staff Wellbeing Initiatives:** The Health Board is committed to improving staff retention and job satisfaction through targeted wellbeing programs. A key focus is the **Resilience and Wellbeing Programme**, which provides coaching and training to support staff in managing workplace stress and maintaining engagement. This initiative ensures that employees have access to structured support, reducing burnout and enhancing overall wellbeing.

Additionally, the Health Board has strengthened its **Leadership Development Framework**, promoting compassionate leadership to foster a positive workplace culture. This approach encourages open communication, empathy, and staff engagement, ensuring that employees feel valued and supported in their roles.

To further enhance staff wellbeing, the Health Board has introduced peer support networks, allowing employees to connect with colleagues for guidance and emotional support. The **Speak Out Safely** Guardian programme provides a confidential platform for staff to raise concerns and contribute to a healthy and productive workplace culture.

The Health Board is also embedding six-monthly pulse surveys to monitor staff engagement and wellbeing, ensuring that improvements are data-driven and responsive to workforce needs. These initiatives demonstrate the Health Board's commitment to fostering a supportive and resilient workforce.

- **Education & Training:** The Health Board continues to expand professional development opportunities, ensuring staff have access to leadership training and specialist clinical education. The **Leadership Development Framework** has been strengthened to support emerging leaders, equipping them with the skills needed to drive service improvements and

enhance patient care. This is part of the Health Boards commitment to compassionate leadership and organisational development.

A key initiative includes the new mentorship program, designed to support junior staff and improve career progression. This program pairs early-career professionals with experienced mentors, fostering skill development and knowledge-sharing across clinical and non-clinical roles.

Additionally, the Health Board has introduced enhanced training pathways for specialist areas, including Mental Health Act training courses, ensuring compliance with national standards and improving service delivery. The expansion of digital learning platforms has also enabled staff to access flexible training opportunities, supporting continuous professional development.

These initiatives demonstrate the Health Board's commitment to investing in its workforce and ensuring high-quality education and training opportunities.

- **Leadership Development:** The Health Board is embedding compassionate leadership principles, ensuring that leaders at all levels are equipped with the skills to drive service improvements and enhance staff engagement. Leadership workshops and sessions with culture change experts, including Michael West, are being delivered to reinforce evidence-based approaches that improve organisational culture.

  Furthermore, the Health Board is expanding peer support networks, ensuring staff have access to guidance and emotional support. The introduction of community engagement forums allows leaders to connect directly with staff and service users, reinforcing a culture of openness and collaboration.

It has also partnered with **Health Education and Improvement Wales (HEIW)** to launch the "BCUHB Leadership Hub – Venture: Exploring Leadership and Management" on the Gwella digital Leadership portal. Gwella provides NHS Wales staff with extensive learning resources and development opportunities, enhancing leadership skills across the workforce. The Leadership Hub was co-designed with staff and external stakeholders, including local FE colleges, Coleg Cambria and Grŵp Llandrillo Menai, along with colleagues from Bangor and Wrexham universities. It offers a wide range of development opportunities, from internal

training to externally provided courses, ensuring equitable access to growth and learning for all staff.

The Health Board's 2024 **Leadership Conferences** strengthened leadership capability and culture, rooted in compassionate leadership. Hosted by Chief Executive Carol Shillabeer and supported by Chairman Dyfed Edwards, the events engaged over 870 leaders in shaping organisational values and behaviours. Influential speakers, including Professor Michael West, emphasised kindness, trust, and collaboration. The conferences led to initiatives such as the People Management Forum and a Compassionate Leadership video, now part of staff induction, fostering a values-driven culture across the Health Board.

These initiatives align with the Health Board's special measures improvement plan, which prioritises leadership development as a key factor in organisational stability and service quality.

- **Diversity & Inclusion:** The Health Board is committed to strengthening policies that ensure an equitable workplace, fostering a diverse and inclusive workforce. As part of its **Strategic Equality Objectives and Action Plan (2024-2028)**, the Health Board is implementing inclusive hiring practices, ensuring recruitment processes actively support underrepresented groups.

The plan aligns with the Duty of Quality and Health and Care Quality Standards and ensures compliance with statutory obligations, including the Public Sector Equality Duty and the Socio-economic Duty, while improving service safety and quality. Over the next four years, the plan focuses on reducing health inequalities and enhancing wellbeing and healthcare across North Wales.

Another key initiative includes the **Anti-Racist Wales Action Plan**, which guides the Health Board in addressing racial inequalities within the workforce and healthcare services.

Furthermore, the Health Board is embedding cultural competency training across all staff levels, ensuring employees are equipped to provide inclusive and person-centered care.

To further promote diversity, the Health Board is working towards the **LGBTQ+ Action Plan** for Wales, ensuring that policies and workplace culture support LGBTQ+ staff and patients. The Health Board also remains committed to fulfilling its obligations under the **Public Sector Equality Duty and Socio-economic Duty**, ensuring that services and employment opportunities remain accessible to all.

These initiatives demonstrate the Health Board's commitment to fostering an inclusive and equitable workplace while ensuring diversity is embedded across all aspects of healthcare delivery.

- **Workforce Resilience:** The Health Board is implementing measures to support staff in high-pressure environments, ensuring long-term workforce sustainability. A key focus is the **Resilience and Wellbeing Programme**, which provides structured support, including stress management workshops and mental health first aid training, equipping staff with tools to manage workplace challenges effectively.

  Additionally, the Health Board has enhanced its occupational health services, expanding access to fast-track psychological support for employees experiencing work-related stress. The Leadership Development Framework continues to promote compassionate leadership, fostering a workplace culture that prioritises staff wellbeing and engagement.

  To further strengthen workforce resilience, the Health Board is embedding six-monthly pulse surveys, ensuring that staff feedback informs ongoing improvements. These initiatives demonstrate the Health Board's commitment to creating a supportive and sustainable working environment.

- **Creating a Compassionate Culture:** The Health Board is embedding a culture of compassion, leadership, and engagement to ensure staff feel valued and supported in their roles. A key focus is the implementation of the Leadership Development Framework, which promotes **compassionate leadership** by fostering strong relationships, active listening, and empathy within teams. This evidence-based approach enhances staff satisfaction and contributes to improved patient outcomes.

  To strengthen engagement, the Health Board is expanding **staff development programmes**, ensuring employees have access to training that supports professional growth

and wellbeing. Hundreds of leaders across the organisation have participated in compassionate leadership events, reinforcing a workplace culture that prioritises inclusivity and respect.

Additionally, the Health Board is **enhancing citizen engagement**, ensuring that staff, patients, and communities contribute to shaping healthcare improvements. This approach integrates continuous two-way engagement, allowing meaningful dialogue that builds trust and confidence in service delivery.

These initiatives demonstrate the Health Board's commitment to fostering a compassionate and inclusive workplace culture.

How this supports QMS

The Leadership Development Framework embeds compassionate leadership principles, ensuring that staff engagement and wellbeing are prioritised. Workforce resilience strategies, including peer support networks and staff wellbeing initiatives, contribute to a positive workplace culture, reducing burnout and improving service delivery. These efforts ensure that quality governance is embedded within leadership structures.

4. Improving Quality, Outcomes, and Experience

Organisational Focus and Vision

The Health Board is committed to enhancing patient care through targeted improvements in service delivery, clinical outcomes, and patient experience. This includes strengthening governance structures, embedding patient feedback mechanisms, and expanding digital health solutions to improve accessibility and efficiency.

Key Improvements

- **Strengthening Patient Experience:** The Health Board has implemented the **People's Experience Framework**, ensuring that patient feedback directly informs service development and quality improvements. This framework integrates patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) into service evaluation, allowing benchmarking of performance and driving enhancements in care.

  To strengthen patient engagement, the Health Board has expanded **real-time patient feedback** mechanisms, enabling service users to provide feedback on their care journey. This includes the rollout of digital feedback platforms, allowing patients to share their experiences instantly, ensuring timely responses to concerns and service improvements.

  During 2024-25 the Health Board received **47,594 National Civica Feedback surveys**, and it has demonstrated improvements in peoples experience of the Health Board across all 10 questions posed by the survey, suggesting people are more satisfied with their experience at the health board overall, with the main themes of dissatisfaction being waiting times for treatment and appointments. It also acknowledges that the experience of people accessing Emergency Departments across the organisations remains low, and the organisation are actively undertaking improvement initiatives in this area.

  Additionally, the Health Board is **embedding co-production models**, ensuring that patients and carers actively participate in shaping healthcare services. The expansion of community engagement forums provides opportunities for direct dialogue between patients and healthcare leaders, ensuring that service developments align with public needs.

  The **Family Communication Project** initiative was co-produced with ward staff, patients, family carers, and digital teams to improve communication between hospital staff and relatives. It involved testing two digital systems that allowed families to receive updates via messages and voice notes, reducing stress and improving patient satisfaction.

  Community Engagement Forums have enabled co-production models that ensure patients and carers actively participate in shaping healthcare services. These forums provide opportunities for direct dialogue between patients and healthcare leaders, ensuring that service developments align with public needs

- **Putting People First:** Aligned to its commitment to be a learning organisation, the Health Board continues to improve both peoples experience of our services, and when things go wrong, putting them right through the complaints and concerns process. Capturing peoples experience has allowed the organisation to design better healthcare services, with a strong focus on truly understanding people's experiences of services to deliver evidenced based improvements across the organisation.

  Although the Health Board remains focused on reducing the number of complaints the Health Board receives on a weekly basis, it has made significant strides forward in the timeliness and quality of its response's. During 2024-25 the organisation achieved a **67.12% reduction in the total of overall complaints**. At any one time the Health Board has (a reduction from 660 open cases to 217 open cases), and an **88.45% improvement in the number of complaints that are overdue**, 30 working days or more (a reduction from 407 to 47 cases).

  Key milestones have included the development of a comprehensive data management system, underpinned by a complete review of all systems and processes with a view to provide, transparent, comprehensive and compassionate responses. Increased scrutiny aligned to a new integrated concerns, incidents and complaints policy has allowed the Health Board to **monitor when improvement actions need to be undertaken**, ensuring that patients get a timely and comprehensive response and that the organisation is learning and implementing change.

  The Health Board has **improved accessibility** for people who wish to raise a concern by developing new online concerns and complaints pages, and increased its capacity to manage calls and enquiries to provide a more responsive service, which has resulted in an increase in the number of complaints being resolved within 30 working days from 38.33% to 78.34% during 2024-25.

  These initiatives demonstrate the Health Board's commitment to collaborative healthcare, ensuring that patient voices directly influence and shape service improvements and align with public needs.

- **Enhancing Safeguarding Practices:** The Health Board remains committed to safeguarding and public protection through robust processes and collaborative initiatives. A review by Welsh Government and the NHS Executive in late 2024-2025 confirmed that safeguarding arrangements effectively protect children, young people, and adults at risk. A **structured governance system** ensures oversight across safeguarding forums and multi-agency groups, with progress monitored through an Action Plan managed by the Safeguarding Governance and Performance Group.

  In addition, the Health Board introduced a revised **Domestic Abuse Screening Tool**, developed in consultation with North Wales support agencies. Responding to feedback, the updated tool replaces outdated elements and was launched during Safeguarding Week in November 2024, supported by training and awareness sessions to enhance staff understanding.

Further strengthening safeguarding efforts, the **Safeguarding & Public Protection Team SUSR Quality Assurance Group** monitors Single Unified Safeguarding Review (SUSR) activity across North Wales, ensuring appropriate responses and engagement with commissioned reviews. The Group fosters multi-agency collaboration, supports learning across six Local Authorities, and includes key safeguarding professionals, such as the Named Doctor for Safeguarding Children. A restorative supervision model prioritises emotional wellbeing and resilience, recognising the demands of safeguarding roles.

Together, these initiatives reinforce the Health Board's commitment to quality, outcomes, and patient safety.

- **Clinical Governance and Safety:** The Health Board is committed to strengthening **clinical governance structures** to ensure safety and quality standards are consistently met across all services. As part of its special measure's improvement plan, the Health Board has implemented a new governance and committee structure, ensuring robust oversight and accountability in decision-making.

  To enhance patient safety, the Health Board has introduced an improved **Risk Management Framework**, enabling proactive identification and mitigation of safety concerns. This includes strengthened incident reporting systems, ensuring that lessons learned from adverse events are embedded into service improvements.

  These initiatives demonstrate the Health Board's commitment to delivering safe, high-quality healthcare while continuously improving governance and patient safety standards.

- **Technology and Innovation:** The Health Board is committed to leveraging technology to strengthen clinical governance structures, ensuring safety and quality standards are consistently met across all services.

To enhance patient safety, the Health Board is implementing **electronic Prescribing and Medicines Administration (ePMA)** systems, replacing paper-based processes with a fully digitised approach to reduce medication errors and streamline prescribing workflows.

The Health Board is also strengthening its risk management frameworks, embedding real-time patient safety monitoring tools to proactively identify and mitigate risks. Expansion of staff training in incident reporting and

learning ensures that healthcare professionals are equipped with the necessary skills to uphold high standards of care and foster a culture of continuous improvement.

These initiatives demonstrate the Health Board's commitment to integrating technology into clinical governance, enhancing patient safety, and driving service improvements.

- **Integrated Care Pathways:** The Health Board continues to enhance integrated care pathways to ensure patients receive coordinated, high-quality care. The **Betsi Pathways** initiative remains central to supporting shared decision-making, enabling patients and carers to actively participate in treatment planning. This approach ensures that care is tailored to individual needs, improving patient satisfaction and outcomes.

  To strengthen community-based healthcare models, the Health Board is expanding **localised care hubs**, ensuring that patients receive care closer to home. These hubs provide multidisciplinary support, including chronic disease management, mental health services, and social prescribing, reducing reliance on hospital-based care.

  The Health Board is also advancing its **telehealth services**, improving access to specialist consultations for rural communities. This includes the rollout of virtual outpatient clinics, allowing patients to receive expert medical advice without the need for travel. Additionally, the integration of remote monitoring technologies supports proactive healthcare management, ensuring timely interventions and reducing hospital admissions.

  These initiatives demonstrate the Health Board's commitment to delivering high-quality, patient-centred care while continuously improving outcomes and experiences.

- **Advancing Quality and Safety in Mental Health Services:** In 2024/25, Mental Health and Learning Disabilities services in North Wales made big strides in working more closely across teams to ensure fair, **high-quality care for all**. Regional services joined forces through dedicated groups to improve how care is delivered, while also **expanding specialist support**, such as new teams for perinatal and eating disorders.

  During this period, Mental Health and Learning Disabilities has focused on delivering **Ministerial Priorities**, special measures requirements, **Royal College of Psychiatrists review recommendations**, and progressing the **Strategic Programme for Mental Health**. Quality of care and patient safety have remained central, with collaborative work underway with the NHS Executive to develop and implement a comprehensive **patient safety programme** across inpatient and community settings. MHLD completed **98.5% of actions** from the **NHS Wales Joint Commissioning Committee (NWJCC) / NHS Executive Inpatient Safety Review**, with the final action on track for delivery in 2025/26.

  The service has fully implemented the Health Board's **Integrated Concerns Policy**, with representation in executive oversight groups and **100% compliance** in complaint response timescales. A **multidisciplinary approach** to learning reviews has enhanced clinical oversight, involving Nursing, Medical, Psychology, and Workforce teams. Policies supporting

safe care, including risk management, mortality and morbidity reviews and incident reporting, are routinely reviewed and embedded through governance structures.

Medicines management improvements have included the recruitment of pharmacy professionals into CMHTs, rollout of the **EMIS electronic prescribing system**, implementation of **Point of Care Haematology Machines**, procurement of **My Care Machines**, and national e-learning on **clozapine and lithium**. These initiatives have increased team capacity, improved patient concordance and satisfaction, and strengthened **governance processes**.

- **Co-producing Mental Health Services:** Mental Health and Learning Disabilities has made significant progress in involving patients and carers in shaping mental health services. A revised Patient Carer Engagement group is now in place, and the **Civica platform** has been introduced to gather **real-time feedback**, helping services respond quickly and improve care.

  In 2024/25, the service began co-producing a new **involvement and engagement strategy**, working closely with the **Co-production Network for Wales** and inviting individuals with lived experience to take part in regional events. It is also collaborating with the **NHS Executive** to implement **Recovering Quality of Life (ReQoL)**, a national tool for measuring mental health outcomes, with full reporting set to begin in 2025/26.

- **Enhancing Mental Health Bed Use:** To tackle rising use of out-of-area mental health beds, the service has taken action to **improve care pathways and oversight**. A dedicated group has been set up to lead improvements, and a new Standard Operating Procedure is in place to manage out-of-area placements more effectively. Teams are tracking usage and delays on a daily basis to help services stay in control and provide the right care at the right time.

How this supports QMS

The Health Board's Quality Management System (QMS) is strengthened by initiatives that embed quality, safety, and improvement into daily care. Patient experience is central, supported by the People's Experience Framework and platforms like Civica that enable real-time feedback. MHLD's renewed focus includes co-producing a new engagement strategy and adopting ReQoL to measure outcomes.

Significant improvements in complaints handling have increased accessibility and achieved 100% compliance. Governance has been reinforced through daily oversight, multidisciplinary learning reviews, and improved safeguarding practices. A revised committee structure and risk management approach support clinical governance.

Technology remains key, with electronic prescribing, point-of-care diagnostics, and real-time safety monitoring enhancing standards. Integration of care pathways and expansion of specialist services, including perinatal and eating disorder support, improve access and equity. Collectively, these developments ensure QMS is embedded across MHLD services, driving safer, more coordinated, and patient-centred care.

5. Establishing an Effective Environment for Learning

Organisational Focus and Vision

The Health Board is committed to fostering a learning culture that supports professional development, continuous improvement, and innovation in healthcare delivery. This includes expanding education and training opportunities, embedding leadership development programmes, and ensuring staff have access to high-quality learning resources.

Key Improvements

- **Research and Innovation: Advancing Healthcare Excellence:** The Health Board continues to invest in **clinical research and innovation**, working closely with academic institutions to develop new treatments, technologies, and care models. Through collaborations with **Bangor University and other research partners**, the Health Board is leading projects that enhance patient outcomes, workforce development, and service efficiency

  Key initiatives include:
  - Expanding clinical trials to improve treatment options for patients.
  - Developing digital health solutions to enhance service delivery.
  - Supporting staff-led research to drive innovation from within.

- **Intelligence-Led Learning:** A data-driven approach is central to the Health Board's learning environment. By leveraging **real-time intelligence, patient feedback, and performance analytics**, services are continuously refined to ensure high-quality, safe, and effective care. The **Quality Dashboard** is key to this as it holds quality data in one place which is accessible in real-time and supports staff to monitor performance and to understand where there is a need to focus improvement.

  This includes:
  - Enhanced patient safety monitoring through predictive analytics.
  - Improved workforce planning using data insights.
  - Targeted quality improvement initiatives based on evidence.
  - Integrated Concerns Policy: Embedding Learning from Feedback

- **A Smarter Approach to Patient Safety:** The Integrated Concerns Policy ensures that learning from patient concerns, staff feedback, and external reviews is systematically embedded into service improvements. **By listening, analysing, and acting**, the Health Board strengthens governance, accountability, and responsiveness to ensure that concerns lead to meaningful change. Betsi Cadwaladr University Health Board has established the Integrated Concerns Hub, bringing together the Patient Safety Team, Patient and Carer Experience Team, and Quality Governance Team into **a single, collaborative function**. This approach ensures that concerns raised by patients, families, and staff are handled efficiently, transparently, and with a focus on learning and improvement.

The Integrated Concerns Hub is designed to allow the sharing of information in real-time, linked to i.e., Incidents, concerns and see meaningful action taken. The members of the Integrated Concerns Hub forms one virtual team facilitating the transfer of knowledge, data sharing and decision making as well as the **triangulation of intelligence** to enable and ensure the 'investigate once, investigate well' approach is taken. The Integrated Concerns Hub also provides the opportunity for early identification of themes and trends and learning opportunities to rapidly share across the organisation to maintain safety and quality.

Key benefits include:

- **A Single Point of Contact** – Patients and families no longer need to navigate multiple departments; the hub provides a streamlined process for raising concerns.
- **Faster Resolution** – By integrating teams, concerns are addressed more quickly and effectively, reducing delays in responses and actions.
- **Learning Investigations** – The hub ensures that concerns lead to real improvements, with data shared across teams to identify trends and prevent future issues.
- **Improved Communication** – Patients and families receive clearer updates on how their concerns are being handled, fostering trust and transparency.

The policy ensures that every concern raised contributes to long-term improvements in patient safety. By triangulating data from the **Quality Dashboard**, the Health Board can identify systemic issues and implement targeted solutions, leading to **meaningful change**.

- **Organisational Learning and Improvement Framework:** This framework sets out a structured, forward-looking approach to learning across the Health Board. It promotes multi-professional collaboration and digital innovation, ensuring that learning from incidents, audits, and improvement work is systematically captured and used to strengthen care quality and safety. It also supports the development of a self-improving organisation by embedding learning into everyday practice and decision-making.

- **Organisational Learning Forum:** This monthly forum brings together staff from a wide range of professional backgrounds to share insights and learning. It acts as a central platform for reviewing lessons from across the organisation, including those arising from patient safety incidents, service reviews, and improvement projects. All learning is recorded in a central repository, helping to ensure that valuable insights are retained and used to inform future care.

- **Thematic Review Forum:** This forum provides a structured way to identify and respond to recurring themes across services. It develops targeted action plans to address these issues and revisits them after implementation to assess whether the changes have made a difference. This cyclical approach ensures that learning leads to real, measurable improvements and reinforces accountability across the organisation.

- **Quality Learning Portal:** The Health Board is developing a digital platform, the first of its kind in Wales, to support the recording, review, and sharing of learning. The portal is being delivered in three phases:
    - **Application 1** - allows staff to input learning data and is currently undergoing final testing.
    - **Application 2** - supports the review and standardisation of submitted data and is nearing completion.
    - **Application 3** - will enable the publication and sharing of learning across the organisation and is due for completion by June 2025.

  The portal is a key deliverable under the Special Measures Programme and will help embed a consistent, system-wide approach to learning and improvement.

- **Improving Patient Safety in Oxygen Management and Falls Prevention:** Recent patient safety incidents have highlighted the critical importance of correct oxygen cylinder preparation and administration. A review identified cases where portable oxygen cylinders were not correctly prepared, leading to no flow of oxygen to patients.

  In response, the Health Board has:
    - **Re-issued guidance** on the correct operation of portable oxygen cylinders.
    - **Strengthened staff training** to ensure competency in oxygen administration.
    - **Enhanced monitoring procedures** to prevent similar incidents in the future.

  These actions reinforce the Health Board's commitment to patient safety and clinical excellence, ensuring that all staff handling oxygen equipment are fully trained and supported.

Falls remain a significant patient safety concern, particularly among vulnerable patients. The Health Board has **reviewed incidents and implemented targeted interventions** to reduce falls risk, including:

- **Improved risk assessment protocols** to identify high-risk patients early.
- **Enhanced staff training** on falls prevention strategies.
- **Environmental modifications** to create safer hospital and care settings.

By embedding **learning from past incidents**, Betsi Cadwaladr University Health Board is ensuring that patient safety remains a top priority, with robust systems in place to prevent avoidable harm.

- **Education & Training:** The Health Board continues to expand specialist clinical education pathways, ensuring staff receive **targeted training** in key areas such as mental health, diagnostics, and patient safety. This includes the rollout of Mental Health Act training courses, supporting compliance with national standards and enhancing service delivery.

To strengthen accessibility, the Health Board is investing in **digital learning platforms**, enabling flexible access to training resources and professional development opportunities. The expansion of virtual training modules ensures that staff can engage in continuous learning while balancing clinical responsibilities. Additionally, the Health Board is embedding leadership development programs, equipping emerging leaders with the skills needed to drive service improvements.

These initiatives demonstrate the Health Board's commitment to fostering a high-quality learning environment, ensuring staff are equipped with the knowledge and skills required to deliver excellent patient care, whilst ensuring that research, innovation, and intelligence-led decision-making drive continuous improvement in healthcare quality across North Wales.

How this supports QMS

The Health Board's Quality Management System (QMS) is driven by a culture of learning, innovation, and data-led improvement. Key initiatives such as expanded clinical research, digital health developments, and staff-led innovation inform quality planning and service redesign. Intelligence tools like the real-time Quality Dashboard support evidence-based decision-making, while the Integrated Concerns Hub ensures patient and staff feedback leads to meaningful change by linking governance, safety, and improvement teams.

Organisational learning is strengthened through forums that identify recurring issues, share insights, and track improvement actions, complemented by the development of the Quality Learning Portal to support consistent learning across the organisation. Targeted safety responses such as in oxygen safety and falls prevention and enhanced education and leadership programmes, further embed QMS principles by promoting standardisation, accountability, and continuous improvement in the delivery of safe, high-quality care.

Addressing Legacy Issues: Progress and Commitment

Betsi Cadwaladr University Health Board has faced significant challenges in recent years, leading to its escalation to special measures by the Welsh Government. These challenges have included governance concerns, financial misconduct, organisational culture issues, and service quality inconsistencies. Recognising the need for transformative change, the Health Board has embedded a structured approach to addressing these legacy issues within its Three-Year Plan (2024-2027).

Strengthening Governance and Leadership

A key priority has been the establishment of a robust governance framework to ensure transparency, accountability, and effective decision-making. The appointment of a full complement of independent members and a Director of Governance has enabled the Health Board to implement a strengthened committee structure, ensuring oversight and strategic alignment.

The Health Board has introduced a new Board Assurance Framework, which provides clear accountability structures and ensures that risks are proactively managed.

Financial Integrity and Accountability

Following concerns regarding financial mismanagement, the Health Board has taken decisive action to restore financial integrity. This has included a comprehensive review of financial processes, enhanced auditing mechanisms, and a commitment to greater transparency in financial reporting.

The Health Board has implemented a Financial Recovery Plan, which includes stringent cost controls and improved financial forecasting to ensure sustainable resource allocation with a focus on quality.

Cultural and Organisational Transformation

Recognising the need for a cultural shift, the Health Board has prioritised staff engagement, leadership development, and organisational restructuring. The Three-Year Plan outlines initiatives to foster a compassionate and accountable workplace culture, ensuring that staff feel empowered to contribute to service improvements.

The Health Board has launched a Leadership Development Programme, aimed at equipping senior managers with the skills to drive cultural change and improve staff morale.

Learning from the Coroner:

The Health Board remains committed to **learning from Prevention of Future Deaths (PFD)** reports and taking decisive action to improve patient safety. The Health Board has worked closely with the local coroner offices to address concerns raised in recent reports, ensuring that lessons learned translate into meaningful service improvements. This has led to a notable reduction in the number of PDF reports however further work is needed to fully embed changes.

A number of common themes were identified through PFDs with around three quarters relating to the following three issues:

- The quality of investigations and effectiveness of actions;
- The quality of treatment plans and continuity of care impacted by lack of an integrated electronic health record systems; and
- The impact of delays in the health and social care system on the timeliness of responses by the Welsh Ambulance Service.

In response to the themes -

- The Health Board completed a **Learning from Investigations Programme** to assess and improve its investigation process and improve the assurances it can take on existing action plans. The programme had direct oversight from the Chief Executive and wider executive team and reported directly to the Quality, Safety and Experience Committee with a clear escalation process in place. In total, 247 cases were reviewed. The learning from this programme **directly informed the new Integrated Concerns Policy** which was approved by the Board in July and launched in September 2024 providing a new, integrated approach to patient safety investigations, complaint investigations and mortality reviews.

- The Health Board is progressing plans and business cases regarding more **integrated electronic health record systems**. The Health Board has now received formal confirmation from Welsh Government of the support for Mental Health Electronic Health Records, marking a significant step forward in relation to improving patient safety and experience, and the staff experience of coordinating and providing care. The Health Board will work closely with Cwm Taf Morgannwg UHB on this development as early implementers. The organisational **Electronic Health Record programme** for acute and community hospitals is now established. The Strategic Outline Case was approved by the Board and submitted to Welsh Government officials.

- The Health Board is actively working with partners across health and social care to address ambulance handover delays aligned to the national programmes such as the **Six Goals Programme**. An integrated approach is being taken through aligning the national Urgent and Emergency care (UEC) programme such as 6 goals, 10 best practice standards to the Health Board's own UEC major change programme. A **System Resilience Hub** will be created across the Health Board that will bring a consistent approach to the management of whole system flow.

Legal Services continue to work with the local **Senior Coroners to offer training for staff**. A session was held in November 2024, led by the Senior Coroner for North Wales (East and Central) covering the inquest process and giving evidence. Over 300 staff attended from across the Health Board. “Meet the Coroner” sessions are held every quarter with the Senior Coroner for North Wales (West) and generally each session has around 100 staff in person virtually and online.

Learning From Claims and Redress

A **Learning from Event Report (LFER)** form is mandated by the Welsh Risk Pool for all claims and redress cases. The LFER provides evidence of learning and improvement. The LFER needs to provide a sufficient explanation of the circumstances and background to the events which led to the case, in order that WRP (who are scrutinising) the report can identify the links to the findings and learning outcomes. Supporting information such as action plan evidence, reports and findings must be appended to the LFER to evidence the learning and improvement made as a consequence of the case.

The Health Board has experienced issues with the **timeliness** of Learning from Events Report (LFER) submissions to the Welsh Risk Pool (WRP); although it is important to note the period between an adverse event and a claim being settled can be several years which can add to the challenge. A number of improvements were delivered during the year including:

- Changes in the leadership and alignment of Legal Services within the Health Board.
- A new LFER process was launched in January 2025.
- Clear timescales have been set for every stage of the process which are monitored.
- LFERs are now tracked via one single system.
- LFERs are issued to and signed off by a member of the Divisional Director team.
- A single weekly oversight report is produced.
- LFERs are included in the bi-weekly legal case escalation meeting.
- LFER training, guidance and exemplar forms have been provided.
- Enhanced in-reach is in place to Divisions to support their local grip and oversight.

At the time of writing, 9 LFERs are overdue which is significantly down the start of the year and reflects the changes made. 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.

By **embedding these measures into its wider strategy**, Betsi Cadwaladr University Health Board is reinforcing its commitment to delivering safe, effective, and high-quality care for the communities it serves.

Engagement with Regulators

Betsi Cadwaladr University Health Board remains committed to continuous improvement and accountability, working closely with regulators such as **Care Inspectorate Wales (CIW), Healthcare Inspectorate Wales (HIW)** and the **Public Services Ombudsman for Wales (PSOW),** to ensure the highest standards of care across North Wales. Through **inspections, reviews, and**

collaborative learning, the Health Board has taken decisive action to address key areas for improvement, ensuring that services are **safe, effective, and responsive to patient needs**.

In particular, over the past year the Health Board has worked closely with **Healthcare Inspectorate Wales (HIW)**, the independent regulator of healthcare services in Wales, to ensure compliance with national standards and drive improvements in patient care. HIW conducts regular inspections, including reviews of dignified and essential care, infection prevention and control, and mental health services. The Health Board has responded to HIW's recommendations, implementing improvement plans to address identified concerns, working directly with inspectors to ensure transparency and proactively provide assurance in terms of learning and improvement.

The Health Board has established good Relationship Management with HIW and has put in place a Regulatory Assurance Group which works to monitor compliance and ensure that inspection findings translate into meaningful service improvements.

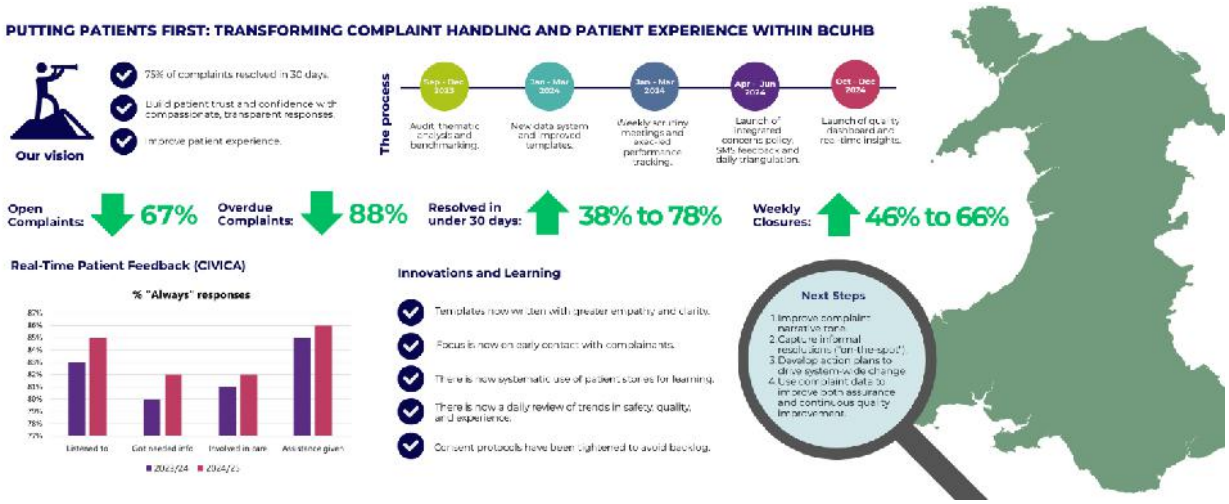
Health Board inspections undertaken by HIW, can be located via the Healthcare Inspectorate Wales website.

Additionally, the Health Board has engaged with the **Public Services Ombudsman for Wales**, which investigates complaints from patients and the public regarding service failures. Learning from Ombudsman investigations has been improved with strengthened governance and collaboration. In addition to the Regulatory Assurance Group, the Health Board's Patient Safety Group and Clinical Effectiveness Group review, monitor and share learning from the Ombudsman.

When the Ombudsman investigates a complaint and thinks that something has gone wrong, they prepare a report to summarise their findings. Sometimes, where there is a need for wider learning, or what went wrong was significant, or in the interest of the public, a Public Interest Report (PIR) is issued.

During 2024-25, there were two reports issued by the Ombudsman with a specific request that the Health Board shares the reports within its **Duty of Candour Annual Report**. You can read more about this report and how you can access it, in the **'Commitment to Openness'** section of this report. This is key to ensuring transparency and to the Health Board providing the public with assurance that learning is taking place.

The Ombudsman's Final Public Interest Reports have highlighted areas requiring urgent attention, prompting the Health Board to take corrective action. These reports can be found on the Health Boards website **here**. The Health Board has strengthened its complaints handling process, ensuring that concerns raised by patients are addressed promptly and that lessons learned from Ombudsman investigations inform service improvements. This has led to the Integrated Concerns process.



Future Commitment

The Health Board acknowledges that addressing legacy issues is an ongoing process. Through its Three-Year Plan, it remains committed to continuing to work with the North Wales Coroner and its regulators to ensure appropriate training and awareness takes place for staff and to embed sustainable improvements, ensuring that past challenges do not hinder future progress.

Balancing Short-Term and Long-Term Focus

Betsi Cadwaladr University Health Board is committed to delivering care through a quality lens, ensuring immediate service improvements while ensuring long-term sustainability in healthcare delivery. The organisation is balancing urgent operational needs with strategic transformation, ensuring that short-term actions align with long-term objectives.

Short-Term Focus: Addressing Immediate Priorities

- **Reducing Waiting Times:** The Health Board has prioritised reducing long patient wait times, particularly for elective care, through targeted interventions such as the planned care hub at Llandudno Hospital.
- **Strengthening Governance:** Following the special measures escalation, the Health Board has implemented a new governance and committee structure from April 2024, ensuring robust oversight and accountability.
- **Improving Urgent and Emergency Care:** Immediate actions have been taken to enhance emergency department performance, ensuring timely access to care and reducing pressures on acute services.
- **Workforce Wellbeing:** The Health Board has expanded occupational health services and staff wellbeing initiatives, ensuring employees receive fast-track psychological support to manage workplace challenges.

Long-Term Focus: Sustainable Transformation

- **Strategic Workforce Planning:** The Health Board is implementing long-term recruitment and retention strategies, ensuring a stable and skilled workforce to meet future healthcare demands.
- **Digital Transformation:** The Our Digital Future strategy is driving telehealth expansion, and electronic prescribing systems, ensuring modernised healthcare delivery.
- **Financial Sustainability:** The Health Board is embedding strong financial governance, ensuring that cost-saving measures do not compromise patient care quality.
- **Health Inequalities Reduction:** Community-based healthcare models, including Well North Wales, are being expanded to address socio-economic barriers and improve access to care.

By integrating short-term operational improvements with long-term strategic planning, the Health Board is ensuring sustainable service delivery, enhanced patient outcomes, and organisational resilience.

Commitment to Openness

The NHS Duty of Candour, introduced as a legal requirement for NHS organisations in Wales in April 2023, is central to Betsi Cadwaladr University Health Board's **commitment to openness, transparency, and patient safety**. This duty ensures that when patients experience unexpected or unintended harm, the Health Board takes immediate steps to communicate openly, offer support, and learn from incidents to prevent recurrence.

Since its introduction, Betsi Cadwaladr University Health Board has embedded the Duty of Candour into its governance framework, strengthening its Putting Things Right process which led to the new **Integrated Concerns Process** and enhancing staff training to foster a **culture of honesty and accountability**. The Health Board has worked to ensure that openness and honesty are at the heart of every interaction between healthcare professionals and patients, reinforcing trust and confidence in the care provided.

Looking ahead, the Health Board is committed to further embedding the Duty of Candour into everyday practice. Future work includes the development of a **Candour and Learning Framework**, ensuring that lessons from incidents are systematically reviewed and acted upon.

The Health Board is also expanding its staff training programmes, ensuring that all healthcare professionals are equipped with the skills and confidence to uphold the principles of candour in their interactions with patients. These initiatives will reinforce trust with the public and ensure that quality improvement remains at the heart of service delivery.

The Annual Putting Things Right Report 2024-25 and the Duty of Candour Report 2024-25, will be published later this year around October 2025 and will be available to access via the Health Boards website.

For more details on the Duty of Candour at Betsi Cadwaladr University Health Board, you can visit their official page **here**.

Listening to Citizens, Communities, and Stakeholders: A Statement from the Health Boards Director of Partnerships, Communications and Engagement

Betsi Cadwaladr University Health Board recognises that **meaningful engagement** with the public, patients, and stakeholders is essential to delivering high-quality, patient-centered care. As part of its Three-Year Plan (2024-2027), the Health Board has strengthened its mechanisms for listening to and **acting upon feedback** from the communities it serves.

Over the past year, the Health Board has undertaken a wide-ranging and sustained programme of engagement to understand the experiences, concerns, and priorities of the people of North Wales. This feedback has been gathered through day-to-day interactions with patients and carers, community events, correspondence from elected representatives, and activities led by **LLAIS**.

This approach to active listening has **shaped our strategic direction** and informed specific improvements to services. Feedback has been instrumental in the development and delivery of our **Integrated Medium-Term Plan (IMTP)** and Annual Delivery Plan, with a strong focus on collaborative problem-solving and transparency.

Key themes raised by citizens included delays and waiting times, difficulties accessing services—particularly for underserved groups - communication gaps, and calls for more preventative and locally accessible care. In response, we have:

- **Improved waiting times** through initiatives like improved diagnostic and neurodevelopmental pathways, the 3Ps patient support service and the soon to be established new Orthopaedic Hub in Llandudno,
- **Improved access** by expanding rural outreach, introducing 24/7 BSL video interpretation, insourcing dermatology services, and enhancing primary care in targeted areas.
- **Enhanced communication** with real-time SMS feedback, modernised telephony, better ward communication, and strengthened concerns handling through a new integrated policy.
- **Supported carers and promoted inclusivity**, including new outreach for unpaid carers and efforts to address digital and language barriers.
- **Recognised excellence** with patient stories, public celebration of staff achievements, and the creation of a Children's Charter.

These actions reflect our commitment to learning from citizen voice, addressing concerns meaningfully, and fostering continuous improvement. This engagement will remain central to how we shape priorities and deliver high-quality, person-centred care going forward.

Citizens Experience Report

A key initiative in this effort is the Citizens Experience Report, which is presented to the Health Board to ensure that patient voices directly inform decision-making. This report consolidates feedback from various sources, including patient surveys, complaints, compliments, and engagement events, providing a comprehensive overview of public sentiment regarding healthcare services.

The Health Board has implemented real-time patient feedback systems, allowing individuals to share their experiences immediately after receiving care. This data is then analysed to identify trends and areas for improvement.

Community Engagement and Partnerships

The Health Board has also prioritised community engagement, working closely with local organisations, advocacy groups, and service users to shape healthcare delivery. This includes public consultation events, where citizens can voice their concerns and contribute to service redesign efforts.

The Health Board has aligned its engagement strategy with these priorities, ensuring that citizen voices remain central to healthcare transformation.

Future Commitment

The Health Board remains committed to embedding citizen engagement into its governance structures, ensuring that public feedback drives continuous improvement. By fostering open dialogue and transparency, the Health Board aims to build trust and confidence in its services, ensuring that healthcare in North Wales is responsive, inclusive, and patient-centred.

Commitment to Excellence: Our Vision Ahead

As we move into 2025 and beyond, Betsi Cadwaladr University Health Board remains steadfast in its commitment to delivering high-quality, patient-centred care across North Wales. Building on the foundations laid, our focus is on continuous improvement, innovation, and ensuring that every individual receives safe, effective, and compassionate healthcare.

Quality remains at the heart of everything we do. In 2025, we will further embed our **Quality Management System (QMS)** to enhance governance, accountability, and transparency in healthcare delivery. By strengthening our **quality-driven decision-making**, we aim to ensure that every service improvement is guided by robust data, patient feedback, and clinical excellence.

As part of our Clinical Services Plan, **a number of specialties have been identified as challenged**, including urology, vascular, ophthalmology, dermatology, orthopaedics, orthodontics, oncology and plastics. These services are being addressed through a co-ordinated Phase 1 approach, driven by clinical leadership, supported by national colleagues, and overseen by our Strategic Planning and Service Change Group. A **holistic re-design process** is in progress, balancing immediate service needs with long-term sustainability. This includes assessing current provision, risks, population health needs, and national expectations, while also reviewing workforce models, capacity, finance, and digital opportunities through **multi-professional workshops**.

Plans are informed by external reviews from Special Measures, Get It Right First Time (GIRFT), and Royal Colleges, drawing on best practice across the UK. Over the past year, significant progress has been made in structuring this work, laying the foundations for Phase 2 and the development of a **10-year Health Board strategy** for North Wales.

We recognise that excellence is a journey, not a destination. In the coming year, we will continue to foster a **culture of learning and self-improvement**, ensuring that our workforce is equipped with the skills and knowledge to provide the best possible care. Through **leadership development, staff engagement, and collaborative working**, we will empower our teams to drive meaningful change.

Our five strategic objectives will guide our efforts in the year ahead.

Our vision for the future would not be possible without the dedication and support of our **staff, patients, and partners**. We extend our deepest gratitude to our healthcare teams for their unwavering commitment to excellence, our partners for their invaluable collaboration, and our patients for their trust and engagement in shaping the services we provide. Your collective efforts continue to drive the organisation forward, ensuring that healthcare across North Wales is safe, effective, and responsive to the needs of North Wales communities.

By prioritising these objectives and working in partnership with stakeholders, the Health Board will continue to build a **healthier future for North Wales**, ensuring that every patient receives the highest standard of care.

Teitl adroddiad: ***Report title:***	Improving Quality Report – April 2025 – May 2025			
Adrodd i: ***Report to:***	Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	31st July 2025			
Crynodeb Gweithredol: ***Executive Summary:***	This report provides the Health Board with information and analysis on quality issues and information on the improvements underway.			
Argymhellion: ***Recommendations:***	The Board is asked to note this report.			
Arweinydd Gweithredol: ***Executive Lead:***	• 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: ***Report Author:***	• 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 • Infection Prevention Control (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 yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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:***				
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.				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Outcome 4 - Improved access, outcomes and experience for citizens			

	Outcome 5 - Recognition of BCU as a learning and self-improving organisation
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. 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. Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.
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?***	N/A
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?***	N/A
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)***	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** N/A	
Rhestr o Atodiadau: ***List of Appendices:*** Board Improving Quality Report	

Board Improving Quality Report – July 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 on a downward trend with five reported as moderate harm post investigation and two severe (0 catastrophic).

The Health Board Strategic Falls group meet monthly with the Head of Patient Safety as Chair with membership invited from all IHC's and divisions.

The Health Board continues to work on the improvement plan developed in response to the HSE notice. The Health Board has been invited to showcase its learning through this experience with a focus on the improvements and outcomes as a result of the Health Board wide improvements. Support for sharing and communicating the Health Board journey has been offered by the Director of Quality, Safety and Improvement NHS Executive.

The Principal Auditor for internal audit has completed the fieldwork section of the Falls review, with visits to two wards on an acute site and one ward in a community site per IHC.

A desktop review is in progress that includes reviewing evidence from both local and strategic meetings. The Health Board will have an opportunity to review and comment upon a draft report prior to final publication.

Pressure Ulcers

The number of reported healthcare acquired pressure ulcers has shown a slightly upward trend over the last 12 months, however there is no contributing factor identified and this will continue to be monitored, of note 97% reported as low or no harm.

The Executive led oversight meeting continues quarterly, with a refocus of the group, to develop the workplan using an improvement collaborative approach.

Following attendance at All-Wales sub group for education the All-Wales Tissue Viability Nurses (AWTVN) Forum will work with the Health Board Tissue Viability Nurses to lead with the development of the mandatory training on an All-Wales level. To note no other Health Board, has an e-learning platform or mandatory requirement for pressure ulcer prevention and management (PUPM)– following a presentation by BCUHB TVN of the planned development of the BCU eLearning, AWTVN have expressed interest to progress Nationally.

All Wales Guidance on Pressure Ulcer reporting has now been approved and will be re circulated following initial consultation feedback.

Nationally Reportable Incidents (NRI)

Between 1st April and 31st May 2025, a total of 10 National Reportable Incidents (NRIs) were recorded by incident date, representing a notable reduction compared to 23 incidents in the previous reporting period. In particular, April 2025 saw a significant decrease in NRIs reported by the Health Board.

As of the end of May 2025, there were 49 open NRI investigations, with 6 cases overdue for closure. Despite this, the Health Board continues to perform better than other Health Boards in terms of investigation timeliness. The proportion of NRIs remaining open for more than 90 days stands at 20.8%, which, although slightly increased from the previous period, remains the lowest across Wales. For comparison, the next best-performing Health Board reported 47.8% of cases exceeding the 90-day threshold.

N.B the Beacon dashboard shows 11 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.

All NRIs are subject to a 72 hr Rapid Review, and are then presented at an Executive Integrated Concerns Oversight Panel (EICOP) which is led by a clinical executive or deputy with agreed learning investigation commissioned 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.

The Deputy Executive Director of Nursing continues to lead weekly improvement meetings with the services, and the Patient Safety Team are targeting support to facilitate completion. The Patient Safety Team are providing in reach support to the IHCs/ Divisions, attending Integrated Concerns Operational Groups (ICOG) targeting specific areas of concern and holding closure clinics. Focus has also increased on those not overdue to prevent delays occurring.

Further detail and learning can be found in the confidential quality report.

Never Events

The Health Board have reported two Never Events since the last reporting period. In March 2025 the event related to administration of insulin and in May 2025, administration of oral morphine through a subcutaneous line, instead of prescribed injectable morphine. There was no significant harm to the patients involved. Further detail and learning can be found in the confidential quality report.

Oxygen Administration Improvement

In response to the North Wales Coroner letter to Welsh Government raising concerns about incorrect use of British Oxygen Company (BOC) oxygen CD (CD refers to the particular size) cylinders, the Chief Nursing Officer and Deputy Chief Medical Officer for Wales has asked each organisation to complete a summary review of the number and severity of patient safety incidents, including near misses, related to oxygen cylinders across NHS Wales since 2021. Patient Safety Team have completed this work.

BOC are still progressing with the development of a single valve cylinder. It is anticipated that it will be available in the summer this year. There will likely be a cost implication to this.

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.

Learning and Actions from Closed Incidents - Further detail of incidents and learning is within the private report

Clinical Guidelines not followed resulting in delay in diagnosis/treatment

Delays to diagnosis and treatment highlighted the need for prioritising arrangements to meet the demand of this service. A joint working task force with representation from other providers and commissioners, has been tasked with seeking urgent resolution to the capacity and waiting time constraints.

Medication prescribing error, failure to administer PPI therapy

The case was discussed at the Directorate's Mortality Learning Session in order to share learning and communication of this sad case with valuable lessons and learning to be taken forward.

Further detail and learning can be found in the confidential quality report.

PATIENT EXPERIENCE

Complaint's position as of 2nd June 2025:

Total Number of open complaints – **222** (an increase from 165 in the previous reporting period)
Number of Complaints Less than 30 working days = **189**
Number of Complaints overdue = **33** (a reduction from 43 in previous reporting period)
Compliance with 75% target of overdue complaints – **85.14%** (an increase from 73.94% in the previous reporting period, and above 75% target)

Note: As of the 2nd June 2025 the longest open complaint across BCUHB is **85 Working days**. This demonstrates a significant improvement, with current performance well below the 30-day target.

Real-Time Complaint Closure Performance (National Beacon Dashboard)

Between June 2024 and February 2025, BCUHB has demonstrated a consistent improvement in the timeliness of complaint closures. This data, drawn from the National Beacon Dashboard (latest update: February 2025), reflects how many complaints received in a given month were closed within 30 working days, measured by the month of response.

The performance against the 75% target is as follows:

June 2024	60.24%
July 2024	60.69%
August 2024	57.21%
September 2024	51.74%
October 2024	65.47%
November 2024	68.56%
December 2024	76.02%
January 2025	75.76%
February 2025	81.03%

This trend reflects a marked improvement in the efficiency of complaint handling, with performance exceeding the national target from December 2024 onwards. It demonstrates a positive shift towards more timely responses and improved service user experience.

We have significantly fewer overdue complaints in the BCUHB than anywhere else of comparative size, and the only Health Board to have no complaints over 180 days at all.

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	127	77	42	23	5
BCU	19	5			
CAV	60	22	6	2	1
CTM	124	143	127	64	4
DHCW		1			
HDU	151	87	48	22	7
SBU	89	43	32	17	5
VEL	1	2			
WAST	81	47	4	2	
Total	**652**	**427**	**259**	**130**	**22**

Patient Advice and Liaison Service (PALS) Activity: 1 April – 31 May 2025

During the reporting period, the Patient Advice and Liaison Service (PALS) supported the resolution of 1,170 enquiries, received 202 written compliments, and recorded 23 suggestions for improvement. On average, PALS resolved enquiries within 5.83 working days, reflecting a responsive and patient-focused approach.

Patient Feedback – People's Experience Survey
On 1 April 2025, NHS Wales launched the new People's Experience Survey, replacing the All-Wales Real-Time Feedback Survey and the Emergency Department Survey. This updated survey includes new questions designed to capture more nuanced insights into patient experience, such as:

- Recency of the experience
- Perception of waiting times
- Communication in preferred language
- Language preferences
- Treatment with dignity and respect

Due to the revised question set and scoring methodology, direct comparisons with previous years' Civica feedback data are not possible. Additionally, Emergency Department feedback is now integrated into the overall dataset. Future reports will include monthly comparisons.

Between 1 April and 31 May 2025, a total of 11,879 responses were received via the Civica feedback system. Of these, 70.11% of respondents rated their overall experience as 'very good', showing a slight improvement from 68.88% in April 2025. While the overall satisfaction score has decreased compared to historical data due to changes in methodology, the new survey provides a more accurate and inclusive reflection of patient experience across services.

People's Experience Survey – Dignity, Respect, and Language Accessibility:
As part of the newly launched People's Experience Survey, two key questions have provided encouraging insights into patient experience across BCUHB:

87.51% of respondents reported that they were always treated with dignity and respect.
90.80% of respondents indicated they were always able to communicate in their preferred language, which included Welsh, English, British Sign Language (BSL), Romanian, Urdu, and Portuguese.

Both results exceed the NHS Wales satisfaction benchmark of 85%, reflecting strong performance in two critical areas of patient-centred care: respectful treatment and inclusive communication.

End of Life and Bereavement Care – SWAN Model:
In alignment with the Welsh Government's ministerial priorities (2025–2028), the Health Board launched the SWAN Model for End of Life and Bereavement Care during National Dying Matters Week in May 2025. Events were led by the Specialist Palliative Care Team, Chaplaincy, and Macmillan colleagues to raise awareness and promote compassionate care.

Following successful recruitment, the Health Board have two Signs, Words and Needs (SWAN) nurses in post to further develop the priorities and establish consistent delivery of End of Life bereavement care.

CLINICAL EFFECTIVENESS

Within BCUHB Tier 1 audits, mandatory audits, are monitored quarterly, a report is collated and shared within the Strategic Clinical Effectiveness Group and then within the Chair's Report in Executive Quality Delivery Group. There were 10 Tier 1 nationally published reports within Quarter 4 (the information in the report is relating to the care received by patients for the relevant audit topic) 2 are noted below, and the remaining 8 will be captured in Quarter 1 report, when the response is due.

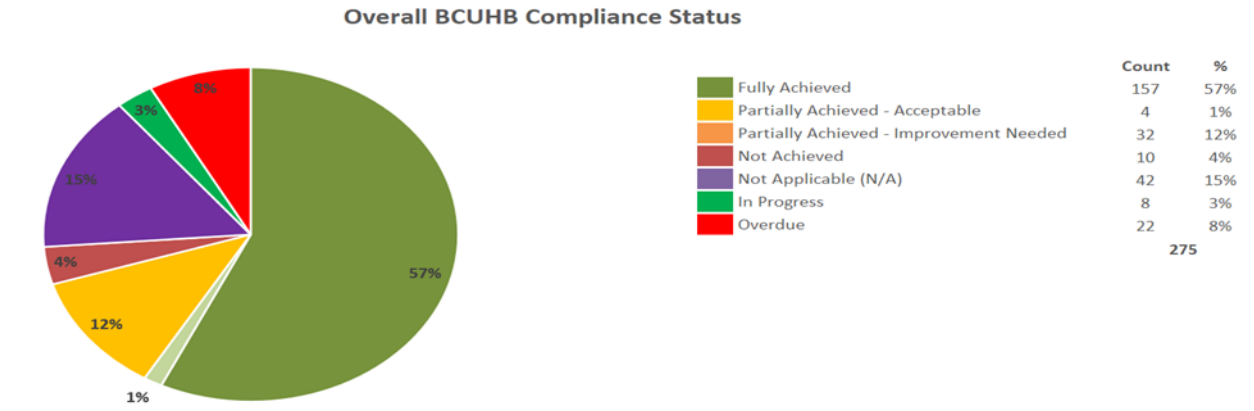
Service Assessments of Compliance (SAoCs) are requested following the publication by the Clinical Effectiveness Facilitators (Audit) to note key achievements. Please refer to the table below which captures improvements made, impact shown and lessons learnt.

				West	Central	East	
Title of National Audit	Name of report	Date of publication	Date Service Assessment response due	Service Assessment Completed	Service Assessment Completed	Service Assessment Completed	Key Achievements Summary
National Prostate Cancer Audit (NPCA)	State of the Nation Report 2024	09-Jan-25	13-Mar-25	No - Overdue	No - Overdue	No - Overdue	Service assessment response, due March 2025, not received from all areas. Lack of engagement to requests for a response to the publication escalated to IHC management structures in line with CE Team process.
National Oesophago-Gastric Cancer Audit (NOgCA)	State of the Nation Report 2024	09-Jan-25	13-Mar-25	Yes	Yes	Yes	All outcomes are within National data points. All practice parameters are within guidance. No new learning identified from the results of this audit as we were already meeting all the requirements.

NICE GUIDELINES

The overall Health Board compliance status is continually improving with only 8% (up to end of May 2025) outstanding as overdue (non-responses).

Direction has been given by the Medical Director to ensure that areas that had not responded and are overdue with guidelines understand that maintaining compliance with NICE guidelines is a critical component of our clinical governance framework and essential to ensuring high-quality patient care, which has help with responses.



The recently reviewed **NICE Protocol** is available on Betsinet via the link: [NICE Guidance Implementation and Assurance.]

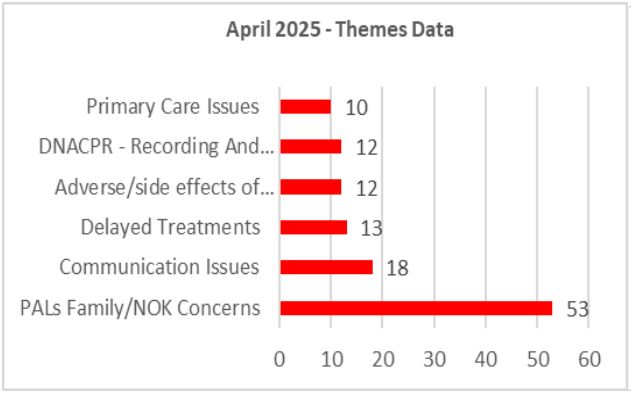
Health Technology Wales Adoption Audits 2025
HTW published 9 adoption audits in March. These have been circulated to identified leads within relevant services with the expectation to be completed and submitted via AMaT by 20th June 2025. Only one submission is expected per guideline for the Health Board. To date there are only 4 outstanding returns and are on target for the deadline.

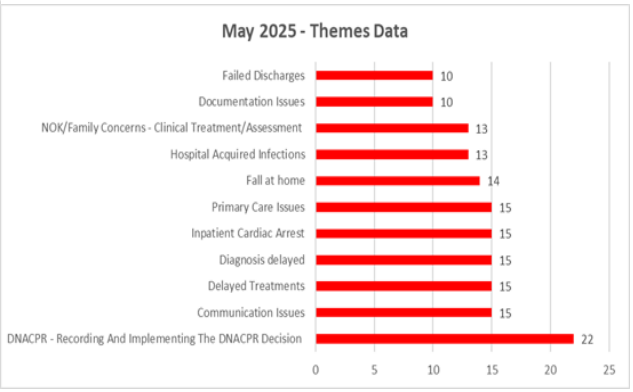
MORTALITY REVIEW

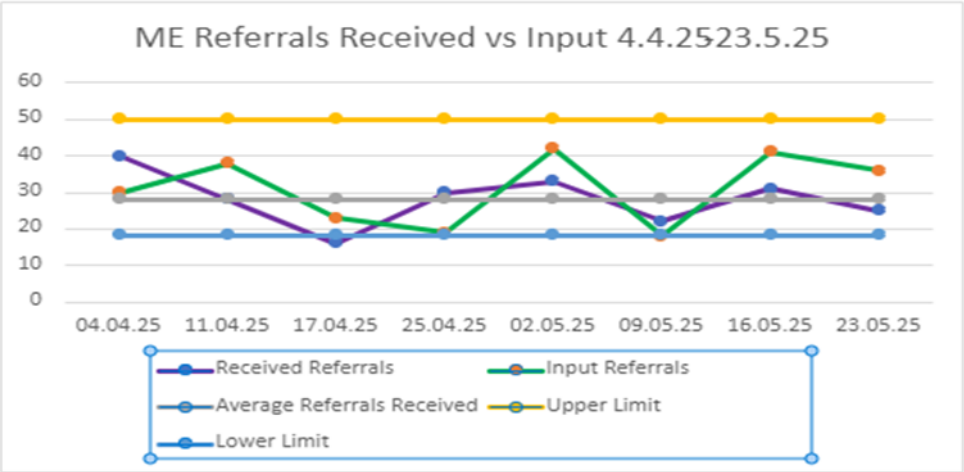
Corporate Mortality Update:

- Pending final papers for All Wales Medical Certification of Cause of Death (MCCD) process. Corporate mortality team are already sighted on key outcomes via BCUHB AMDs for Mortality due to their attendance at the national strategic group. Corporate Mortality group have been implementing changes behind the scenes whilst awaiting formal publication from Welsh Government.
- Grand Round focussing on Medical Certification of Cause of Death is being held on Wednesday, 19th June 2025, from 1:00pm to 2:00pm, via Teams. The session will be recorded to allow clinicians to listen when they can and to increase engagement
- We are now providing the Medical Examiner Service with monthly feedback report for cases that have been through the Clinical Effectiveness corporate mortality process.

Top 5 MES Identified Potential Themes Monthly Data (by date cases have been clinically reviewed by CE mortality):







SAFEGUARDING & PUBLIC PROTECTION

BCUHB Safeguarding and Public Protection Arrangements were reviewed by Welsh Government and the NHS Wales Performance and Improvement in Q3 and Q4 2024-2025.

The report reviewed evidence submitted, covering Governance and Oversight, Legislation and Policy Compliance, Training and Education, Risk Management, Reporting Trends, Annual Priorities, and Independent Mental Capacity Advocate (IMCA) services.

Feedback identified the evidence provided indicated that the Health Board has established robust safeguarding processes to protect children, young people, and adults at risk of abuse and harm and neglect. There is a structured governance system with multiple oversight layers which ensures comprehensive safeguarding processes are implemented. The governance and reporting structures ensure comprehensive oversight and collaboration across various safeguarding forums and multi-agency groups.

An action plan to evidence the ongoing progress and provide assurance relating to the areas that require ongoing support and engagement is in place. This is monitored by the Safeguarding Governance and Performance Group in line with the Safeguarding Reporting Framework.

Strengthening Safeguarding in Health

On the 30th of April 2025 the inaugural meeting of the NHS Safeguarding Delivery Group was convened. The Chair is the Deputy Director of Quality, Safety and Improvement (Nursing), NHS Executive.

Strengthening Safeguarding in Health review was commissioned by Welsh Government and the CNO Office, to explore safeguarding arrangements in health and the mechanisms by which Welsh Government and Ministers seek assurance.

There are five recommendations for year 1 and these have informed the identification of Task & Finish Groups.

National ten-year strategy for Preventing and Responding to Child Sexual Abuse 2025 – 2035

The strategy will replace the intended second iteration Welsh Government Child sexual Abuse (CSA)/Child Sexual Exploitation (CSE)/Harmful Sexual Behaviour (HSB) Action Plan and encompasses all types of sexual abuse including harmful sexual behaviour, sibling sexual abuse and sexual exploitation.

The strategy will be out to public consultation following significant engagement with stakeholders including adult victims-survivors.

Welsh Government has been working to implement the recommendations from the final report from the Independent Inquiry into Child Sexual Abuse (IICSA).

BCUHB is fully engaged in the implementation of the recommendations and the consultation.

INFECTION PREVENTION AND CONTROL

Actions to Address the WHC 2024/25 HCAI Improvement Goals

As the Welsh Health Circular (WHC) Improvement Goals for 2025/2026 have not yet been issued, the actions aligned with the 2024/2025 goals remain in effect. A comprehensive action plan has been developed following the peer review conducted by the Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP) Programme Team. This plan has been shared with members of the Strategic Infection Prevention Group (SIPG) to support progress through Integrated Health Care (IHC) improvement plans.

Integrated Health Care (IHC) Reviews and Progress

- East IHC has completed its six-month IPC Learning Review, demonstrating improvements across several indicators and identifying areas requiring targeted attention.
- Central IHC has received its six-month review, with noted improvements in MRSA, Klebsiella, and clinical practice audits. Sustained engagement is necessary to maintain progress and address remaining challenges.
- West IHC is scheduled for its six-month review in July.
- Reviews for Cancer Services and Mental Health and Learning Disabilities are planned for later in the year.
- Women's Services have completed their initial learning review and are currently developing an improvement plan for presentation to SIPG in June 2025.

To support the standardisation of high-level disinfection practices across the Health Board, East IHC is currently piloting enhanced Ultra Violet-C UVC technology. Plans are in place to extend this pilot to Central and West IHCs, pending confirmation of implementation dates from the supplier.

Infection Reduction Performance Update – May 2025

In the absence of defined Welsh Government Improvement Goals for 2025/2026, Betsi Cadwaladr University Health Board (BCUHB) has established local targets aligned with the reduction goals set for 2024/2025.

When comparing performance to the same period in 2024/2025, BCUHB has made progress in several key areas, aiming to reduce the overall number of healthcare-associated infections across both community and hospital settings.

QUALITY ASSURANCE

Healthcare Inspectorate Wales (HIW)

Published Reports (2)

Kestrel Ward, North Wales Adolescent Service (NWAS)

HIW have published an inspection report pertaining to the Unannounced Inspection Kestrel Ward, North Wales Adolescent Service on the 17th of April 2025. 20250417KestrelWardAbergeleHospitalEN.pdf The inspection took place from the 14th to 15th January 2025.

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 up to the Quality Safety and Experience (QSE) Committee.

Carreg Fawr, Mental Health and Learning Disabilities

HIW have published an inspection report pertaining to the Unannounced Inspection of Carreg Fawr, Bryn y Neuadd 21012025 - BrynYNeuadd, EN.pdf, on the 25th of April 2025. The inspection took place from the 21st to 23rd January 2025.

No immediate assurances were issued by HIW. The Health Board submitted an Immediate Improvement Plan to HIW on 25th April 2025 confirming the action it will take to make the required improvements and mitigate any further risks.

HIW Improvement Plans (9)

All 9 ongoing HIW Improvement Plans resulting from announced/unannounced inspections are subject to oversight and monitoring via the Health Boards Regulatory Assurance Group (RAG) which reports to the Executive Delivery Group (EDG), and up 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 for address any overdue actions.

Public Services Ombudsman for Wales (PSOW)

No Public Interest Reports during reporting period

ORGANISATIONAL LEARNING

Quality Learning Portal:

The BCU Learning Repository App is a new knowledge management platform being developed to capture, organise, and share learning across Betsi Cadwaladr University Health Board (BCUHB). It is a response to the Health Board's commitment under Special

Measures to improve how we learn from experience - particularly incidents, feedback, and best practices - and to ensure that learning leads to real, measurable improvements in patient safety, staff wellbeing, and service quality.

The system will serve as a centralised, searchable repository that integrates data from multiple sources such as Datix, Greatix, audits, complaints, and mortality reviews. It will allow staff to access relevant learning content, receive targeted updates, and contribute feedback. The platform is designed to be intuitive and secure, with features such as natural language search, automated notifications, and dashboards for trend analysis.

Project Timeline: Key Milestones

Milestone	Timeline
Internal Testing with Pharmacy	Now - July 2025
Go-live Testing Phase with Pharmacy	End of July 2025
Evaluation and Adjustments	August - September 2025
Phased Rollout to Other Departments	Autumn 2025
Live Feeds Rolled Out Organisation-wide	November 2025

Engagement Session continue with next session planned for July 2025.

Quality Management System:

Development of the BCUHB Quality Management System continues to progress at pace. In August 2025 the QMS Group are planning to move into the implementation, wider socialisation and embedding stage, with key stakeholder engagement sessions and presentations in core forums throughout the organisation. The QMS group are linked with national forums to align with work across Wales.

The BCUHB Quality Dashboard is linked to the BCUHB Quality Management System (QMS) Digital App to ensure that as the systems are linked. Organisations across Wales have expressed an interest in working with BCUHB to adopt the BCUHB Quality Dashboard and BCUHB QMS digitalised App.

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 received one Regulation 28 Prevention of Future Death (PFD) Notice since the last report. In this case, the Coroner also determined death (which occurred in July 2023) was contributed to by Neglect. The Coroner found there were missed opportunities to

identify concerns on the midwifery led unit including properly conducting holistic assessments, properly completing partogram and manual palpation of maternal pulse, which would also likely have resulted in earlier detection of distress and successful delivery. In the PFD the Coroner raised concerns that:

a) The neonatal investigation was not thorough. The investigator did not obtain or request statements from doctors directly involved in the resuscitation, nor did they meet with them to understand what had occurred. The investigation was based on records alone. The records themselves, identified as part of the investigation, were often incomplete or included retrospective entries. Despite this, the investigator nor the panel involved considered speaking to or obtaining statements from crucial individuals.
b) There was no sufficiently full contextual sharing of the investigation or its findings from a neonatal or maternity perspective. Some witnesses had only received and read the report as part of the inquest process, which occurs many months after the incident.
c) The memoranda sent to staff highlighting the learning did not include context or narrative around the circumstances of investigation. Therefore, those not directly involved would not have been fully aware of the context of what had occurred.

At the time of writing this report, responses to the above Notices were still being drafted. The response will include changes already made in 2024 with the new Integrated Concerns Policy and process as well as other learning from this inquest.

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 Health Board, like several other boards, 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) However, at the time of writing, 9 LFERs are overdue (down from 86 at the start of the year). This reflects the significant effort put in to eliminate the backlog, and the benefits of the new process introduced by Legal Services in January 2025. Legal Services have presented at national meetings on the work that has been done to improve, to share learning across Wales.

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 proportion of NRIs remaining open for more than 90 days stands at 20.8%, which, although slightly increased from the previous period, remains the lowest

across Wales. For comparison, the next best-performing Health Board reported 47.8% of cases exceeding the 90-day threshold.

- Complaints position

- Civica survey - 87.51% of respondents reported that they were always treated with dignity and respect and 90.80% of respondents indicated they were always able to communicate in their preferred language. Both results exceed the NHS Wales satisfaction benchmark of 85%, reflecting strong performance in two critical areas of patient-centred care: respectful treatment and inclusive communication.

- Betsi Cadwaladr University Health Board (BCUHB) has established local targets aligned with the reduction goals set for 2024/2025. When comparing performance to the same period in 2024/2025, BCUHB has made progress in several key areas, aiming to reduce the overall number of healthcare-associated infections across both community and hospital settings.

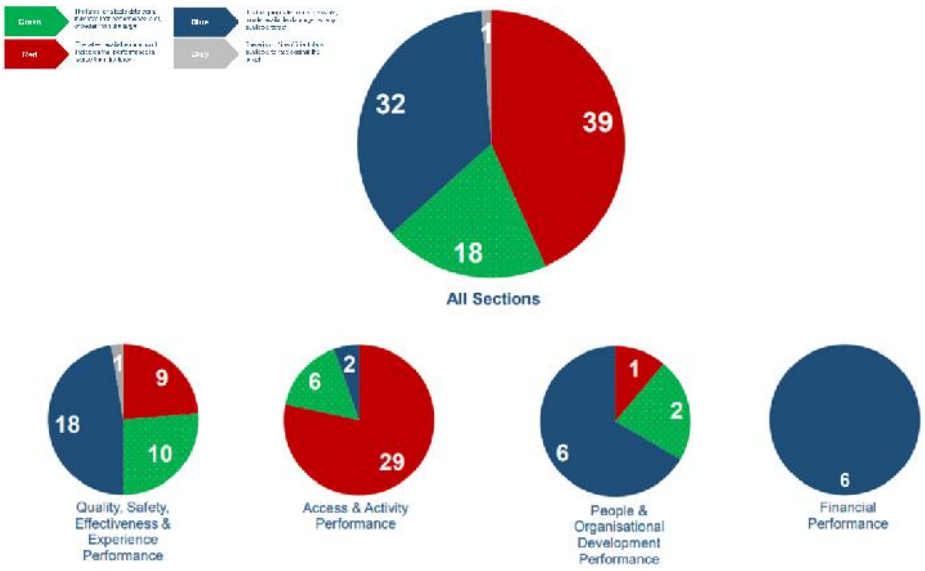
- Organisations across Wales have expressed an interest in working with BCUHB to adopt the BCUHB Quality Dashboard and BCUHB QMS digitalised App.

- The Health Board received one Regulation 28 Prevention of Future Death (PFD) Notice since the last report. In this case, the Coroner also determined death (which occurred in July 2023) was contributed to by Neglect. The Coroner found there were missed opportunities to identify concerns on the midwifery led unit. There is an action plan which is being implemented.

Health Board Key Issues Report (this report should be a maximum of 2 sides of A4 paper)				
Board Date		31/07/2025		
Date of Committee		25/06/2025	**Report of:**	Performance, Finance and Information Governance
Quoracy met:		Yes		
1	Agenda	The Performance Finance and Information Governance Committee (PFIG) 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: • The all-Wales financial position is worrying, with significant overspends compared to budget in many Health Boards, despite the fact several (unlike BCUHB) have set significant deficit budgets. • We are still unsure whether the Welsh Government will provide additional resources in the second quarter to fund continued in-sourcing and out-sourcing to achieve our goal of eliminating all 104 week waits by December 2025. If the Government is unable to allocate the additional £7 million we have requested, we will have to reprioritise within existing budgets which inevitably will have adverse consequences for some of our services. • The Cabinet Secretary's target of reducing the all-Wales Stage 1 list by 200,000 is extremely challenging. For BCUHB, this equates to undertaking an additional 45,000 first outpatient appointments or 2,500 per week of the remainder of the calendar year over and above our normal throughput.		
2b	Assurance	The PFIG Committee wish to assure members of the Board that: • Although there has been an overspend in the first two months of the year, there is significant progress on addressing the savings target and there is reasonable assurance that this should be attainable. • The Committee was encouraged by a presentation from the Director of Environment and Estates of a 'route map' for the development of a meaningful Estates strategy, by Spring 2026.		
2c	Advise	The PFIG Committee wish to advise members of the Board that: • Although many areas of our performance, particularly in planned care and Urgent and Emergency Care, remain deeply worrying, there has been real progress in putting place some of the key foundations, particularly in terms of quality and handling complaints and measures are in hand e.g. to standardise and streamline Pre-Operative Assessments..		

		• The Committee received a very interesting paper on the size and cost of the corporate functions, noting an 85% increase in cost between 2019/20 and 2024/5, with a very strong implication (since staff numbers have increased by only just over 21%, with 33% wage inflation) that there has been considerable 'band' inflation i.e. upgrading of jobs. The Committee welcomed the Executive's assurance that a more robust system of job evaluation was being put in place, but believes every opportunity needs to be taken when filling vacant posts in corporate teams to ensure that they are banded appropriately.
2d	Review of Risks	• The Committee reviewed the Corporate Risk Register and noted the Executive Director of Finance that, following the Audit Wales confirmation that we had achieved our targeted outturn for 2024/5, the reduction of the risk score on financial sustainability would be considered. • The Committee felt that the current score for the likelihood of the UEC and Planned Care risks should be reviewed.
2e	Sharing of learning	• Nothing specific.
3	Actions to be considered by other Committees	• People and Culture Committee to be aware of the significant growth in the corporate centre and to consider how to better ensure the appropriate banding/job sizing of posts. • PPHP Committee to be aware of the work on the Estates Strategy, given its key importance for delivering a 10 year strategy and a Clinical Services Plan.

Click or tap to enter a date.

Teitl adroddiad: ***Report title:***	Integrated Performance Report, Month 3 2025/26
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 31 July 2025
Crynodeb Gweithredol: ***Executive Summary:***	This report relates to Month 3, 2025/26 The purpose of the Integrated Performance Framework (IPF) is to integrate key performance indicators (KPIs) from: - 1. Key deliverables from the Integrated Medium Term Plan (IMTP) 2. NHS Wales Performance Framework (Quadruple Aims) 3. Ministerial Priority Metrics as set by the Minister 4. Key deliverables in response to Welsh Government (WG), Health Education and Improvement Wales (HEIW), and other formal recommendations including Special Measures. The Health Board has a number of measures rated monthly, quarterly and annually, that are included within this report; the below graphic indicates a number of these measures are off target.  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). We continue to work on the development of the Primary & Community Care section which will be included in the next iteration of the IPR for Health Board in September 20205. Two new sections have been added to the IPR for Health Board in this iteration (July 2025). These are Scorecards; one set for Ministerial Priorities and one set for all the measures included in the NHS Wales Performance Framework for 2025/26. The purpose of these two additional sections is to provide the reader with an at a glance view of performance over time. 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 and Commissioning Directorate 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: ***Recommendations:***	The Health Board is asked to: • **DISCUSS** the Performance posiiton against national measures and cnsider the action being taken for Improvement.			
Arweinydd Gweithredol: ***Executive Lead:***	Stephen Powell, Director of Performance & Commissioning			
Awdur yr Adroddiad: ***Report Author:***	Ed Williams, Deputy Director of Performance			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	The performance measures included in this report are from the NHS Wales Performance Framework 2025-26.			

Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	This report will be available to the public once published for Health Board.
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?***	N The Report has not been Equality Impact Assessed as it is reporting on actual performance.
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?***	N The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance.
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 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. References to Corporate Risks have been made in the body of the report, where applicable. 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
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The delivery of the performance indicators within our IPR will directly/ indirectly impact upon the financial recovery plan of the Health Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	The delivery of the performance indicators within our IPR will directly/ indirectly impact on our current and future workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	

Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	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. References to Corporate Risks are included in the body of the report, where applicable. 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
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***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. 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.	
Rhestr o Atodiadau: ***List of Appendices: 2*** *1: Summary of Report* *2: Integrated Performance Report in PDF*	

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 and Commissioning 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 Quality and 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

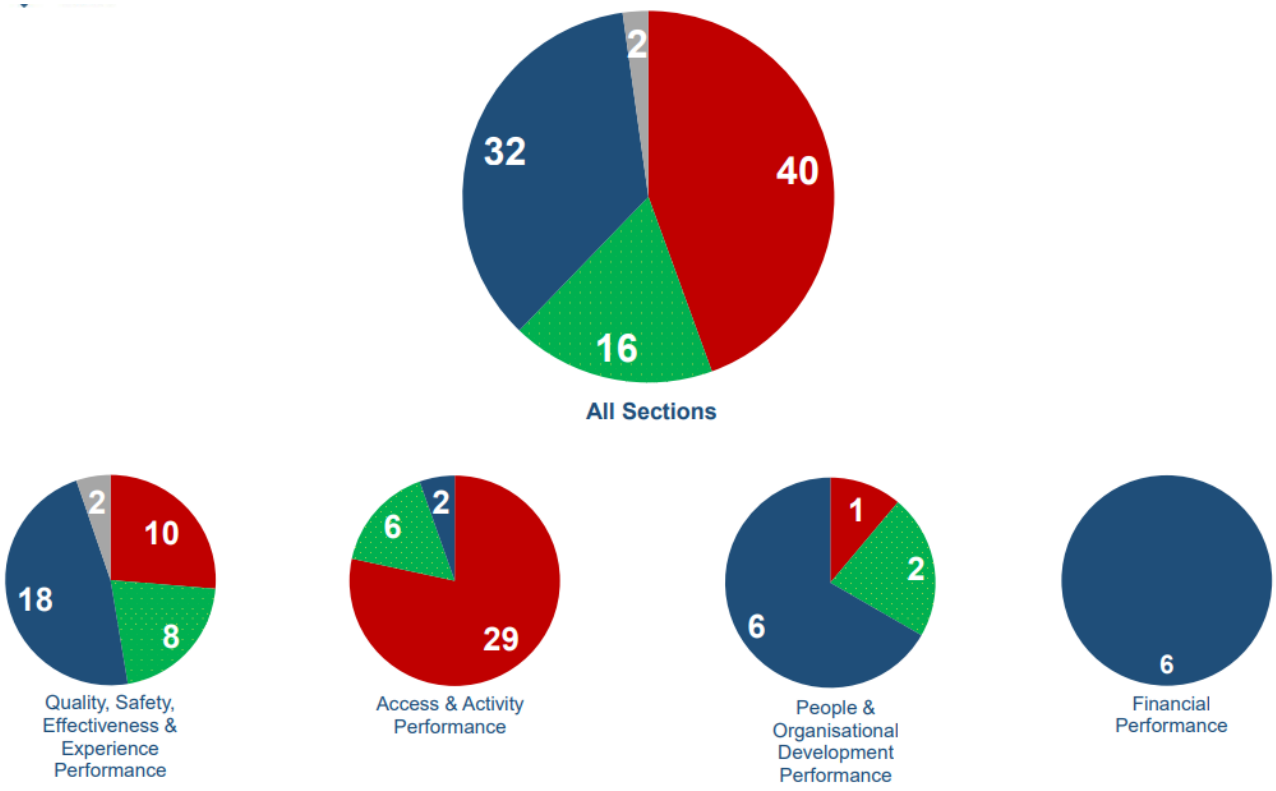
This structure enables an 'at a glance' view of the main concerns or message of the report through review of the initial one-page summary that is split into four quadrants, with the further slides contained within this escalation section articulating in more detail the current performance and actions being taken to support improvements. This should be the area of most focus in the report.

In this iteration (July 2025) of the report, two new scorecard sections have been added; one for metrics within Ministerial Priorities, and the second all the metrics within the NHS Wales Performance framework for 2025/26. The inclusion of these scorecards is to provide an 'at a glance' view of performance over time, of all the metrics included in the report and is a result of a request form the Health Board to the Performance & Commissioning Directorate earlier in the calendar year.

In addition, the Access and Activity section now includes data regarding activity BCUHB has contracted out with providers in NHS England. This section is in development and will include an intelligence based narrative from September 2025.

This report reflects performance against the NHS Wales Performance Framework for 2025-26. 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, 16are on target, 40 are off target. It is 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 IQPR (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, new never events occurred in March 2025 (overdose of insulin using incorrect device), May 2025 (administration of medication by wrong route) and June 2025 (wrong site surgery).

The number of **national reportable incidents** that remain open 90 days or more has considerably improved with none reported as overdue in May or June 2025.

The number of overdue **'Learning from Event Reports' (LFERs)** has also seen a continuous decrease at 9 in June 2025 compared to 64 in December 2024. 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

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 0.7% in March and 4.3% in April against a 90% target. The overall Wales performance remains poor at 6.9%, and BCUHB is rated 3rd out of the 7 health boards. Further review is required to understand drivers for current performance nationally, and plans developed to improve as we progress through 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 45% at the end of April 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:-

There has been no statistically significant change in the percentage of staff leaving the health board within 12 months of starting employment at around 14%. Of concern is that Roster compliance remains very poor at 17.5%, compared to 69.2% in November 2024. Of further concern is the rise in the rate of open disciplinary cases at 2 per 1,000 members of staff, double the rate in March 2025 (0.9 per 1,000).

Sickness absence remains fairly consistent at the 5.9% mark. 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 also remains relatively unchanged during the first of 2025/26 at the 3.3% mark. Personal Appraisal and Development Review (PADR) rates continue to improve month on month, now at 81.7%.

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 29 (80%) of these measures.

The Health Board has key areas of challenge, centred upon;

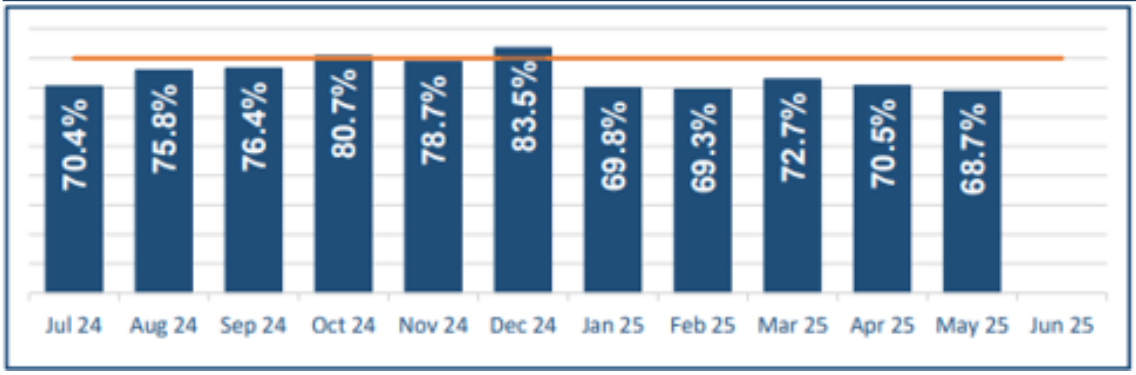
- Maintaining CAMHS and AMH performance
- Achievement of cancer standards and waiting times
- Planned Care waiting times and performance
- Ambulance handover times and performance
- Patient flow (emergency departments and delays to discharge)

3.3.1 Adult Mental Health Measures Performance

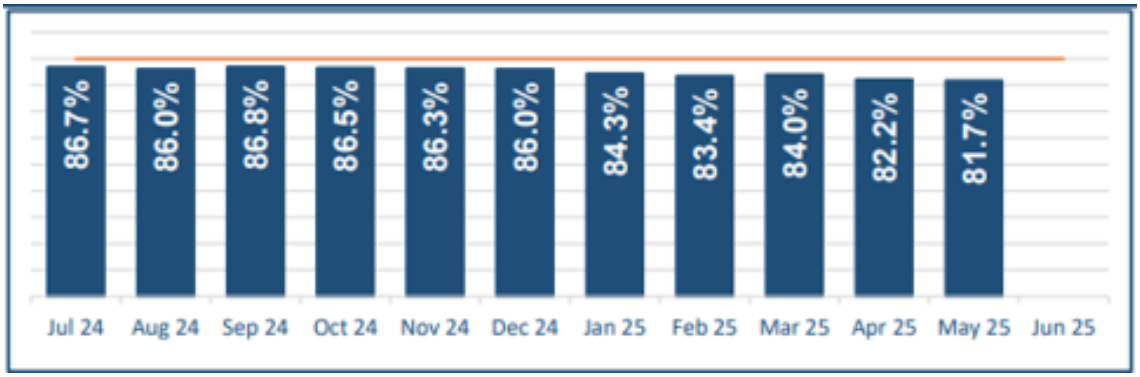
Performance against the assessment target remained below target level of 80% with a performance of 68.7% in May 2025. The Health Board has continued to reduce waiting times for those waiting a long time for interventions. Whilst there will be some seasonal variation the Division has trajectories to achieve Part 1a target by the end of Quarter 2. 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.

Part 1a 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)



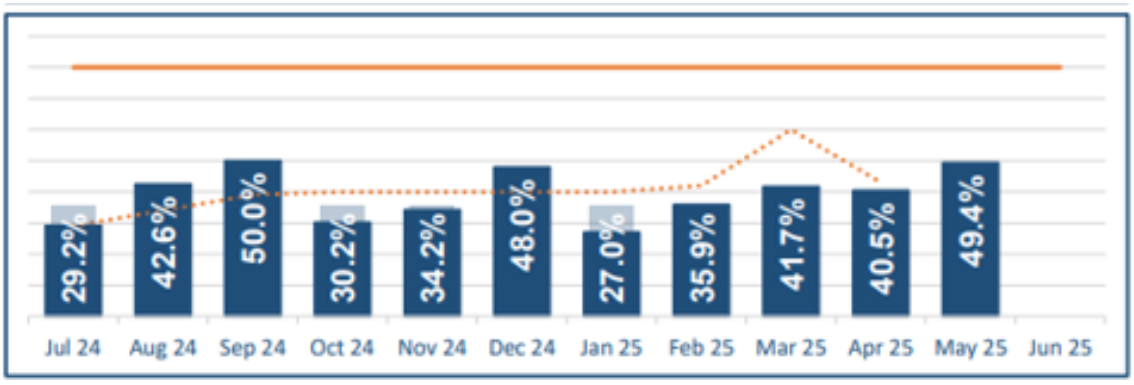
Part 2 Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those 18 years of age and over)



3.3.2 Children's & Adolescent Mental Health Services (CAMHS), and Neurodivergence

Performance against Part 1a of the Mental Health Measure was 95.6% compliance in May 2025 – and has been consistently above the 80% target for over a year. Part 1b performance, although continuously improving, remains significantly below the 80% target at 49.4% and did not meet the year-end target.

Part 1b Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)

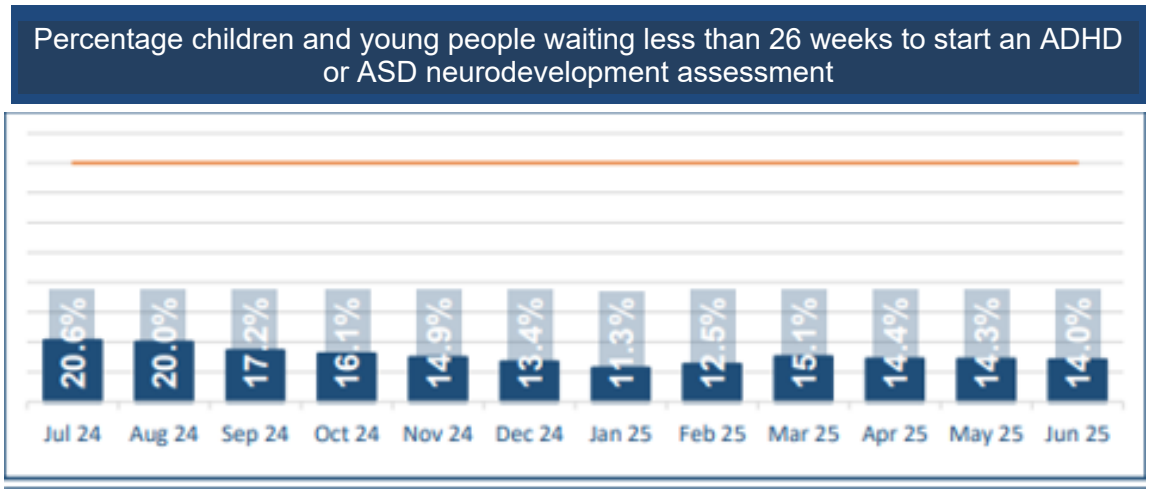


Recovery actions include: -

- 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 14% 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, it is not anticipated that we will deliver the target rate within 2025/26. This is an NHS wide issue.



3.3.3 Urgent & Emergency Care Performance

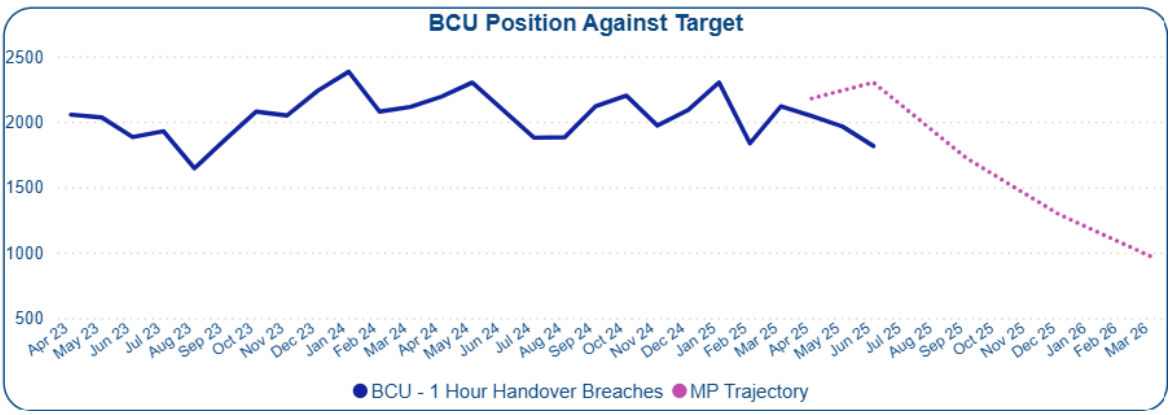
(Corporate Risk 24-10 Urgent and Emergency Care)

The performance for this element is focused on 2025/26 Ministerial Priorities under the timely access of care priority area:

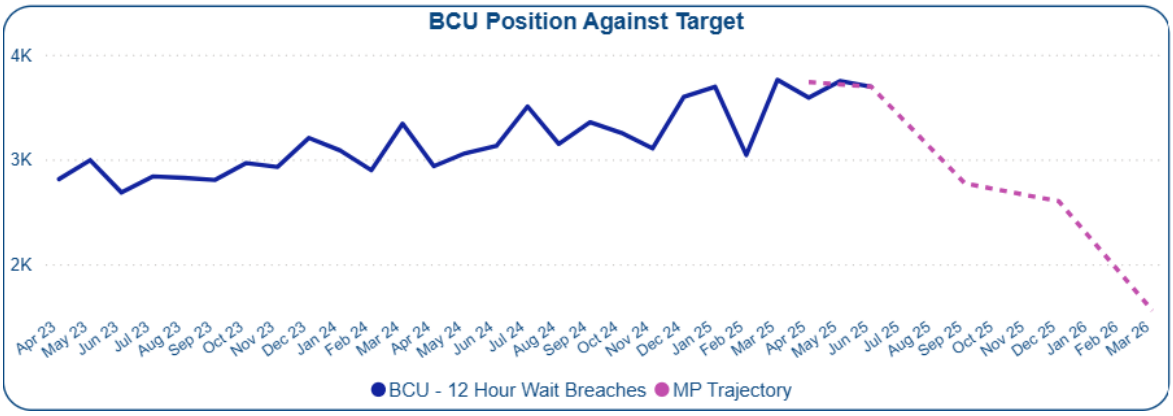
- Patients waiting greater than 1 hour for ambulance handover (UEC Figure 1)
- Patients waiting greater than 12 hours in the Emergency Department (UEC Figure 2)
- Patients experiencing delayed pathways of care

Performance against two Ministerial Priority metrics is on track with the improvement trajectories as submitted to Welsh Government.

UEC Figure 1: Ambulance Patient handovers of 1 hour or more



UEC Figure 2: Patients waiting greater than 12 hours in the Emergency Department



However, at 300 for June, for patients experiencing delayed pathways of care, we are off the trajectory of 270.

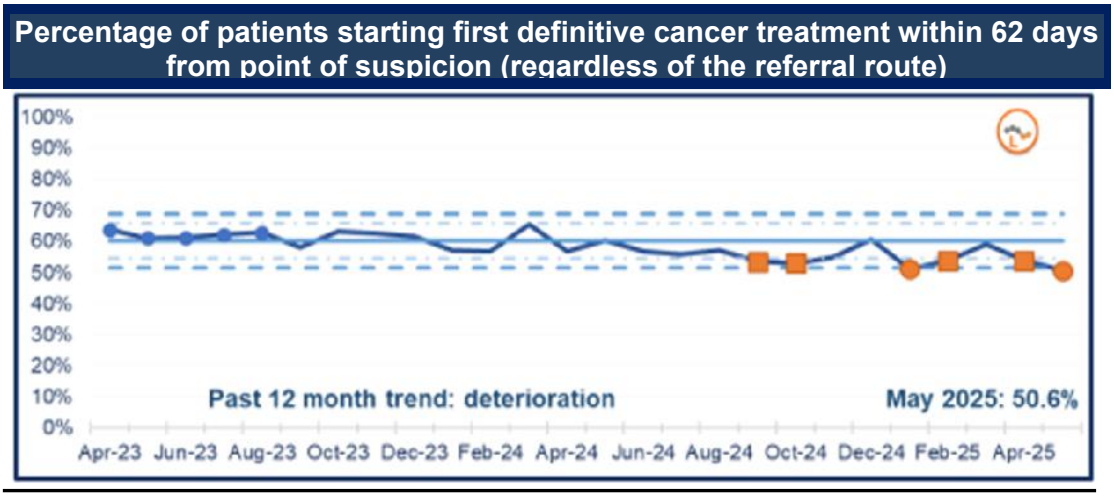
3.3.4 Planned Care Performance

(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, and was 50.6% for May 2025. As stated in the May 2025 IQPR, there are capacity issues within the Head and Neck / Thyroid Tumour site cohort due to resignation, reduction in hours and sickness within the consultant body.

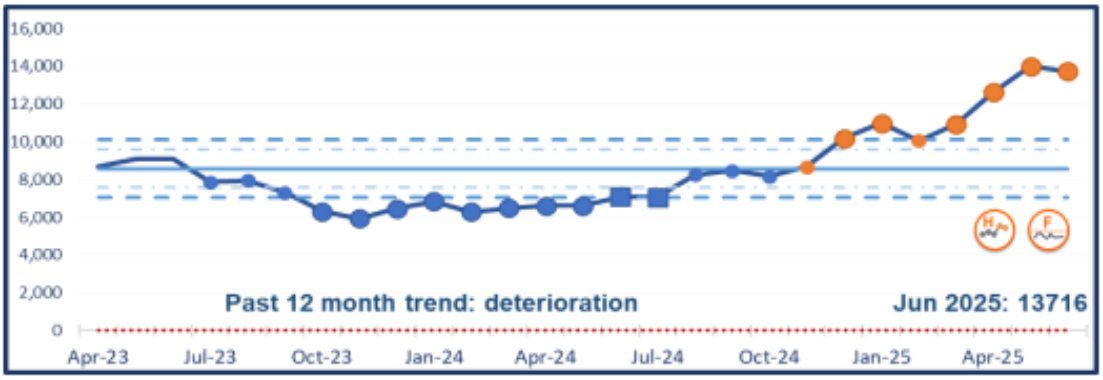
Deterioration in single cancer pathway performance was expected during Quarter 1 of 2025/26 due to focused work to target the skin backlog position. As we target the backlog position, this has impacted ability to improve compliance with the metric. Plans to clear remainder of backlog in this area are being finalised.



ii. Diagnostics

Although the number of patients waiting over 8 weeks for a diagnostic test dipped in June 2025, there remains significant risks as over 13,700 patients are now experiencing waits of over 8-weeks for a diagnostic test. The main modalities of concern are endoscopy and radiology.

Number of patients experiencing waits of 8 weeks or more for a diagnostic test



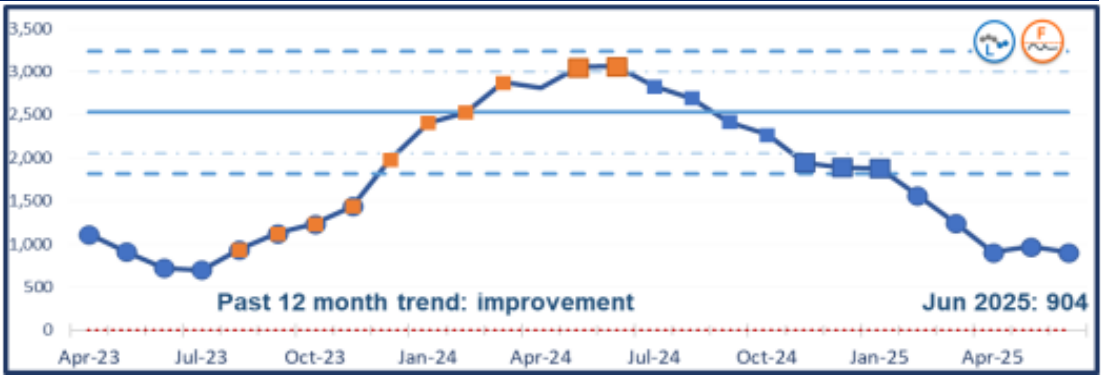
For 2025-26, insourcing contracts for endoscopy and radiology have been renewed, with both intended to deliver increased activity over 2025-26 through extended operating times for the full 12 months. Welsh Government are providing additional financial support to increase capacity through external. Continued 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 904 patients at the end of June 2025, compared to 3,065 patients at the end of June 2024. Main pressures remain in Physiotherapy.

The service has reviewed models deployed through other Health Boards and has developed models that will positively impact this trend further during the latter half of 2025/26.

Number Therapy Waits over 14 weeks



iv. Referral to Treatment (RTT)

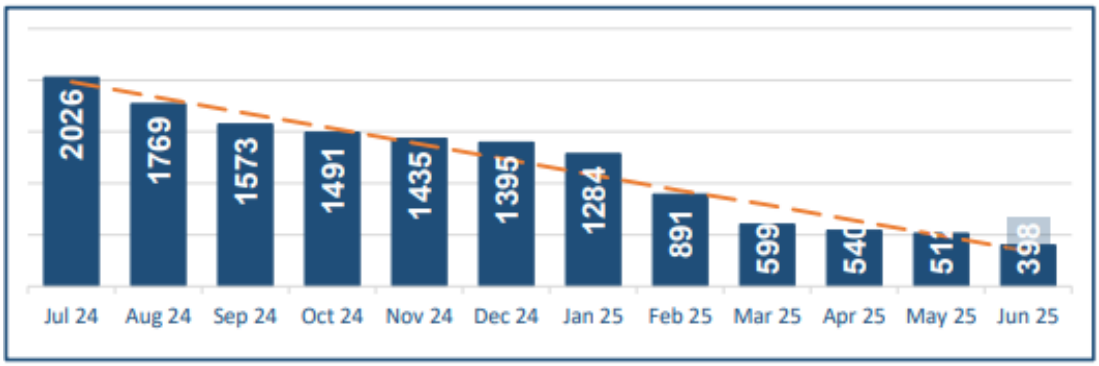
Although there was some improvement, performance against the 52 weeks wait for a new appointment remains challenging and further focus is required on this area in terms of component wait reductions to support the total pathway of care trajectory. We will commence insourcing of additional capacity for outpatients in August 2025.

Performance against this measure is an escalation for the Health board, with continuing 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.

Number waiting over 52 weeks for a new appointment

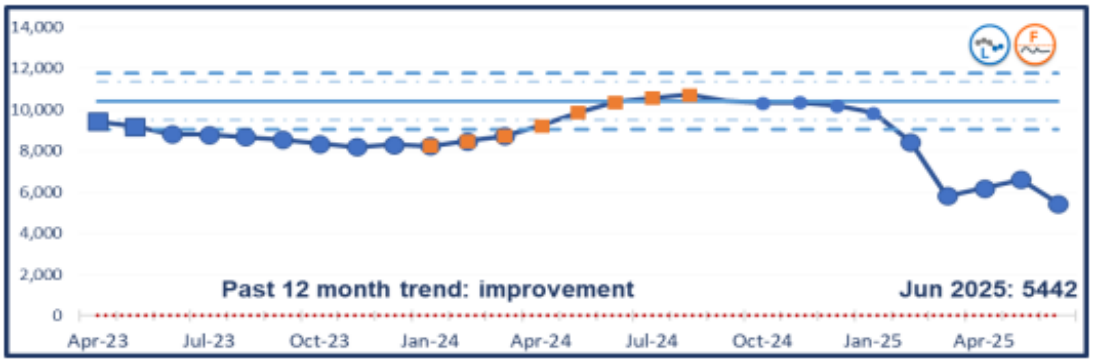
Patients waiting over 156 weeks and 104 weeks have been the main focus through the second part of 2024/2025 and into 2025/26. There has been a significant reduction in both cohorts.

Reduction of Extreme Waits (156 Weeks and above)



The 156-week position has reduced from 2,026 at the end of July 2024 to 398 patients at the end of June 2025. Similarly, the number of patients experiencing waits of 104+ weeks continues to fall with 5,442 at the end of June 2025.

Reduction of Extreme Waits (104 Weeks and above)



The Chief Executive Officer with support from the Chief Operating Officer, Director of Finance and Director of Performance and Commissioning continue oversight of this area through weekly meetings and daily updates the reduction is expected to continue through 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)

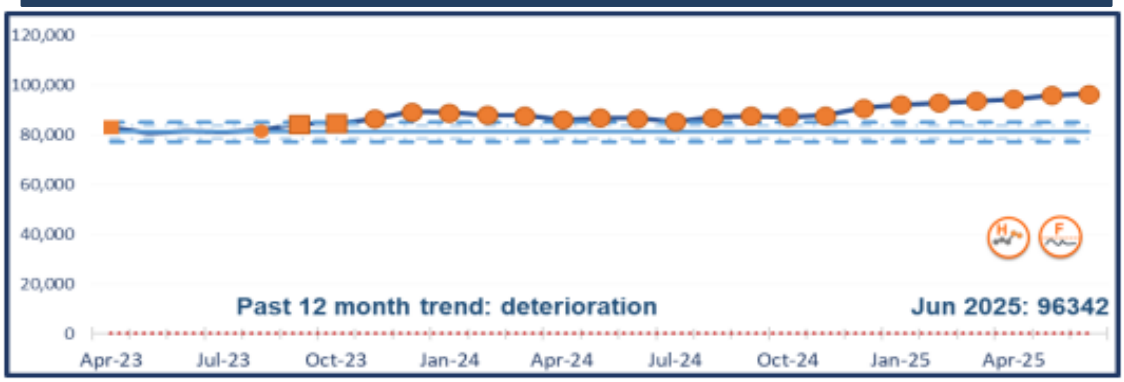
v. Follow Up Backlog

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 Integrated Medium Term Plan (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

Reduction of Follow up Backlog (over 100% overdue)



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.

Focus will continue in meeting challenges through

(a) enhanced utilisation of in-house capacity

(b) validation of patients waiting for procedures

(c) implementation of Treat-in-Turn methodology

(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
Corporate Risk 24-05 Financial Sustainability)

Financial Position 2025/26 Month 3

The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Expenditure commitments will need to be prioritised to enable the key financial duty and the performance ask to be attained. Achieving the control target in 2024/25 has resulted in the £74.6m conditionally recurrent funding received in 2023/24 and 2024/25 being allocated as recurrently in 2025/26 and the receipt of the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, with conditions associated with retention recurrently of the funds for 2026/27 and beyond being:

- £40.0m Deficit Support Funding – Recurrent and non-conditional following submission and delivery of a financially balanced IMTP by the Health Board.
- £42.0m Performance & Transformation Funding – Recurrent on de-escalation from Special Measures and Welsh Government having greater oversight and direction in use against Special Measures and Ministerial priorities.

The in-month position is reporting a deficit of £1.6m and the year to date position is £7.8m deficit, largely driven by £5.8m shortfall in undelivered savings and pressures associated with escalated beds and Healthcare Services provided by other NHS Bodies Contracts.

The Health Board is also advised of significant risks relating to funding shortfalls for the national insurance increase, potential for increased contribution to the Welsh Risk Pool share and risk of Joint Commissioning Committee not being able to manage financial contractual performance

Savings Position 2025/26 Month 3

The Health Board's financial plan has set a savings target of £40.0m to be delivered in 2025/26, 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, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £15.0m.

Full year forecast values of Deliverable Schemes, including income generation and accountancy gains total £17.5m. Of these, £13.5m have been identified as recurring, with a full year effect of £19.1.m and £4.0m are non-recurring savings. In-month delivery includes Savings of £1.8m against a £3.3m 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.

Throughout 2025-26, plans are being implemented 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 30.06.2025

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Performance Report

Reporting Period: to 30.06.2025

Presented to **Health Board**

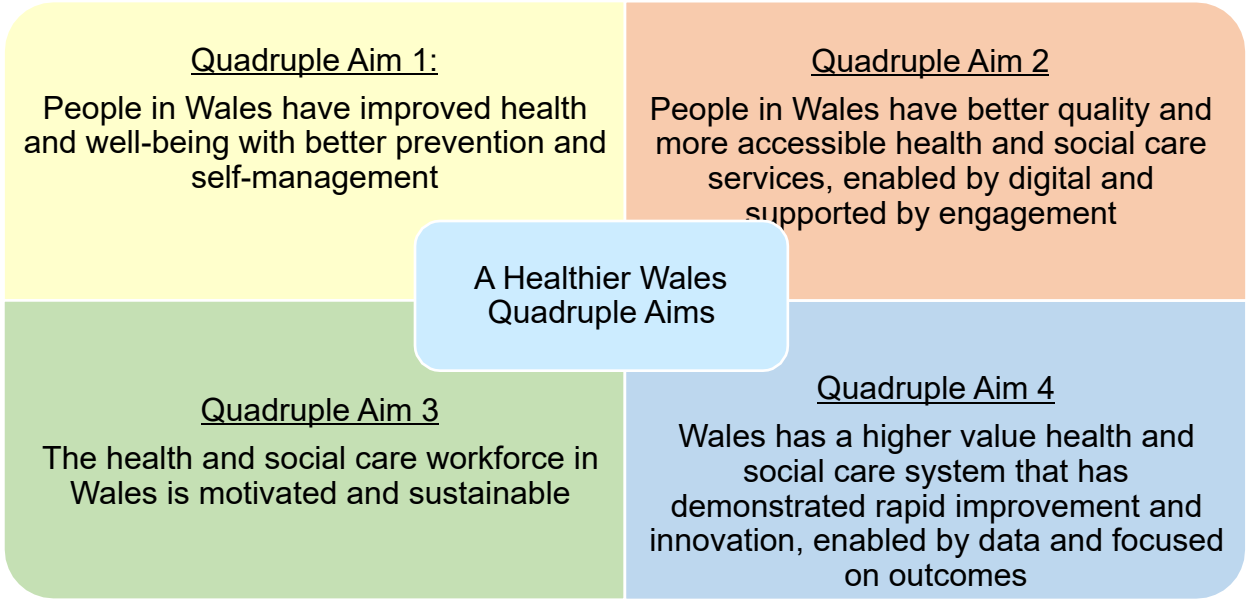
Thursday, 31st July 2025

NHS Wales Performance Framework 2025-26

The performance measures in the NHS Wales Performance Framework for 2025-2026 reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2024-2027.

The 2025/26 revision now consists of 53 quantitative measures.

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.



Integrated Performance Report

- **Quality, Safety, Effectiveness & Experience Performance**
- **Access & Activity Performance**
- **People & Organisational Development Performance**
- **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

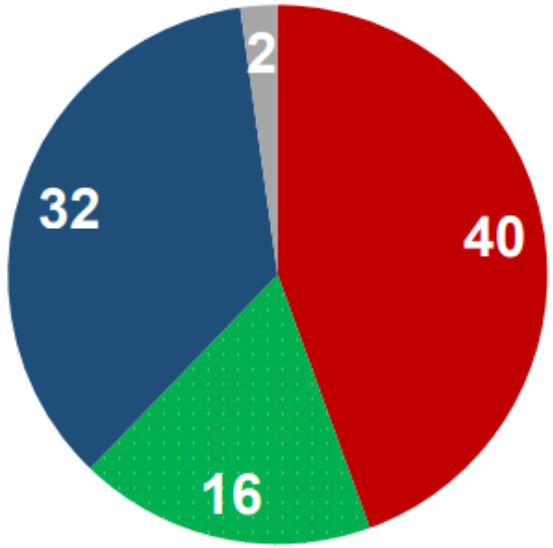
Performance is monitored against our Annual Plan but is RAG rated against the Welsh Government targets.

Green	The latest available data point indicates that performance is at, or better than the target
Red	The latest available data point indicates that performance is worse than the target
Blue	It is inappropriate, or not possible, to rate available data against any available target
Grey	There is no / insufficient data available to rate against the target

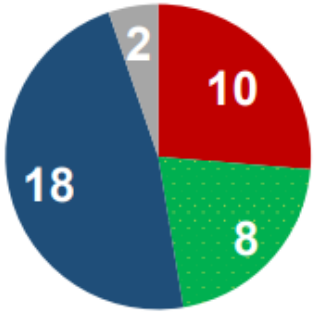
Exception	Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not 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.

Summary of Performance to Month 3

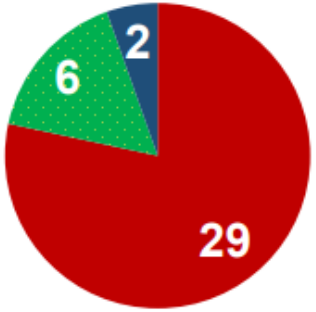
Green	The latest available data point indicates that performance is at, or better than the target
Red	The latest available data point indicates that performance is worse than the target
Blue	It is inappropriate, or not possible, to rate available data against any available target
Grey	There is no / insufficient data available to rate against the target



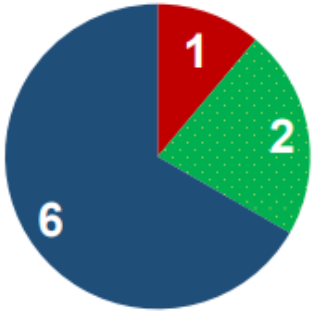
All Sections



Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance

Financial Performance

Interpreting Results of Statistical Process Control (SPC) Charts

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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 occurance
Blue icons indicate a positive occurance
Grey icons indicate no significant data occurance

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

The Scorecards that feature in the report use the following icons: = On or better than Target = Below or off target

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Performance Escalations Report

Produced on behalf of the **Health Board** by the
Performance & Commissioning Directorate in partnership with the **Integrated Performance Executive Delivery Group**

A Summary of Escalated Performance Measures

Quality Performance (Corporate Risk:24-04 Failure to Embed Learning)

Three **New Never Events** reported between March 2025 and June 2025.
De-escalation of overdue **National Reportable Incidents (NRIs)** recommended as there have been no NRIs reported as overdue for previous two months.
De-escalation of overdue **Learning From Event Reports (LFERs)** recommended as significant and sustained decrease from 64 in December 2024, to 9 in June 2025.
Clinical Coding compliance continues to improve, from a low of 13.6% in 2024 to over 45% in April 2025.

Access and Activity (Corporate Risks: 24-11 Planned Care; 24-13 Timely Diagnostics)

Percentage of assessments undertaken within 28 days of referral for adult mental health continues to deteriorate, at 68.7%, the lowest reported in over 12 months.
Whilst significantly below the 80% target rate, the **percentage of people under 18 starting therapeutic Interventions within 28 days of assessment** continues to improve and at 49.4%, the highest position since September 2024.

Urgent & Emergency Care (Corporate Risk:24-10 Urgent and Emergency Care)

Ambulance patient handovers of 1 hour or more – improved during quarter 1 of 2025/26 at 1,815 in June compared to 2,118 in March 2025, achieving the improvement trajectory for June 2025..
The number of patients waiting over 12 hours in our emergency departments remains high at 3,694 but achieves the improvement trajectory for June 2025.

Planned Care (Corporate Risks: 24-11 Planned Care; 24-13 Timely Diagnostics)

Single Cancer Pathway 62 Day compliance at 50.6% with poor performance in Gynaecology, Head and Neck and Urology, and focus on skin backlog driving down overall performance.
Referral to Treatment for 104 weeks continues to improve and at the end of June there were 5,442 waiting over 104 weeks, of these, 398 are waiting over 156 weeks (down from 540 in April 2025).
The number of patients waiting **over 8 weeks for diagnostic tests** remains high at 13,716
The number of patients waiting **over 100% of their clinically due follow up** continues to increase at 96,342

People & Organisational Development Performance

(Corporate Risk 24-01 People, Culture and Wellbeing)
(Corporate Risk 24-1 Leadership/Special Measures)

Percentage of **staff leaving the health board** after less than 1 year of service remains consistent over the last 12 months at approximately 14%.
Sickness absence remains fairly consistent at the 5.9% mark. Stress and other mental health issues remain the leading cause of sickness absence.
The proportion of the **pay bill spent on agency** staff has been approximately 3.3% for the first quarter of 2025/26.
Personal Appraisal and Development Reviews (PADR) rates continue to improve at 81.7% (target 85%).

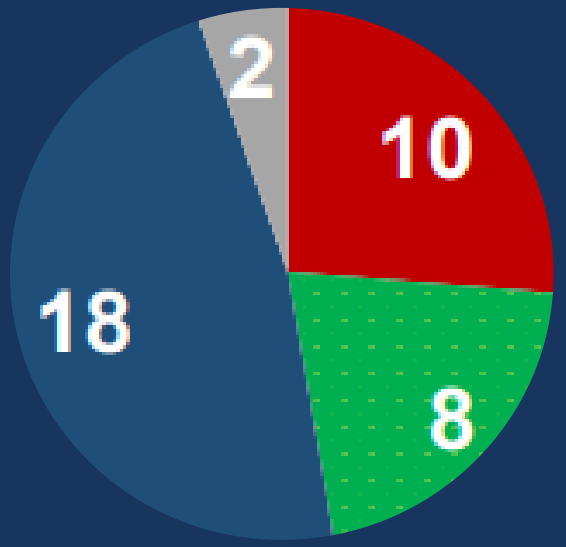
Finance (Corporate Risk:24-05 Financial Sustainability)

Financial Position Month 3
The in-month position is reporting a deficit of £1.6m and the year to date position is £7.8m deficit, largely driven by £5.8m shortfall in undelivered savings and pressures associated with escalated beds and Healthcare Services provided by other NHS Bodies Contracts.

Savings Position Month 3
Full year forecast values of Deliverable Schemes, including income generation and accountancy gains total £17.5m. Of these, £13.5m have been identified as recurring, with a full year effect of £19.1.m and £4.0m are non-recurring savings. In-month delivery includes Savings of £1.8m against a £3.3m Target.

Section 1

Quality, Safety, Effectiveness and Experience Performance

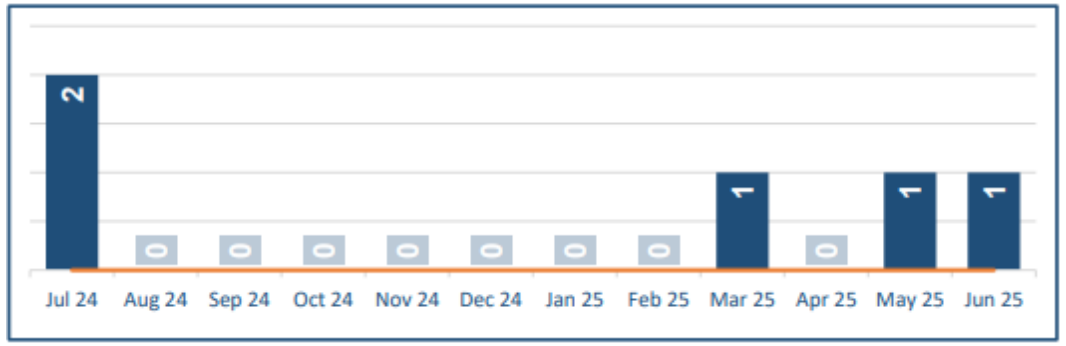


Produced on behalf of the **Health Board** by the
Performance & Commissioning Directorate in partnership with **Health Board Directors**

Quality: Escalated Performance Measures

Corporate Risk 24-04 Failure to Embed Learning

New Never Events



Unfortunately, after having no new never events in the period between 31.07.2024 and 28.02.2025, a total of 3 new never events have occurred since March 2025.

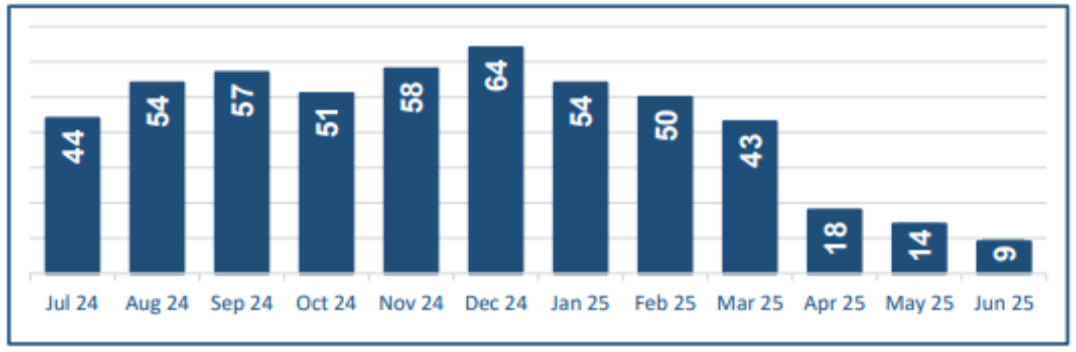
March 2025 - overdose of insulin using incorrect device

May 2025 - administration of medication by wrong route

June 2025 - wrong site surgery

Appropriate details are included within the separate Quality Report.

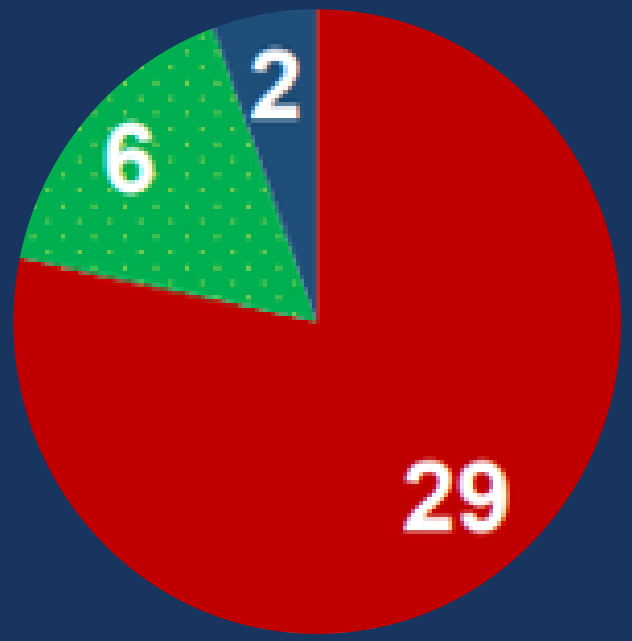
Learning form Events Reports



There has been a significant and sustained decrease from 64 in December 2024, to 9 in June 2025. Therefore a recommendation that this measure now be de-escalated will be made to the next Integrated Performance Executive Delivery Group (IPEDG) in July 2025.

Section 2

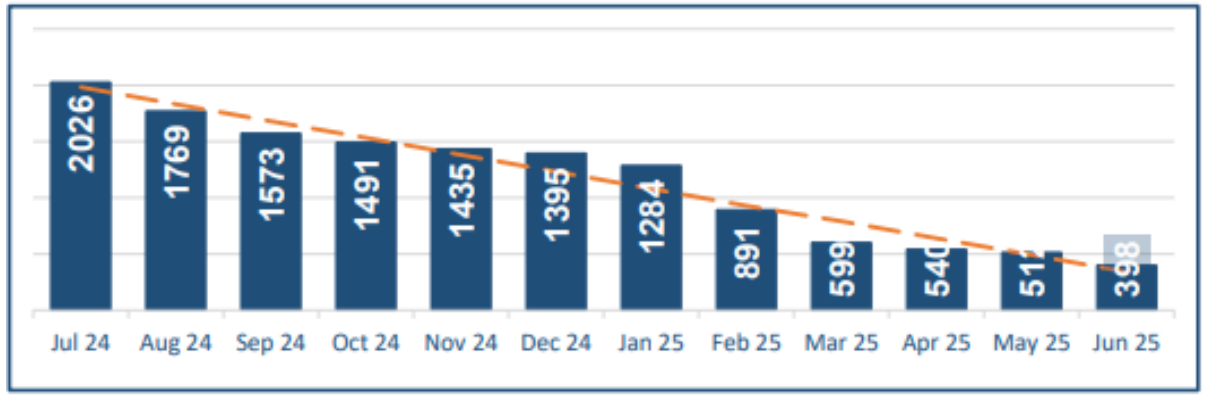
Access and Activity Performance



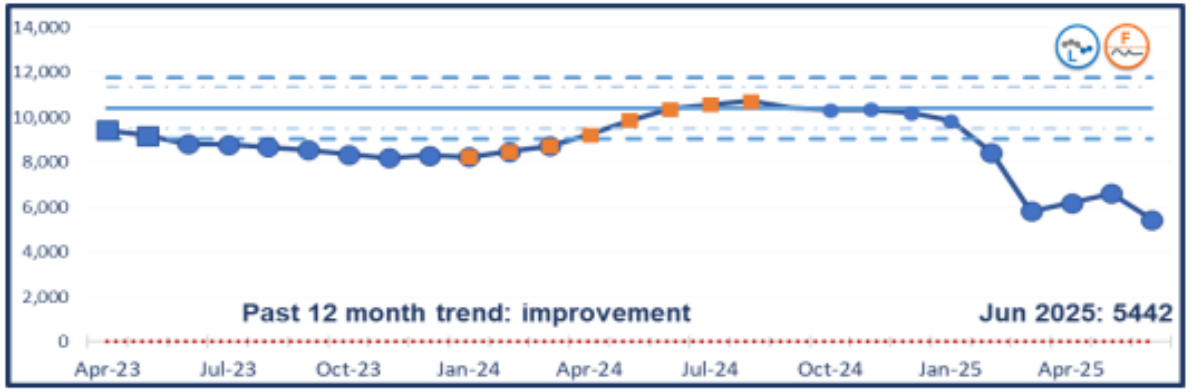
Access & Activity: Escalated Performance Measures

(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)



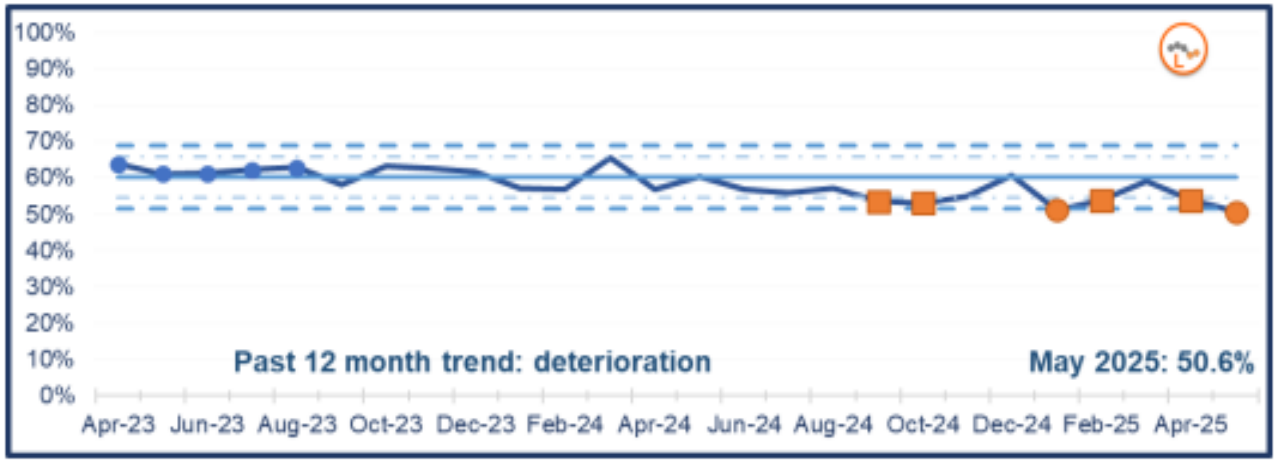
Number waiting over 52 weeks for a new appointment

- Performance in quarter 1, 2025/26 saw continued reduction in patients waiting over 104 weeks with a year end performance across all Commissioners of 5,442.
- There is continued improvement seen in the number of patients waiting in excess of 3 years for RTT reducing from 2,026 in July 2024 to 398 at the end of quarter 1, 2025/26.
- Although some improvement, performance against the 52 week wait for a new appointment remains challenging and further focus is required on this area in terms of component wait reductions to support the total pathway of care 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



In May 2025, BCUHB treated 51% new cancer patients within target i.e. within 62 days of suspicion of cancer. This is a reduction on the 54% treated in target in April.

- Reduced performance in breast primarily due to loss of clinic capacity in both screening and symptomatic services over the Easter period
- Skin performance remains below target due to the long waits for first appointment in dermatology. Waits have reduced significantly since April on all 3 sites but remain above target
- Delays to endoscopy continue to impact colorectal performance, leading to 14 breaches in month
- Over half of the urology breaches continue to be due to diagnostic delays, primarily delays to prostate biopsy (36). We are awaiting confirmation of national funding to train more clinicians to undertake transperineal biopsy under local anaesthetic (LATP)

Cancer Pathway 62 Days Performance by Tumour Site

	BCUHB Total	West	Central	East
Breast	70% (35/50) ↓	77% (17/22)	67% (8/12)	63% (10/16)
Skin	69% (49/71) ↑	62% (18/29)	61% (11/18)	83% (20/24)
Upper GI	66% (23/35) ↑	64% (9/14)	71% (10/14)	57% (4/7)
Lung	56% (24/43) ↓	46% (6/13)	62% (8/13)	59% (10/17)
Haematology	55% (11/20) ↓	60% (3/5)	43% (3/7)	63% (5/8)
Colorectal	38% (16/42) ↑	64% (7/11)	27% (3/11)	30% (6/20)
Urology	31% (31/100) ↓	33% (13/39)	23% (5/22)	33% (13/39)
Head & Neck	24% (5/21) ↓	30% (3/10)	13% (1/8)	33% (1/3)
Gynaecology	19% (3/16) ↓	25% (1/4)	20% (1/5)	14% (1/7)

Colour coding: Above target ie 75% and above; 65-74%; below 65%; arrows reflect change from last month

Lung cancer is the third most common cancer in Wales but is the leading cause of cancer deaths as most cases are detected at a late stage. The Welsh Government has approved the introduction of a targeted national lung cancer screening programme following a recommendation made by the UK National Screening Committee and successful pilots in the Rhondda valley and elsewhere in the UK. The national screening programme will aim to detect lung cancer at a much earlier stage to improve survival rates.

The programme will focus on people aged 55 to 74 who are either current or previous smokers. Screening will involve a low dose CT scan of the chest using mobile scanning units. Public Health Wales will lead on implementation of the programme, in conjunction with local Health Boards. It is anticipated that the programme will commence in 2027.

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

Although the number of patients waiting over 8 weeks for a diagnostic test dipped in June 2025, there remains significant risks as over 13,700 patients are now experiencing waits of over 8-weeks for a diagnostic test. The main modalities of concern are endoscopy and radiology.

For 2025-26, insourcing contracts for endoscopy and radiology have been renewed, with both intended to deliver increased activity over 2025-26 through extended operating times for the full 12 months. Welsh Government are providing additional financial support to increase capacity through external. Continued 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

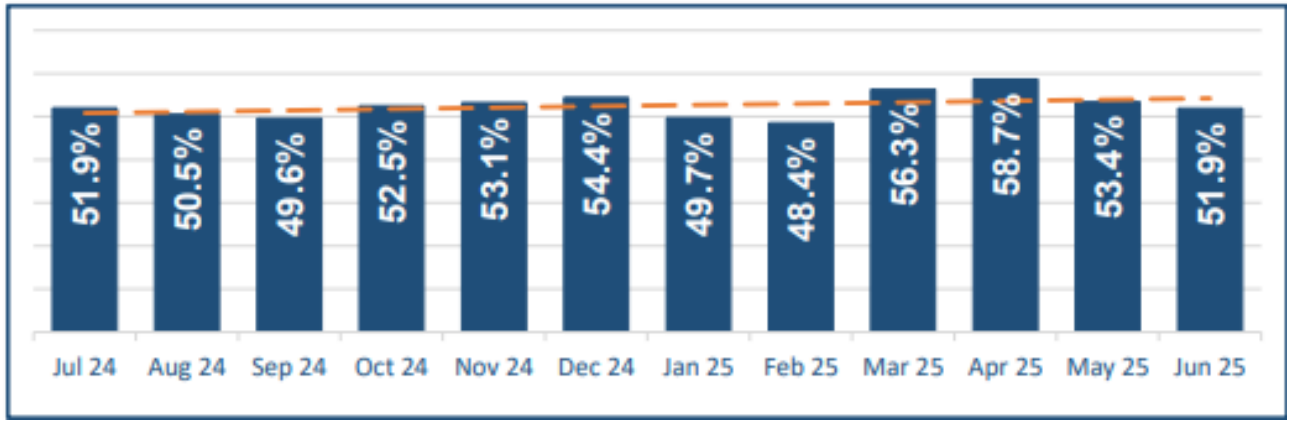
The number of patients experiencing waits over 14 weeks for therapy interventions continues on a downward trend at 904 patients at the end of June 2025, compared to 3,065 patients at the end of June 2024. Main pressures remain in Physiotherapy and include high number of vacancies, accommodation capacity 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 during the latter half of 2025/26.

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



After some initial improvements in March and April 2025, performance against the Eye Care Measure is at the same point as it was in July 2024, 51.9%. Due to the risk of irreversible harm to patients waiting in excess of their clinical due date, performance against this measure, together with follow up backlog in Ophthalmology was escalated internally via the Integrated Performance executive Delivery Group (IPEDG) in May 2025.

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 Integrated Medium Term Plan (IMTP). Delivery priorities in this area include:

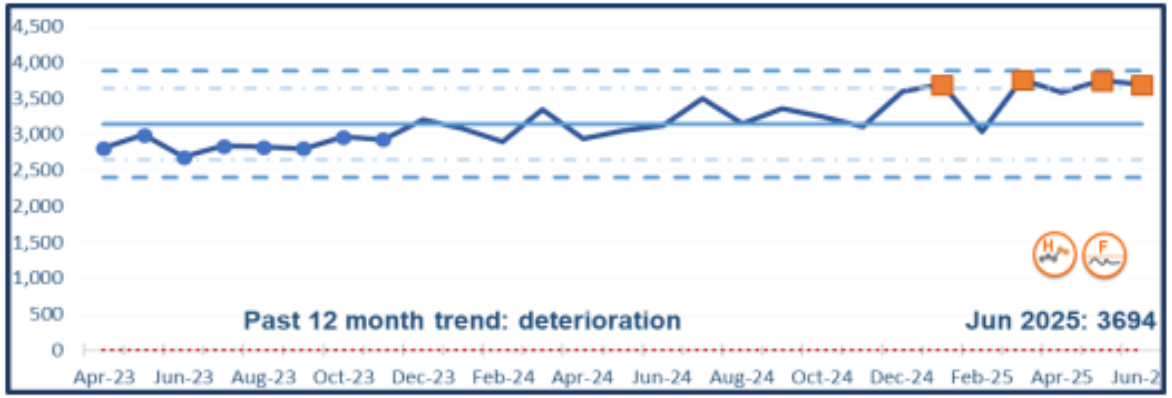
- Systemic approach to validating, data cleansing of follow up lists
- Implement see on symptoms and patient initiated follow up on all priority specialties

Access & Activity: Escalated Performance Measures

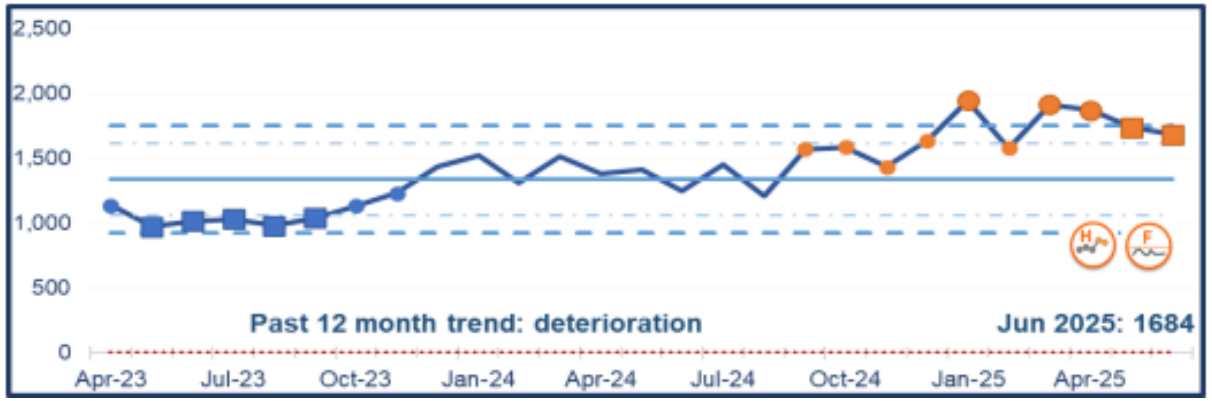
(Corporate Risk 24-10 Urgent and Emergency Care)

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.

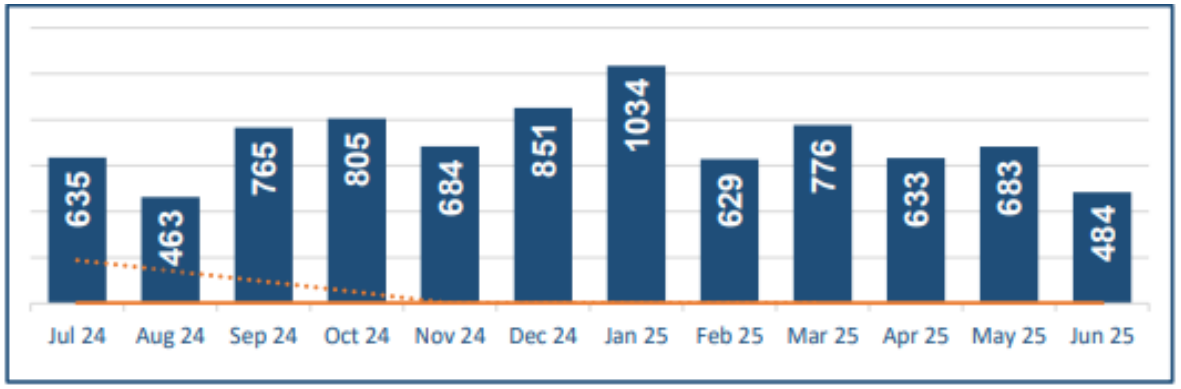
Number of 12 Hour Emergency Department Waits



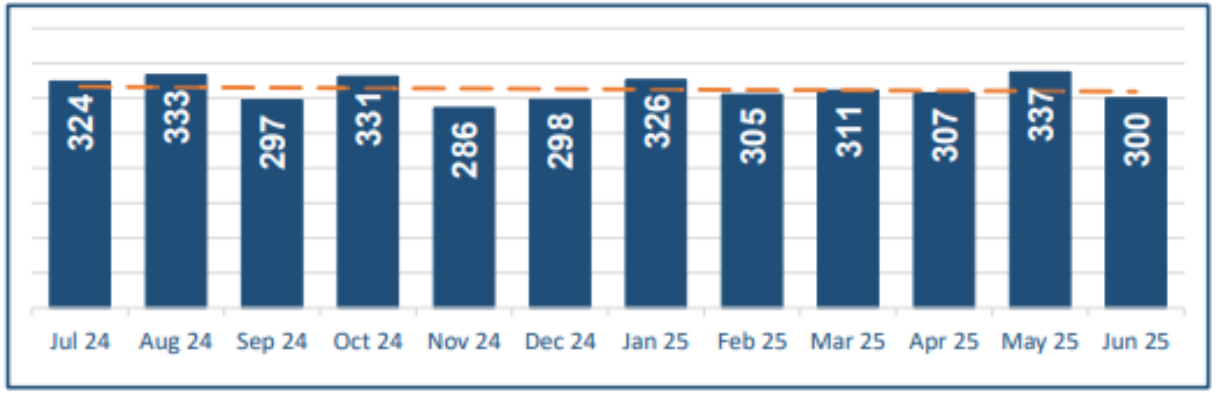
Number of 24+ Hour Emergency Department Waits



Number of 4+ Hour Ambulance Handover Breaches

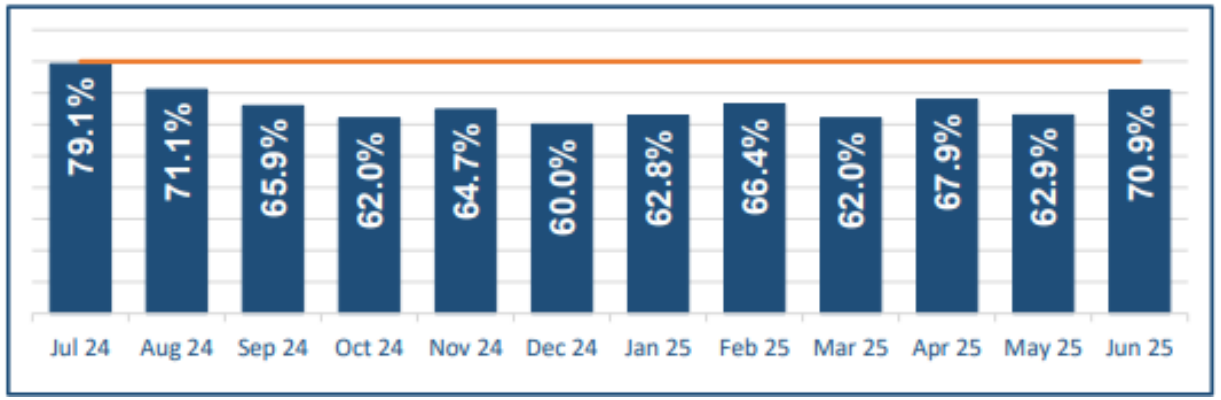


Number of Delayed Pathways of Care



Access & Activity: Escalated Performance Measures
Adult Mental Health

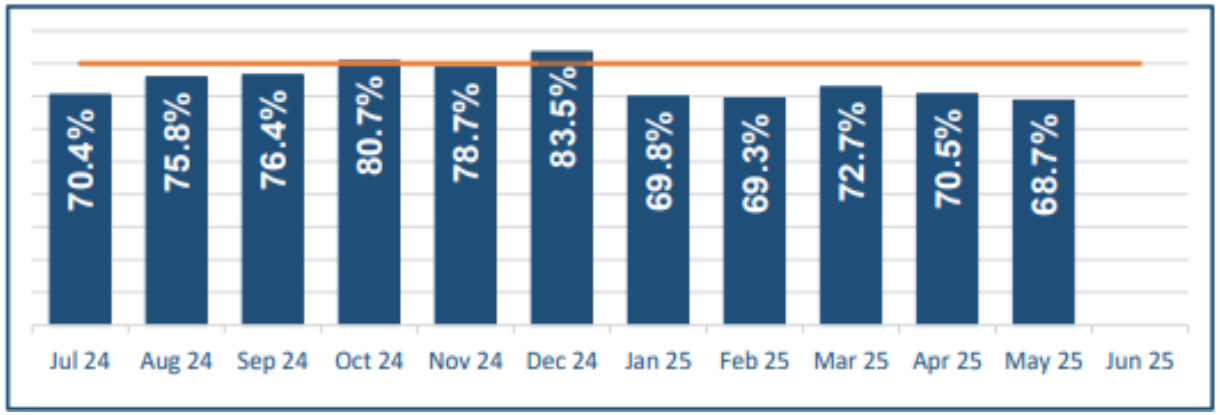
Percentage of patients waiting less than 26 weeks for adult psychological therapy



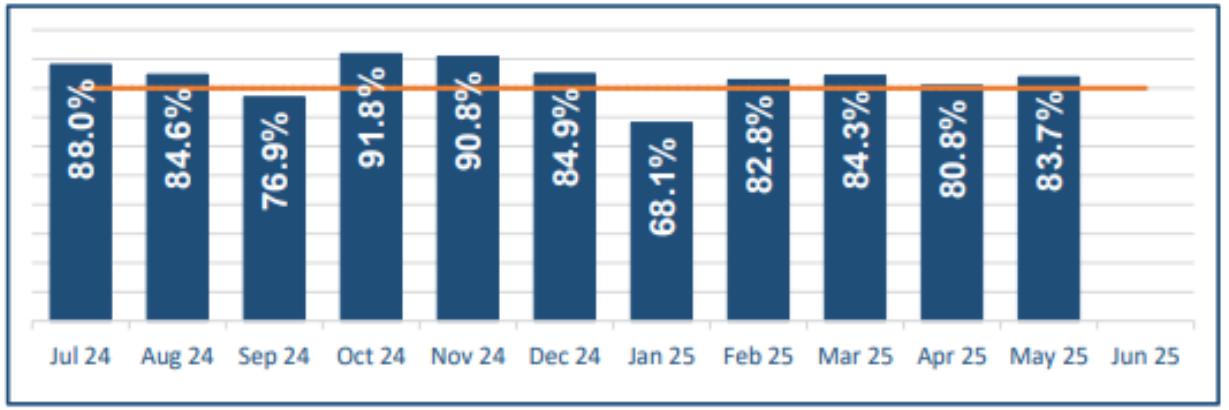
Performance against the assessment target remained below target level of 80% with a performance of 68.7% in May 2025. The Health Board has continued to reduce waiting times for those waiting a long time for interventions. Whilst there will be some seasonal variation the Division has trajectories to achieve Part 1a target by the end of Quarter 2. 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)



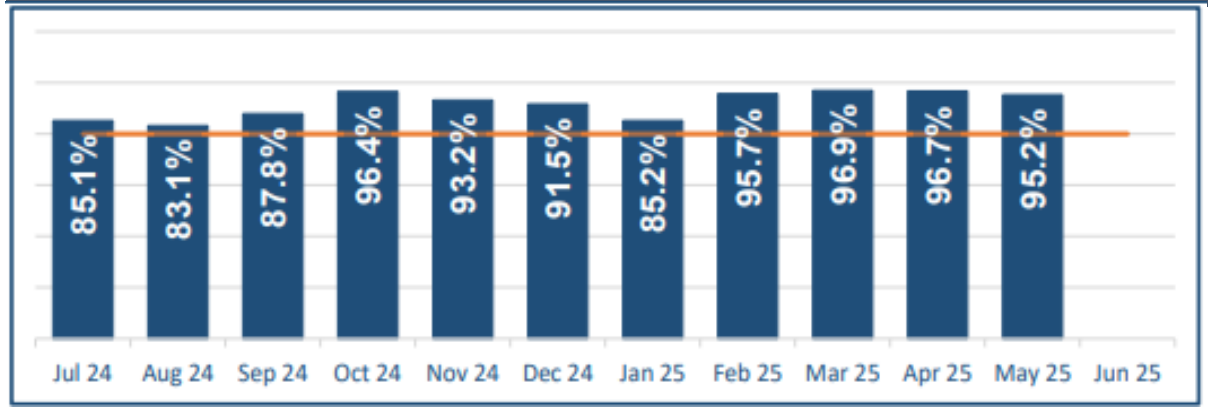
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)



Access & Activity: Escalated Performance Measures

CAMHS and Neurodevelopment

Percentage 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)

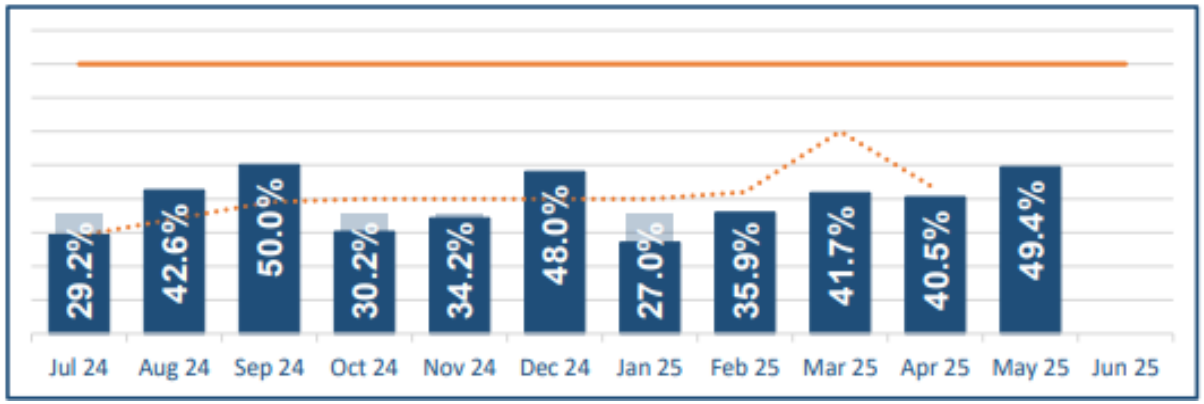


Performance against **Part 1a of the Mental Health Measure** was 95.6% compliance in May 2025 – and has been consistently above the 80% target for over a year**.** **Part 1b** performance, although continuously improving, remains significantly below the 80% target at 49.4% and did not meet the year-end target. Recovery actions include: -

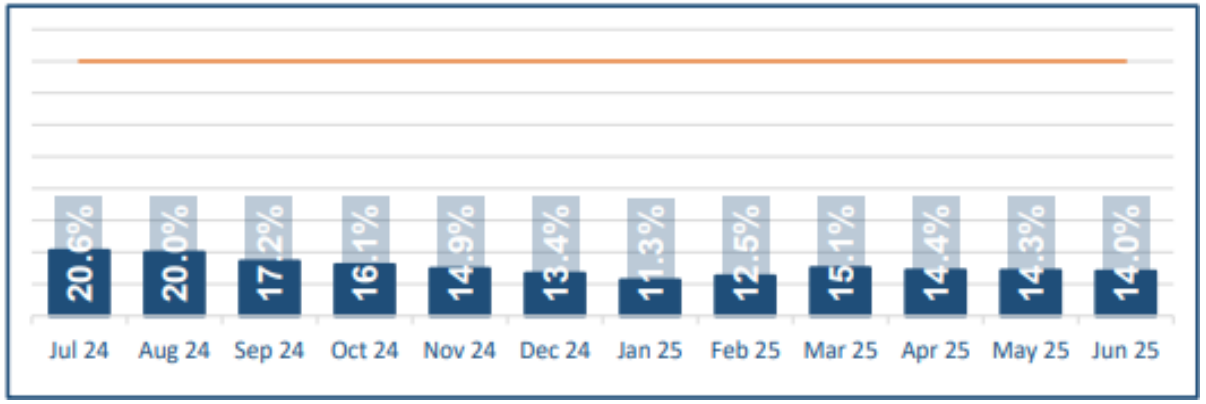
- Focus on and support aligned to team with longest waiting times with senior clinical review of cases with numerous appointments.
- Review of psycho-education offer in line with Part 1b compliance, meeting arranged in mid-April with other Health boards to learn about their offer.
- Commencement of programme of groups including CBT group, Getting Started, Anxiety and Endings (to support step down/discharge)

Performance against the **26 weeks wait for neurodivergent assessment** remains poor at 14%. 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, it is not anticipated that we will deliver the target rate within 2025/26. This is an NHS wide issue.

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)

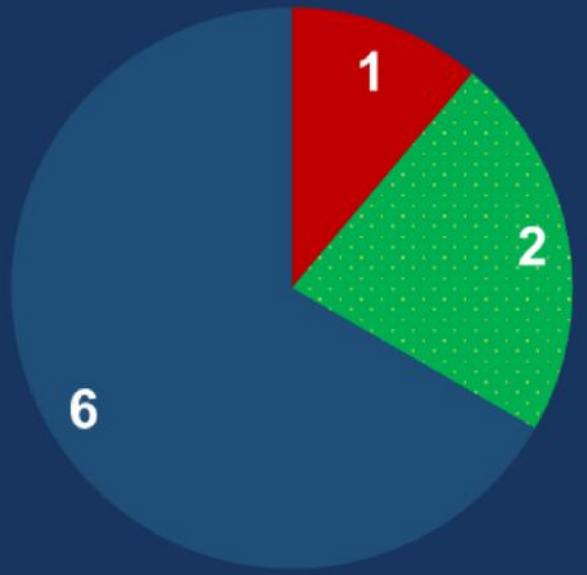


Percentage children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment



Section 3

People and Organisational Development Performance



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People & OD: Escalated Performance Measures

(Corporate Risk 24-01 People, Culture and Wellbeing) (Corporate Risk 24-1 Leadership/Special Measures)

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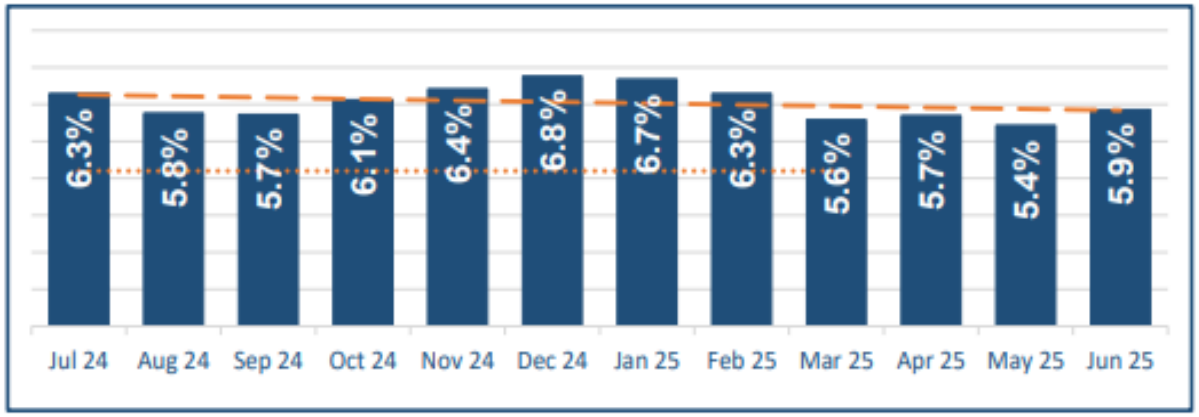
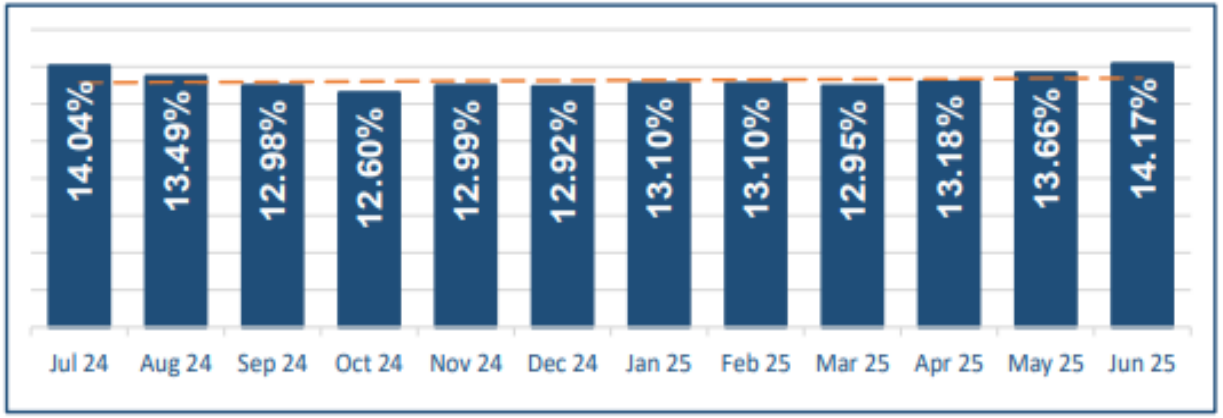
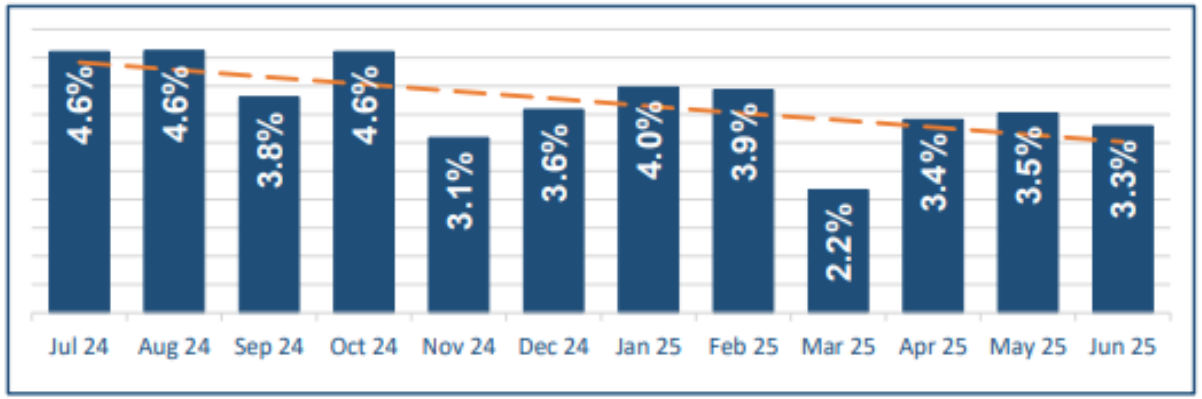
Percentage Sickness & Absence Rate



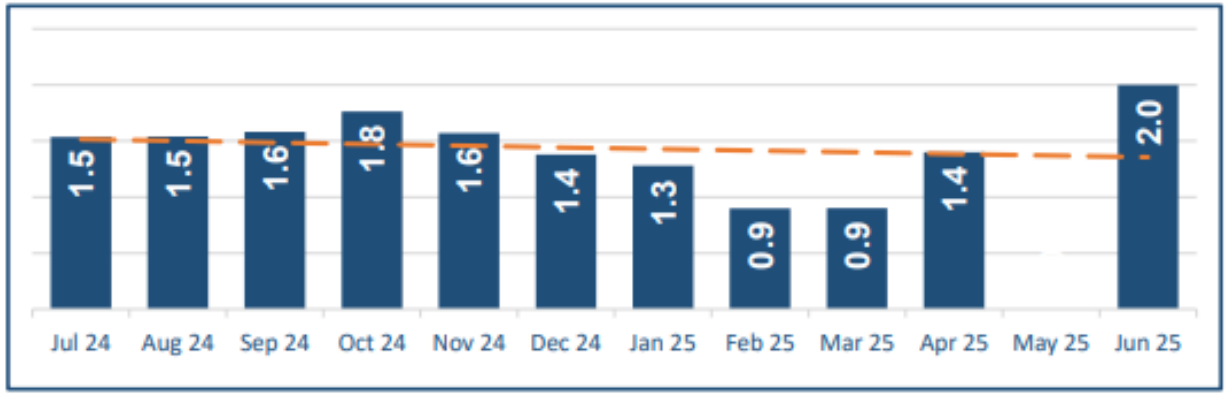
Percentage Staff Turnover Rate (under 12 months service)



Agency Spend as Percentage of total pay bill



Number of open disciplinary cases per 1,000 staff



Section 4

Financial Performance

Finance: Escalated Performance Measures

(Corporate Risk 24-05 Financial Sustainability)

The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Expenditure commitments will need to be prioritised to enable the key financial duty and the performance ask to be attained. Achieving the control target in 2024/25 has resulted in the £74.6m conditionally recurrent funding received in 2023/24 and 2024/25 being allocated as recurrently in 2025/26 and the receipt of the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, with conditions associated with retention recurrently of the funds for 2026/27 and beyond being:

- £40.0m Deficit Support Funding – Recurrent and non-conditional following submission and delivery of a financially balanced IMTP by the Health Board.
- £42.0m Performance & Transformation Funding – Recurrent on de-escalation from Special Measures and Welsh Government having greater oversight and direction in use against Special Measures and Ministerial priorities.

The in-month position is reporting a deficit of £1.6m and the year to date position is £7.8m deficit, largely driven by £5.8m shortfall in undelivered savings and pressures associated with escalated beds and Healthcare Services provided by other NHS Bodies Contracts.

The Health Board is also advised of significant risks relating to funding shortfalls for the national insurance increase, potential for increased contribution to the Welsh Risk Pool share and risk of Joint Commissioning Committee not being able to manage financial contractual performance.

Forecast Financial Position for 2025/26

	Actual Position			2025/26 Forecast 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)	(3.7)	(2.4)	(1.6)	(1.0)	0.0	0.8	0.9	1.0	1.5	1.5	1.5	1.6	**0.0**

The Health Board's financial plan has set a savings target of £40.0m to be delivered in 2025/26, 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, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £15.0m.

Full year forecast values of Deliverable Schemes, including income generation and accountancy gains total £17.5m. Of these, £13.5m have been identified as recurring, with a full year effect of £19.1.m and £4.0m are non-recurring savings. In-month delivery includes Savings of £1.8m against a £3.3m Target.

Summary Report:

- Ministerial priorities
- Health Board Scorecard
- NHS Wales Performance

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Ministerial Priorities Scorecard (Part 1)

Quarterly Measures	WG Target	BCU Trajectory	Q3 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	86.5%	87.6%	86.7%	86.5%	87.3%	88.4%	**85.5%**	3rd of 7 (at Mar 25)	Public Health		Yes
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	84%	77.9%	75.3%	75.7%	77.9%	78.2%	69.5%	**68.9%**	5th of 7 (at Mar 25)	Public Health		Yes

Seasonal Measures	WG Target	BCU Trajectory	Jun 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Welsh Benchmark	Portfolio		
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	75%		72.3%	67.1%	73.0%	**73.9%**			1st of 7 (at Mar 25)	Public Health		Yes
Percentage uptake of the COVID-19 vaccination for those eligible Spring and Autumn Booster: All eligible people	75%	75%	60.6%	48.3%	49.0%		10.7%	**37.4%**		5th of 7 (at Apr 25)	Public Health		Yes

Monthly Measures	WG Target	BCU Trajectory	Jun 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Equivalent month increase (2025/26 to	TBC	36.5%	38.0%	38.9%	40.5%	40.7%	40.3%	**40.2%**	7th of 7 (at Jun 25)	Primary Care		Yes
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2025/26 to	2705	2018	2996	3033	3046	2925	**2676**		2nd of 7 (at May 25)	Primary Care		Yes
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)	80%	80%	79.2%	85.2%	95.7%	96.9%	96.7%	**95.2%**		5th of 7 (at May 25)	Paediatrics		Yes
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	46%	41.1%	27.0%	35.9%	41.7%	40.5%	**49.4%**		6th of 7 (at May 25)	Paediatrics		Yes
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)	80%	79%	74.1%	69.8%	69.3%	72.7%	70.5%	**68.7%**		5th of 7 (at May 25)	MH&LD		Yes
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	80%	83.3%	68.1%	82.8%	84.3%	80.8%	**83.7%**		7th of 7 (at May 25)	MH&LD		Yes

Some data items are reported a month in arears.

Ministerial Priorities Scorecard (Part 2)

Monthly Measures	WG Target	BCU Trajectory	Jun 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
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 reduct-ion	3717	3129	3695	3043	3761	3591	3749	**3694**	7th of 7 (at Jun 25)	UEC		Yes
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increas-ing trend (to 80%)	60%	56.8%	51.1%	53.9%	59.0%	53.8%	**50.6%**		6th of 6 (at May 25)	Cancer		Yes
Number of pathways waiting 8 weeks for specific diagnostic	0	9284	7097	10999	10067	10950	12612	13998	**13716**	6th of 7 (at May 25)	Diagnostics		Yes
Number of patients waiting more than 104 weeks for referral to treatment	0	4950	10374	9839	8437	5819	6187	6618	**5442**	7th of 7 (at May 25)	Planned Care		Yes
Number of Pathways of Care Delayed discharges	Decreas-ing trend	270	316	326	305	311	307	337	**300**	8th of 8 (at Jun 25)	Planned Care		Yes

Some data items are reported a month in arears.

There are 15 measures from the NHS Wales Performance Framework for 2025/26 that are identified as Ministerial Priorities. Of these, 10 are off target and 5 are compliant.

Health Board Scorecard – Quadruple Aim 1

Quarterly Measures	WG Target	BCU Trajectory	Q3 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual	TBC	1.90%	4.87%	6.35%	1.90%	3.57%	**5.13%**	**6.98%**	2nd of 7 (at Dec 24)	Public Health		
Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	TBC	17.82%	11.85%	12.95%	17.82%	19.42%	19.78%	**19.69%**	3rd of 8 (at Dec 24)	Public Health		
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	86.5%	87.6%	86.7%	86.5%	87.3%	88.4%	**85.5%**	3rd of 7 (at Mar 25)	Public Health		Yes
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	84%	77.9%	75.3%	75.7%	77.9%	78.2%	69.5%	**68.9%**	5th of 7 (at Mar 25)	Public Health		Yes

Monthly Measures	WG Target	BCU Trajectory	Jun 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Welsh Benchmark	Portfolio		
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	89.5%	88.5%	92.9%	84.0%	100.0%	**100.0%**		5th of 7 (at Mar 25)	MH&LD		
Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	7.4%	3.8%	10.9%	0.7%	**4.3%**			6th of 7 (at Mar 25)	Public Health		
Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	TBC	98.5%	98.6%	99.3%	**99.5%**				2nd of 7 (at Mar 25)	Public Health		
Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95%	TBC	97.4%	94.9%	96.4%	96.0%	96.4%	**94.9%**		5th of 7 (at Apr 25)	Public Health		

Seasonal Measures	WG Target	BCU Trajectory	Jun 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Welsh Benchmark	Portfolio		
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	75%		72.3%	67.1%	73.0%	**73.9%**			1st of 7 (at Mar 25)	Public Health		Yes
Percentage uptake of the COVID-19 vaccination for those eligible Spring and Autumn Booster: All eligible people	75%	75%	60.6%	48.3%	49.0%		10.7%	**37.4%**		5th of 7 (at Apr 25)	Public Health		Yes

Some data items are reported a month in arears.

Health Board Scorecard – Quadruple Aim 2 (part 1)

Monthly Measures	WG Target	BCU Trajectory	Jun 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Equivalent month increase (2025/26 to Sept) then	TBC	36.5%	38.0%	38.9%	40.5%	40.7%	40.3%	**40.2%**	7th of 7 (at Jun 25)	Primary Care		Yes
Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increas-ing trend (to 30% (end Sept) then	TBC	13.7%	54.3%	58.4%	63.6%	**3.3%**			6th of 7 (at Jun 25)	Primary Care		
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2025/26 to	2705	2018	2996	3033	3046	2925	**2676**		2nd of 7 (at May 25)	Primary Care		Yes
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)	80%	80%	79.2%	85.2%	95.7%	96.9%	96.7%	**95.2%**		5th of 7 (at May 25)	Paediatrics		Yes
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	46%	41.1%	27.0%	35.9%	41.7%	40.5%	**49.4%**		6th of 7 (at May 25)	Paediatrics		Yes
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)	80%	79%	74.1%	69.8%	69.3%	72.7%	70.5%	**68.7%**		5th of 7 (at May 25)	MH&LD		Yes
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	80%	83.3%	68.1%	82.8%	84.3%	80.8%	**83.7%**		7th of 7 (at May 25)	MH&LD		Yes
Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	TBC	44.3%	48.2%	52.3%	47.6%	52.5%	**50.0%**		6th of 7 (at Jun 25)	UEC		
Median emergency response time to amber calls	Decreas-ing trend	TBC	87.8	160.0	92.5	114.0	93.0	**81.6**		2nd of 7 (at Jun 25)	UEC		
Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	TBC	23.0	21.0	20.0	22.0	20.0	19.0	**20.0**	5th of 6 (at Jun 25)	UEC		
Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	149.0	110.0	117.0	136.0	119.0	134.0	**151.0**	6th of 6 (at Jun 25)	UEC		
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 (2025/26 to	TBC	66.3%	60.4%	62.5%	59.6%	63.1%	61.4%	**60.6%**	7th of 7 (at Jun 25)	UEC		
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 reduct-ion (2025/26 to	3717	3129	3695	3043	3761	3591	3749	**3694**	7th of 7 (at Jun 25)	UEC		Yes

Some data items are reported a month in arears.

Health Board Scorecard – Quadruple Aim 2 (part 2)

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Monthly Measures	WG Target	BCU Trajectory	Jun 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increas-ing trend (to 80%)	60%	*56.8%*	51.1%	53.9%	59.0%	53.8%	**50.6%**		6th of 6 (at May 25)	Cancer	N/A	Yes
Number of pathways waiting 8 weeks for specific diagnostic	0	9284	*7097*	10999	10067	10950	12612	13998	**13716**	6th of 7 (at May 25)	Diagnostics	H F	Yes
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	*94.3%*	97.1%	97.4%	98.2%	98.8%	98.4%	**98.4%**	4th of 7 (at May 25)	Therapies		
Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0	TBC	*3065*	1879	1566	1248	904	972	**904**	6th of 7 (at May 25)	Therapies		
Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Month on Month Reduction	TBC		88	69	61	59	59	**32**		Planned Care		
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Month on Month Reduction	TBC		1097	970	948	989	970	**946**		Planned Care		
Number of patients waiting over 52 weeks for a new outpatient appointment	0	TBC	*24483*	30555	30048	29048	30384	31137	**30026**	7th of 7 (at May 25)	Planned Care		
Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreas-ing trend (to 0)	TBC	*86465*	92072	92833	93521	94186	95710	**96342**	7th of 7 (at Apr 25)	Planned Care		
Number of patients waiting more than 104 weeks for referral to treatment	0	4950	*10374*	9839	8437	5819	6187	6618	**5442**	7th of 7 (at May 25)	Planned Care	L F	Yes
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	TBC	*19.9%*	11.3%	12.5%	15.1%	14.4%	14.3%	**14.0%**	6th of 7 (at May 25)	Paediatrics		
Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	80%	*85.8%*	62.8%	66.4%	62.0%	67.9%	62.9%	**70.9%**	3rd of 7 (at May 25)	MH&LD		

Some data items are reported a month in arears.

Health Board Scorecard – Quadruple Aim 3

Monthly Measures	WG Target	BCU Trajectory	Jun 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
Percentage of sickness absence rate of staff	Decreas-ing trend	TBC	5.8%	6.7%	6.3%	5.6%	5.7%	5.4%	**5.9%**	7th of 13 (at Apr 25)	WOD		
Turnover rate for nurse and midwifery registered staff leaving NHS Wales (HEIW data)	Decreas-ing trend	TBC	9.2%	8.8%	8.8%	8.8%	**8.9%**			7th of 11 (at Apr 25)	WOD		
Agency spend as a percentage of total pay bill	Decreas-ing trend	TBC	4.3%	4.0%	3.9%	2.2%	3.4%	3.5%	**3.3%**	10th of 12 (at Apr 25)	WOD		
Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR) in the previous 12months (excluding medical appraisal, and doctors and dentists in training)	85%	TBC	78.7%	78.8%	78.9%	79.6%	79.7%	80.7%	**81.7%**	6th of 13 (at Apr 25)	WOD		

Some data items are reported a month in arears.

Health Board Scorecard – Quadruple Aim 4 (part 1)

Monthly Measures	WG Target	BCU Trajectory	Jun 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increas-ing trend (to 95%)	TBC	*14.2%*	21.4%	25.1%	40.0%	**45.0%**			8th of 8 (at Apr 25)	DDaT		
Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC	*6.6%*	0.7%	3.6%	10.8%	3.0%	**1.7%**		8th of 8 (at May 25)	DDaT		
Number of Pathways of Care Delayed discharges	Decreas-ing trend	270	*316*	326	305	311	307	337	**300**	8th of 8 (at Jun 25)	Planned Care	N/A	Yes
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	90%	*95.7%*	94.5%	93.9%	94.1%	95.2%	**91.5%**		6th of 7 (at May 25)	Paediatrics		
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%	87%	*86.2%*	84.3%	83.4%	84.0%	82.2%	**81.7%**		5th of 7 (at May 25)	MH&LD		
Number of service user feedback experience responses completed and recorded on CIVICA	Increas-ing trend	TBC	*4229*	3157	5978	5680	**5600**			2nd of 10 (at May 25)	Quality		
The cumulative number of laboratory confirmed Klebsiella in reporting month	106	TBC	*22*	119	126	136	10	24	**36**	6th of 6 (at Jun 25)	Nursing		

Some data items are reported a month in arears.

Health Board Scorecard – Quadruple Aim 4 (part 2)

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Monthly Measures	WG Target	BCU Trajectory	Jun 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	27	TBC	2	19	21	25	2	3	**5**	2nd of 6 (at Jun 25)	Nursing		
The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	67	TBC	83.26	75.81	75.51	76.49	72.09	**75.23**		4th of 6 (at Jun 25)	Nursing		
The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	20	TBC	25.09	25.61	25.33	25.73	35.16	**29.40**		3rd of 6 (at Jun 25)	Nursing		
The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	25	TBC	46.19	50.37	49.25	50.61	40.44	**44.10**		4th of 6 (at Jun 25)	Nursing		
Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19 (>14 days after admission)	Equivalent month reduct-ion (2024/25 to	TBC	41.7%	59.3%	55.6%	50.0%	**50.0%**			5th of 6 (at May 25)	Nursing		
Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increas-ing trend (to 95%)	TBC	51.0%	49.7%	48.4%	56.3%	58.7%	53.4%	**51.9%**	7th of 7 (at May 25)	Planned Care		
Number of ambulance patient handovers over 1 hour	0	2301	2091	2301	1835	2118	2045	1964	**1815**	6th of 6 (at Jun 25)	UEC		Yes
Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2025/26 to	TBC	10.6%	9.6%	10.1%	9.9%	9.1%	11.2%	**9.4%**		UEC		
Number of National reportable incidents that remain open 90 days or more	Decreas-ing trend	TBC	39	6	5	4	**2**			3rd of 12 (at Jun 25)	Quality		

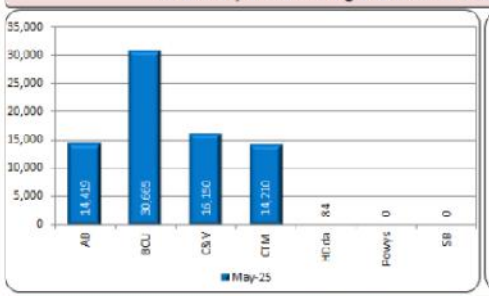
Some data items are reported a month in arears.

NHS Wales Performance Dashboard – July 2025 part 1

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

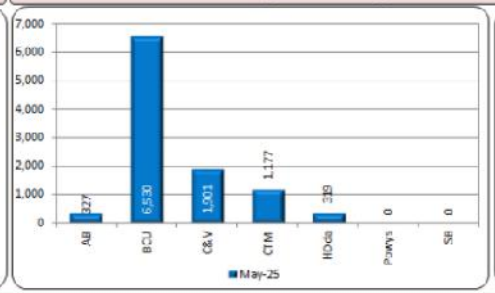
PERFORMANCE DASHBOARD

Number of patients waiting more than 52 weeks for a new outpatient appointment



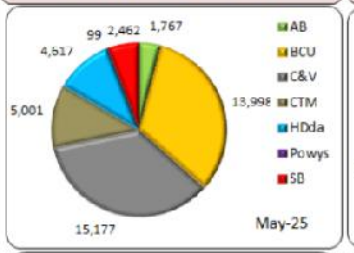
- In May-25, Powys and SB achieved the target of zero for the number of patients waiting over 52 weeks for a new outpatient appointment.
- At an all Wales level, the number of over 52 week new outpatient waits has increased in May-25, when compared to the previous month, by 2,370 to 75,528, a 3.2% increase.
- All HBs, except Powys and SB, saw an increase in May-25 compared to the previous month.
- Powys and SB had no over 52 week new outpatient waits in May-25, BCU had the highest number of waits at 30,665 (40.6% of the total).

Number of patients waiting more than 104 weeks for referral to treatment

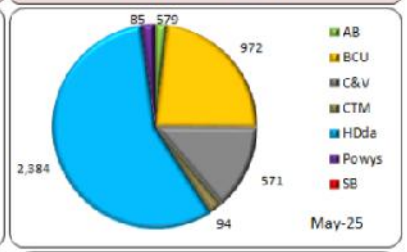


- In May-25, Powys and SB achieved the target of zero for the number of patients waiting over 104 weeks for referral to treatment.
- At an all Wales level, the number of over 104 week referral to treatment waits has increased in May-25, when compared to the previous month, by 629 to 10,254, a 6.5% increase.
- All HBs, except Powys and SB, saw an increase in May-25 compared to the previous month.
- Powys and SB had no over 104 week referral to treatment waits in May-25, BCU had the highest number of waits at 6,530 (63.7% of the total).

Number of patients waiting more than 8 weeks for a specified diagnostic



Number of patients waiting more than 14 weeks for a specified therapy

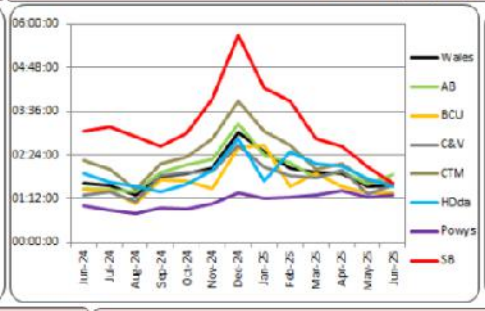


% of emergency responses to red calls arriving within 8 minutes

	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
Jun-25	50.7%	52.9%	49.1%	50.1%	49.3%	51.9%	44.8%	53.4%
Jun-24	46.5%	52.3%	44.3%	48.1%	37.3%	46.3%	50.3%	49.8%
Target	65%	65%	65%	65%	65%	65%	65%	65%

- In Jun-25, data shows no HB achieved the 65% target for the % of emergency responses to red calls within 8 minutes.
- At an all Wales level, the % of emergency responses to red calls within 8 minutes has improved in Jun-25, when compared to the previous month, by 0.7 percentage points to 50.7%.
- C&V, CTM, HDda and SB saw an improvement in Jun-25 when compared to the previous month.
- Over the last 12 months, AB, BCU, CTM and SB all saw an improvement trend in performance.
- SB was the best performing HB in Jun-25 with performance at 53.4%, Powys was the lowest with performance at 44.8%.

Median emergency response time to amber calls



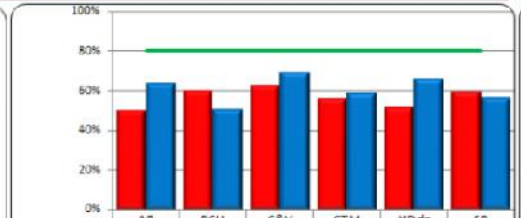
- In Jun-25, CTM and SB achieved the 12 month reduction trend target for median emergency response time to amber calls.
- At an all Wales level, the median amber response time was slower in Jun-25, when compared to the previous month, by 33 secs to 1 hrs, 33 mins and 44 secs.
- CTM, HDda and SB saw an improvement in performance in Jun-25 when compared to the previous month.
- Powys was the best performing HB in Jun-25 with a median response time of 1hr 18 mins and 5 secs, AB had the longest median response time of 1 hrs, 52 mins and 39 secs.

- In May-25, no HB achieved the target of zero for the number of patients waiting over 8 weeks for a specified diagnostic.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has increased in May-25, when compared to the previous month, by 4,667 to 43,121, a 12.1% increase.
- All HBs saw an increase in May-25 when compared to the previous month.
- Powys had the lowest number of over 8 week waits for specific diagnostics in May-25 at 99, C&V had the highest at 15,177 (35.2% of the total).

- In May-25, no HB achieved the target of zero for the number of patients waiting over 14 weeks for a specified therapy.
- At an all Wales level, the number of over 14 week waits for specific therapies has increased in May-25, when compared to the previous month, by 497 to 4,190, a 13.5% increase.
- All HBs saw an increase in May-25 when compared to the previous month.
- SB had the lowest number of over 14 week waits for specific therapies in May-25 at 5, HDda had the highest at 2,384 (56.9% of the total).

% patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route)

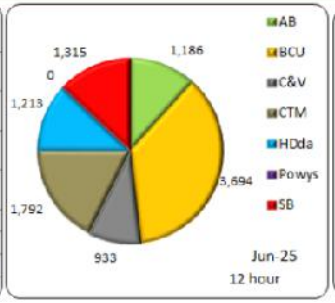
- In May-25, AB, CTM and HDda achieved the target of a 12 month improvement trend towards a target of 80% by 31 March 2026 for the % of patients starting first definitive cancer treatment within 62 days from point of suspicion.
- At an all Wales level, the % of patients starting first definitive cancer treatment within 62 days from point of suspicion has improved in May-25, when compared to the previous month, by 0.8 percentage points to 61.3%.
- C&V and HDda saw an improvement in performance in May-25 when compared to the previous month.
- The best performing HB in May-25 was C&V with performance at 69.6%, BCU had the lowest performance at 51.2%.



	AB	BCU	C&V	CTM	HDda	SB
May-24	50.4%	60.0%	63.0%	56.2%	52.3%	59.7%
May-25	64.2%	51.2%	69.6%	59.2%	66.2%	56.7%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

4 hour and 12 hour A&E waiting times in all major and minor emergency care facilities - from arrival until admission, transfer or discharge

	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
Jun-25	66%	78%	58%	61%	60%	72%	100%	68%
Jun-24	69%	75%	66%	63%	65%	65%	100%	78%
Target	95%	95%	95%	95%	95%	95%	95%	95%



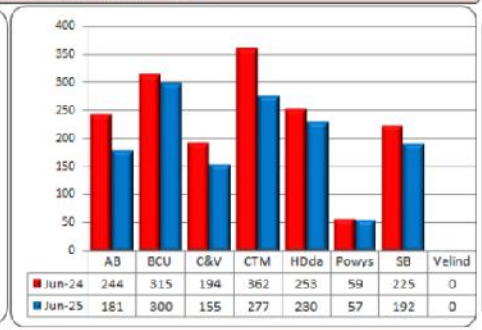
- In Jun-25 AB, HDda and Powys achieved the target of an improvement compared to the same month in the previous year, towards the target of 95%, for the % of patients who spent less than 4 hours in ED.
- At an all Wales level, the % patients who spent less than 4 hours in ED has deteriorated in Jun-25, when compared to the previous month, by 0.8 percentage points to 66.3%.
- Only Powys and SB saw an improvement in performance in Jun-25 when compared to the previous month.
- AB was the best performing HB (exc. Powys) at 77.7%, BCU had the lowest performance at 58.0%.
- In Jun-25 AB, CTM, HDda and Powys achieved the target of a reduction compared to the same month in the previous year, towards the target of zero for the number of patients who spent more than 12 hrs in ED.
- At an all Wales level, the number of patients who spent more than 12 hours in ED has decreased in Jun-25, when compared to the previous month, by 236 to 10,133, a 2.3% decrease.
- All HBs, except AB, saw an improvement in performance in Jun-25 when compared to the previous month.
- C&V had the lowest number of patients who spent more than 12 hours in A&E (exc. Powys) at 933, BCU had the highest at 3,694 (36.5% of the total).

NHS Wales Performance Dashboard- July 2025 part 2

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Number of Pathways of Care delayed discharges

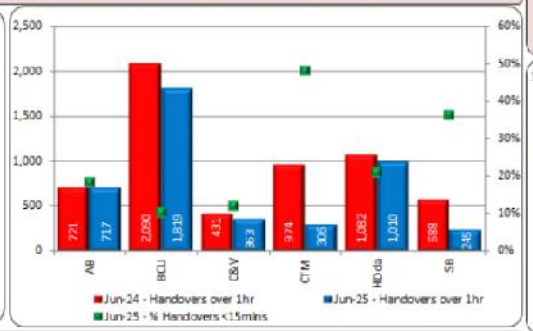
- In Jun-25, only HDda failed to achieve the 12 month reduction trend target for the number of pathways of care delayed discharges.
- At all Wales level, the number of pathways of care delayed discharges has decreased in Jun-25, when compared to the previous month, by 13 to 1,392, an 0.9% decrease.
- AB, BCU and HDda all saw an improvement in performance in Jun-25 when compared to the previous month - Velindre remained the same at zero.
- Excluding Velindre, Powys had the lowest number of pathways of care delayed discharges in Jun-25 at 57, BCU had the highest at 300.



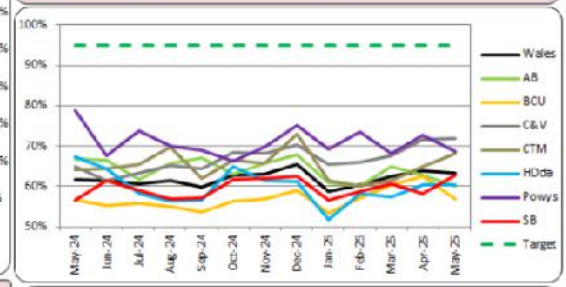
	AB	BCU	C&V	CTM	HDda	Powys	SB	Velind
Jun-24	244	315	194	362	253	59	225	0
Jun-25	181	300	155	277	230	57	192	0

Number of ambulance patient handovers over 1 hour and % of ambulance patient handovers within 15 minutes

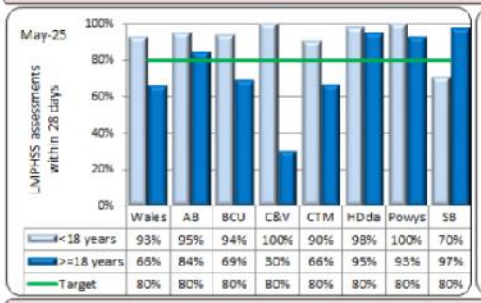
- In Jun-25, data shows no HB achieved the zero target for handovers over 1 hour.
- At all Wales level, the number of over 1 hour handovers has decreased in Jun-25, when compared to the previous month, by 1,075 to 4,625, a 18.9% decrease.
- Over the last 12 months, all HBs, except HDda, saw an improvement trend in performance.
- SB had the lowest number of over 1 hour handovers in Jun-25 at 245, BCU had the highest at 1,819 (39.3% of the total).
- In Jun-25, data shows AB, CTM and SB all 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 improved in Jun-25, when compared to the previous month, by 5.4 percentage points to 20.7%.
- Over the last 12 months, only CTM and SB saw and improvement in performance.
- CTM had the best performance in Jun-25 at 48.0%, BCU had the lowest at 10.2%.



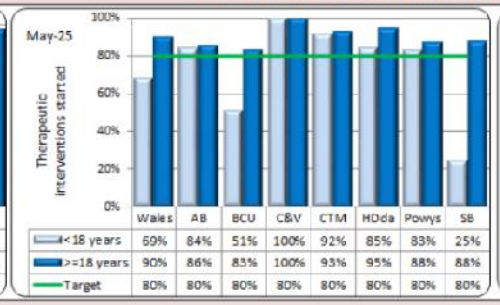
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Mental Health Part 1 - % of LPMHSS assessments and therapeutic interventions within 28 days



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
<18 years	93%	95%	94%	100%	90%	98%	100%	70%
>=18 years	65%	84%	69%	50%	66%	95%	93%	97%
Target	80%	80%	80%	80%	80%	80%	80%	80%



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
<18 years	59%	84%	51%	100%	92%	85%	83%	25%
>=18 years	90%	86%	85%	100%	93%	95%	88%	88%
Target	80%	80%	80%	80%	80%	80%	80%	80%

<18 years

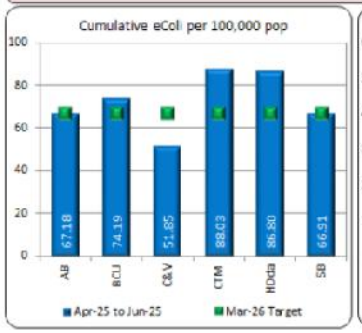
- In May-25, all HBs, except SB, achieved the 80% target for % of LMPHSS assessments undertaken within 28 days of a referral. The best performing HBs were C&V and Powys at 100%, SB had the lowest performance at 70.5%. Over the last 12 months, BCU, C&V, HDda and Powys all saw an improvement trend in performance.
- In May-25, all HBs, except BCU and SB, achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was C&V at 100.0%, SB had the lowest performance at 25.0%. Over the last 12 months, all HBs, except Powys and SB, saw an improvement trend in performance.

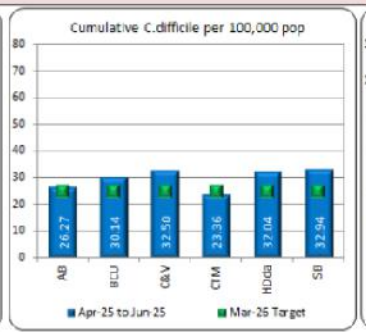
>=18 years

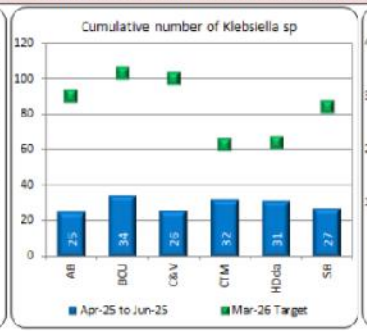
- In May-25, AB, HDda, Powys and SB all achieved the 80% target for % of LMPHSS assessments undertaken within 28 days of a referral. The best performing HB was SB at 97.3%, C&V had the lowest performance at 30.4%. Over the last 12 months, AB, C&V, Powys and SB all saw an improvement trend in performance.
- In May-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 83.4%. Over the last 12 months, AB, C&V and HDda saw an improvement trend in performance.

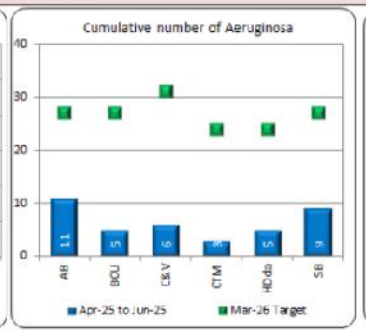
- In May-25, BCU, C&V, Powys and SB achieved the target of a 12 month improvement trend towards the target of 95% for the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- At all Wales level, the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date has deteriorated in May-25, when compared to the previous month, by 0.5 percentage points to 63.4%.
- In May-25, C&V, CTM and SB all saw an improvement in performance compared to the previous month.
- C&V had the best performance in May-25 at 71.9%, BCU had the lowest at 56.9%.

Health Care Acquired Infections - HCAIs (provisional data)





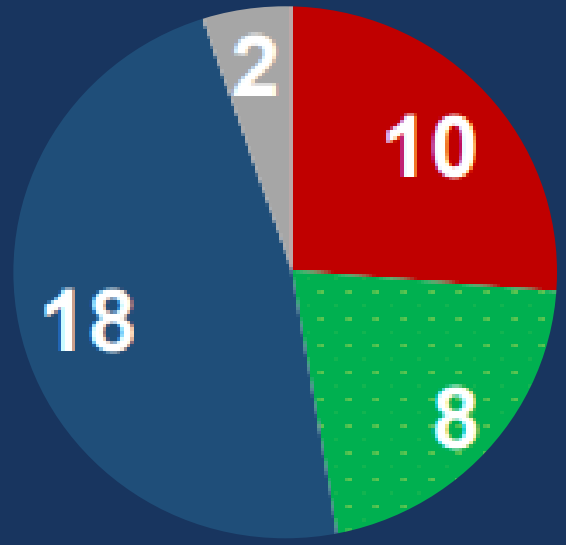




- For eColi, AB, C&V and SB are provisionally achieving the 2025/26 cumulative target. In the Apr-25 to Jun-25 period, CTM had the highest rate of eColi at 88.03 per 100,000 population compared to C&V who had the lowest rate at 51.85 per 100,000 population.
- For S.aureus, none of the HBs are provisionally achieving the 2025/26 cumulative target. In the Apr-25 to Jun-25 period, SB had the highest rate of S.aureus at 32.94 per 100,000 population compared to CTM who had the lowest rate at 23.36 per 100,000 population.
- For C.difficile, none of the HBs are provisionally achieving 2025/26 cumulative target. In the Apr-25 to Jun-25 period, SB had the highest rate of C.difficile at 54.56 per 100,000 population compared to CTM who had the lowest rate at 32.34 per 100,000 population.
- For Klebsiella, all HBs are provisionally achieving the 2025/26 cumulative target. In the Apr-25 to Jun-25 period, BCU had the highest number of cases of Klebsiella at 34 compared to AB who had the lowest number at 25.
- For Aeruginosa, all HBs are provisionally achieving the 2025/26 cumulative target. In the Apr-25 to Jun-25 period, AB had the highest number of cases of Aeruginosa at 11 compared to CTM who had the lowest number at 3.

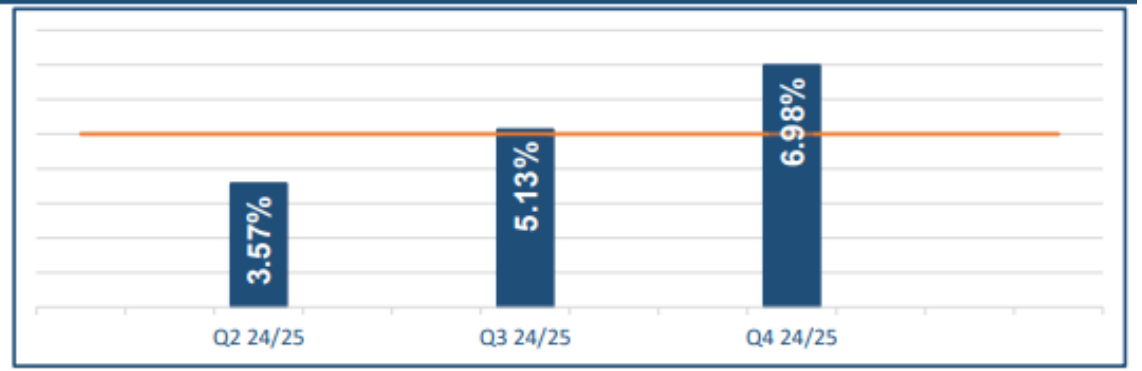
Section 1
Quality, Safety, Effectiveness and Experience Performance

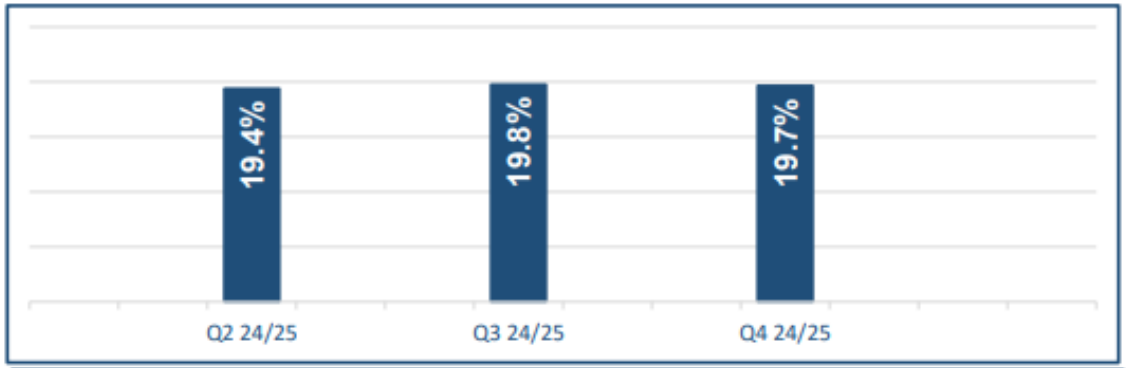
RED Indicators (summary)	Lead Director	Escalated Y/N
Children receiving HPV vaccination	DPH	N
Children up to date with vaccinations age 5	DPH	N
Uptake influenza vaccination 65 year+	DPH	N
Uptake COVID vaccination	DPH	N
Patients offered colonoscopy in 4 weeks with specialist	COO	N
Newborns with conclusive bloodspot screen at 17 days	DPH	N
Coding errors corrected by next reporting period	CDIO	N
COVID-19 cases with confirmed hospital onset	DPH	N
New never events	EMD	Y
Complaints closed within 30 days	EDoN	*data check

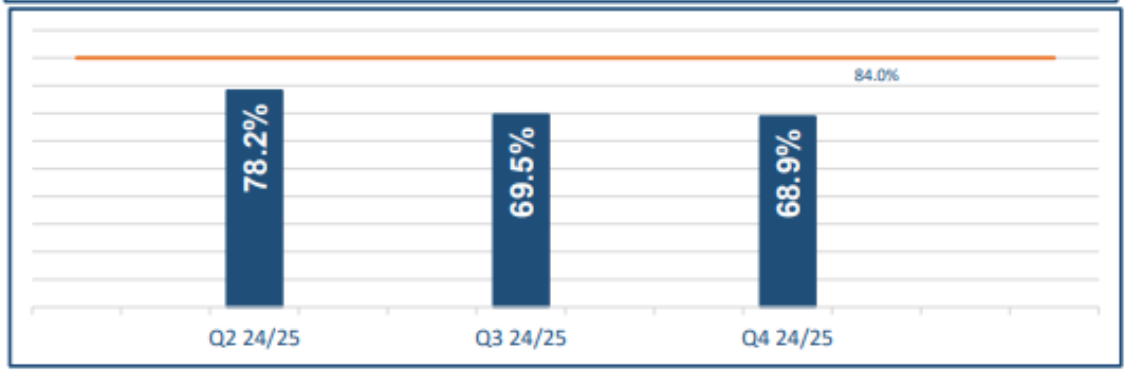


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual	TBC	6.98%	2nd of 7 (at Mar 25)
-	QSE	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	TBC	19.7%	3rd of 7 (at Mar 25)
-	QSE	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	TBC	68.9%	5th of 7 (at Mar 25)

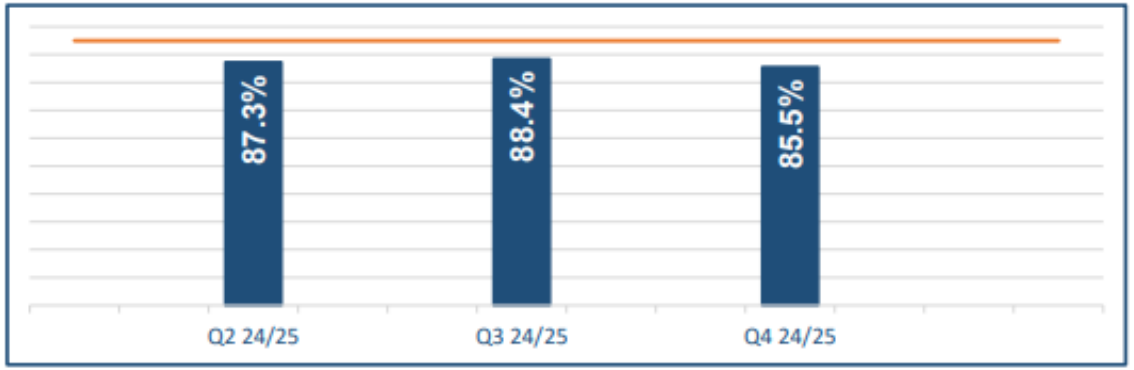


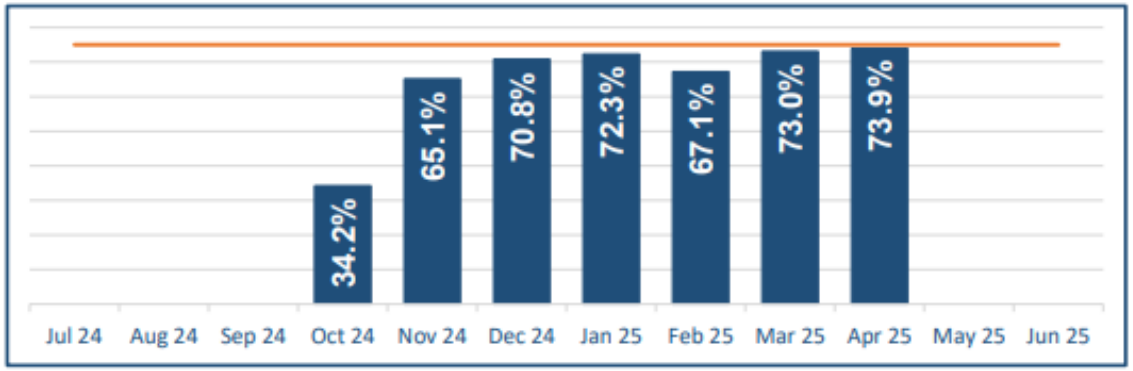


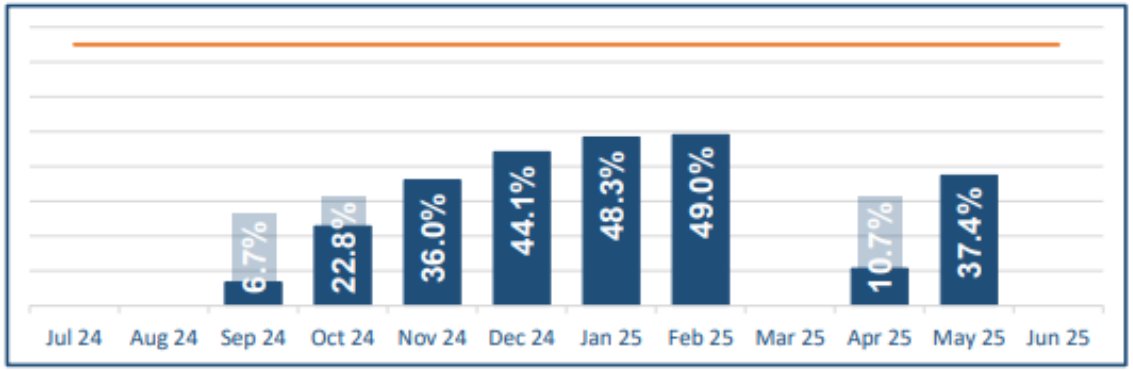


Quality: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	85.5%	3rd of 7 (at Mar 25)
-	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	73.9%	1st of 7 (at Mar 25)
-	QSE	Percentage uptake of the COVID-19 vaccination for those eligible Spring and Autumn Booster: All eligible people	75%	TBC	37.4%	5th of 7 (at Jun 25)



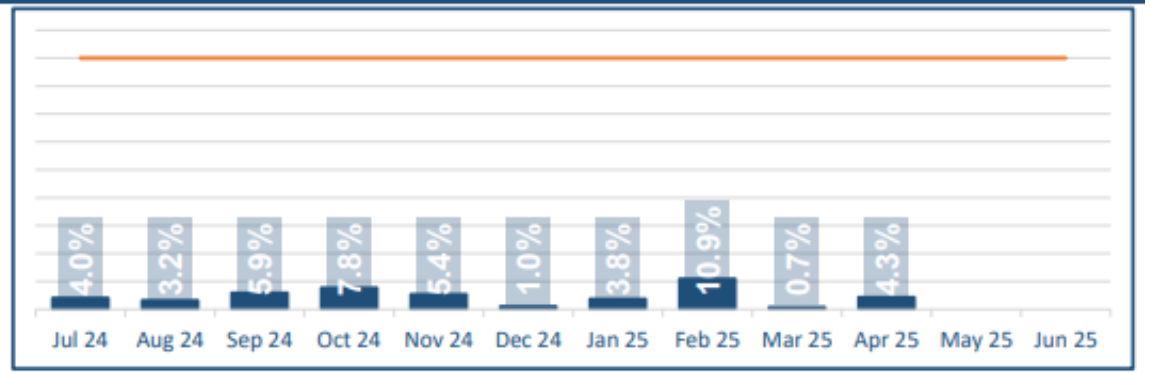


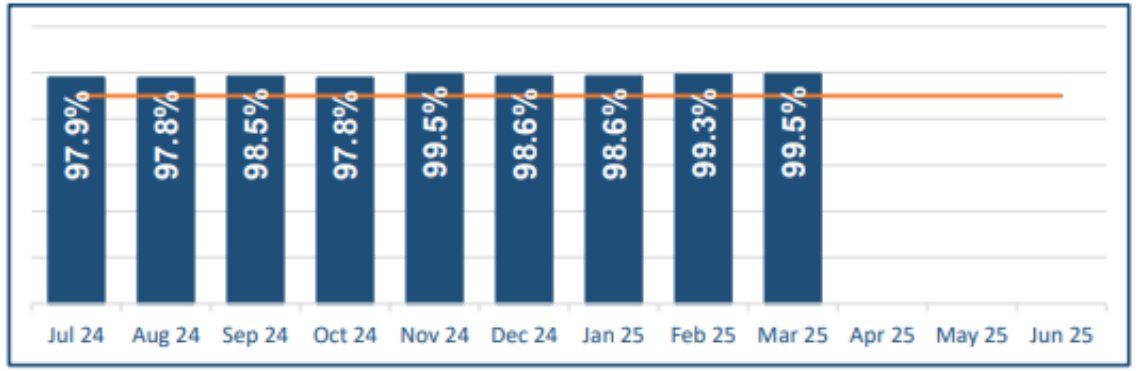


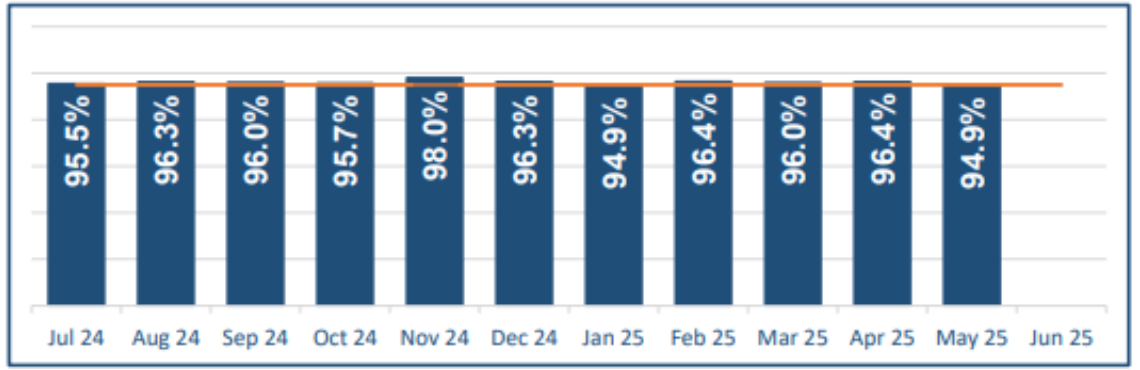
Quality: Performance

Data reported in arrears

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	4.3%	3rd of 7 (at Apr 25)
-	QSE	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	TBC	99.5%	3rd of 7 (at Apr 25)
-	QSE	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95%	TBC	94.9%	5th of 7 (at May 25)



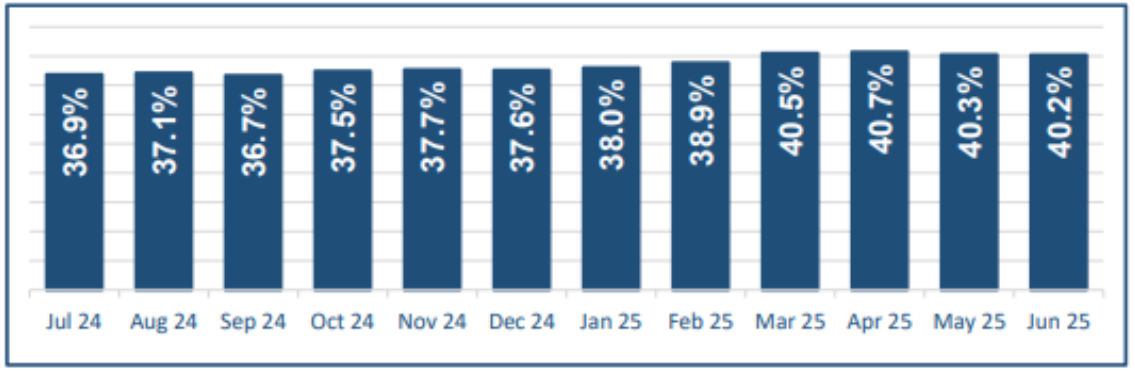


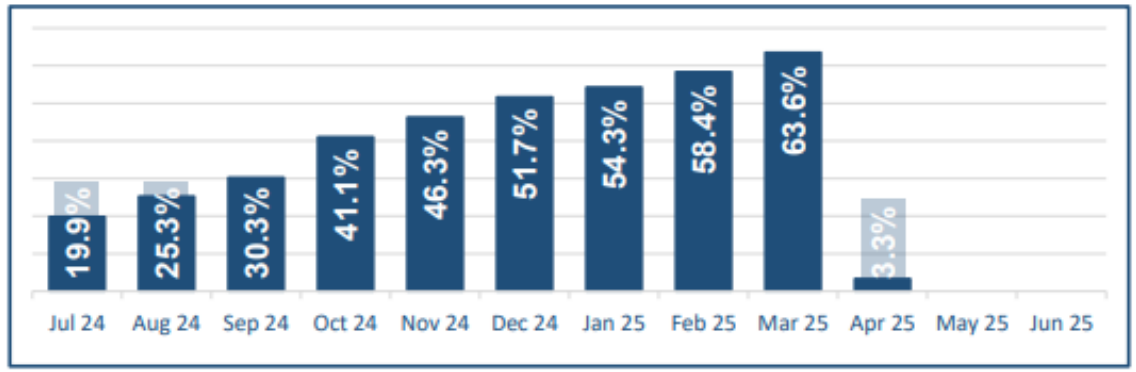


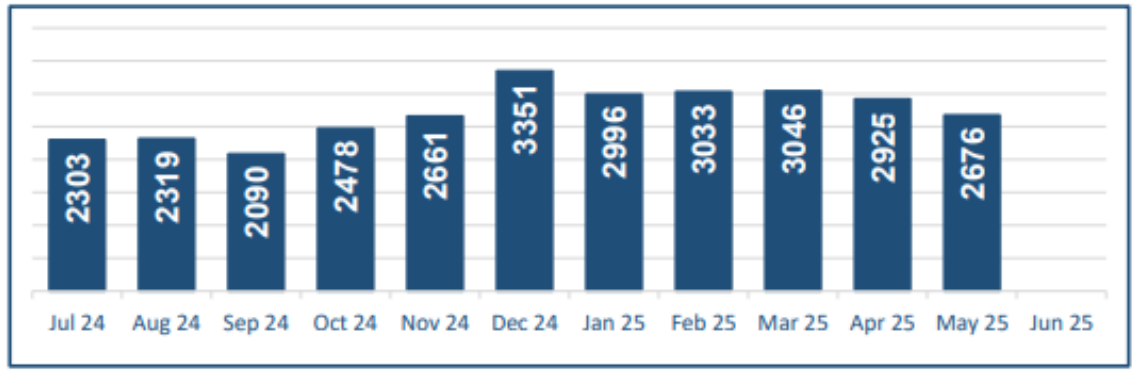
Quality: Performance

Some data reported in arrears

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Equival-ent month increase (2025/26 to 2024/25) to 100%	TBC	40.2%	7th of 7 (at Jun 25)
-	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increas-ing trend (to 30% (end Sept), then 100% (end Mar))	TBC	3.3%	6th of 7 (at Jun 25)
-	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equival-ent month increase (2025/26 to 2024/25)	TBC	2676	1st of 7 (at May 25)



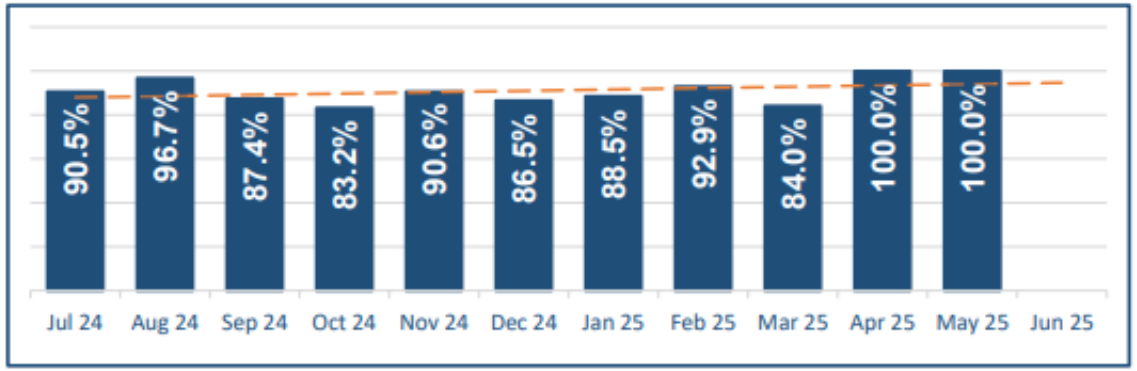


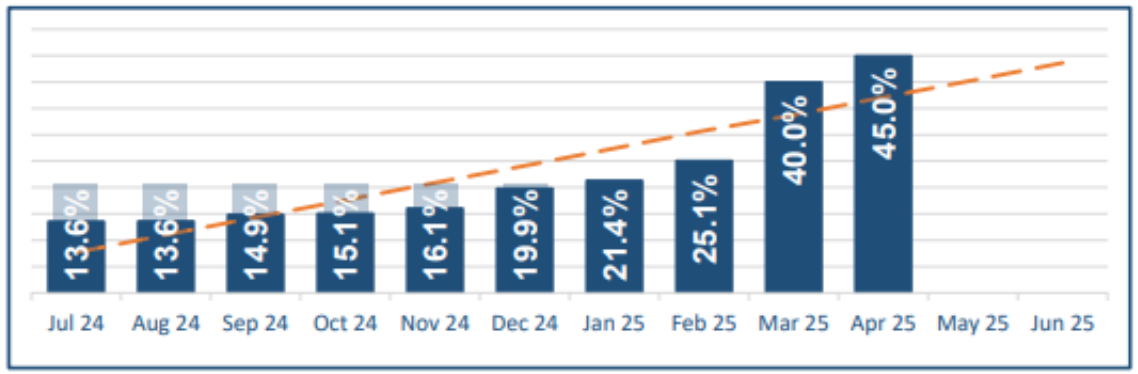


Quality: Performance

Some data reported in arrears

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	100.0%	5th of 7 (at Mar 25)
-	QSE	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	>17%	TBC	Data not currently available	5th of 7 (at Apr 24)
-	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increas-ing trend (to 95%)	TBC	45.0%	8st of 8 (at Apr 25)

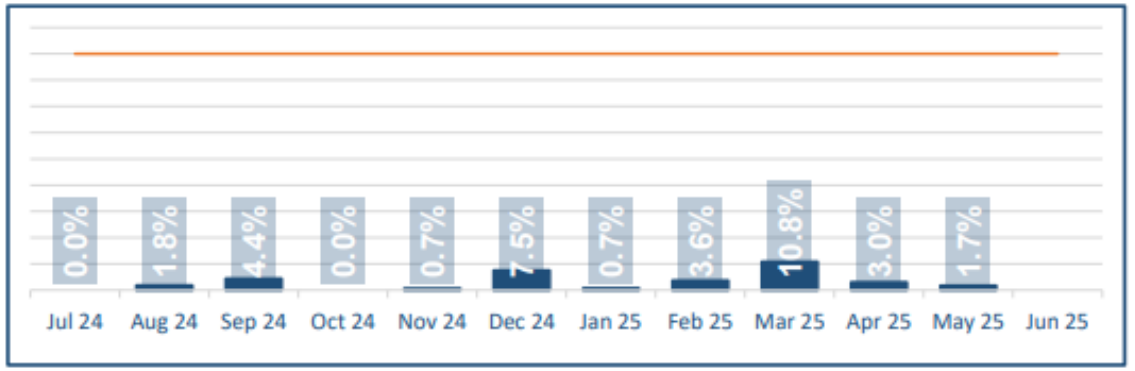


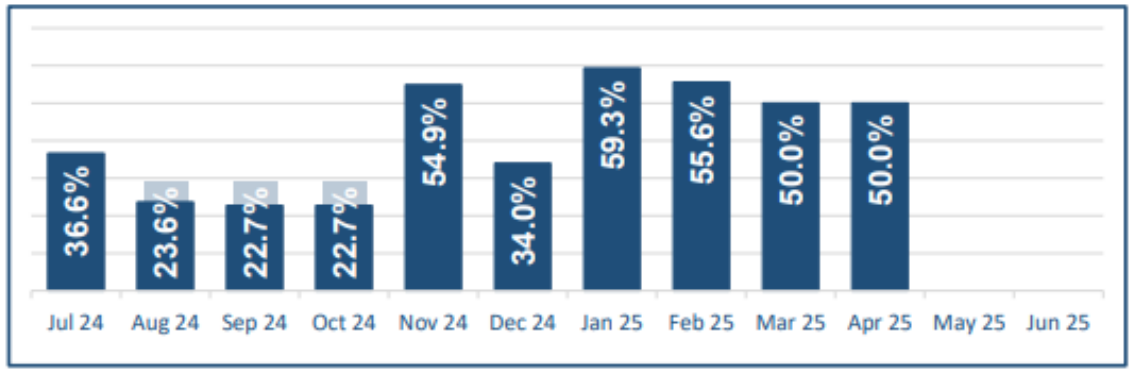


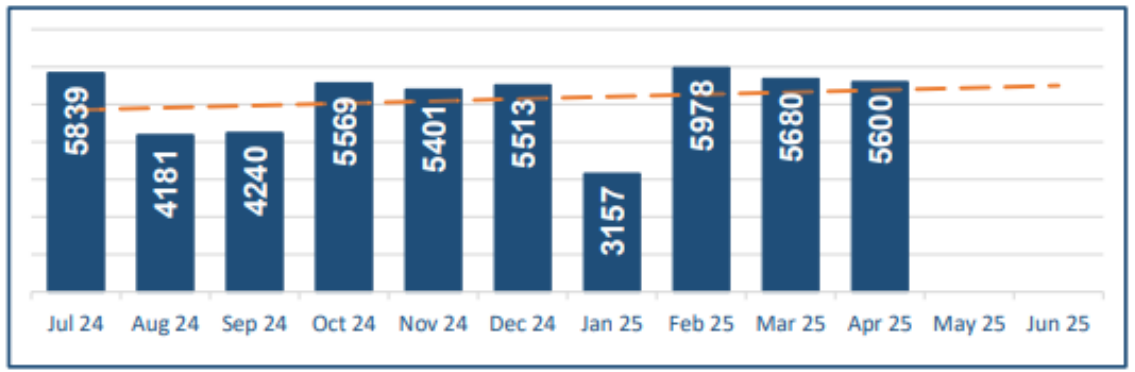
Quality: Performance

Data reported in arrears

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC	1.7%	8st of 8 (at May 25)
-	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19 (>14 days after admission)	Equival-ent month reduct-ion (2024/25 to 2023/24)	TBC	50.0%	3rd of 6 (at May 25)
-	QSE	Number of service user feedback experience responses completed and recorded on CIVICA	Increas-ing trend	TBC	5600	2nd of 10 (at May 25)

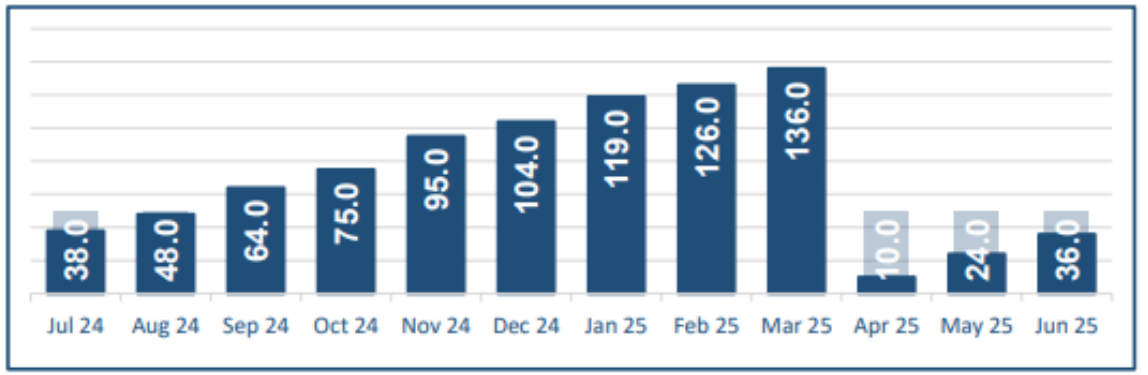


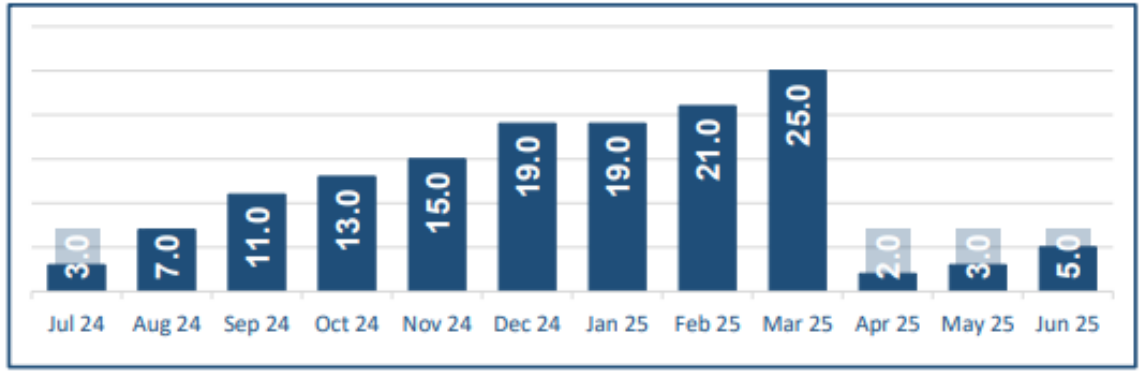


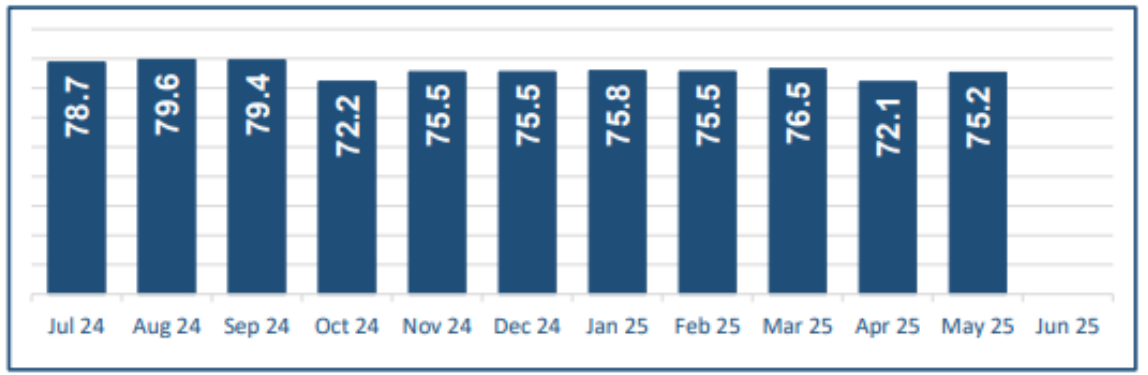


Quality: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	106	TBC	36	6th of 6 (at Jun 25)
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	27	TBC	5	2nd of 6 (at Jun 25)
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	67	TBC	75.2	4th of 6 (at Jun 25)

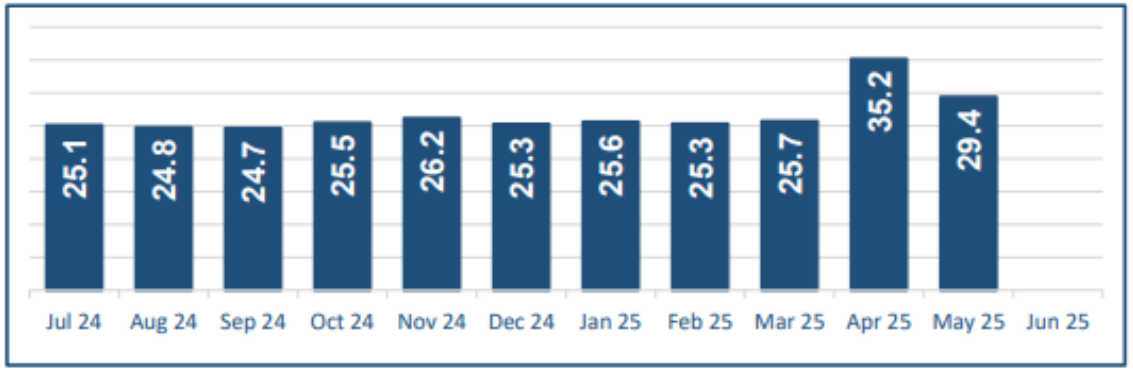


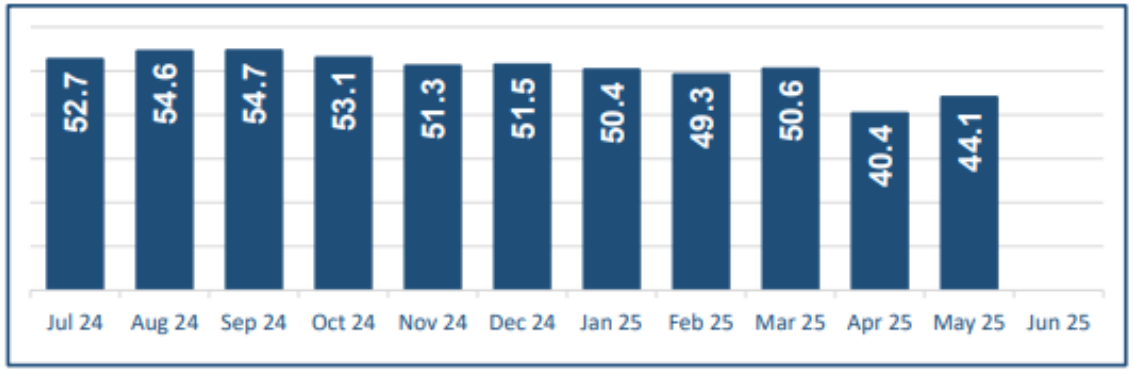


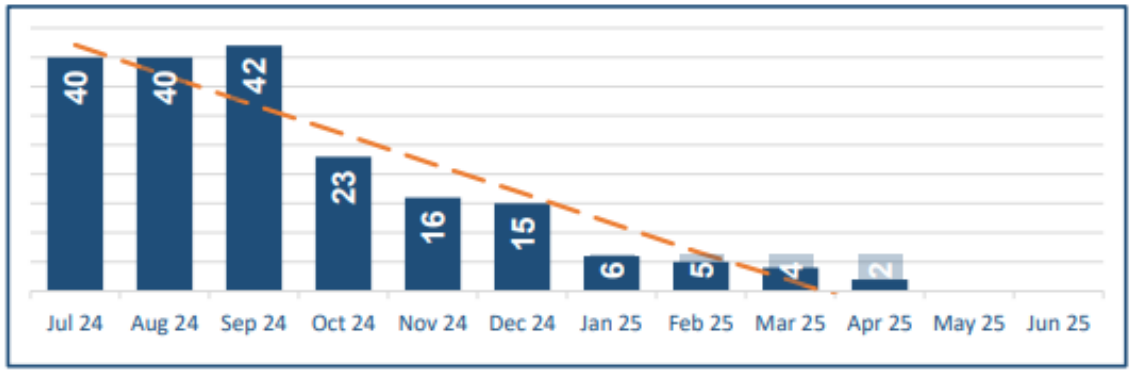


Quality: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	20	TBC	29.4	3rd of 6 (at Jun 25)
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	25	TBC	44.1	4th of 6 (at Jun 25)
CRR: 24-04	QSE	Number of National reportable incidents that remain open 90 days or more	Decreas-ing trend	TBC	2	8st of 12 (at Jun 25)

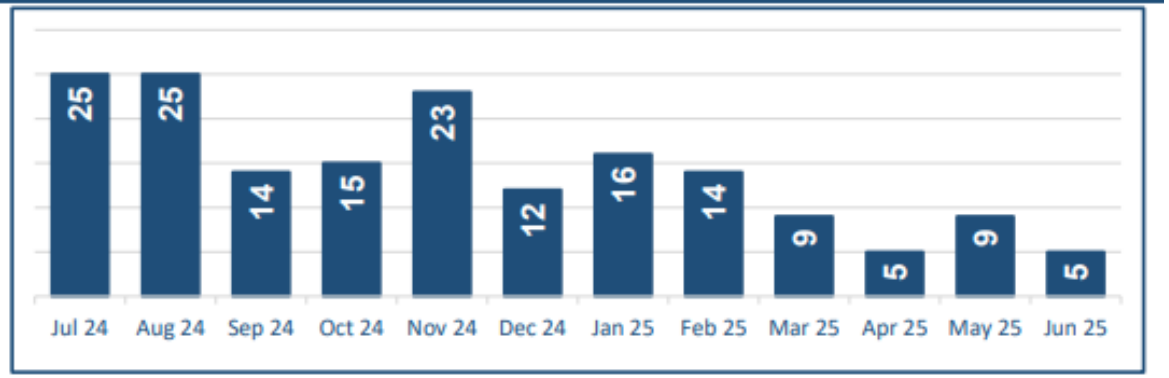


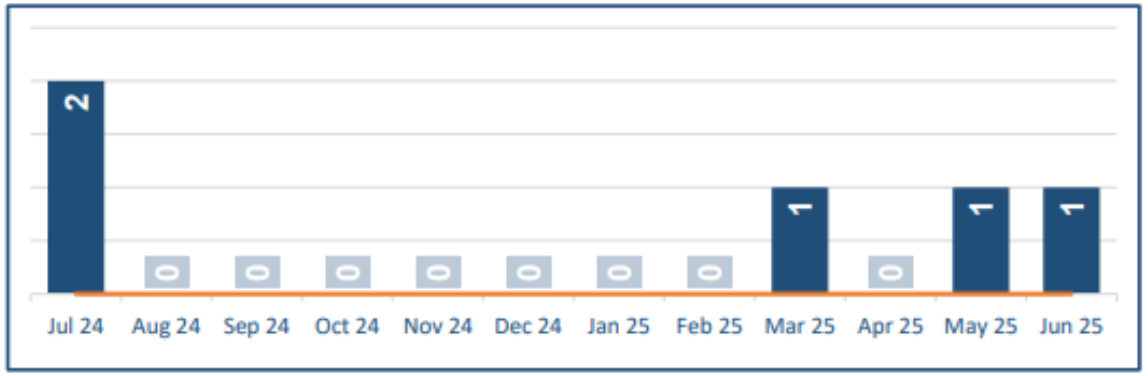


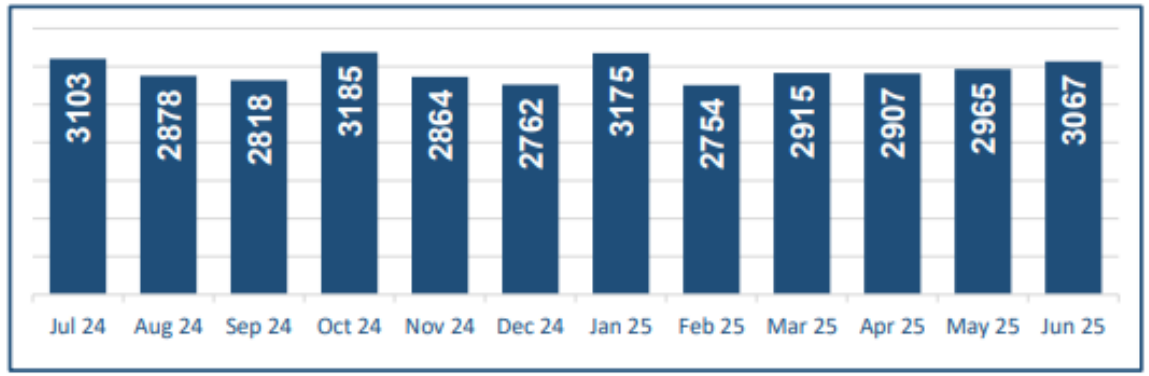


Quality: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of National reportable incidents (NRIs)	N/A	TBC	5	Local Metric
-	QSE	Number of new never events	0	TBC	1	Local Metric
-	QSE	Number of patient safety incidents	N/A	TBC	3067	Local Metric

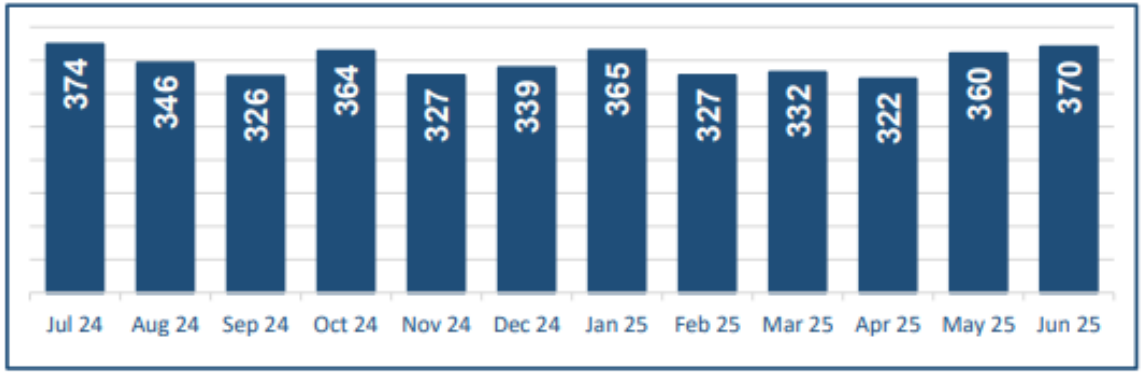


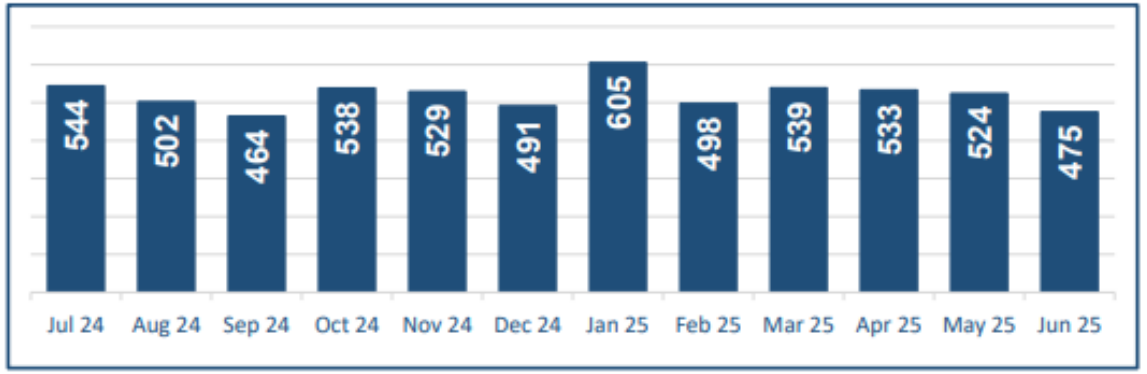


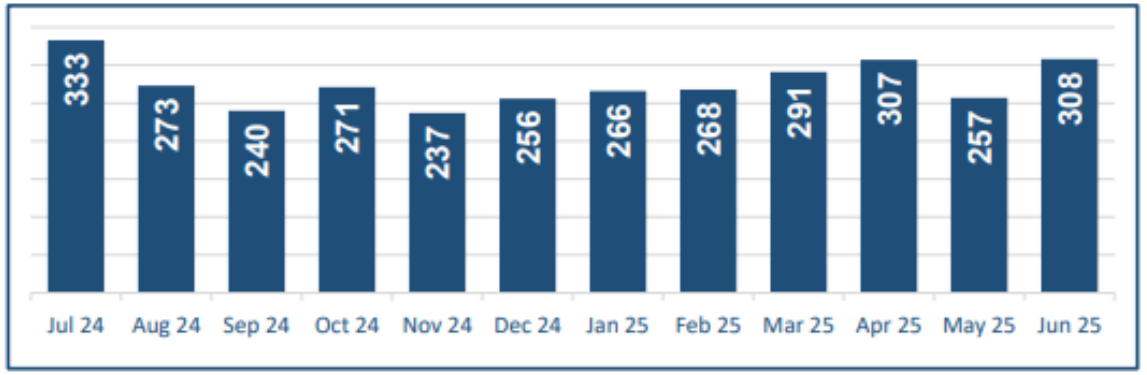


Quality: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of reported falls	N/A	TBC	370	Local Metric
-	QSE	Number of reported hospital acquired pressure ulcers (HAPU) (excluding new to caseload)	N/A	TBC	475	Local Metric
-	QSE	Number of reported medication incidents	N/A	TBC	308	Local Metric

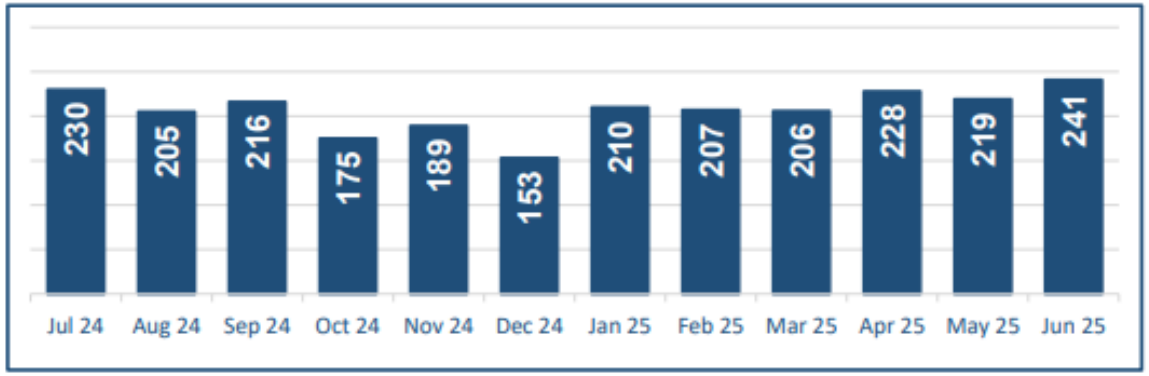


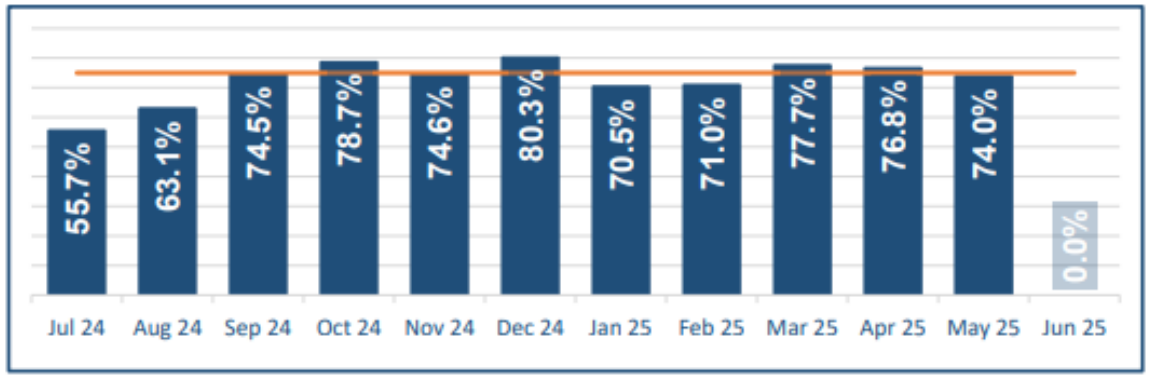


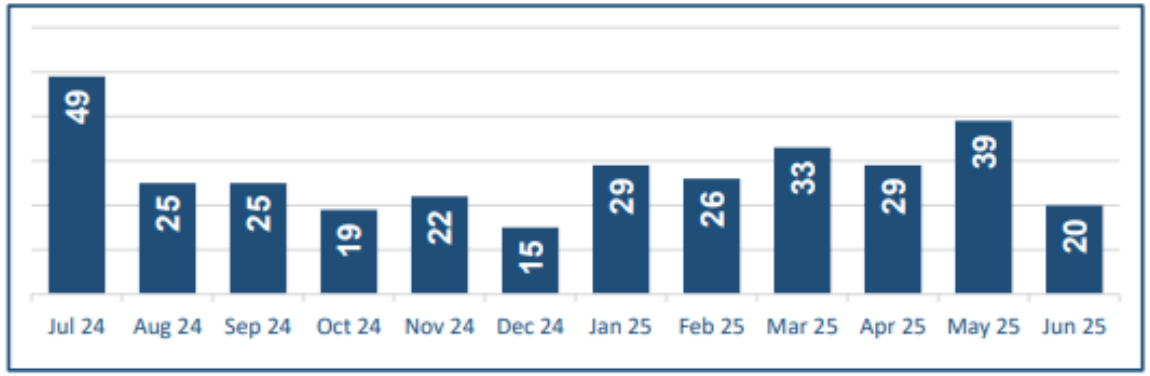


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of 'Putting Things Right' (PTR) complaints	N/A	TBC	241	Local Metric
-	QSE	Of the complaints closed, the percentage that were closed within 30 days	75.0%	TBC	74.0%	Local Metric
-	QSE	Number of complaints closed as early resolutions	N/A	TBC	20	Local Metric

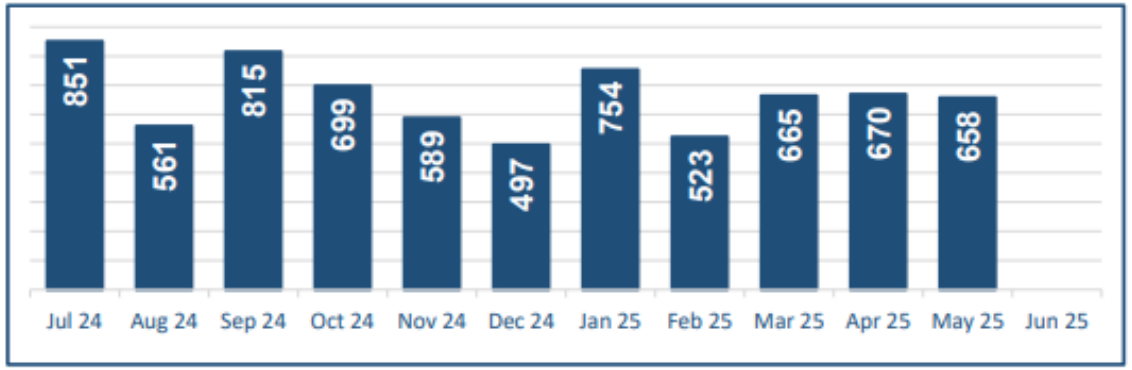


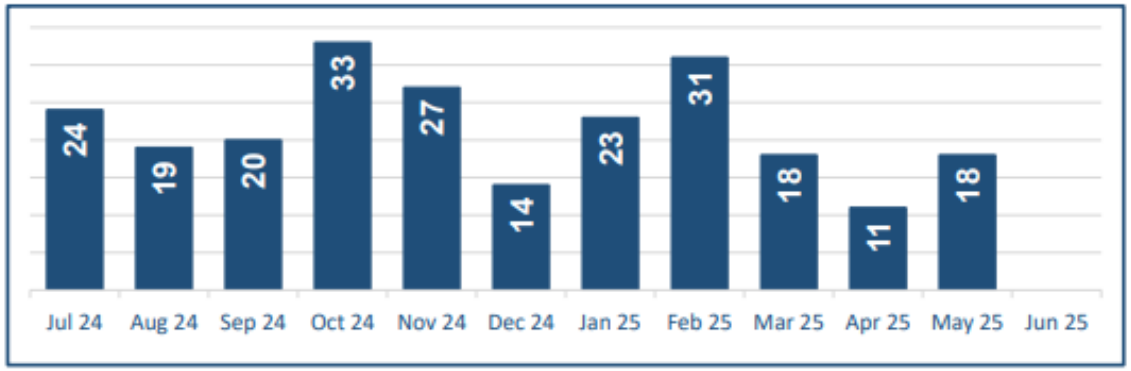


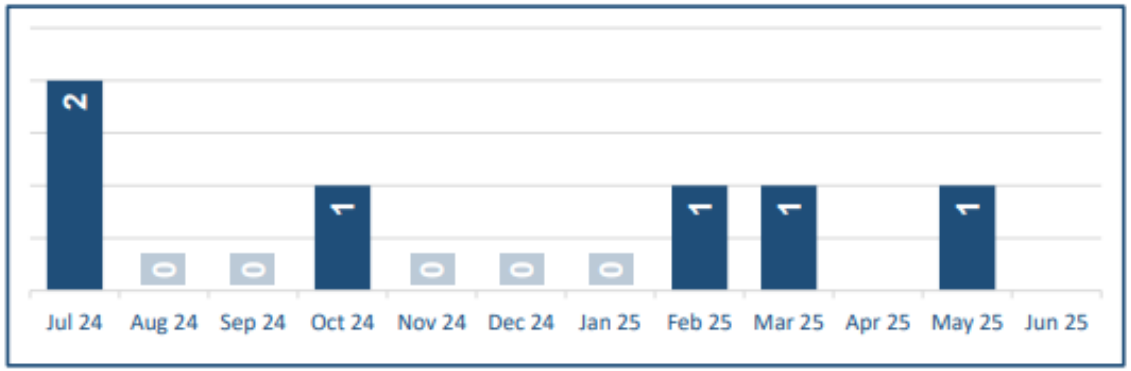


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of PALS (Patient Advice and Liason Service) contacts	N/A	TBC	658	Local Metric
-	QSE	Number of new Ombudsman contacts	N/A	TBC	18	Local Metric
-	QSE	Number of regulation 28 notices	N/A	TBC	1	Local Metric

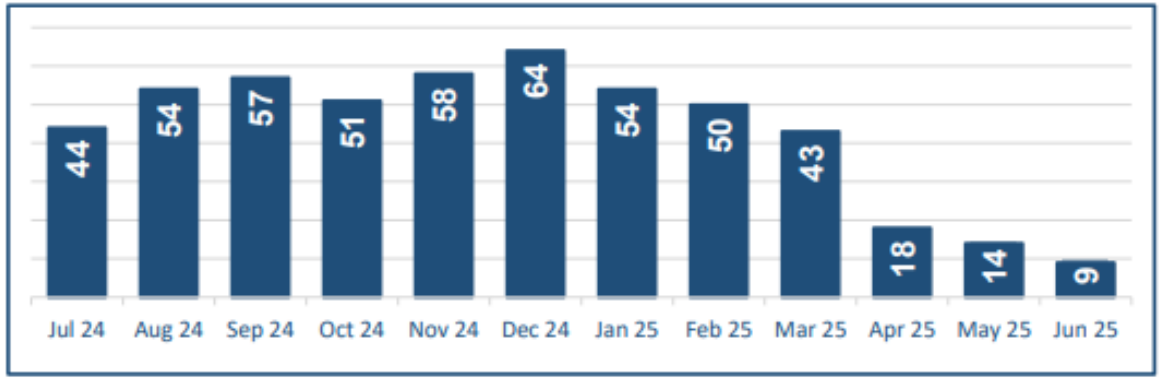


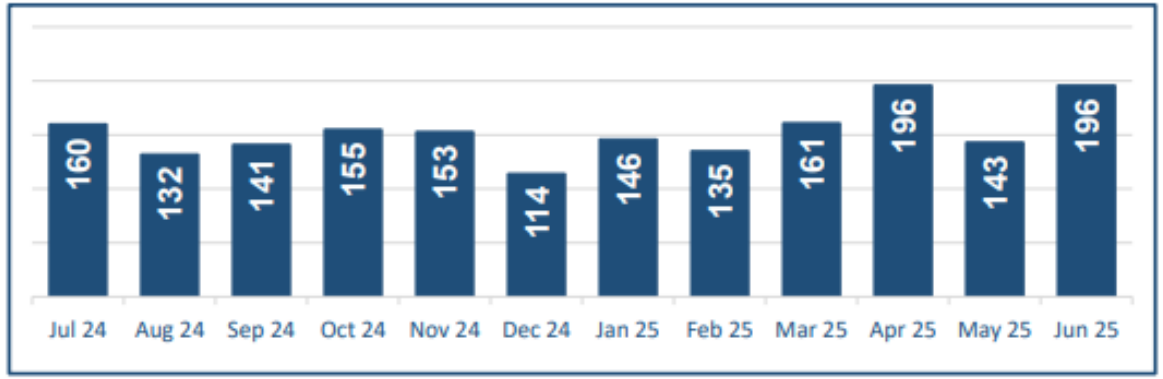




Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of overdue 'Learning from Event Reports' (LFERs)	N/A	TBC	9	Local Metric
-	QSE	Number of Great-ix submissions	N/A	TBC	196	Local Metric

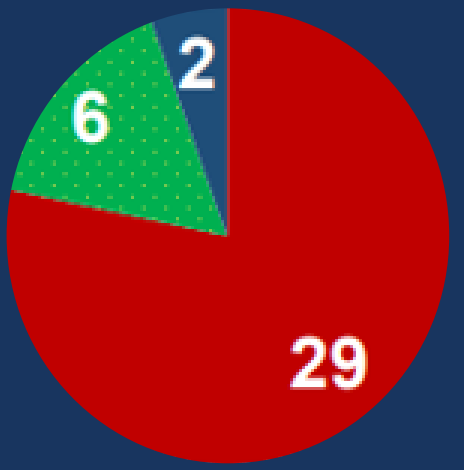




Section 2

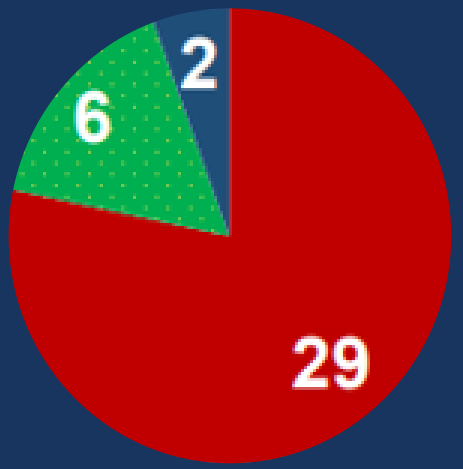
Access and Activity Performance

RED Indicators (summary)	Lead Director	Escalated Y/N
Mental health interventions within 28 days (LPMHSS) under 18yrs	COO	N
Children waiting less than 26 for neurodevelopment assessment	COO	Y
Assessments within 28 days (LPMHSS) 18 years+	EDAHP/HS	N
Valid CTP (care and Treatment Plans)	EDAHP/HS	N
Patients waiting less than 26 weeks for specialist psychological therapy	EDAHP/HS	N
Percentage of GP practices meeting all standards for in-hours provision	COO	N
Patients starting cancer treatment within 62 days	COO	Y
Patients waiting over 52 weeks for first outpatient	COO	Y
Patients waiting over 52 weeks for referral to treatment	COO	Y
Patients waiting over 104 weeks for referral to treatment	COO	Y
Patients waiting for follow-up with over 100% delay	COO	Y
Patients waiting more than 8 weeks for specific diagnostic	COO	Y
Children waiting 14 weeks or less for specified therapy	COO	N



Section 2
Access and Activity Performance

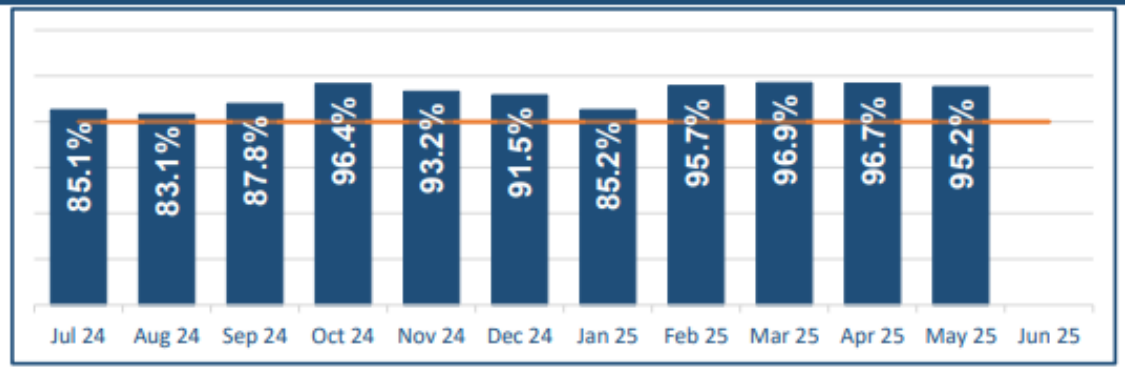
RED Indicators (summary)	Lead Director	Escalated Y/N
Patients waiting 14 weeks or more for specified therapy	COO	N
Number of cases per theatre session	COO	Y
Theatre utilisation	COO	Y
Theatre start times	COO	Y
Theatre finish times	COO	Y
Cancelled operations on the day	COO	Y
Patients spending 4 hours or less in ED	COO	Y
Patients spending more than 12 hours in ED	COO	Y
Time to triage in ED	COO	Y
Time to assessment in ED	COO	Y
Ambulance amber response times	COO	Y
Ambulance handover 15 mins, 1 hour, 4 hours	COO	Y
Ambulance red response times	COO	N

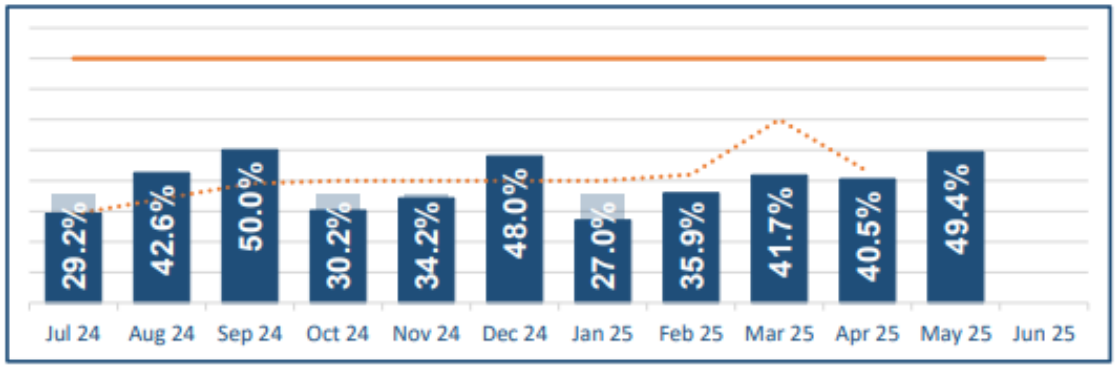


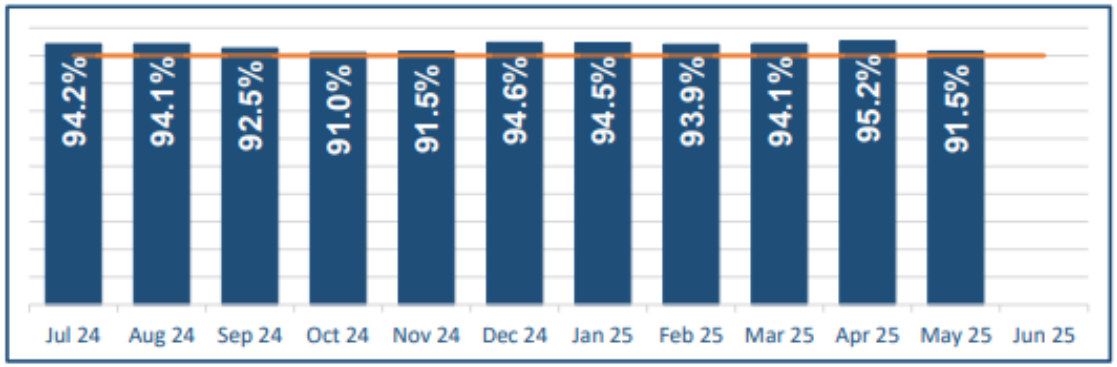
Access & Activity: Performance

Data reported in arrears

CRR Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
SM: DM16	PFIG	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)	80.0%	TBC	95.2%	4th of 7 (at May 25)
SM: DM15	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80.0%	TBC	49.4%	6th of 7 (at May 25)
SM: DM16	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	TBC	91.5%	4th of 7 (at May 25)



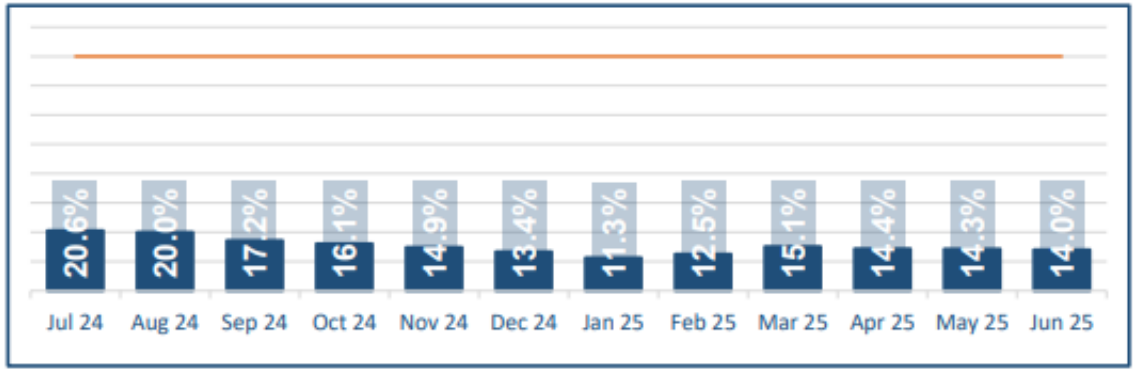


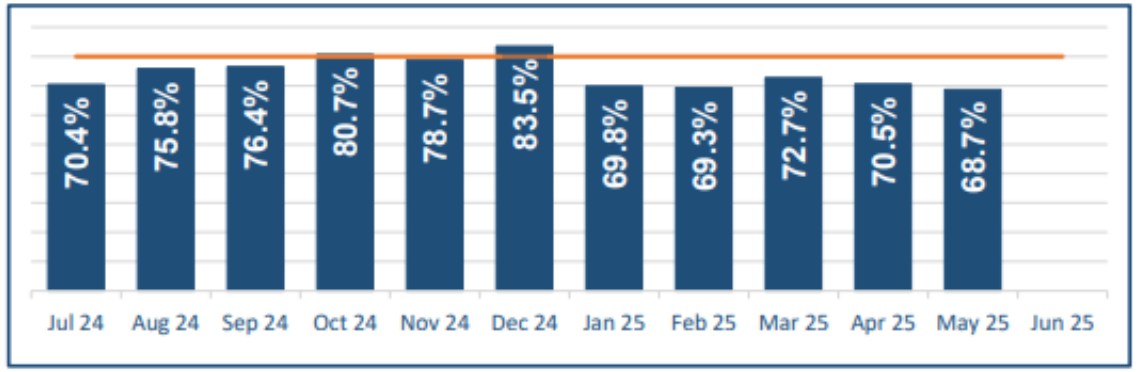


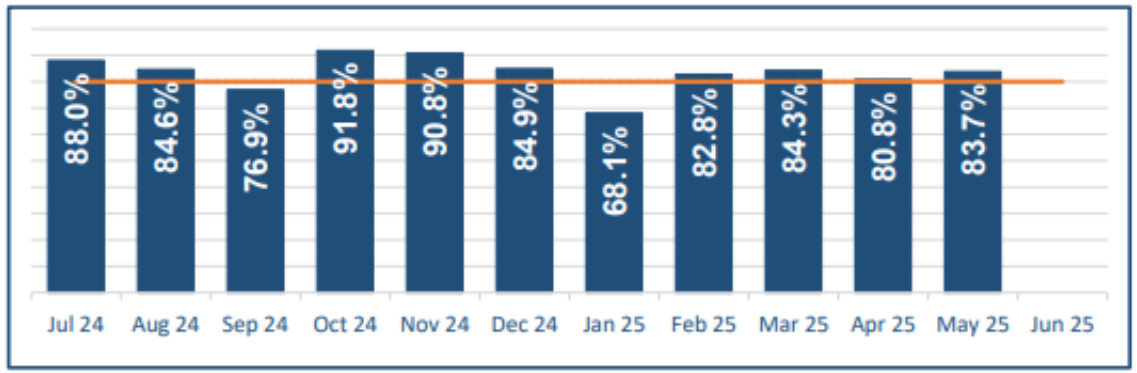
Access & Activity: Performance

Data reported in arrears

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11	PFIG	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	TBC	14.0%	6th of 7 (at May 25)
SM: DM11	PFIG	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)	80%	TBC	68.7%	5th of 7 (at May 25)
SM: DM12	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	TBC	83.7%	7th of 7 (at May 25)



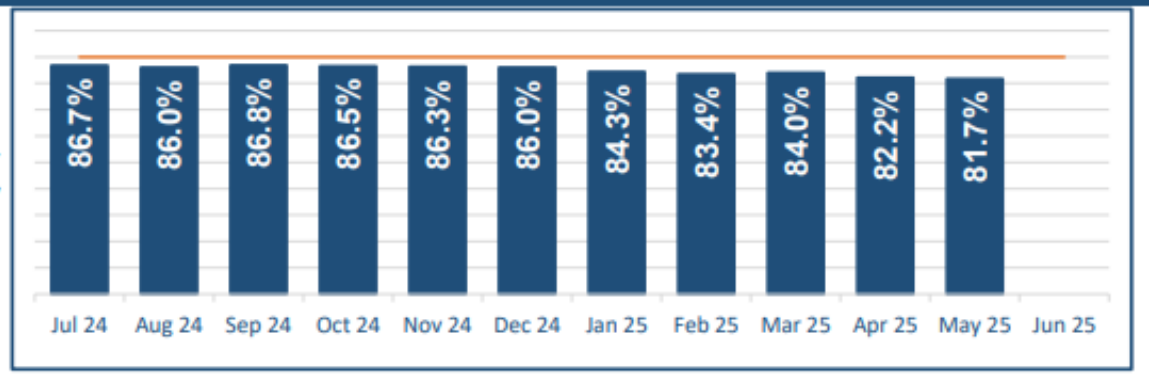


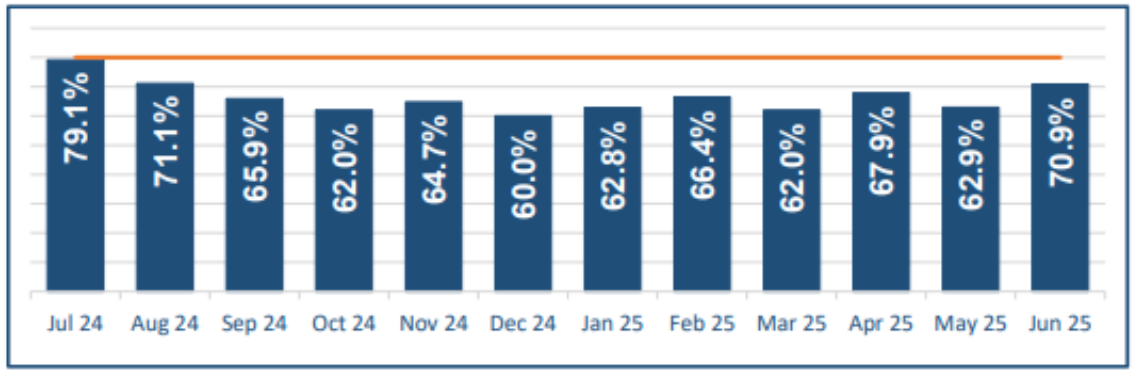


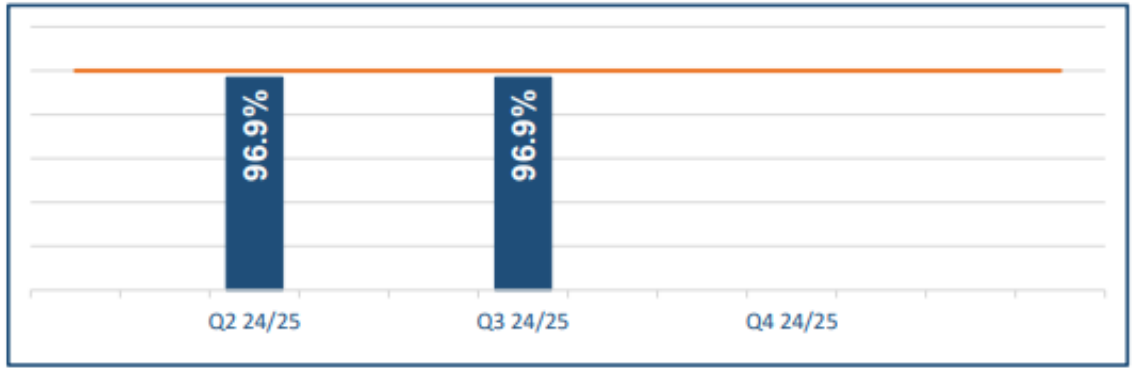
Access & Activity: Performance

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	81.7%	5th of 7 (at May 25)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	70.9%	3rd of 7 (at May 25)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	96.88%	





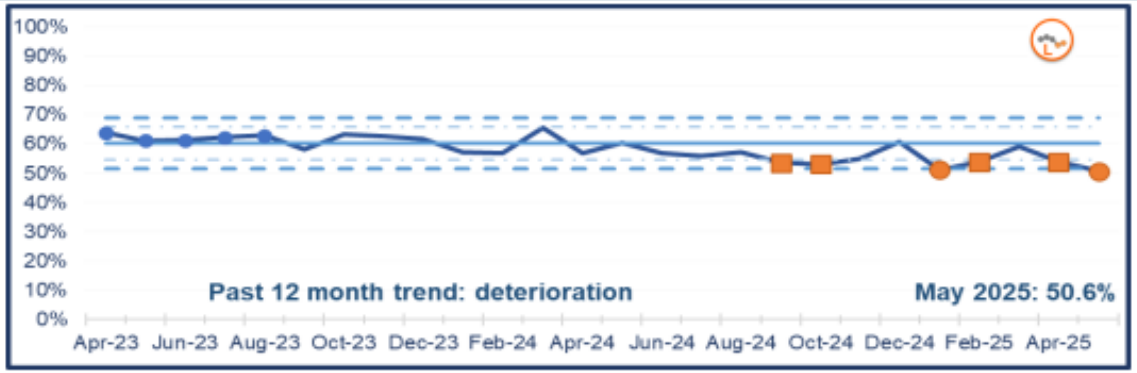


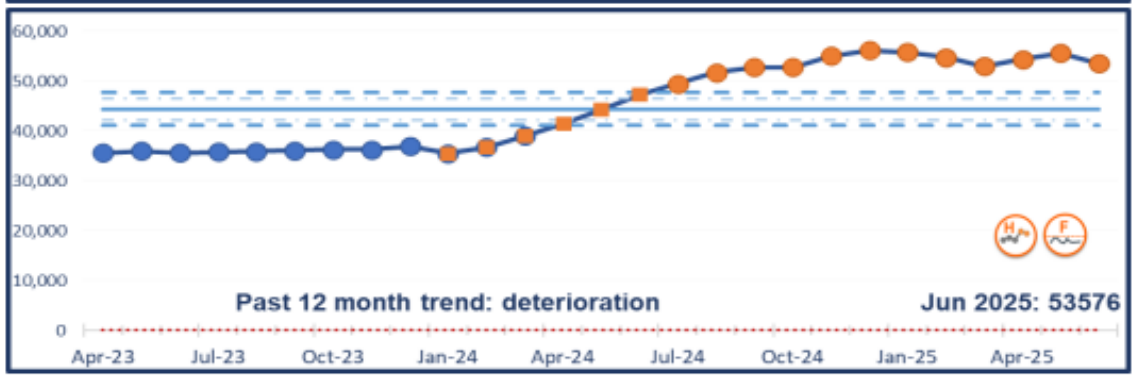
Access & Activity: Performance

Some data reported in arrears

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

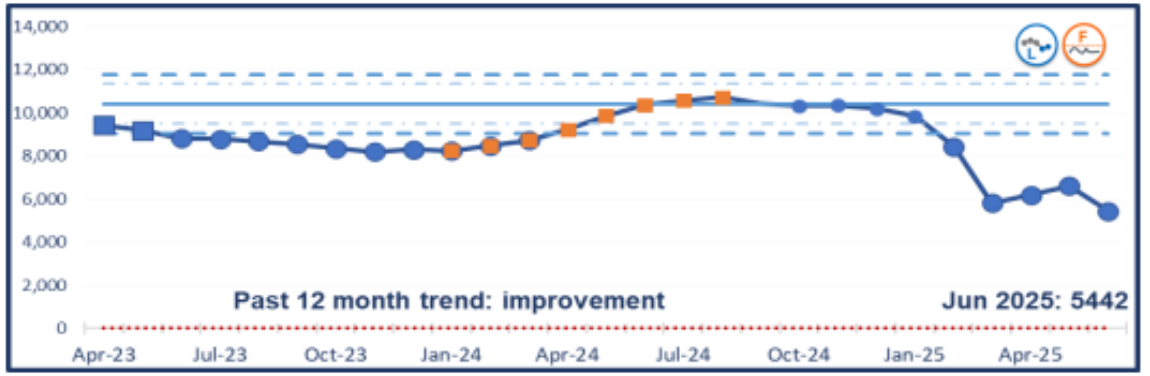
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM01	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increasing trend (to 80%)	TBC	50.6%	6th of 6 (at May 25)
CRR: 24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	TBC	30026	7th of 7 (at May 25)
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)	TBC	53576	7th of 7 (at Mar 25)

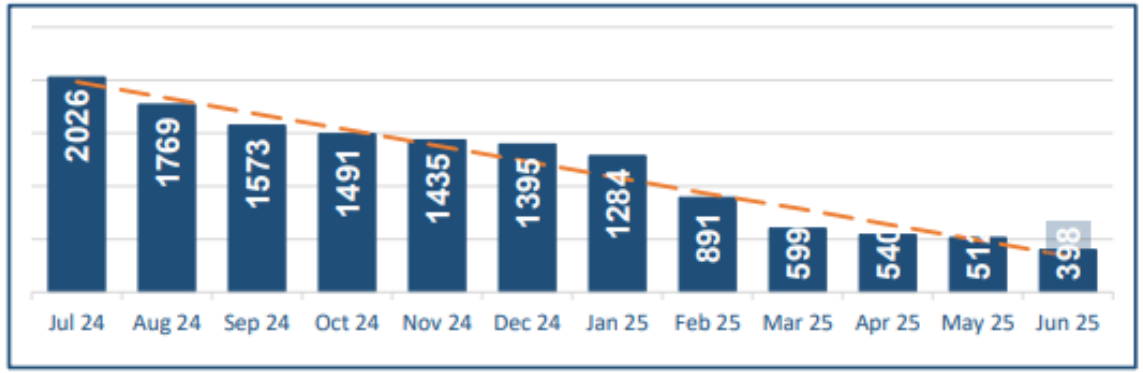




Access & Activity: Performance

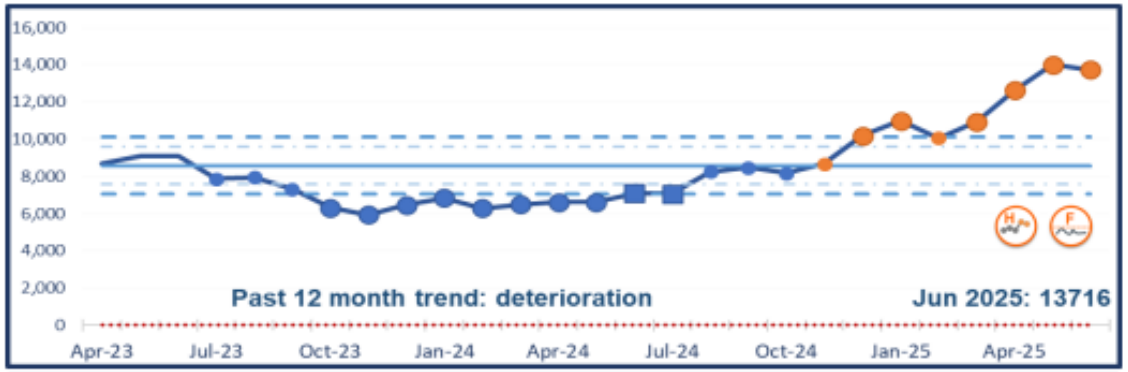
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM03	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	TBC	5442	7th of 7 (at May 25)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	398	Local Metric
CRR: 24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreas-ing trend (to 0)	TBC	96342	7th of 7 (at Apr 25)

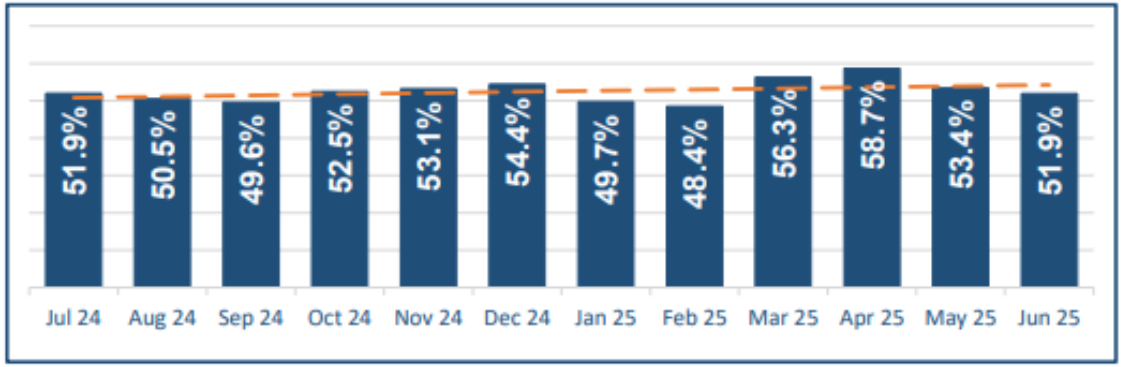




Access & Activity: Performance

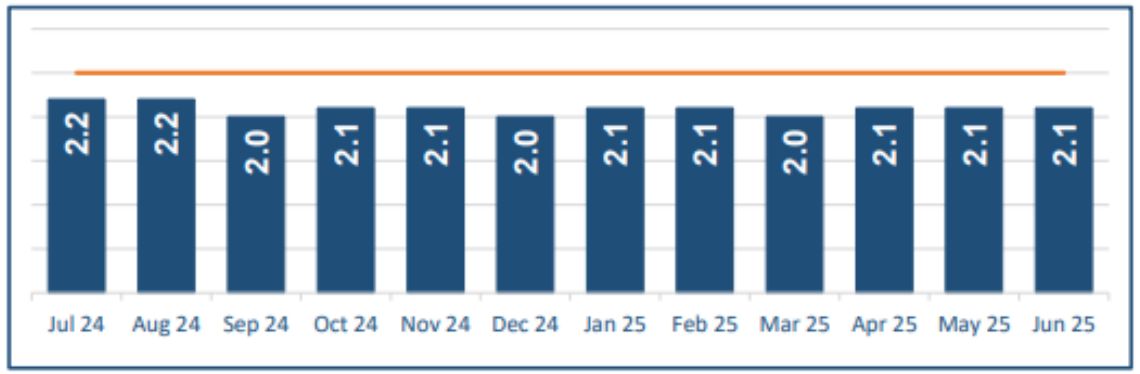
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-13 SM: DM04	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	TBC	13716	6th of 7 (at May 25)
CRR: 24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increas-ing trend (to 95%)	TBC	51.9%	5th of 7 (at May 25)
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	98.4%	4th of 7 (at May 25)





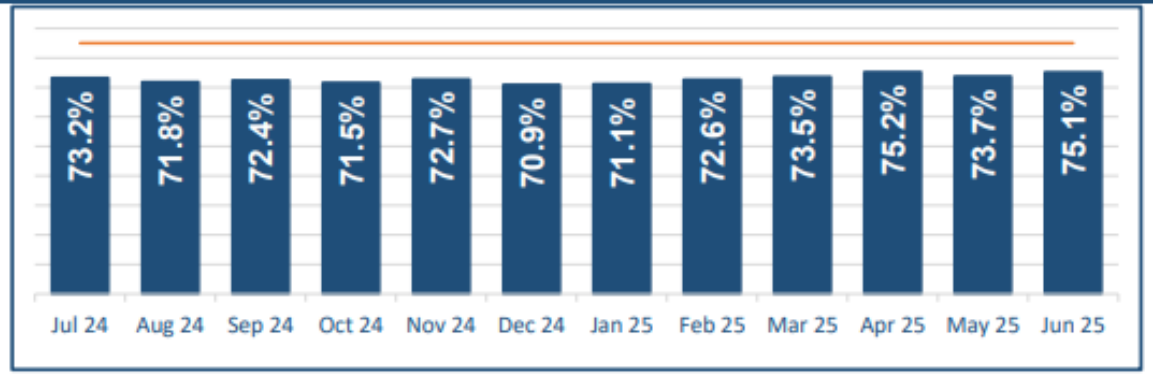
Access & Activity: Performance

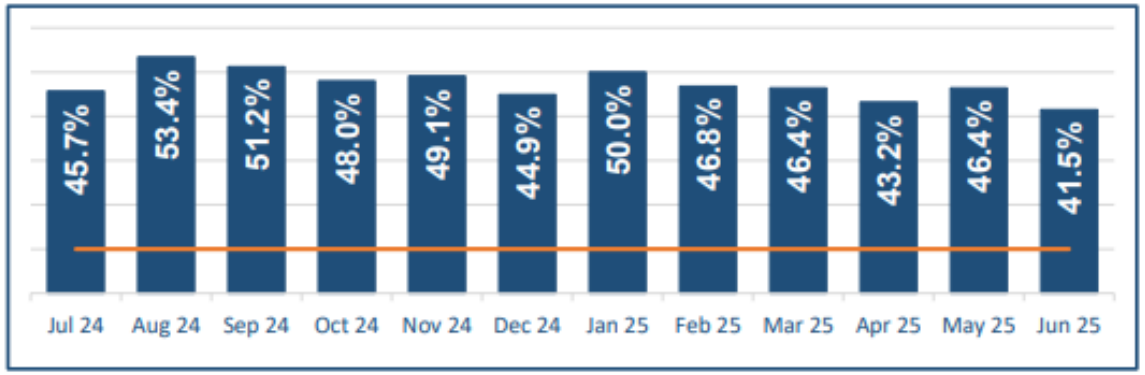
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM05	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0	TBC	904	6th of 7 (at May 25)
-	PFIG	Number of patients (all ages) waiting more than 14 weeks for audiology	0	TBC	0	Local Metric
-	PFIG	Number of cases per theatre session	2.5	TBC	2.1	Local Metric

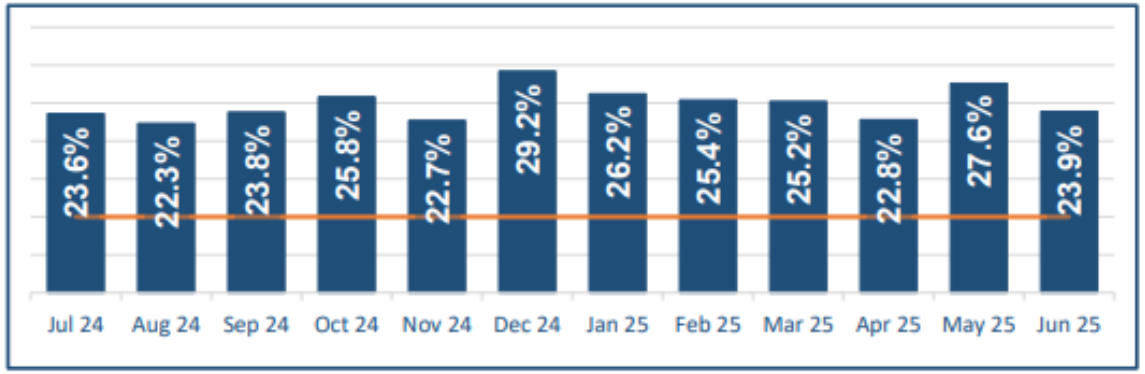


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Theatre utilisation (Capped)	85.0%	TBC	75.1%	Local Metric
-	PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	41.5%	Local Metric
-	PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	23.9%	Local Metric

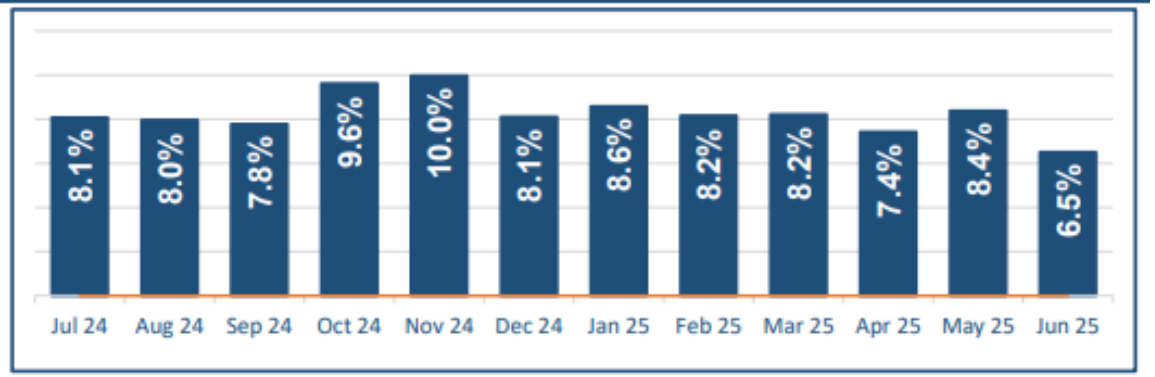


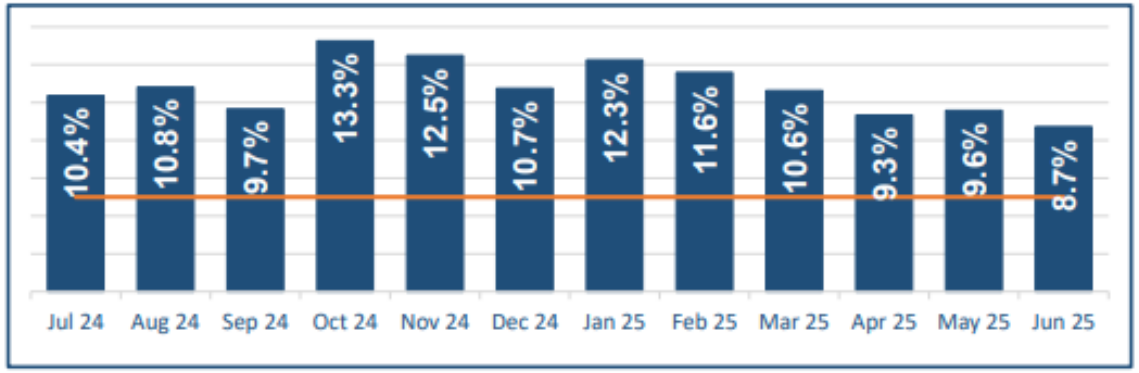


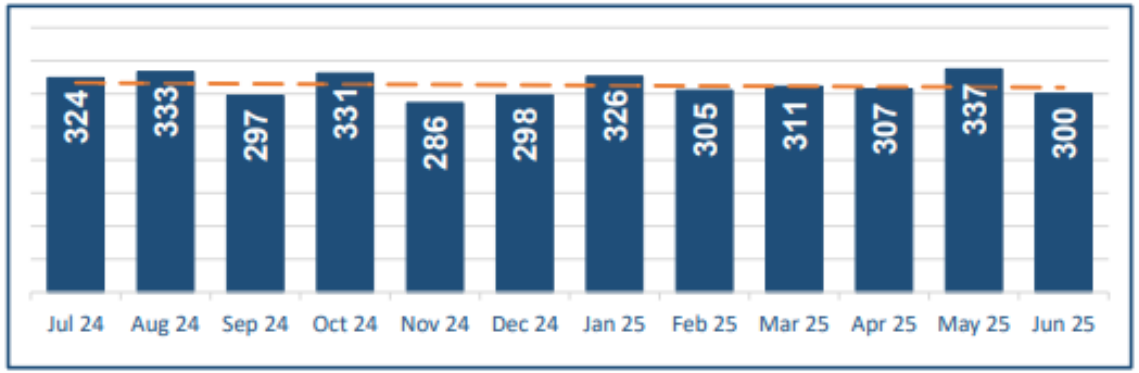


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	6.5%	Local Metric
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	8.7%	Local Metric
-	PFIG	Number of Pathways of Care Delayed discharges	Decreas-ing trend	TBC	300	8st of 8 (at Jun 25)

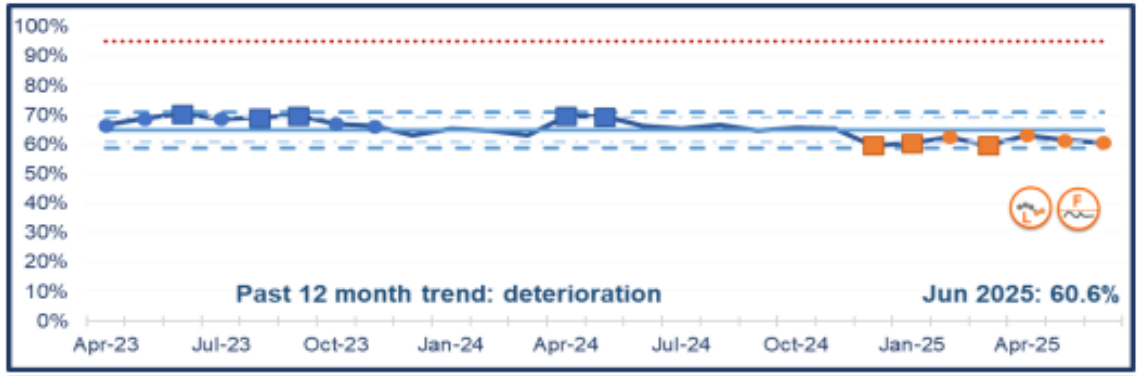


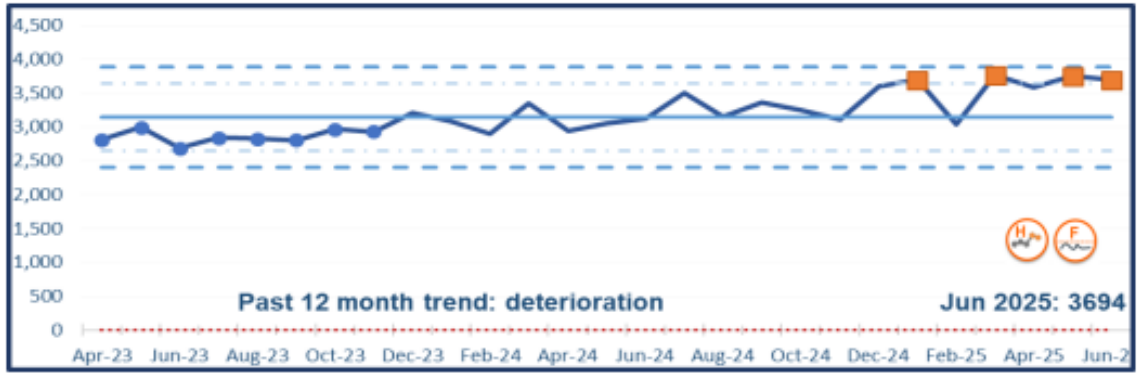


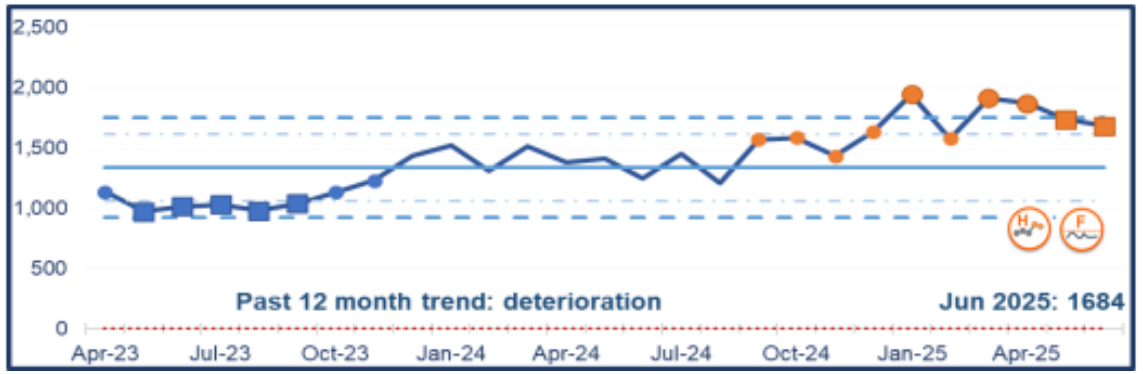


Access & Activity: Performance

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	Equival-ent month increase (2025/26 to 2024/25) to 95%	TBC	60.6%	7th of 7 (at Jun 25)
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	Equival-ent month reduct-ion (2025/26 to 2024/25) to 0	TBC	3694	7th of 7 (at Jun 25)
-	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	1684	Local Metric

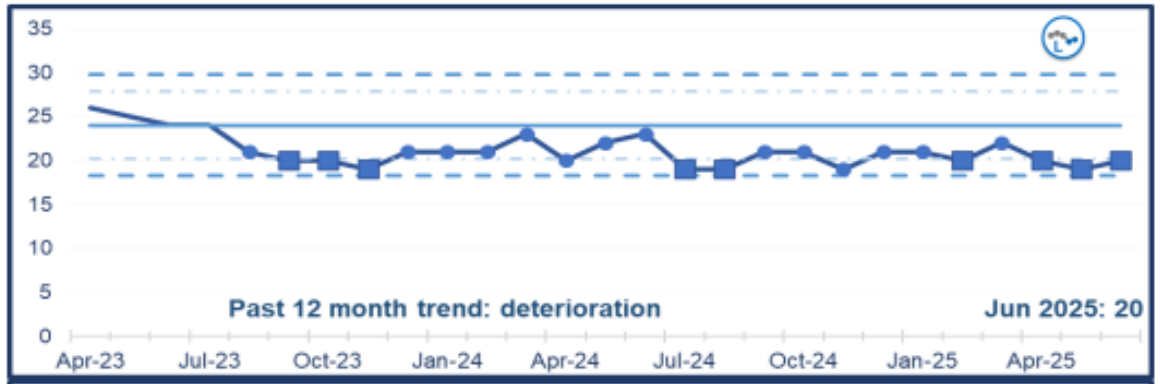


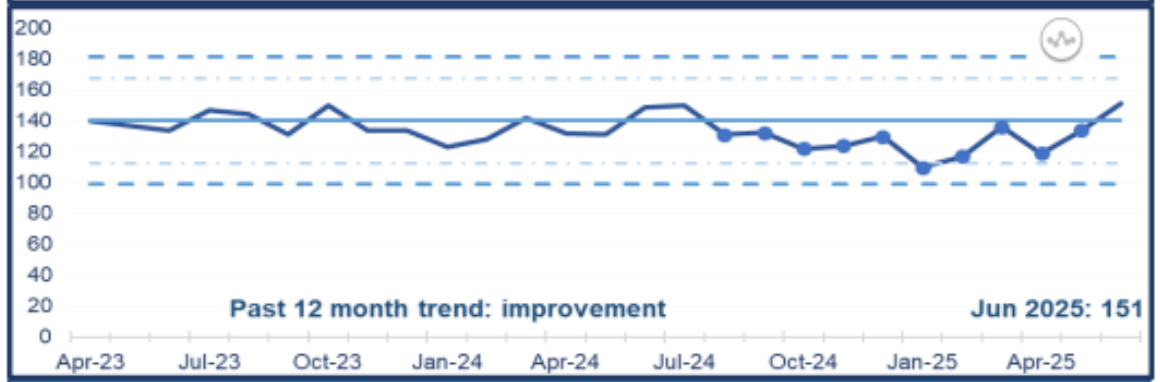


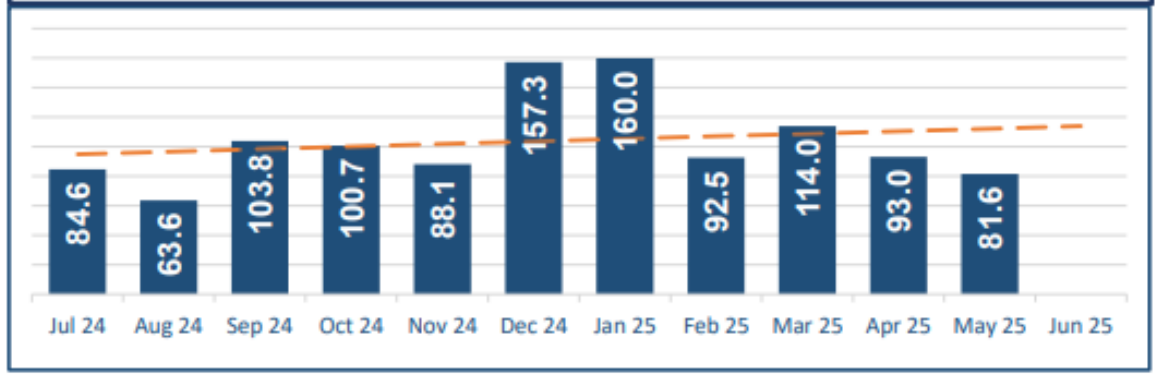


Access & Activity: Performance

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	20.0	5th of 6 (at Jun 25)
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	151.0	6th of 6 (at Jun 25)
CRR: 24-10	PFIG	Median emergency response time to amber calls	Decreas-ing trend	TBC	81.6	2nd of 7 (at Jun 25)

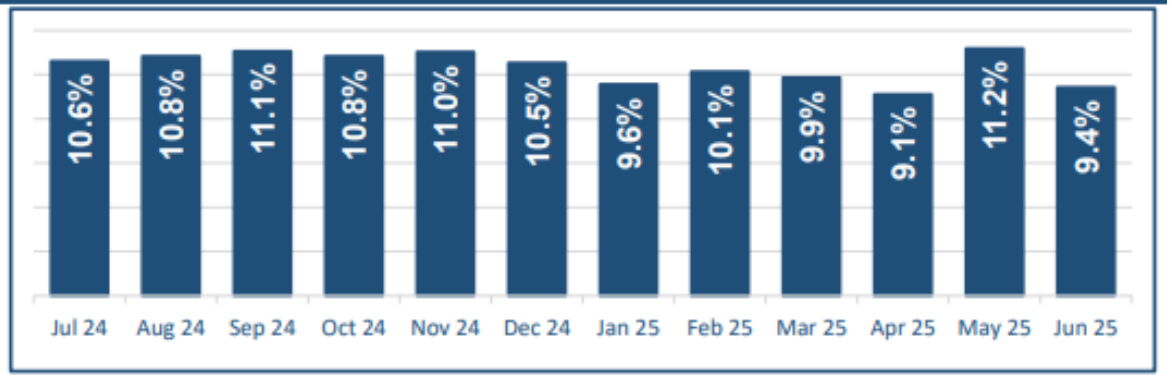


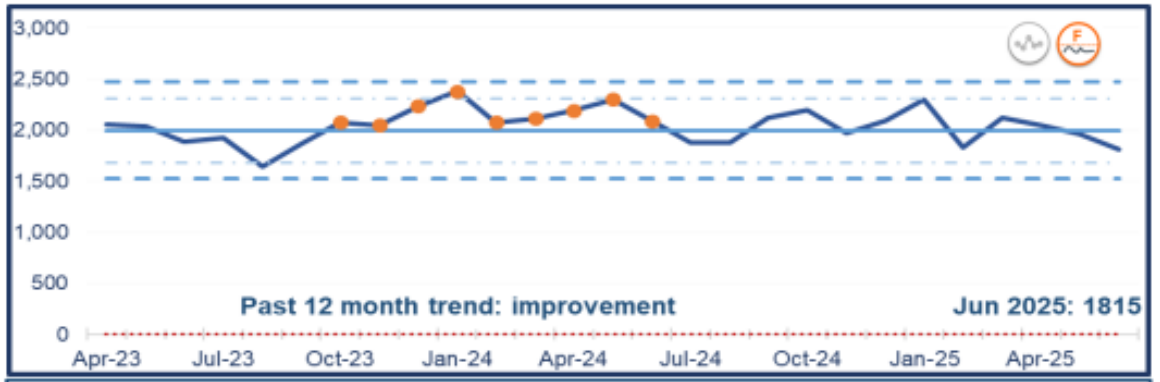


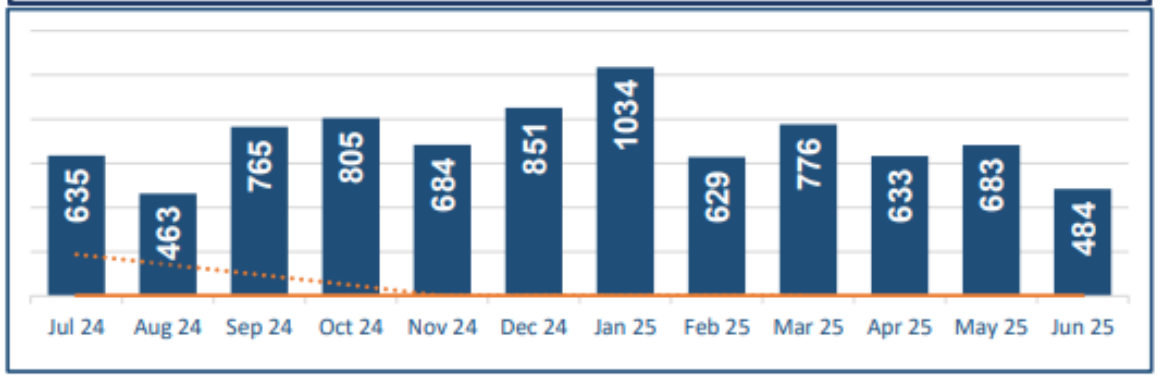


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equival-ent month increase (2025/26 to 2024/25) to 100%	TBC	9.4%	Local Metric
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	TBC	1815	6th of 6 (at Jun 25)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	TBC	484	Local Metric

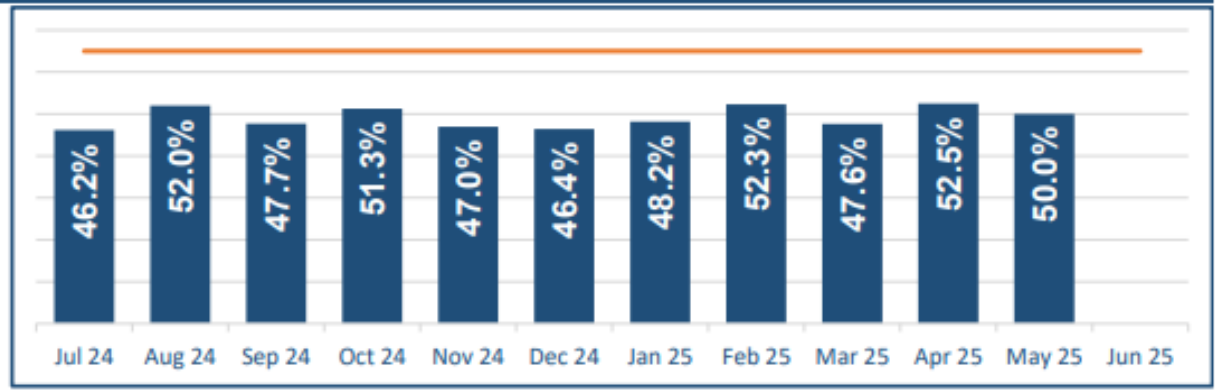






Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-10	PFIG	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	0.65	TBC	50.0%	6th of 7 (at Jun 25)



Access & Activity: Activity v Plan 2025/26 Month 3

Activity Type	Plan	Actual	Difference	% Diff
Emergency Inpatients	23,613	23,888	275	1%
Elective Daycases	10,306	11,399	1,093	11%
Elective Inpatients	2,957	3,235	278	9%
Endoscopies	5,685	4,947	-738	-13%
MOPS (Cleansed DC)	708	158	-550	-78%
Regular Day Attenders	6,626	5,042	-1,584	-24%
Well Baby	1,034	1,180	146	14%
New Outpatients	N/A	80,583		
Review Outpatients	130,354	133,738	3,384	3%
Pre-Op Assessment	N/A	7,507		
New ED Attendances	58,958	62,165	3,207	5%
Review ED Attendances	2,644	3,139	495	19%

In summary

Actual Activity is variable compared to what was planned to be undertaken to date and there are areas of significant under or over delivery:

Under

Endoscopies undertaken is down by 13% against plan. This has improved in year as insourcing as capacity has now recommenced.
Regular Day Attendances shows a 24% variance below plan
Minor Operation Procedures (MOPs) undertaken is 78% below the number planned .

Over

Emergency Department new attendances up 3,207 (5%)
Emergency Department review attendances 495 (19%)
Outpatient Follow-up appointments up 3,384 (3%)
Elective Day-cases up 1,093 (11%)
Elective Inpatients up 278 (9%)

Source: Contracted Activity by Area, produced by Data, Digital and Technology Department (DD&T) accessed 17.07.2025

Access & Activity: Contracted Waiting List by Provider
May 2025

Provider Name	0-25	26-35	36-51	52-103	104-155	156-207	208+	Total
⊞ The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	2811	819	733	1042	80	12	5	**5502**
⊞ Countess of Chester Hospital NHS Foundation Trust	2216	484	508	227				**3435**
⊞ The Walton Centre NHS Foundation Trust	2169	465	487	120				**3241**
⊞ Liverpool University Hospitals NHS Foundation Trust	741	145	118	17				**1021**
⊞ Liverpool Heart and Chest Hospital NHS Foundation Trust	426	51	36	5				**518**
⊞ Manchester University NHS Foundation Trust	203	40	35	5				**283**
⊞ Shrewsbury and Telford Hospital NHS Trust	149	33	46	18				**246**
⊞ Wirral University Teaching Hospital NHS Foundation Trust	93	18	18	9				**138**
⊞ Northern Care Alliance NHS Foundation Trust	67	18	24	17				**126**
⊞ Sheffield Teaching Hospitals NHS Foundation Trust	25	1	1					**27**
⊞ University Hospitals Birmingham NHS Foundation Trust	13	2	3					**18**
⊞ Imperial College Healthcare NHS Trust	4							**4**
⊞ Cambridge University Hospitals NHS Foundation Trust	1	1		1				**3**
⊞ The Royal Orthopaedic Hospital NHS Foundation Trust	2	1						**3**
⊞ Nottingham University Hospitals NHS Trust	2							**2**
Total	**8922**	**2078**	**2009**	**1461**	**80**	**12**	**5**	**14567**

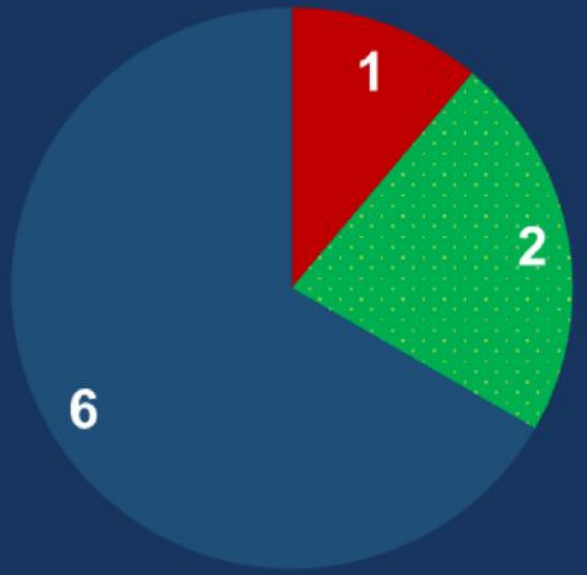
Access & Activity: Contracted Waiting List by Specialty

Treatment Name	0-25	26-35	36-51	52-103	104-155	156-207	208+	Total
Neurology	1533	393	420	99				2445
Spinal Surgery Service	676	236	370	730	39	11	5	2067
Trauma & Orthopaedics	866	279	286	276	41	1		1749
General Medicine	1141	242	48	13				1444
Neurosurgery	621	80	63	22				786
Ophthalmology	576	107	77	15				775
Cardiology	455	64	62	27				608
ENT	291	85	106	64				546
Gynaecology	235	64	76	27				402
Paediatric Trauma And Orthopaedics	224	76	42	18				360
Dermatology	201	37	45	37				320
Gastroenterology	196	30	40	15				281
Colorectal Surgery	171	38	47	10				266
Urology	157	40	44	14				255
General Surgery	146	38	47	20				251
Maxillo-Facial Surgery	142	50	37	22				251
Allergy Service	172	27	10	1				210
Plastic Surgery	84	25	36	12				157
Respiratory Medicine	137	7	5					149
Cardiac Surgery	101	16	18	5				140
Vascular Surgery	78	11	13	5				107
Endocrinology	72	15	6					93
Upper Gastrointestinal Surgery	54	14	11	2				81
Oral Surgery	32	19	19	10				80
Paediatrics	54	6	3	1				64
Hepatobiliary & Pancreatic Surgery	43	9	7					59
Orthodontics	37	9	6	2				54
Rehabilitation Service	32	5	14					51
Rheumatology	30	8	6	4				48
Transplantation Surgery	22	12	14					48
Clinical Haematology	32	4	6	4				46
Restorative Dentistry	41							41
Pain Management	22	7	3					32

Treatment Name	0-25	26-35	36-51	52-103	104-155	156-207	208+	Total
Clinical Haematology	32	4	6	4				46
Restorative Dentistry	41							41
Pain Management	22	7	3					32
Breast Surgery	30	1						31
Physiotherapy	21	1	3	6				31
Geriatric Medicine	25							25
Nephrology	11	6	5					22
Spinal Injuries	17	1	4					22
Clinical Immunology	17	1	1					19
Diabetic Medicine	18	1						19
Thoracic Surgery	17	1						18
Dental Medicine Specialties	10	3	1					14
Orthotics	14							14
Hepatology	12							12
Paediatric Dentistry	7	3						10
Infectious Diseases	7	1						8
Chemical Pathology	6							6
Interventional Radiology	5	1						6
Local Specialist Rehabilitation Service	6							6
Congenital Heart Disease Service	2	2	1					5
Paediatric Ear Nose And Throat	3	1	1					5
Diagnostic Imaging	2	1	1					4
Clinical Genetics	1		2					3
Clinical Immunology and Allergy	2							2
Community Paediatrics	1		1					2
Medical Oncology	2							2
Occupational Therapy	2							2
Paediatric Surgery		1	1					2
Paediatric Urology	1		1					2
Adult Cystic Fibrosis Service	1							1
Dietetics	1							1
Obstetrics	1							1
Paediatrics (various)	**6**							**6**
Total	**8922**	**2078**	**2009**	**1461**	**80**	**12**	**5**	**14567**

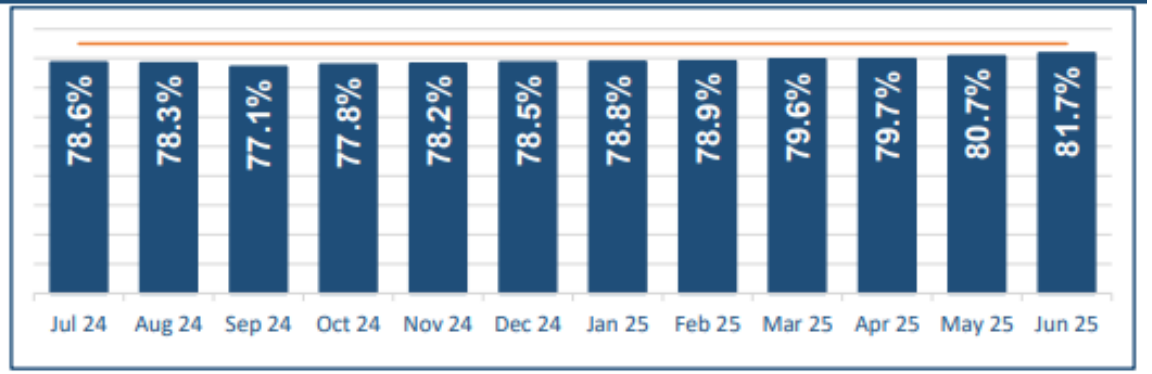
Section 3
People and Organisational Development Performance

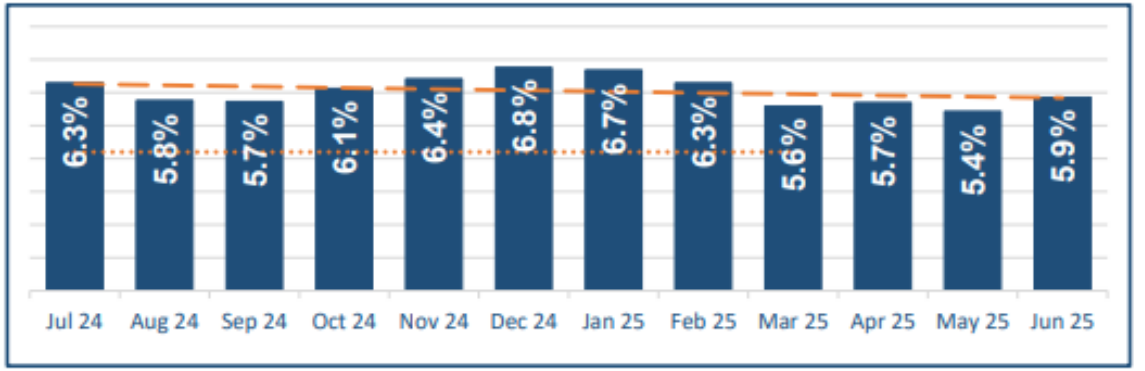
RED Indicators (summary)	Lead Director	Escalated Y/N
PADR rates	EDPS	N

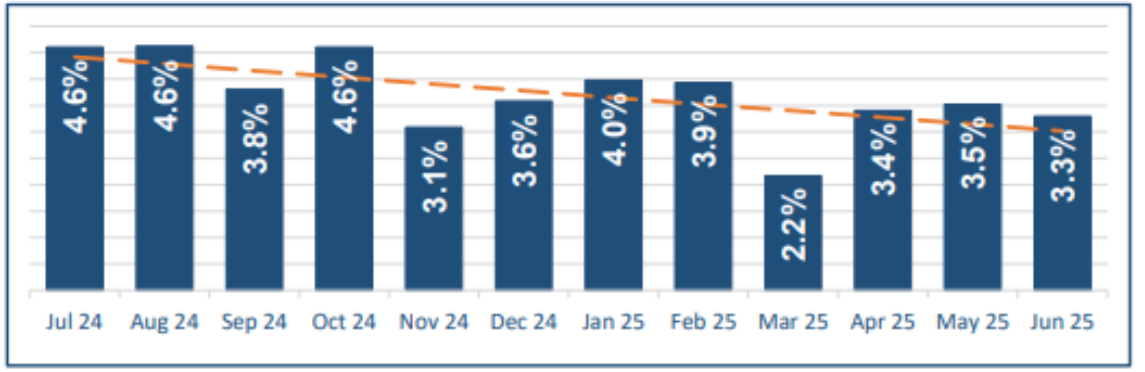


People: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR) in the previous 12months (excluding medical appraisal, and doctors and dentists in training)	85%	TBC	81.7%	6th of 13 (at Apr 25)
-	PFIG	Percentage of sickness absence rate of staff	Decreas-ing trend	TBC	5.9%	7th of 13 (at Apr 25)
CRR: 24-05	PFIG	Agency spend as a percentage of total pay bill	Decreas-ing trend	TBC	3.3%	10rd of 12 (at Apr 25)

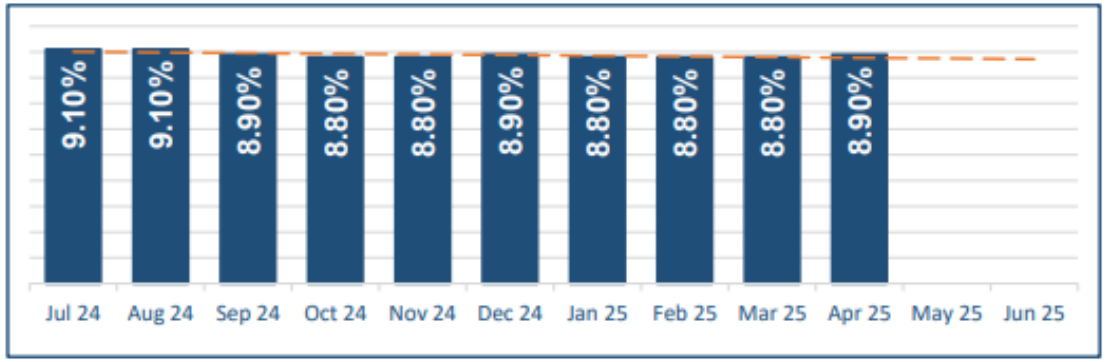
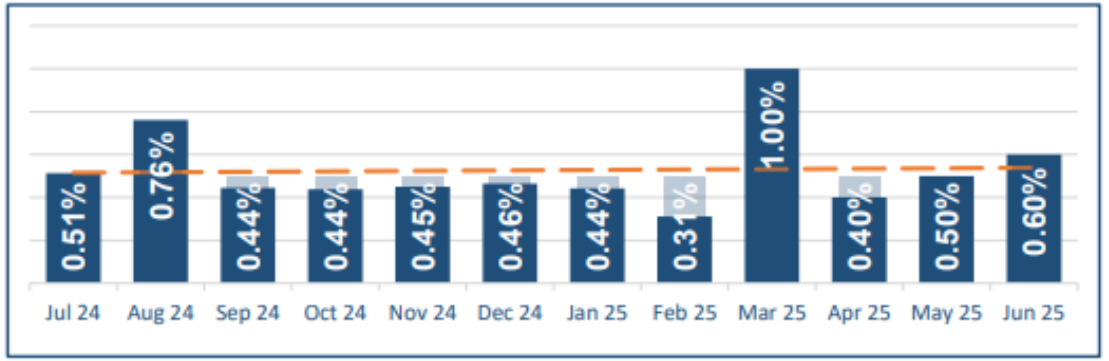
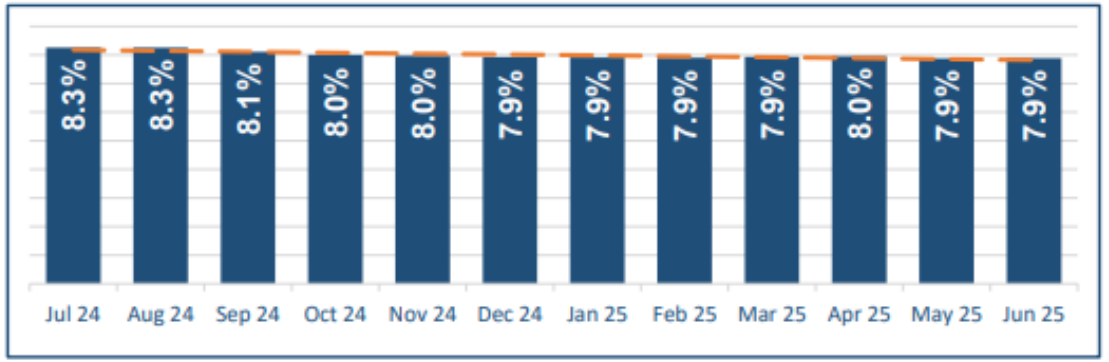






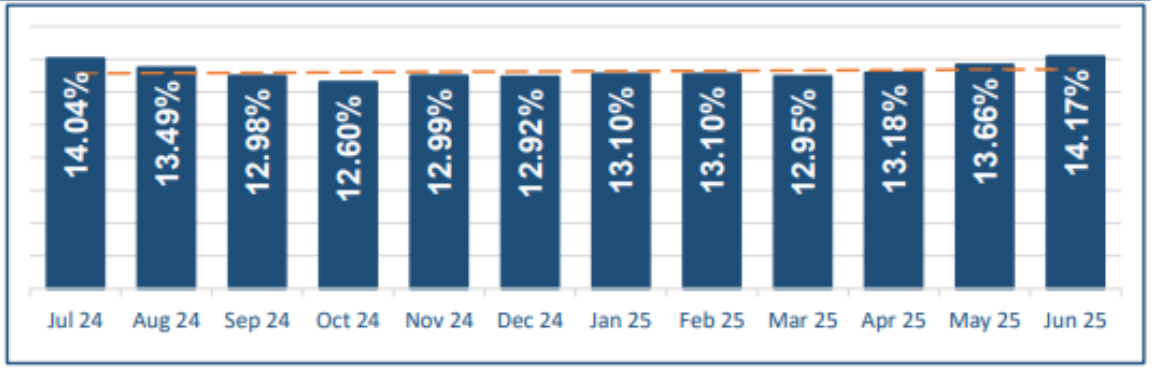
People: Performance

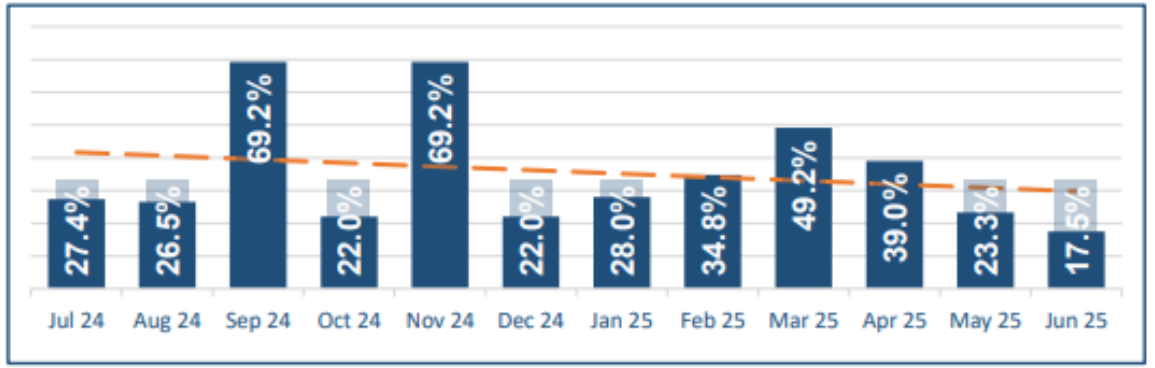
*Rank is based on National HEIW data, where as, unless stated otherwise, position data uses BCU methodology

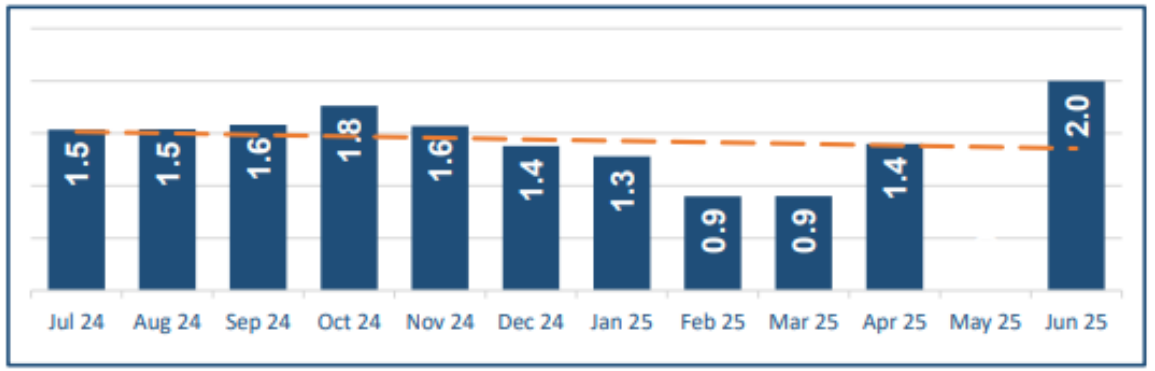
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*	
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales (HEIW data)	Decreasing trend against 2019/20	TBC	8.9%	Local Metric	
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	N/A	TBC	0.6%	Local Metric	
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	7.89%	Local Metric	

People: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Staff turnover rate for those who had less than 1 year service	N/A	TBC	14.17%	Local Metric
-	PFIG	Roster compliance	N/A	TBC	17.5%	Local Metric
-	PFIG	Open disciplinary cases per 1000 staff	N/A	TBC	2.0	Local Metric



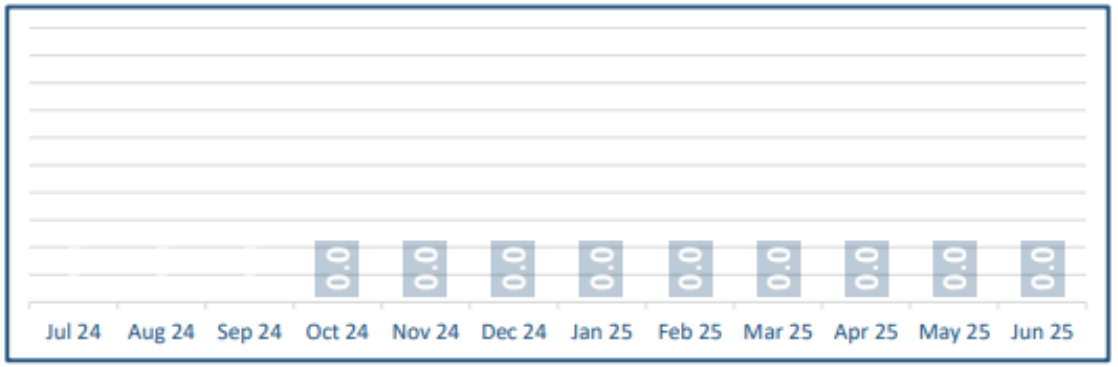


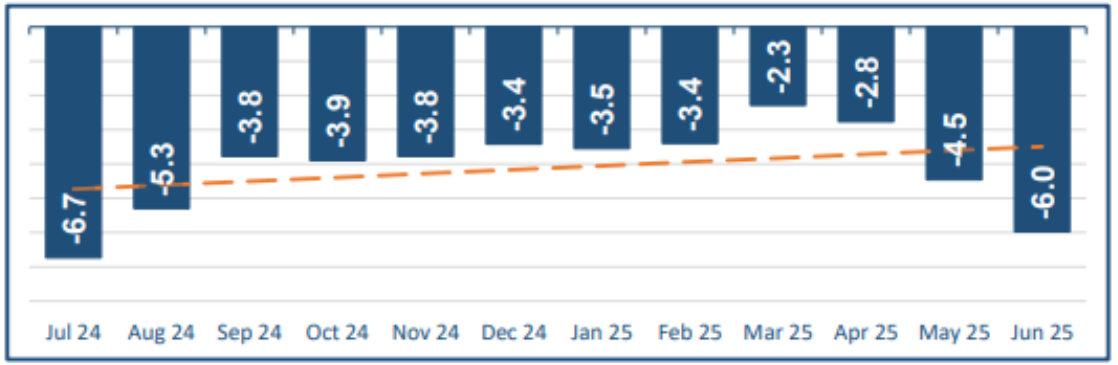


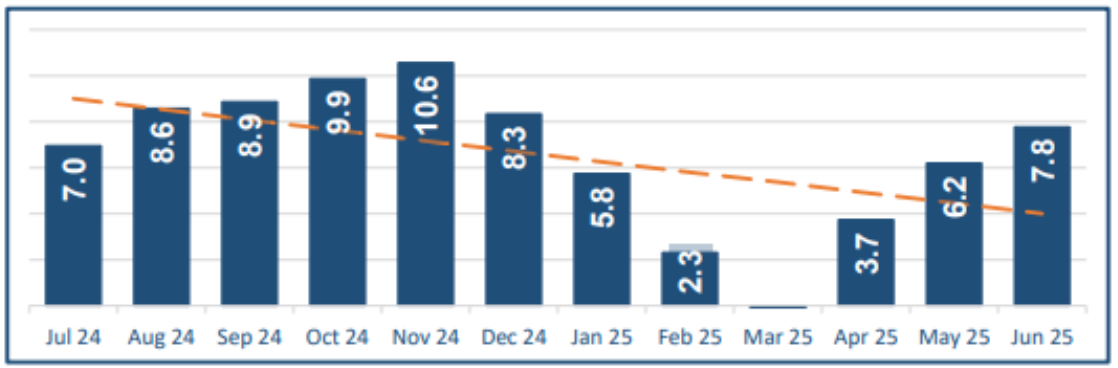
Section 4
Financial Performance

Finance: Performance (Corporate Risk 24-05 Financial Sustainability)

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	Local Metric
CRR: 24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-6.0	Local Metric
CRR: 24-05	PFIG	Year to date deficit against plan (£million)	N/A	TBC	7.8	Local Metric

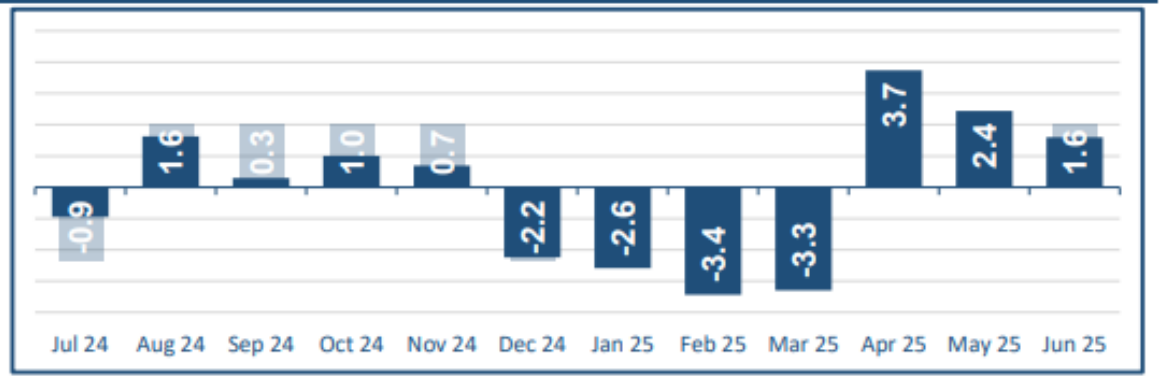


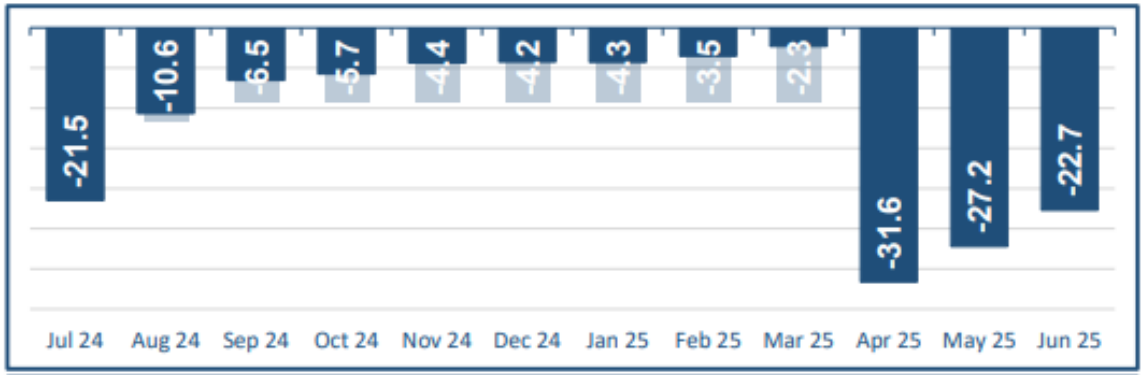


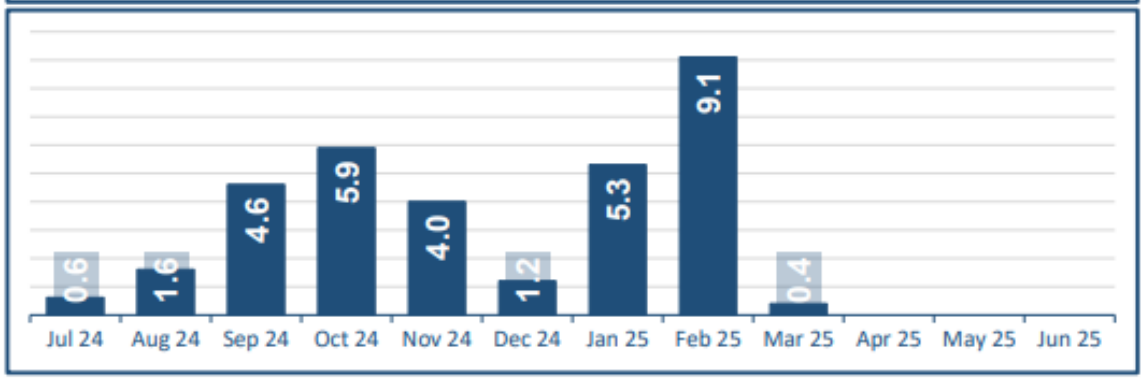


Finance: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	In month variance to plan (£million)	N/A	TBC	1.6	Local Metric
CRR: 24-05	PFIG	Forecast savings delivery against target (£million)	N/A	TBC	-22.7	Local Metric
CRR: 24-05	PFIG	In year capital expenditure against plan (£million)	N/A	TBC	0.4	Local Metric







Finance: Performance

(Corporate Risk 24-05 Financial Sustainability)

Savings - V&S 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	7.9	1.4	1.1	0.6	0.0	0.0	0.0	0.0	0.0	3.0	4.8
Central Integrated Health Community	10.0	0.1	1.5	0.3	0.0	0.0	0.0	0.0	0.0	1.9	8.1
East Integrated Health Community	10.0	1.2	1.4	0.7	0.0	0.0	0.0	0.0	0.0	3.3	6.7
MHLD	3.9	0.5		0.0	2.0		1.6			4.1	-0.3
Womens Services	1.2			0.1						0.1	1.1
Diagnostic and Specialist Clinical Support	1.8	0.0		0.1					0.1	0.2	1.6
Cancer Services	1.5	0.1	1.5	0.0						1.6	-0.1
Community Dental Sevices	0.1	0.0		0.0						0.0	0.1
Corporate & Support Services	3.6	0.6	0.0	2.4	0.0	0.0	0.0	0.0	0.0	2.9	0.7
Total Cash Releasing Savings	**40.0**	**3.9**	**5.5**	**4.2**	**2.0**	**0.0**	**1.6**	**0.0**	**0.1**	**17.3**	**22.7**
Accountancy Gains				0.2						0.2	-0.2
Total		**3.9**	**5.5**	**4.4**	**2.0**	**0.0**	**1.6**	**0.0**	**0.1**	**17.5**	**22.5**

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
R	40.0	13.5	26.5	10.0	2.6	7.4
NR	0.0	4.0	-4.0		1.7	-1.7
Total	**40.0**	**17.5**	**22.5**	**10.0**	**4.2**	**5.8**

Finance: (Corporate Risk 24-05 Financial Sustainability)

The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Expenditure commitments will need to be prioritised to enable the key financial duty and the performance ask to be attained. Achieving the control target in 2024/25 has resulted in the £74.6m conditionally recurrent funding received in 2023/24 and 2024/25 being allocated as recurrently in 2025/26 and the receipt of the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, with conditions associated with retention recurrently of the funds for 2026/27 and beyond being:

£40.0m Deficit Support Funding – Recurrent and non-conditional following submission and delivery of a financially balanced IMTP by the Health Board.
£42.0m Performance & Transformation Funding – Recurrent on de-escalation from Special Measures and Welsh Government having greater oversight and direction in use against Special Measures and Ministerial priorities.

The focus will need to continue on containing cost overruns and recovering the in-month deficit. Grip and Control actions implemented in 2024/25 will continue in 2025/26, including:

- Temporary workforce – Cease use of non-clinical agency
- All non-clinical requests for the use of Bank to follow the Enhanced Establishment Control process.
- All acting up and additional hours requests to follow Enhanced Establishment Control process for non-clinical roles.
- Non-Pay – all discretionary non-clinical expenditure to be directed to Executive Director of Finance for scrutiny and approval.

The Health Board's financial plan for 2025/26 requires a savings target delivery of £40.0m in 2025/26. 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.

The Health Board is also advised of significant risks relating to funding shortfalls for the national insurance increase, potential for increased contribution to the Welsh Risk Pool share and risk of Joint Commissioning Committee not being able to manage financial contractual performance.

It is key that identification and delivery of savings are progressed at pace, to prevent adverse performance in the early part of 2025/26 that will require recovery during the reminder of the financial year.

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		

Teitl adroddiad: ***Report title:***	**2025-26 Month 3 (June) Finance Report**
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 31 July 2025
Crynodeb Gweithredol: ***Executive Summary:***	This report provides a briefing on the financial position of the Health Board as at the end of Month 3 (June 2025). In addition, the report includes an update on delivery of the approved Capital Programme and Savings delivery against target. <u>Finance Report</u> The Health Board is reporting a deficit of £7.8m as at 30th June 2025, which is largely driven by £5.8m shortfall in undelivered savings to date, additional costs associated with Out of Area placements, Continuing Healthcare costs and capacity areas remaining open. The Month 3 (June 2025) financial position of the Health Board is an in-month deficit of £1.6m, an improvement of £0.8m from previous month. However, the in-month position is £0.2m higher than forecast deficit profiled for Month. The forecast is to deliver a balanced position in line with the plan submission and integrated medium-term plan (IMTP). However, progress is required at pace to convert current opportunities and further additional savings opportunities to green schemes. It is of note that the adverse performance in the early part of 2025/26 will require recovery during the reminder of the financial year for the plan to be attained. Focus will also need to continue on containing cost overruns and recovering the year to date deficit position. Grip and Control actions implemented in 2024/25 continuing into 2025/26. The below table summarises monthly actual and forecast variance for 2025/26:

	2025/26													
	Actual			Forecast										
	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Total Year to Date £m	Forecast Outturn Position £m
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(1.0)	0.0	0.8	0.9	1.0	1.5	1.5	1.5	1.6	(7.8)	0.0

The Health Board is also advised of significant risks relating to funding shortfalls for the national insurance increase, potential for increased contribution to the Welsh Risk Pool share and risks associated with the Joint Commissioning

	Committee resources unable to mitigate the financial adverse impacts associated with increased contractual performance. National Insurance funding confirmed on a non recurrent basis by WG is £18.7m which will present a shortfall of £4.2m (18.3% of costs). The Health Board is in dialogue with Welsh Government over the methodology deployed. <u>Savings</u> The Health Board's financial plan requires a savings target of £40.0m to be delivered in 2025/26. The £40.0m target plan profiled on an equal twelfth's basis. As at Month 3 (June 2025) the Health Board has identified £17.3m Green saving schemes, with fortuitous Accountancy Gains of £0.2m giving a combined total of £17.5m, an increase of £4.7m from previous month. Recurring savings (those expected to continue into future accounting periods) total £13.5m with a full year effect of £19.1m, the additional £4.0m that makes up the £17.5m year to date identified as non-recurring (one off) savings. Full year plan value of Red Schemes totals £4.0m and the full year plan value of further pipeline opportunities totals £11.0m. It is important to convert these schemes to green as soon as practical to do so, with the savings delivered in Month 3 totalling £2.0m, of which £1.4m is recurring against a target of £3.3m. It is important that identification and delivery of savings are progressed at pace, so as not to result in adverse performance in the early part of 2025/26 that will require recovery during the remaining months of the 2025/26 financial year (the period concluding on the 31st March 2026). <u>Capital Programme</u> The approved Capital Resource Limit (CRL) for 2025/26 is £58.5m and is forecast to be spent in full. Year to Date expenditure is £4.6m. The forecast outturn reflects the anticipated amendments to the CRL. The first amendment is £3.9m contingency for the Orthopaedic Hub currently included in the CRL. The second amendment is a reduction to £2.9m (from £9.1m) for the Electrical Infrastructure (the scheme spanning more than one financial year) following agreement with WG.
Argymhellion: ***Recommendations:***	The Board is asked to: • **Receive,** and scrutinise this report
Arweinydd Gweithredol: ***Executive Lead:***	Russell Caldicott, Interim Executive Director of Finance.
Awdur yr Adroddiad:	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development

Report Author:				
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐		I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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.			
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)***	BAF – Financial Stability 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.			

Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The Health Board is in receipt of £82m of non-recurrent funding from Welsh Government that requires attainment of the 2025/26 plan (a) delivery of financial balance £40m and (b) de-escalation from Special Measures £42m for these funds to be received recurrently (available for future financial years). If the plan is not attained then the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable
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)*	**Appendix A** **BAF risks** BAF SP14 – Estates & Capital *(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.)* **Link to Corporate Risk Register:** CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 25/26 Financial Plan
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations***	
Rhestr o Atodiadau: ***List of Appendices:*** A - 2025/26 Finance Report – June (Month 3)	

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Finance Report – Health Board June - Month 3 2025/26

Russell Caldicott
Executive Director of Finance

Executive Summary

Objective		• 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**	• Year to Date the Health Board is reporting a deficit of £7.8m, of which £5.8m is the shortfall in undelivered savings. • Costs above plan centre upon Continuing Healthcare, Out of Area Mental Health Placements and the continued opening of additional capacity • The in-month deficit is £1.6m, an improvement of £0.8m from the previous month. • Forecast position is to deliver a balanced outturn, which is in line with the financial plan for the year.
	Cash	• Closing Cash Balance as at 30th June 2025 was £7.4m, including £4.2m for Revenue and £2.9m for Capital projects. The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.
	Savings	• The Health Board's financial plan has set a savings target of £40.0m to be delivered in 2025/26 profiled equally across the financial year. • Full year savings value of Green Schemes total £17.5m (£17.2m Savings, Income Generation & Accountancy Gains of £0.3m) additional red schemes and opportunities of £15.0m under review. • £13.5m are recurring, with a full year effect of £19.1m, and £4.0m non-recurring • Month 3 delivered savings of £2.0m, £1.3m under the in month target of £3.3m.
	Capital	• Approved Capital Resource Limit (CRL) for 2025/26 is £58.5m.
	PSPP	• Quarter 1 PSPP for paying non-NHS invoices by number was 96.8% (Welsh Government target 95.0%)
Key Messages		➢ The deficit totals £7.8m, largely a £5.5m shortfall in savings with costs for Continuing Healthcare (Out of Area Mental Health) and opening of additional capacity ➢ Identification and delivery of savings required at pace, the deficit in the early part of 2025/26 requiring recovery during the reminder of the financial year ➢ In-month position is reporting a deficit of £1.6m, an improvement of £0.8m from the previous months position ➢ The Health Board is also advised of significant risks relating to funding shortfalls for the national insurance increase, potential for increased contribution to the Welsh Risk Pool share and risk of Joint Commissioning Committee not being able to manage financial contractual performance ➢ National Insurance funding confirmed on a non recurrent basis by WG is £18.7m which will present a shortfall of £4.2m (18.3% of costs). The methodology of apportionment of the allocation is being challenged as the % shortfall is excessive compared to the publicised Welsh Government shortfall of 14% ➢ Total Quantifiable risks to the Health Boards' financial position is currently reported at £61.6m. (See further detail in Slide 13)

Key Performance Indicators

Month 3 Position

In Month: £191.5m against plan of £189.9m

£1.6m adverse

2025/26 Full Year Position

Forecast Balanced

Risks are associated with savings delivery and other pressures materialising, an example being National Insurance shortfalls

YTD Divisional Variance

West IHC	£6.3m adverse
Central IHC	£8.3m adverse
East IHC	£10.6m adverse
Womens	£0.8m adverse
MH & LD	£5m adverse
Commissioning Contracts	£3.2m adverse
ICD Primary Care	£0.6m favourable
ICD Regional Services	£3.7m adverse
Support Functions	£1.6m adverse
Other Budgets	£31.1m favourable

Savings

In-month: £2.0m against target of £3.3m

£1.3m adverse

Full Year Savings Delivery

£17.5m against target of £40.0m

£22.5m adverse (Additional red schemes and opportunities of £15.0m are under review)

COVID-19 Impact

£2.5m YTD Cost

£13.0m COVID funding allocation from WG

Year to Date Income

£40.9m against budget of £40.1m

£0.8m favourable

Year to Date Pay

£287.2m against budget of £271.0m

£16.2m adverse

Allocation of reserves in future months will in part mitigate this in future reporting periods

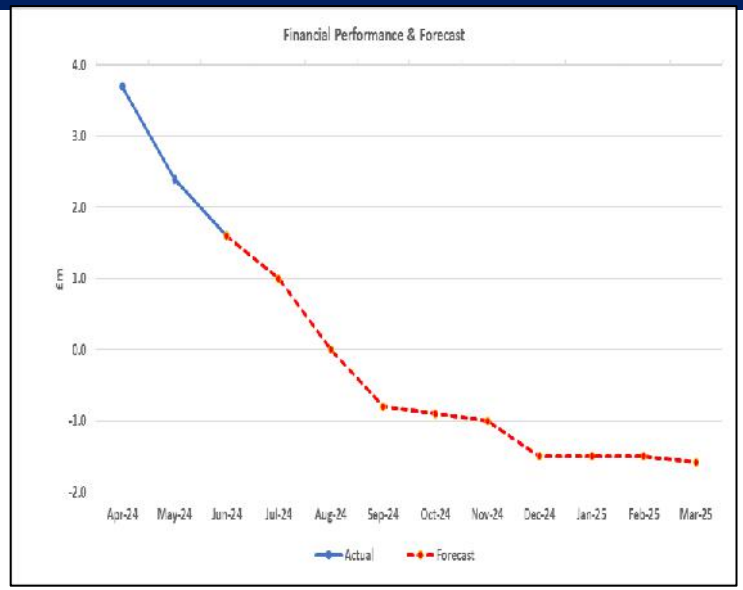
Year to Date Non-Pay

£327.5m against budget of £335.1m

£7.6m favourable

Revenue Position

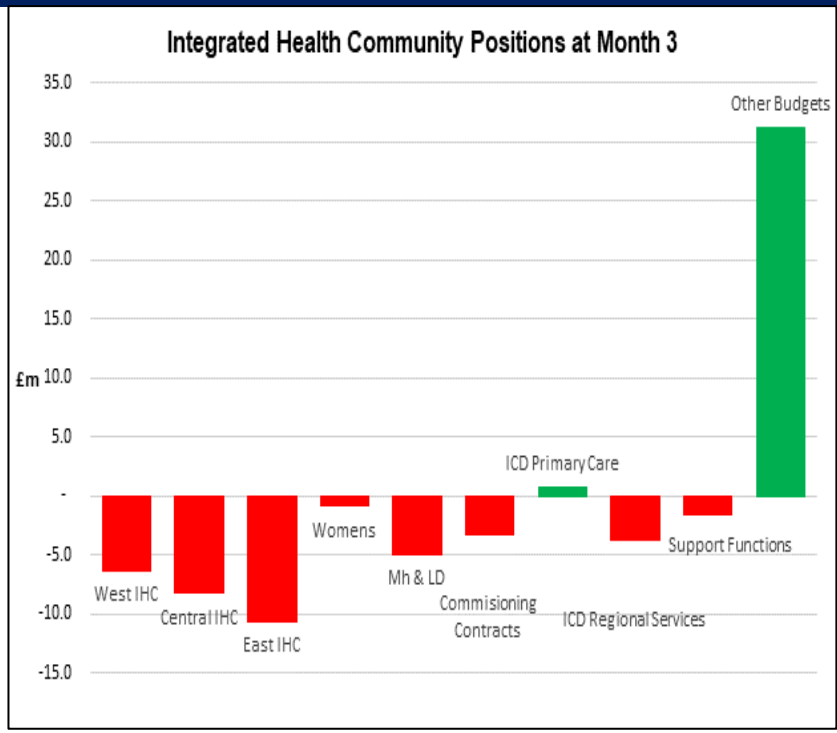
	Actual			Forecast									2025/26 Cumulative against Plan				Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	£m
Revenue Resource Limit	(186.5)	(189.5)	(189.9)	(191.5)	(191.1)	(191.7)	(190.9)	(190.2)	(192.0)	(191.9)	(189.3)	(192.2)	(566.0)	(566.0)	**0.0**	0.00	(2,286.7)
Miscellaneous Income	(13.4)	(13.6)	(13.9)	(13.4)	(13.4)	(13.4)	(13.5)	(13.4)	(13.4)	(13.6)	(13.5)	(14.3)	(40.1)	(40.9)	**(0.8)**	2.0%	(162.7)
Health Board Pay Expenditure	94.9	96.4	96.0	95.1	95.4	95.6	95.3	95.5	95.5	95.9	95.7	95.4	271.0	287.2	**16.2**	6.0%	1,146.6
Non-Pay Expenditure	108.8	109.2	109.4	110.8	109.1	108.7	108.2	107.2	108.4	108.1	105.5	109.5	335.1	327.5	**(7.6)**	-2.3%	1,302.8
Total Deficit / (Surplus)	**3.7**	**2.4**	**1.6**	**1.0**	**0.0**	**(0.8)**	**(0.9)**	**(1.0)**	**(1.5)**	**(1.5)**	**(1.5)**	**(1.6)**	**0.0**	**7.8**	**7.8**		**0.0**



- The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Expenditure commitments will need to be prioritised to enable the key financial duty and the performance ask to be attained. Achieving the control target in 2024/25 has resulted in the £74.6m conditionally recurrent funding received in 2023/24 and 2024/25 being allocated as recurrently in 2025/26 and the receipt of the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, with conditions associated with retention recurrently of the funds for 2026/27 and beyond being:
  - £40.0m Deficit Support Funding – Recurrent and non-conditional following submission and delivery of a financially balanced IMTP by the Health Board.
  - £42.0m Performance & Transformation Funding – Recurrent on de-escalation from Special Measures and Welsh Government having greater oversight and direction in use against Special Measures and Ministerial priorities.
- The focus will need to continue on containing cost overruns and recovering the in-month deficit and Grip and Control actions implemented in 2024/25 remain.
- The in-month position is reporting a deficit of £1.6m, an improvement of £0.8m from previous months in-month position, and is £0.2m higher than the forecast deficit profiled for Month 3 at month 2.
- Year to Date position is reporting a deficit of £7.8m which is largely driven by a £5.6m shortfall in undelivered savings to date, pressures associated with additional capacity areas remaining open and Healthcare Services provided by other NHS Bodies Contracts.

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan
	Budget	Actual	Variance to Plan	Variance to Plan	Budget	Actual	Variance to Plan	Variance to Plan	
	£m	£m	£m	%	£m	£m	£m	%	£m
WG RESOURCE ALLOCATION	(189.9)	(189.9)	0.0	0%	(566.0)	(566.0)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.3	0.3	0.0		0.0
West Area	16.9	17.7	(0.8)		50.3	52.8	(2.5)		(9.2)
Ysbyty Gwynedd	11.2	12.3	(1.1)		33.0	36.4	(3.5)		(15.4)
Facilities	1.1	1.3	(0.1)		3.4	3.7	(0.4)		(1.3)
Total West	29.3	31.4	(2.1)	-7%	87.0	93.3	(6.3)	-7%	(25.9)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.3	0.4	0.0		(0.2)
Central Area	22.2	22.9	(0.7)		65.9	68.0	(2.1)		(12.0)
Ysbyty Glan Clwyd	14.0	15.7	(1.8)		41.3	47.1	(5.8)		(23.0)
Facilities	1.3	1.5	(0.1)		4.0	4.3	(0.4)		(1.8)
Total Central	37.6	40.2	(2.6)	-7%	111.5	119.8	(8.3)	-7%	(37.0)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.3	0.3	0.0		0.0
East Area	24.5	26.3	(1.9)		73.0	78.7	(5.7)		(22.5)
Ysbyty Wrexham Maelor	11.4	13.2	(1.7)		35.2	39.7	(4.5)		(17.3)
Facilities	1.2	1.4	(0.2)		3.6	4.1	(0.5)		(1.8)
Total East	37.2	41.0	(3.8)	-10%	112.1	122/7	(10.6)	-9%	(41.6)
Total Midwifery and Women's Services	4.2	4.5	(0.3)	-7%	12.3	13.1	(0.8)	-7%	(3.1)
Total Mental Health and LDS	14.7	16.5	(1.8)	-12%	44.1	49.0	(5.0)	-11%	(16.2)
Total Commissioning Contracts	25.1	24.9	0.2	1%	74.8	78.0	(3.2)	-4%	(13.3)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	0.5	0.5	0.0		1.5	1.5	0.0		0.2
Dental North Wales	3.0	2.8	0.2		9.0	8.2	0.8		2.5
Community Dental Services	0.6	0.6	0.0		1.7	1.7	(0.1)		(0.3)
Other Primary Care	(0.2)	(0.2)	(0.1)		0.4	0.5	(0.2)		(0.6)
Total Integrated Clinical Delivery Primary Care	3.8	3.7	0.1	3%	12.6	12.0	0.6	5%	1.8
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1.9)	(2.1)	0.2		(5.7)	(6.0)	0.3		1.3
Diagnostic and Specialist Clinical Support	7.0	7.7	(0.8)		20.8	22.7	(1.8)		(8.4)
Cancer Services	5.6	6.4	(0.7)		16.8	19.0	(2.2)		(8.3)
Total Integrated Clinical Delivery	10.7	12.0	(1.3)	-12%	31.9	35.6	(3.7)	-12%	(15.5)
Total Service Support Functions	13.4	13.6	(0.3)	-2%	40.0	41.6	(1.6)	-4%	(7.1)
Total Other Budgets	13.9	3.8	10.2	73%	39.7	8.5	31.1	78%	157.9
Total Health Board Position	0.0	(1.6)	(1.6)		0.0	(7.8)	(7.8)		0.0



- In-month position is reporting a deficit of £1.6m, an improvement of £0.8m from the previous in-month position. The forecast is to deliver a balanced outturn, which is in line with the financial plan for the year.
- Variable pay costs have reduced in June by £0.4m from May driven by a reduction of £0.3m in Locum and £0.2m in Agency.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.

Expenditure – Pay & Non-Pay

Pay Costs	Actual			Forecast									Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clinical	13.2	13.3	13.3	13.7	13.8	13.8	13.8	13.8	13.8	13.9	13.8	13.8	40.1	39.7	0.4	165.6
Medical & Dental	22.3	22.7	22.2	21.2	21.2	21.3	21.2	21.3	21.3	21.4	21.4	21.4	60.3	67.2	(6.9)	255.7
Nursing & Midwifery Registered	28.8	29.1	29.2	29.4	29.4	29.6	29.4	29.5	29.5	29.7	29.6	29.6	82.1	87.1	(5.0)	354.3
Additional Clinical Services	14.2	14.7	14.6	14.5	14.6	14.6	14.6	14.6	14.6	14.7	14.6	14.6	39.8	43.6	(3.8)	175.4
Add Prof Scientific & Technical	3.9	3.9	3.9	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	12.4	11.8	0.6	44.8
Allied Health Professionals	6.4	6.3	6.4	6.3	6.3	6.3	6.3	6.3	6.3	6.4	6.3	6.3	18.1	19.1	(1.0)	76.0
Healthcare Scientists	1.7	1.7	1.7	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	5.1	5.2	(0.1)	19.0
Estates & Ancillary	4.3	4.4	4.5	4.5	4.6	4.6	4.5	4.6	4.6	4.6	4.6	4.6	12.8	13.2	(0.4)	54.7
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.1	1.1
Health Board Total	**94.9**	**96.3**	**95.9**	**95.1**	**95.4**	**95.6**	**95.3**	**95.5**	**95.5**	**95.9**	**95.7**	**95.4**	**271.0**	**287.2**	**(16.2)**	**1,146.6**
Other Services (incl. Primary Care)	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	8.4	9.4	(1.0)	37.5
Total Pay	**98.0**	**99.4**	**99.0**	**98.2**	**98.5**	**98.7**	**98.4**	**98.6**	**98.6**	**99.1**	**98.8**	**98.5**	**279.4**	**296.6**	**(17.2)**	**1,184.1**

Non-Pay Costs as per Monitoring Return Table	Actual			Forecast									Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractor	20.8	20.5	21.1	20.7	20.9	20.9	20.8	20.9	20.9	21.0	20.9	21.1	61.7	62.4	(0.7)	250.5
Primary Care – Drugs and Appliances	10.9	10.9	10.8	11.3	10.9	11.3	11.3	10.6	11.5	11.2	10.2	11.4	29.3	32.6	(3.3)	132.3
Provider Services – Non Pay	18.6	18.3	18.2	17.0	16.3	16.5	17.2	17.1	17.4	17.4	17.2	16.2	79.7	55.2	24.5	207.4
Secondary Care - Drugs	8.4	9.4	8.8	8.9	8.9	8.9	9.0	8.9	8.7	8.7	8.4	9.0	21.9	26.6	(4.7)	105.9
Healthcare Services Provided by Other NHS Bodies	32.2	31.9	31.1	31.4	31.3	31.4	31.3	31.4	31.3	31.4	31.3	31.4	90.8	95.2	(4.4)	377.4
Continuing Care and Funded Nursing Care	11.5	11.6	11.7	11.3	11.3	11.1	11.3	11.1	11.3	11.3	10.5	11.3	33.0	34.8	(1.8)	135.4
Other Private & Voluntary Sector	2.7	2.8	2.5	5.3	4.7	4.0	2.7	2.6	2.6	2.4	2.3	2.3	6.3	8.0	(1.7)	37.0
Joint Financing and Other	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.7	0.9	(0.2)	3.6
Losses, Special Payments and Irrecoverable Dets	0.2	0.4	0.2	0.5	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.8	0.9	(0.1)	3.9
Non-Pay Costs	**105.7**	**106.1**	**104.7**	**106.7**	**105.0**	**104.6**	**104.2**	**103.1**	**104.4**	**104.1**	**101.5**	**103.4**	**324.0**	**316.4**	**7.6**	**1,253.4**
AME/DEL Depreciation	3.2	3.2	4.7	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	6.1	11.0	11.0	0.0	49.4
Total Non-Pay	**108.8**	**109.2**	**109.4**	**110.8**	**109.1**	**108.7**	**108.2**	**107.2**	**108.4**	**108.1**	**105.5**	**109.5**	**335.1**	**327.5**	**7.6**	**1,302.8**

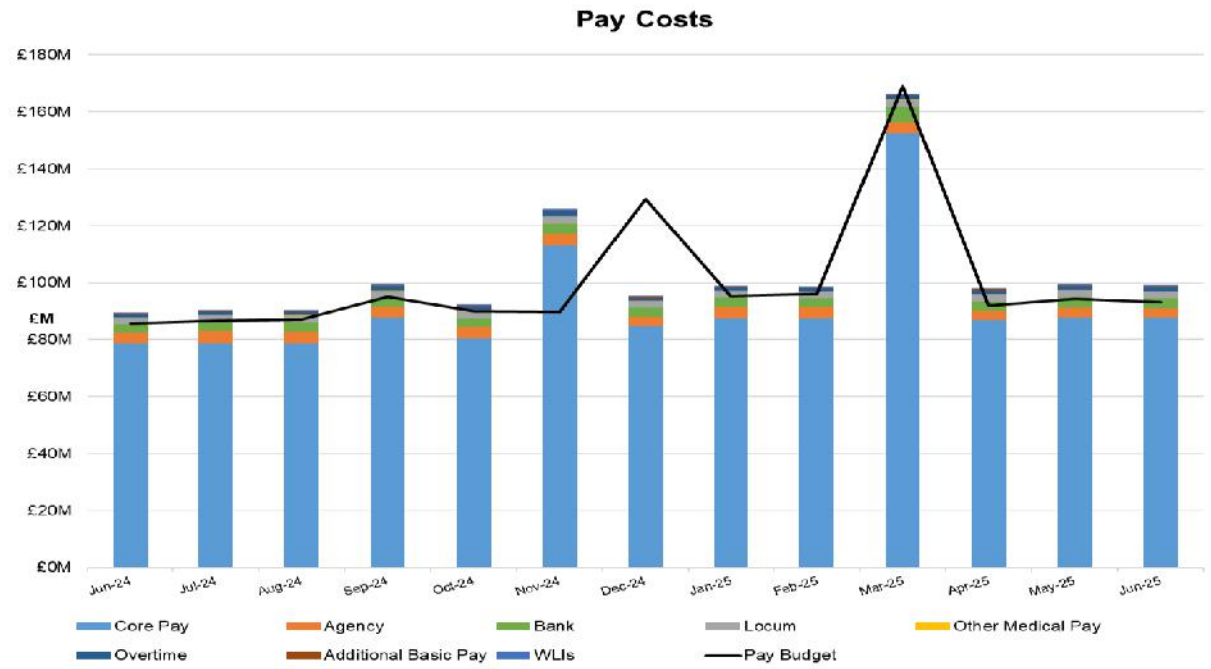
Health Board Pay:

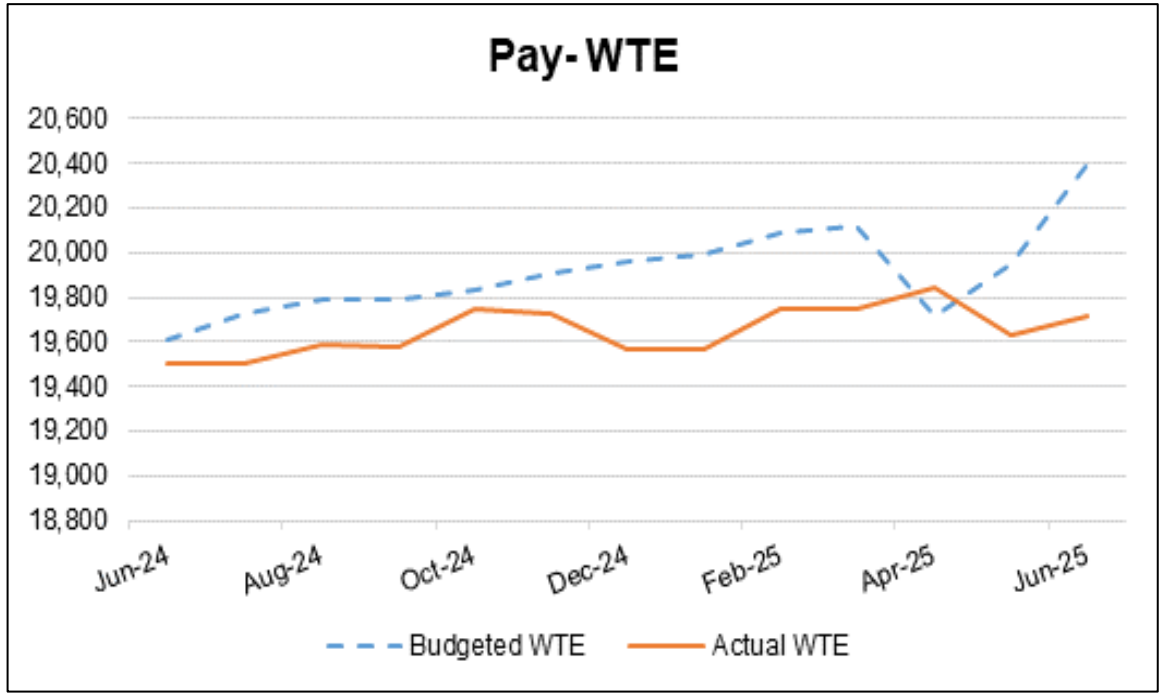
- Month 3 Provider Services Pay decreased by £0.4m (0.4%) from previous month.
- Overall variable pay costs have reduced in June with a downward trend in agency and bank.
- Further detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.
- Forecast pay costs exclude the 25/26 pay award cost which is assumed to be fully funded by WG.

Non-Pay Expenditure (excluding Depreciation):

- Total Non-Pay expenditure (excluding AME/DEL Depreciation) decreased by £1.4m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure – Pay





Variable Pay	2024/25 M10 £m	M11 £m	M12 £m	2025/26 M1 £m	M2 £m	M3 £m	Total £m
Agency	3.9	3.9	3.6	3.3	3.5	3.3	10.1
Overtime	1.0	1.1	1.3	1.1	1.1	1.2	3.4
Locum	2.6	2.4	2.5	2.6	2.7	2.4	7.8
WLIs	0.4	0.3	0.3	0.4	0.4	0.5	1.3
Bank	3.2	3.0	5.6	3.2	3.5	3.6	10.3
Other Non Core	0.0	0.1	0.1	0.1	0.0	0.1	0.2
Additional Hours	0.3	0.4	0.4	0.4	0.3	0.4	1.1
Total	**11.5**	**11.2**	**13.8**	**11.2**	**11.7**	**11.3**	**34.2**

- June budgeted WTE has increased which is largely driven by the removal of the negative CRES WTE (see next slide for additional detail).
- Variable Pay totals £11.3m for June, a reduction of £0.4m from previous month driven by reductions of £0.3m in Locum and £0.2m in Agency and partially offset by increases in other areas.

Pay - WTE

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Movement M3 V M2
Budgeted WTE	19,962	19,992	20,086	20,122	19,719	19,941	20,400	459
Actual WTE	19,562	19,571	19,745	19,745	19,839	19,635	19,720	85

- Actual worked in June is 19,720, an increase of 85 WTE since May.
- Budgeted WTE increased by 459 WTE between June and May, with the below providing detail of the budgetary increases:-

BUDGETED WTE	Jan WTE	Feb WTE	Mar WTE	Apr WTE	May WTE	June WTE	Movement M3 v M2	Explanation of Key movements
West IHC	3,715	3,715	3,724	3,570	3,610	3,771	161	Removal of negative CRES WTE in West Area (73 WTE) and YG (87 WTE)
Centre IHC	4,857	4,861	4,862	4,688	4,750	4,960	210	Removal of negative CRES WTE in Central Area (62 WTE) and YGC (63 WTE), 50 WTE RIF non recurrent funding, 14 WTE new income from NWJCC & PHW, 20 WTE Clusters correction, 8 WTE Vascular & Diabetes Foot offset by removal of NSA funding allocation.
East IHC	4,610	4,674	4,674	4,673	4,706	4,675	(31)	Removal of negative CRES WTE in YWM and East Facilities
COVID Response	137	139	139	149	150	151	1	
Dental GDS	14	14	14	14	14	14	0	
Dental CDS	172	172	172	167	167	167	0	
Womens	697	697	693	687	693	694	1	
Diagnostics	980	980	980	982	1,008	1,010	2	
Cancer Services	417	417	417	416	416	423	7	
Mental Health & LDS	2,277	2,289	2,289	2,286	2,287	2,325	38	Reversal of negative CRES WTE
Other Primary Care	15	15	15	15	15	15	0	
Corporate	2,101	2,116	2,025	1,958	2,009	2,079	70	Removal of negative CRES WTE
Med Ed/R&D	1	0	118	115	116	116	0	
TOTAL	**19,992**	**20,086**	**20,122**	**19,719**	**19,941**	**20,400**	**459**	

Pay Costs – Agency

	2025-26 Agency Spend £m												Full Year Expenditure £m
	Actual			Forecast									
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
West Area	0.1	01	0.1	0.1	0.1	0.1	.01	01	01	01	01	01	1.3
Central Area	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	2.7
East Area	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.9
Ysbyty Gwynedd	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	5.7
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.1	1.1	1.0	1.0	1.0	1.0	1.0	1.0	1.0	12.5
Ysbyty Maelor Wrexham	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	4.3
Mental Health & LDS	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.8
Womens	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	2.0
Other inc pan BCU Cancer Services and Corporate	0.3	0.3	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	2.8
Total Agency	**3.3**	**3.5**	**3.3**	**3.4**	**3.3**	**3.2**	**3.2**	**3.2**	**3.2**	**3.2**	**3.2**	**3.2**	**39.0**

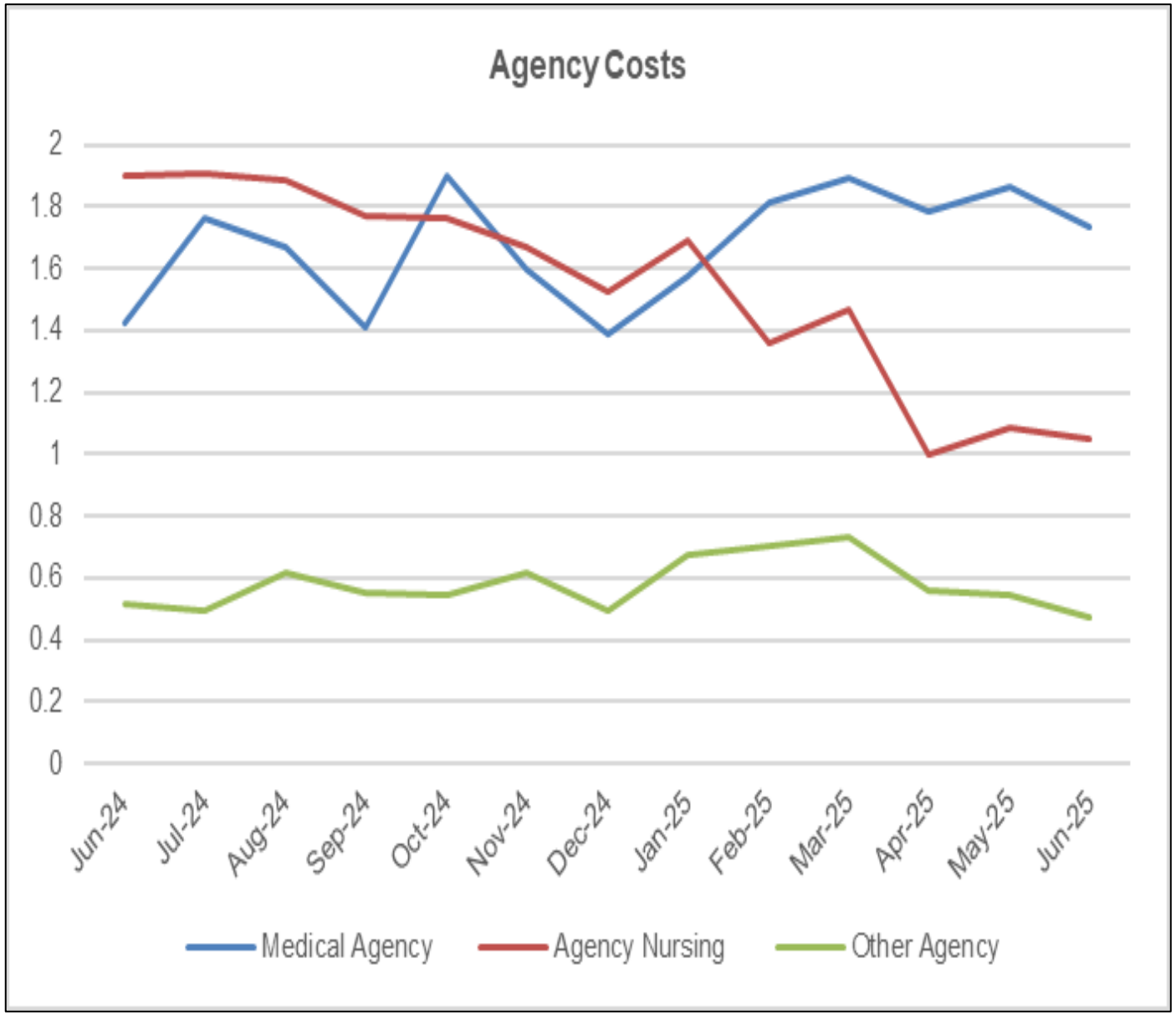
- Agency expenditure for June (Month 3) is £3.3m representing 3.3% of total pay, a decrease of £0.2m compared to previous months spend. Monthly average spend in 2024/25 was £3.9m. 2025/26 Agency annual forecast outturn is £39.0m, a £3.7m reduction compared to the £42.7m annual forecast outturn reported at Month 2.

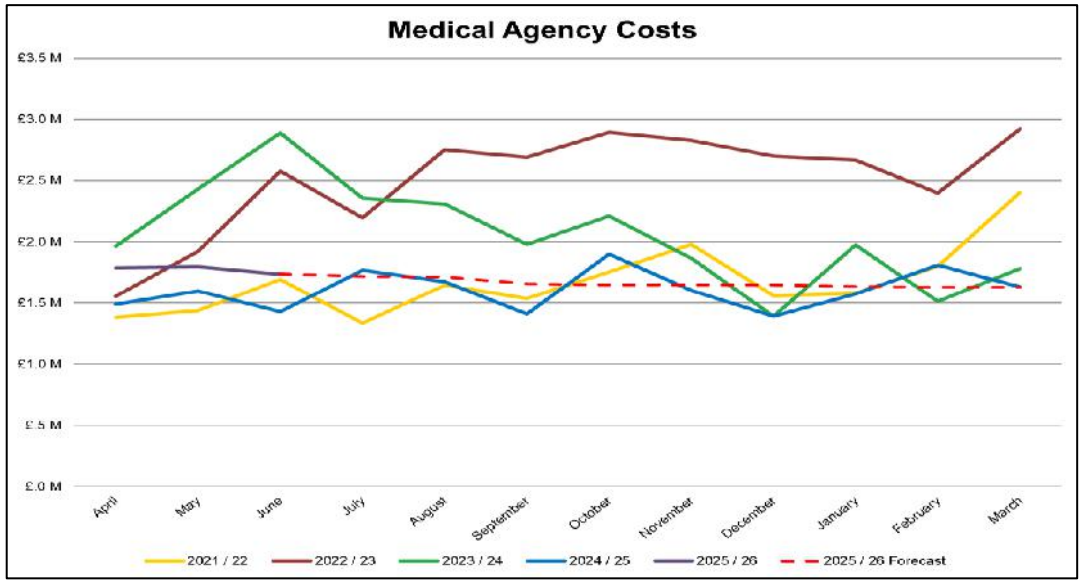
- Month 3 Medical Agency expenditure is £1.7m, a decrease of £0.2m from previous month spend. The monthly average medical agency expenditure for 2024/25 was £1.6m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.6m), Ysbyty Gwynedd (£0.3m), Womens (£0.2m), Mental Health (£0.2m) and Ysbyty Maelor Wrexham (£0.1m), covering Medical vacancies and sickness.

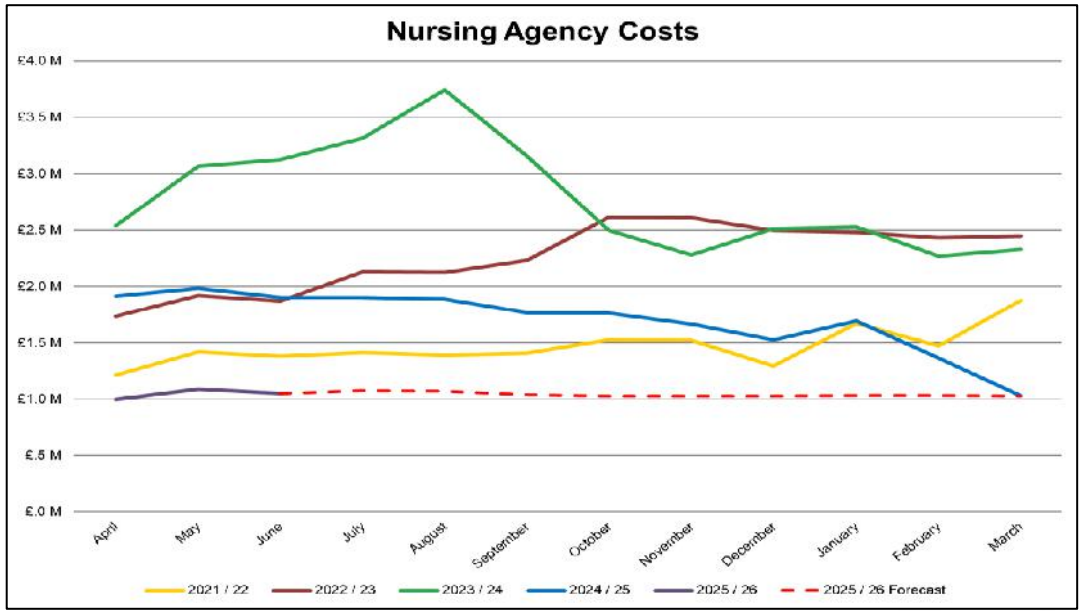
- Nurse agency costs totalled £1.0m for the month, a decrease of £0.1m from previous month spend. Month 3 Nurse Agency spend is £0.7m lower than the 2024/25 monthly average costs of £1.7m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.4m), Ysbyty Maelor Wrexham (£0.2m), Ysbyty Gwynedd (£0.1m), 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. Other agency costs totalled £0.5m in Month 3, an increase of £0.1m from previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.4m) with the remaining £0.1m being reported in Admin & Clerical.

- The Cabinet Secretary workforce enabling action will expect non clinical agency costs to reduce to Nil. Whilst there is no spend forecast against Healthcare Support Worker and Estates & Ancillary Agency staffing for 2025/26, further work is required to reduce Admin & Clerical Agency to zero.

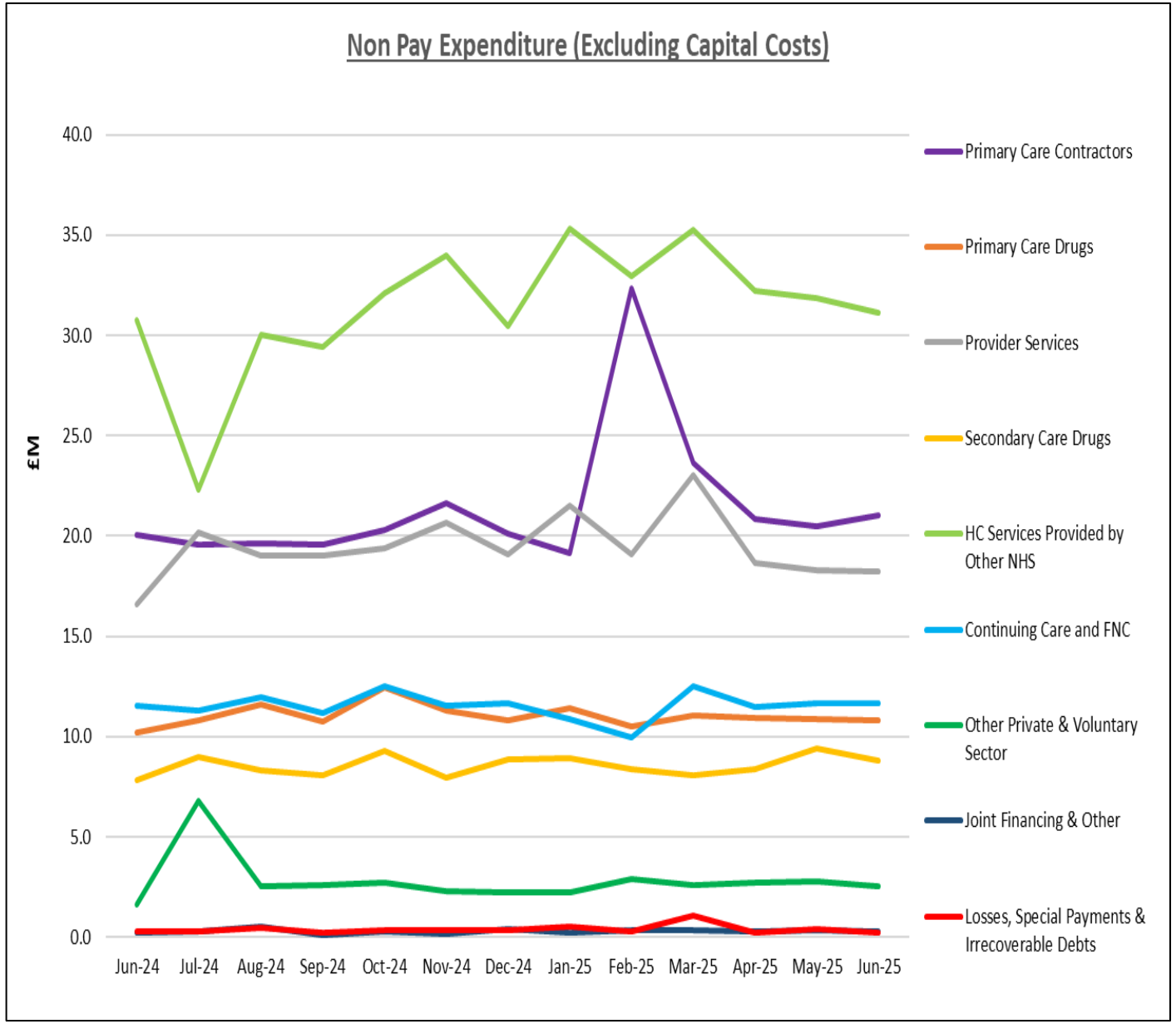
Pay Costs – Agency







Expenditure - Non Pay



- **Primary Care Contractor:** June expenditure is £0.6m (2.8%) higher than previous month, of which £0.3m increase is reported against General Dental Services (GDS), £0.2m increase in General Medical Services (GMS), £0.2m increase in Primary Care Pharmaceutical Services offset by a £0.1m reduction in Other Primary Care Services.

- **Primary Care Drugs:** Expenditure is £0.1m less than previous month due to a reduction of Edoxaban Prescribing and move towards cheaper alternatives.

- **Provider Services Non-Pay:** Expenditure remains in line with previous month, however spend is £1.7m higher than forecast for the month being predominantly due to the shortfall in undelivered savings.

- **Secondary Care Drugs:** Expenditure decreased by £0.6m (6.7%) from previous month, of which £0.5m is reduction in Cancer Services Drugs due to high cost of Haemophilia patient blood products reported in previous month.

- **Healthcare Services provided by Other NHS Bodies**: Expenditure is £0.7m (2.3%) less than previous month due to JCC reporting an in-month reduction for NHS English provider contracts as a result of improvements in the LH&CH, Walton & Alder Hey reported position.

- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is in line with previous month and £0.4m higher than forecast for the month due to backdated CHC costs.

- **Other Private & Voluntary Sector:** Spend decreased by £0.2m (8.1%) from previous month.

Allocations

Description	£m
Allocations Received	2,159.9
Total Allocations Received	**2,159.9**

Description	£m
Allocations anticipated	
DEL Non Cash Depreciation	5.2
AME Non Cash Depreciation	3.7
Removal of Donated Assets / Government Grant Receipts	-0.8
Removal of IFRS-16 Leases (Revenue)	-4.3
Real Living Wage (Care Homes)	2.8
WRP top slice for 25/26 as per IMTP	-6.8
Anticipated Allocation for uplift from 1.77 to 2.15 percent (English Contracts)	0.4
NWJCC Contracts English Inflation from 1.77 to 2.15 percent	0.4
Digital Maternity Cymru 25/26	0.4
Consultant Clinical Excellence Awards	0.4
RIF Integration and Rebalancing Capital Fund (IRCF)	0.5
English CUF from 2.15 to 2.83 percent	0.6
RIF MAS Dementia NR Funding 25/26	0.7
NWJCC English CUF from 2.15 to 2.83 percent	0.7
Prevention and Early Years fund allocation 2025/26	1.2
RIF Dementia Action Plan	2.2
All Ages Mental Health Digital Solution 25/26	2.2
IM&T Refresh Programme	2.5
Six Goals	2.7
ePMA 25/26	3.2
Real Living Wage funding	4.2
RTT Waiting Times	5.0
Cataract funding 2025/26	6.3
WG Anticipated National Insurance funding	22.9
Pay award 24/25	68.6
Other	1.8
Total Allocations Anticipated	**126.8**

	£m
Total Allocations Received	2,159.9
Total Allocations Anticipated	126.8
Total Welsh Government Income	2,286.7

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). Total Revenue Resource Limit (RRL) for the year is £2,286.7m.
- Confirmed allocations to date are £2,159.9m. This includes £13.0m allocation for COVID-19, with £1.1m of COVID income profiled into June.
- Further anticipated allocations in year total £126.8m as detailed in the table.

Risks and Opportunities (not included in position)

- The below are risks and opportunities to the Health Board's financial position for 2025/26. Where it is clear of specific costs for both risks and opportunities, these are incorporated into the forecast position.

	Risks	£m	Level
1	Mitigation of Inflationary Cost Impact – Costs over funded levels	7.5	Medium
2	Mitigation of cost – Additional bed capacity & drug costs	9.0	Medium
3	National Insurance Funding shortfall	4.2	High
4	Under delivery against Savings Target (Balance, less VAT, 50% of opportunities, pipeline and red)	15.2	Medium
5	Joint Commissioning Committee Performance – risk of JCC not managing performance	10.4	High
6	Dental Ring Fenced Allocation underspend potential clawback	2.1	Medium
7	Inability to mitigate the increase in English Tariff of circa 15%, but funding only 2.82%	5.0	High
8	Additional 25/26 WRP Risk Share Agreement (value above IMPT)	8.2	Medium
	Total Quantifiable Risks	**61.6**	

	Opportunities / Mitigations for the identified risks	£m	Level
1	In year VAT Opportunity (shown separate as requested by WG)	0.6	High
	Total Opportunities	**0.6**	

Balance Sheet

- The closing cash balance as at 30th June 2025 was £7.4m, which included £4.2m cash held for revenue expenditure and £3.3m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 205-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.
- The cashflow forecast does not currently include the impact of the 2025-26 pay awards due to be made from August 2025 onwards, which will be added once the anticipated resource requirements have been included within the Resource Limits.

	Opening Balance Beginning of Apr-25	Closing Balance End of Jun-25	Forecast Closing Balance End of Mar-25
Non-Current Assets	**£m**	**£m**	**£m**
Property, plant and equipment	740.2	733.8	750.6
Intangible assets	0.8	0.7	0.8
Trade and other receivables	119.7	125.4	125.7
Non-Current Assets sub total	**860.7**	**859.9**	**877.1**
Current Assets			
Inventories	20.5	20.8	20.5
Trade and other receivables	128.7	127.0	131.7
Cahs and cash equivalents	5.9	7.4	5.9
Non-current assets classified as held for sale	0.6	0.6	0.0
Current Assets sub total	**155.6**	**155.8**	**158.1**
Total Assets	**1,016.3**	**1,015.7**	**1,035.2**
Current Liabilities			
Trade and other payables	232.3	229.2	224.5
Provisions	53.9	57.4	56.9
Current Liabilities sub total	**286.2**	**286.5**	**281.4**
NET ASSETS LESS CURRENT LIABILITIES	**730.1**	**729.1**	**753.8**
Non-Current Liabilities			
Trade and other payables	23.9	23.9	23.9
Provisions	120.9	126.6	126.9
Non-Current Liabilities sub total	**144.7**	**150.4**	**150.7**
TOTAL ASSETS EMPLOYED	**585.3**	**578.7**	**603.0**
FINANCED BY:			
Taxpayers' Equity			
General Fund	367.2	360.5	384.9
Revaluation Fund	218.2	218.2	218.2
Total Taxpayers' Equity	**585.4**	**578.7**	**603.0**

Capital

- The approved Capital Resource Limit (CRL) for 2025/26 is £58.5m and is forecast to be spent in full. Year to Date expenditure is £4.6m. The forecast outturn reflects the anticipated amendments to the CRL. The first amendment is £3.9m contingency for the Orthopaedic Hub currently included in section within the CRL. The second amendment is a reduction to £2.9m (from £9.1m) for the Electrical Infrastructure as per the agreement with WG, largely accounting for the £2.1m variance.

BUDGET 2025/26		
1) Capital Resource Limit 2024/25	£m	Brief Overview / Update 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).
WG Discretionary Capital	14.2	
All Wales Scheme	44.2	
Total CRL	58.5	

CAPITAL PROGRAMME 2025/26	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	3.4	0.8	3.2	0.2	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	0.2	1.7	-	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	0.1	3.5	-	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.0	0.1	3.0	-	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	1.0	0.0	1.0		Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	1.5	0.0	1.5	-	Brokerage managed within the programme.
WG Discretionary Capital	**14.2**	**1.1**	**14.0**	**0.2**	**Under Commitment**

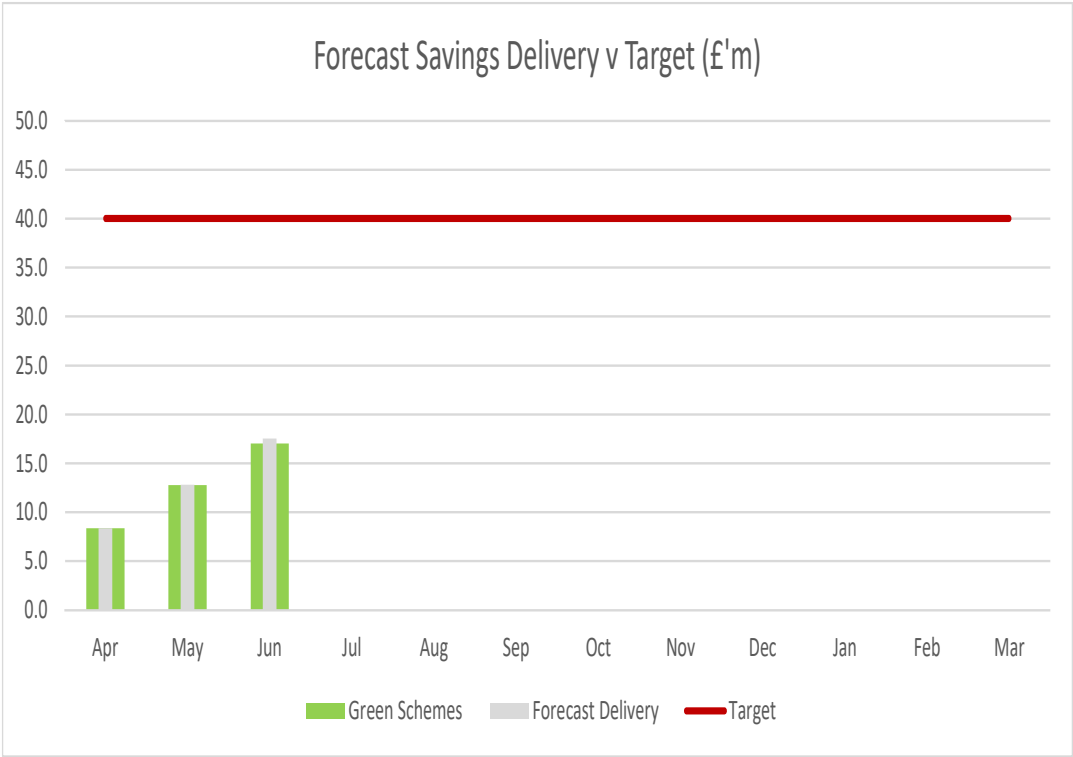
Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Substance Misuse Building, Llandudno	1.7	0.0	1.7	- 0.0	The forecast outturn reflect completion of the project in 2026/27. The contract build is due to start in August 2025.
Regional Orthopaedic Hub, Llandudno Hospital	11.7	3.0	15.9	- 4.1	**The project is progressing with completion forcasted by the end of the calendar year. The forecast outturn includes the contingency risk pot currently in section 4 in the CRL, profiled to be spent in year.**
Year End Funding – October 2024	0.5	0.0	0.5	-	Funding includes a couple of project that includes Digital Radiology Rooms and Endoscopy. All project will complete in year.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	9.1	0.0	2.9	6.2	**The project is programmed over the next 2 years. The contractor is due to start in August. The cashflow forecast has been reprofiled and shared with WG Capital colleagues with the adjustment to the CRL due imminently.**
TEF - Fire	2.4	0.0	2.4	-	The TEF funding is across a number of projects. Business cases has been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Infrastructure	3.1	0.0	3.1	-	The TEF funding is across a number of projects. Business cases has been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Decarbonisation	0.2	0.0	0.2	-	The TEF funding is across a number of projects. Business cases has been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Mental Health	2.0	0.4	2.0	-	The TEF funding is across a number of projects. Business cases has been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Infection Prevention Control	0.8	0.0	0.8	-	The TEF funding is across a number of projects. Business cases has been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Decontamination	0.8	0.0	0.8	-	The TEF funding is across a number of projects. Business cases has been approved with allocations. All works will progress to achieve the CRL by year end.
IRCF - Conwy & Llandudno Junction Health & Social Ca	0.6	0.0	0.9	- 0.2	The project is in the design phase with submission of the FBC in this financial year.
IRCF - Caledfryn, Denbigh Health and Wellbeing Hub –	0.3	0.0	0.3	0.0	The current CRL reflects the design costs which is profile to spent in year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	-	The hardware will be procured in 2025/26.
Nuclear Medicine Consolidation at YGC	0.7	0.0	0.7	-	The current CRL reflects the fees to progess to FBC which is profiled to be spent in year.
Replacement Diagnostic and Treatment Equipment	9.8	0.0	9.8	-	The project is for two Linear Accelerators and a Spect CT, all of which are profiled to be delivered in this financial year.
All Wales Capital	**44.2**	**3.5**	**42.4**	**1.9**	**Under commitment**
Total Capital Funding Available	**58.5**	**4.6**	**56.4**	**2.1**	

Savings Performance against Target

- The Health Board's financial plan has set a target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis.
- Full year forecast value of Green Schemes totals £17.5m (including £17.2m Savings, £0.1m Income Generation and £0.2m Accountancy Gains). A forecast increase of £4.7m from month 2. Of these, £13.5m have been identified as recurring, with a full year effect of £19.1m, and £4.0m are non-recurring savings.
- 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, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £15.0m.
- In-month delivery includes Savings of £1.6m, £0m Income Generation and £0.2m of Accountancy Gains, against a £3.3m Target with the combined year to date delivery is £4.2m, of which £2.6m is recurring, against a target of £10.0m.

Service Performance against Target	Annual				Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	3.0	4.8	4.5	2.0	0.7	1.3
Central Integrated Health Community	10.0	1.9	8.1	2.3	2.5	0.6	1.9
East Integrated Health Community	10.0	3.3	6.7	3.8	2.5	0.9	1.6
MHLD	3.9	4.1	-0.3	5.4	1.0	0.7	0.3
Womens Services	1.2	0.1	1.1	0.1	0.3	0.0	0.3
Diagnostic and Specialist Clinical Support	1.8	0.2	1.6	0.1	0.5	0.1	0.3
Cancer Services	1.5	1.6	-0.1	2.6	0.4	0.2	0.1
Community Dental Sevices	0.1	0.0	0.1	0.0	0.0	0.0	0.0
Corporate & Support Services	3.6	2.9	0.7	0.2	0.9	0.8	0.1
Saving Total	**40.0**	**17.3**	**22.7**	**19.1**	**10.0**	**4.0**	**6.0**
Accountancy Gains		0.2	-0.2			0.2	-0.2
Total		**17.5**	**22.5**	**19.1**	**10.0**	**4.2**	**5.8**



Savings Performance by Category

Savings - V&S 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	7.9	1.4	1.1	0.6	0.0	0.0	0.0	0.0	0.0	3.0	4.8
Central Integrated Health Community	10.0	0.1	1.5	0.3	0.0	0.0	0.0	0.0	0.0	1.9	8.1
East Integrated Health Community	10.0	1.2	1.4	0.7	0.0	0.0	0.0	0.0	0.0	3.3	6.7
MHLD	3.9	0.5		0.0	2.0		1.6			4.1	-0.3
Womens Services	1.2			0.1						0.1	1.1
Diagnostic and Specialist Clinical Support	1.8	0.0		0.1					0.1	0.2	1.6
Cancer Services	1.5	0.1	1.5	0.0						1.6	-0.1
Community Dental Sevices	0.1	0.0		0.0						0.0	0.1
Corporate & Support Services	3.6	0.6	0.0	2.4	0.0	0.0	0.0	0.0	0.0	2.9	0.7
Total Cash Releasing Savings	**40.0**	**3.9**	**5.5**	**4.2**	**2.0**	**0.0**	**1.6**	**0.0**	**0.1**	**17.3**	**22.7**
Accountancy Gains				0.2						0.2	-0.2
Total		**3.9**	**5.5**	**4.4**	**2.0**	**0.0**	**1.6**	**0.0**	**0.1**	**17.5**	**22.5**

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
R	40.0	13.5	26.5	10.0	2.6	7.4
NR	0.0	4.0	-4.0		1.7	-1.7
Total	**40.0**	**17.5**	**22.5**	**10.0**	**4.2**	**5.8**

Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year Plan	Full Year Forecast	Full Year Variance Forecast vs Plan	Year to Date Plan	Year to Date Achieved	Year to Date Variance Achieved vs Plan
Cancer	Biosimilar switching	R	36,024	3,002	-33,022	9,006	3,002	-6,004
Cancer	Biosimilar, switching from low cost effective to highly cost effective Part 2	R	19,842	19,842	0	0	0	0
Cancer	Enhanced Recruitment Controls Savings	NR	102,277	127,077	24,800	43,963	31,963	-12,000
Cancer	National agreed contracts for secondary care drugs	R	45,408	104,821	59,413	11,352	26,206	14,854
Cancer	Outsourcing savings (homecare)	R	125,004	184,471	59,467	31,251	45,148	13,897
Cancer	Price decrease, National agreed contracts for secondary care drugs Part 2	R	87,216	87,216	0	0	0	0
Cancer	Switch from brand to generic medicine, hospital contract	R	1,242,456	1,057,979	-184,477	233,517	141,278	-92,239
Corporate	Enhanced Recruitment Control Savings	NR	210,781	210,781	0	109,409	109,409	0
Corporate	Finance department training post vacancies 25-26 (N/R)	NR	48,159	48,159	0	21,434	21,434	0
Corporate	Non-renewal-Compellent Network Storage-YG	R	17,263	17,263	0	4,315	4,315	0
Corporate	Reversal of Linea accruals from 23/24	NR	133,400	133,400	0	133,400	133,400	0
Corporate	Review of senior staff establishment	R	55,033	55,033	0	13,758	13,758	0
Corporate	Senior posts Grade change	R	51,625	51,625	0	12,906	12,906	0
Corporate	Senior posts review/vacancies 25/26 (N/R)	NR	181,906	181,906	0	45,476	45,476	0
DSCS	EBME syringe pumps	NR	96,432	96,432	0	96,432	96,432	0
DSCS	Enhanced Recruitment Controls Savings	NR	48,408	48,408	0	15,364	15,364	0
Estates	Enhanced Recruitment Control Savings	NR	15,203	15,203	0	7,602	7,602	0
MH&LDS	Enhanced Recruitment Control Savings	NR	89,221	89,221	0	57,334	57,334	0
MH&LDS	Reduction in nursing and HCSW Agency spend	R	198,448	198,448	-1	44,507	58,001	13,494
MH&LDS	Reduction in Out of Area Beds	R	1,605,771	1,595,744	-10,027	106,262	96,235	-10,027
MH&LDS	Reduction in Unfunded Posts within MHLD	R	226,356	226,356	0	56,589	56,589	0
MH&LDS	Right Care Programme	R	2,000,000	2,000,000	0	500,000	391,600	-108,400
Midw & Womens	Non Pay Expenditure Grip & Control	R	100,000	100,000	0	25,000	25,000	0
Primary Care	Enhanced Recruitment Control Savings	NR	34,496	34,496	0	34,496	34,496	0
Centre IHC	Blood glucose and ketone testing strips switch	R	35,000	35,000	0	0	10,035	10,035
Centre IHC	Brands to generic Value & Sustainability basket	R	30,000	30,000	0	7,500	5,250	-2,250
Centre IHC	Decision support software	R	349,992	349,992	0	87,498	61,249	-26,249
Centre IHC	DOAC switch - edoxaban to rivaroxaban or apixaban	R	120,000	120,000	0	0	31,020	31,020
Centre IHC	Dressings and Appliances	R	19,992	19,992	0	4,998	3,498	-1,500
Centre IHC	Enhanced Recruitment Control Savings	NR	78,708	78,708	0	78,708	78,708	0
Centre IHC	Low value Prescribing Value & Sustainability basket	R	2,400	2,400	0	600	420	-180
Centre IHC	Medicines optimisation work	R	450,000	450,000	0	112,500	103,480	-9,020

Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Centre IHC	Novorapid to Trurapi insulin switch	R	7,000	7,000	0	700	220	-480
Centre IHC	Outsourcing savings (homecare)	R	107,004	107,003	-1	26,751	16,469	-10,282
Centre IHC	Price decrease, National agreed contracts for secondary care drugs	R	40,068	40,068	0	10,017	15,784	5,767
Centre IHC	Repatriate drug spend back to external contract	R	300,000	300,000	0	75,000	98,941	23,941
Centre IHC	Switch from brand to generic medicine, hospital contract (cardiology)	R	4,062	4,062	0	0	1,781	1,781
Centre IHC	Switch from brand to generic medicine, hospital contract (HIV)	R	14,064	14,064	0	3,516	4,332	816
Centre IHC	Switching from parent compound to biosimilar	R	57,027	57,027	0	0	4,772	4,772
East IHC	Agency Reduction - Community Services	R	300,000	300,000	0	75,000	75,000	0
East IHC	Blood glucose and ketone testing strips switch	R	30,000	30,858	858	3,000	3,858	858
East IHC	Decision support software	R	350,000	291,668	-58,332	87,498	29,166	-58,332
East IHC	Dietetic feeds reviews	R	30,000	30,000	0	0	0	0
East IHC	Discontination of Theatre Cataract packs in Opthalmology	R	12,740	12,740	0	1,274	1,274	0
East IHC	DOAC switch - edoxaban to rivaroxaban or apixaban	R	225,000	225,000	0	0	0	0
East IHC	Dressings and Appliances	R	50,000	41,668	-8,332	12,498	4,166	-8,332
East IHC	Enhanced Recruitment Control Savings	NR	111,180	111,180	0	94,317	94,317	0
East IHC	Medicines optimisation work	R	540,000	534,965	-5,035	135,000	134,166	-834
East IHC	Nurse Agency Reduction	R	516,000	628,894	112,894	129,000	241,894	112,894
East IHC	Optimising treatment choice in patient pathway	R	5,700	5,225	-475	1,425	950	-475
East IHC	Outsourcing savings (homecare)	R	109,992	100,826	-9,166	27,498	18,332	-9,166
East IHC	Price decrease, National agreed contracts for secondary care drugs	R	30,744	28,182	-2,562	7,686	5,124	-2,562
East IHC	Purchase of equipment through charity bid - Fluobeam	R	31,296	31,296	0	7,824	7,824	0
East IHC	Purchase of equipment through charity bid - YAG Laser	R	100,656	100,656	0	25,164	25,164	0
East IHC	Red Cross ED Wellbeing & Safe Home	R	125,127	125,127	0	12,513	12,513	0
East IHC	Reduction in medical gases costs	R	100,000	109,698	9,698	25,000	34,698	9,698
East IHC	Reduction in spend on Admin & Clerical Agency	R	15,000	15,000	0	3,750	3,750	0
East IHC	Reduction in spend on Nursing Agency - Surgery	R	120,000	145,725	25,725	30,000	55,725	25,725
East IHC	Switch from brand to generic medicine, hospital contract (cardiology & renal)	R	5,730	5,530	-200	600	400	-200
East IHC	Switch from brand to generic medicine, hospital contract (HIV)	R	7,200	6,768	-432	1,800	1,368	-432
East IHC	Switching from parent compound to biosimilar	R	108,000	108,000	0	0	0	0
West IHC	Biosimilar, switching from low cost effective to highly cost effective Part 2	R	34,549	34,549	0	0	0	0
West IHC	Blood glucose and ketone testing strips switch	R	35,000	52,026	17,026	0	17,026	17,026
West IHC	Brands to generic Value & Sustainability basket	R	19,992	18,326	-1,666	4,998	3,332	-1,666

Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year Plan	Full Year Forecast	Full Year Variance Forecast vs Plan	Year to Date Plan	Year to Date Achieved	Year to Date Variance Achieved vs Plan
West IHC	British Red Cross (BRC) - ED Wellbeing and Home Safe Service	R	89,892	89,892	0	8,575	8,575	0
West IHC	Decision support software	R	210,000	192,500	-17,500	52,500	35,000	-17,500
West IHC	DOAC switch - edoxaban to rivaroxaban or apixaban	R	120,000	137,864	17,864	0	17,864	17,864
West IHC	Dressings and Appliances	R	19,992	18,326	-1,666	4,998	3,332	-1,666
West IHC	Enhanced Recruitment Control Savings	NR	31,957	31,957	0	31,957	31,957	0
West IHC	Enteral Feed - consumables	R	20,000	20,000	0	5,000	5,000	0
West IHC	Enteral Feed - consumables	NR	10,000	10,000	0	2,500	2,500	0
West IHC	Low value Prescribing Value & Sustainability basket	R	2,400	2,200	-200	600	400	-200
West IHC	Medicines optimisation work	R	399,996	319,542	-80,454	99,999	137,476	37,477
West IHC	Novorapid to Trurapi insulin switch	R	7,000	6,410	-590	700	110	-590
West IHC	Optimisation of treatment pathway for iron deficiency anaemia	R	4,050	3,726	-324	324	0	-324
West IHC	Outsourcing savings (homecare)	R	50,004	89,943	39,939	12,501	21,229	8,728
West IHC	Pharmacy Aseptics Unit Sterile Wipes (Ysbyty Gwynedd)	R	22,386	20,521	-1,866	5,597	3,731	-1,866
West IHC	Price decrease, National agreed contracts for secondary care drugs - Renal	R	14,784	14,784	0	3,696	9,629	5,933
West IHC	Price decrease, National agreed contracts for secondary care drugs Part 2	R	9,370	9,370	0	937	1,143	206
West IHC	Procurement savings (rheumatology)	R	19,020	14,265	-4,755	4,755	0	-4,755
West IHC	Reduction in bank and agency locum - Children's	R	246,580	220,592	-25,988	61,645	35,657	-25,988
West IHC	Reduction in footwear costs	R	18,900	18,900	0	0	0	0
West IHC	Release of Medical Locum Accrual	NR	88,000	88,000	0	88,000	88,000	0
West IHC	Removal of lease for ACCTS Modular Office	R	89,981	89,981	0	22,495	22,495	0
West IHC	Review of Consultant intensity banding - Children's	R	14,289	14,289	0	0	0	0
West IHC	Service Relocation - Estates rationalisation - Parc Menai	R	67,285	67,285	0	15,825	15,825	0
West IHC	Switch from brand to generic medicine, hospital contract (cardiology)	R	1,830	1,830	0	0	262	262
West IHC	Switch from brand to generic medicine, hospital contract (HIV)	R	14,412	10,809	-3,603	3,603	0	-3,603
West IHC	Switching from parent compound to biosimilar - AMD	R	186,654	186,654	0	0	0	0
West IHC	YG - EC - Minimise the Cost of Medical Agency	R	27,019	27,019	0	0	0	0
West IHC	YG - EC - Minimise the Cost of Nurse Agency	R	238,679	264,000	25,321	22,500	120,000	97,500
West IHC	YG - Medicine - Minimise the Cost of Medical Agency	R	25,432	25,432	0	0	0	0
West IHC	YG - Medicine - Minimise the Cost of Nurse Agency	R	183,774	183,774	0	36,000	0	-36,000
West IHC	YG - SACC - Minimise the Cost of Medical Agency	R	332,138	332,138	-0	39,000	29,667	-9,333
West IHC	YG - SACC - Minimise the Cost of Nurse Agency	R	219,774	276,000	56,226	45,000	69,000	24,000
Subtotal			**14,185,549**	**14,184,107**	**-1,442**	**3,275,714**	**3,291,807**	**16,093**
Procurement			2,843,293	3,341,698	498,405	661,972	955,179	293,207
Total			**17,028,842**	**17,525,805**	**496,963**	**3,937,686**	**4,246,986**	**309,300**

Health Board Key Issues Report (this report should be a maximum of 2 sides of A4 paper)				
Board Date		31/07/2025		
Date of Committee		24/06/2025	**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	The Audit Committee wish to alert members of the Board that: 1. The Committee considered the Annual Financial Statements 2024/2025, the Annual Report 2024-25, the Head of Internal Audit Opinion and Annual Report 2024-25, the Audit of Financial Statements ISA 260, Letter of Representation and the Local Counter Fraud Annual Report 2024/2025. 2. The Audit Committee recommend to the Board at its meeting on 26 June 2025 the approval and signature of the Annual Report and Financial Accounts for year ended 31st March 2025.		
2b	Assurance	The Audit Committee wish to assure members of the Board that: 1. The Committee recommend adoption of the 2024-25 Annual Accounts to the Health Board, following consideration of Audit Wales findings on their review of the Financial Statements. 2. In regard to the Annual Report (also endorsed by members subject to minor updates) the Committee recommend to the Board at its meeting on 26 June 2025 the approval and signature of the Annual Report and Financial Accounts for year ended 31 March 2025. 3. Recommendation to the Board the approval of the letter of representation with the inclusion of an additional paragraph dealing with the issue of the capital as reporting to Audit Committee.		
2c	Advise	The Audit Committee wish to advise members of the Board that: 1. The Committee noted and received the Head of Internal Audit opinion and annual report for 2024/25 and associated Briefing Paper detailing the rationale for the 2024/25 Opinion. 2. The Committee noted and received the Audit Wales findings on the review of the Financial Statements. 3. The Committee received the Local Counter Fraud Annual Report 2024/2025 and noted the progress of the annual workplan and action plan will be monitored by the Committee.		
2d	Review of Risks	In relation to the risks listed on the Corporate Risk Register relating to Counter Fraud work will take place to score the risks and assess the appropriate risk owners.		

2e	Sharing of learning	Learning from the process of completing the Annual Report and Accounts to be discussed and reflected to identify areas of focus gong forward.
3	Actions to be considered by the PPHP Committee	Pooled budgets and partnerships to be discussed further by the Planning, Population Health and Partnerships Committee.

Teitl adroddiad: ***Report title:***	**CORPORATE GOVERNANCE REPORT**
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 31 July 2025
Crynodeb Gweithredol: ***Executive Summary:***	This Corporate Governance Report provides the Board with a comprehensive update on key governance matters since the last meeting. It outlines urgent decisions taken under Chair's Action, summarises business discussed in private session, and provides updates on legal matters, committee effectiveness, and national governance developments. **Chair's Actions** were taken on three matters: renewal of the Microsoft Enterprise Agreement for 2025–26, approval of a community equipment maintenance contract, and a commercially sensitive high-value claim. All actions were supported by relevant Board members in accordance with Standing Orders. In **private session on 29 May 2025**, the Board approved several strategic and operational decisions, including recurrent funding for oncology services, procurement of PET-CT and endoscopy services, and contracts related to wheelchair services and substance misuse detoxification. A confidential quality report and a high-value claim were also considered. The **legal update** highlights the dismissal of the Judicial Review concerning EMRTS changes, the receipt of a Regulation 28 Prevention of Future Death Notice, and significant progress in reducing overdue Learning from Events Reports (LFERs), reflecting improvements in internal processes. Progressing **committee self-assessments** is underway, with outcomes feeding into the Governance Improvement Plan due for Audit Committee review by the end of Q2. The Board is also asked to **approve revisions to the Joint Commissioning Committee's Scheme of Delegation**, which forms part of the overarching governance framework. The associated IPFR Policy will return for approval once further work is completed. Finally, the Board is asked to **ratify approvals of Approved Clinicians and Section 12(2) Doctors** in line with national guidance.
Argymhellion: ***Recommendations:***	Members are asked to: • **NOTE** the content of the report; • **RATIFY** the Chair's Actions dated 12 July 2025 • **NOTE** the matters considered in the Private Board meeting on 29 May 2025 • **NOTE** the Legal Update • **APPROVE** the Joint Commissioning Committee Scheme of Delegation and Reservatioin of Powers along with an IPFR Policy

	• **NOTE** the Joint Commissioning Committee Highlight Report • **RATIFY** the approved Clinicians and Section 12(2) Doctors across Wales. • **NOTE** the External Service Change engagement on the Hywel Dda Clinical Services Plan and the associated Governance route			
Arweinydd Gweithredol: ***Executive Lead:***	Pam Wenger – Director of Corporate Governance			
Awdur yr Adroddiad: ***Report Authors:***	Philippa Peake-Jones – Head of Corporate Governance			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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 work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	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. 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.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	This is not applicable for this report.
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?***	This is 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)***	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	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
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: • To continue to improve and report on Corporate Governance	
List of Appendices: None **Supporting Pack** Appendix A – Joint Commissioning Committee Scheme of Delegation and Reservatioin of Powers cover paper and associated Appendicies (Appendix A.1 and Appendix A.2) Appendix B – Joint Commissioning Committee Highlight Report Appendix C.1 – Approved Clinicians and Section 12(2) Doctors Appendix C.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. URGENT CHAIR'S 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 Three Chair's Actions as follows:

Date	Subject	Financial Implications	Additional Information	Supported by
16/7/25	Microsoft License Enterprise Agreement	**Year 3 Total** **ex VAT** £4,827,904 / **Inc VAT** £5,793,485 **Year 4 Total** **ex VAT** £5,143,054.48 / **Inc VAT** £6,171,665.38 **Increase on Year 3** **ex VAT** £315,150.58 / **Inc VAT** £378,180.70	**APPROVED** the DHCW Microsoft Enterprise Agreement renewal for year 4 and the associated costs for July 2025 to June 2026 described within the 'DHCW – Briefing Paper – Microsoft EA 2025 Anniversary V2'	Clare Budden Dyfed Jones William Nichols Caroline Turner Rhian Watcyn Jones Mike Larvin Gareth Williams
16/7/25	BCU-OJEU-45288-Maintenance, Service and Testing of Community Equipment within BCUHB FCC and DCC	£1,013,140.00 ex VAT	**APPROVE** this agreement for the next 12 months, whilst the legal and risk elements are worked through a new tender exercise is undertaken.	Clare Budden Urtha Felda Dyfed Jones William Nichols Caroline Turner Rhian Watcyn Jones Gareth Williams
16/7/25	High Value Claim	Commercially Sensitive	**APPROVED** the recommendations.	Karen Balmer Clare Budden Urtha Felda Dyfed Jones Christopher Lothian-Field William Nichols Caroline Turner Rhian Watcyn Jones Mike Larvin Gareth Williams

3. SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 29 MAY 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 29 May 2025:

Agenda Item	Subject (including narrative)	Board Resolution
25/108	Improving Cancer Care - Oncology Service Request for Substantive Funding	• **APPROVE** Recurrent Funding for existing posts and resources. • **AGREE** that the Executive Committee monitor and report impact to measure the outcomes of funded roles on patient care, financial sustainability, and operational efficiency.
25/109	PET-CT Insourcing Contract Re-Tender	• **APPROVE** the request to tender and procure the PETCT from the 1.1.2026 till the end of 2027 with an option for 2028. • **AGREE** to delegate approval to the Executive Committee to award the tender if it is within the budget allocated. • **REPORT** the outcome of the tender Process to the Performance, Finance and Information Governance Committee for assurance.
25/110	Endoscopy Insourcing	• **APPROVED** the endoscopy contract for a 12-month extension period • **NOTED** that the long-term plan to address the capacity issues in providing endoscopy services in BCUHB is the Endoscopy Business case.
25/111	Wheelchair Service and Maintenance Contract	• **NOTED** the tender activity that has been carried out and **APPROVED** the award to the Most Economically Advantageous Tender Response for the new contract for the 36-month contract from 01/08/2025 and 2 additional optional 12-month extension periods.
25/112	Mental Health Services - Substance Misuse Detoxification Service	• **SUPPORTED** the re-commissioning of the Detoxification Service following the recommendation of the Executive Committee on 15 April 2025 and PFIG Committee on 6 May 2025. • **APPROVED** the extension of the current contract until 31 January 2026 plus two 1-month extensions to ensure service continuity during recommissioning period. • **APPROVED** the award of a 10 year fully repairing peppercorn lease to the new provider on the same terms and conditions as to the current provider as supported by Capital Investment Group on 17 April 2025.
25/113	Confidential Quality Report	• **NOTED** the report.

Agenda Item	Subject (including narrative)	Board Resolution
25/114	High Value Claim	• **APPROVED** the recommendations.

4. LEGAL UPDATE

The Board will be aware of the Judicial Review brought against all seven health boards relating to the decision taken by the NHS Wales Joint Commissioning Committee (JCC) regarding future proposed changes to the Emergency Medical Retieval and Transport Service (EMRTS). The High Court judgement in this case was been released on 19 June 2025. All aspects of the claim were dismissed, which means the decision taken by the JCC stands.

The Health Board received one Regulation 28 Prevention of Future Death (PFD) Notice since the last report. In this case, the Coroner also determined death (which occurred in July 2023) was contributed to by Neglect. Further details are included in the Quality Report.

The Health Board, like several other boards, has recurring issues with the timeliness of Learning from Events Report (LFER) submissions which are required after a claim or redress case is settled. These are 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). However at the time of writing, 7 LFERs are overdue (down from 86 at the start of the year). This reflects the significant effort put in to eliminate the backlog, and the benefits of the new process introduced by Legal Services in January 2025. Legal Services have presented at national meetings on the work that has been done to improve, to share learning across Wales.

5. COMMITTEE ANNUAL REPORTS AND SELF ASSESSMENTS

The Board received the results of the self assessment in March 2025 and agreed to undertake specific committee self assessments. The Committee self assessments have are in train and the outcomes reported to each committee. The themes from these will forma part of the Governance Improvement Plan which is scheduled for consideration by the Audit Committee by the end of quarter 2.

6. JOINT COMMISSIONING COMMITTEE SCHEME OF DELEGATION

At the Joint Commissioning Committee on 20 May 2025 their Scheme of Delegation and Reservation of Powers along with an Individual Patient Funding Request Policy were approved.

The Chief Executive for the Health Board is a member of the Committee.

The Joint Commissioning Committee Governance Framework forms part of the Health Board overarching Governance Framework, and therefore the Board is asked to consider and agree the approval of the Joint Commissioning Committee revisions to the Scheme of Delegation.

The Scheme of Delegation and Reservation of Powers is attached at **in the supporting pac as Appendix A.**

Subsequent to the meeting of the Joint Commissioning Committee, the Directors of Corporate Governance have been informed that further work is required on the All Wales IPFR Policy, therefore

the Board is asked to note this position and that the policy will be brought back to the Board for approval in due course.

Attached at in the supporting pack **Appendix B** is the Joint Committee Highlight report for the Board to **note**.

7. APPROVED CLINICIANS AND SECTION 12(2) DOCTORS – JULY 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 C.1:** Approved Clinicians (All Wales)
- **Appendix C.2:** Section 12(2) Doctors (All Wales).

8. RECOMMENDATIONS

Members are asked to:

- **NOTE** the content of the report;
- **RATIFY** the Chair's Actions dated 12 July 2025;
- **NOTE** the matters considered in the Private Board meeting on 29 May 2025;
- **APPROVE** the Joint Commissioning Committee Scheme of Delegation and Reservatioin of Powers and **NOTE** the Joint Commissioning Committee Highlight Report;
- **RATIFY** the approved Clinicians and Section 12(2) Doctors across Wales; and
- **NOTE** the External Service Change engagement on the Hywel Dda Clinical Services Plan and the associated Governance route

Teitl adroddiad: ***Report title:***	**CORPORATE RISK REGISTER (JULY 2025)**
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 31 July 2025

Crynodeb Gweithredol:
 	
Executive Summary:
	This report provides the Board with an updated overview of the **Corporate Risk Register** as of July 2025. It reflects the latest position following scrutiny by the Executive Team and Committees, and highlights key changes, new risks, and actions taken to ensure alignment with the Health Board's risk appetite and tolerance.
	
	Key Highlights:
	
	• **Refinement of Corporate Risks** following Executive Team review on 16 July 2025.
	• **Risk Appetite Review** scheduled for Board approval on 28 August 2025.
	• **New Risk Added:** CRR24-28 – *Pharmacy Technical Services* (Score: 20).
	• **Score Changes:**
	  • CRR24-23 *Vascular Services* – Increased from 16 to 20.
	  • CRR24-24 *Renal Services* – Target score reduced from 12 to 8.
	• **Deep Dives Conducted:** CRR24-08 *Population Health* and CRR24-25 *Dermatology & Plastic Surgery*.
	• **Delayed/Overdue Actions:** Three actions delayed; one overdue.
	• **Risks Above Appetite:** Eleven risks currently exceed the Board's tolerance levels.

Argymhellion: ***Recommendations:***	Members are asked to: • **NOTE** the current position of the Corporate Risk Register; • **SUPPORT** the actions being taken by the Executive Team to review the risks exceeding tolerance and the proposed actions; • **SUPPORT** the continued refinement of risk descriptors and controls; and • **ENDORSE** the planned review of the risk appetite at the August 2025 meeting.
Arweinydd Gweithredol: ***Executive Lead:***	Pam Wenger – Director of Corporate Governance
Awdur yr Adroddiad:	Nesta Collingridge, Head of Risk Management

Report Authors:				
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	The Corporate Risk Register supports the Board's oversight of strategic risks aligned to: • **Quality and Safety** • **Financial Sustainability** • **Workforce and Leadership** • **Infrastructure and Digital Transformation** It ensures that risks are actively managed and mitigated in line with the Health Board's governance framework and strategic objectives.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	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.			

	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.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	This is not applicable for this report.
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?***	This is 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)***	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	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
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
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Not applicable

Reason for submission of report to confidential board (where relevant)	
Next Steps: • To review the Risk Register to ensure that the actions reflect the gaps in controls to ensure that there are improvements in the corporate risks during 2025/26.	
List of Appendices: **Supporting Pack** Appendix 1: Corporate Risk Register	

CORPORATE RISK REGISTER

1. PURPOSE

This report provides the Board with an updated overview of the **Corporate Risk Register** as of July 2025. It reflects the latest position following scrutiny by the Executive Team and Committees, and highlights key changes, new risks, and actions taken to ensure alignment with the Health Board's risk appetite and tolerance.

2. ASSESSMENT

The Board and Committees in reviewing the Corporate Risk Register have agreed that this needs refinement to ensure that the Corporate Risks are fully understood and that the controls and assurances are clear. Discussions at the Board and Committees have focussed on the need for a small set of actions which clearly will result in risk reduction and to ensure that the risks are withing the appetite and tolerance set by the Board.

The Executive Team held an informal discussion on the Corporate Risk Register on 16th July 2025 where the Executive Team were tasked to review the current corporate risks, drawing the Executive's attention to the latest management analysis, agreeing action to be taken to ensure all action plans going forward are to be high impact, a focus on target dates, scoring of risks was discussed, in particular around alignment with the organisation's risk appetite, and those risks exceeding tolerance levels. An action was taken to arrange a second, longer session, to review each risk in further detail. The Board will review and agree the risk appetite as planned on the 28th of August 2025.

2.1 Key Highlights

Key highlights of changes:

- **CRR24-08** 'Delivering a population health approach to health and wellbeing' – Risk **re-drafted** and refreshed. Risk has been re-drafted by the service to update with current risk position and to reflect the work that has been undertaken in 24/25 (as indicated in the new wording for the risk descriptor, controls, gaps) and also to pick up the links to planned delivery in 25/26.
- **CRR24-23** 'Vascular Services' – **Increase** to the current risk score. Following deep dive into the risk during the April 2025 Risk Scrutiny Group, increase to the current risk score from 16 (Impact = 4 x Likelihood = 4) to a current score of 20 (Impact = 4 x Likelihood = 5) resulting in the risk score above the tolerance set in the risk appetite due to the lack of medical staff within the Vascular Service.
- **CRR24-24** 'Renal Services' – **Reduce** the Target risk score. Following a deep dive into the risk during the April 2025 Risk Scrutiny Group, decrease in the target risk score from 12 (Impact = 4 x Likelihood = 3) to a score of 8 (Impact = 4 x Likelihood = 2) and reduce the risk tolerance level for the risk in relation to patient safety.
- **CRR24-11** – Planned Care - The Planned care risk included was the position that was reported to the committees in May 2025 but noting that the risk needs to be re-framed as part of the Planned Care Programme and that this will be actioned for the next cycle of meetings. The Board will receive an item on the agenda in relation to planned care and the actions to address the actions to address the planned care trajectories and plan will be covered in the additional paper.

The following risks were subject to a deep dive at the May 2025 Risk Scrutiny Group where the group discussed and reviewed, the risks and were presented to the group by the relevant risk lead and service:

- **CRR24-08 –** Delivering a population health approach to health and wellbeing
- **CRR24-25** – Dermatology and Plastic Surgery Services

2.2 Changes in Score

- **CRR24-23** 'Vascular Services' – Following deep dive into the risk during the April 2025 Risk Scrutiny Group, increase to the current risk score from 16 to a current score of 20, resulting in the risk score above the tolerance set in the risk appetite due to the lack of medical staff within the Vascular Service.

2.3 New Risks

The risk(s) added to the Corporate Risk Register since the last update are:

Risk Ref	New Risks	Lead Exec Director	Current Risk Score (and IxL)
CRR24-28	Pharmacy Technical Services	Chief Operating Officer	**20 (4x5)**

- **CRR24-28 'Pharmacy Technical Services'** – Following initial presentation to the Risk Scrutiny Group during the January 2025 meeting, the risk was re-presented to the group for escalation consideration during the May 2025 meeting following further work to develop the risk as recommended by the group, current score 20 (Impact = 4 x Likelihood = 5). Resulting in the risk score above the tolerance set in the risk appetite

2.4 Overdue/Delayed Actions

The corporate risk register report was produced during May 2025 for review and approval by the Executive Team. At the time of producing two actions were 'delayed' due to unforeseen absence and time constraint/work priorities. With one action overdue due to lack of update from the service.

As per the normal cycle of reporting, the next updates are being sought for current updates on all of these actions. The status of these actions of will be included in the next update/iteration of the risk register.

2.5 Risks above Health Board 24/25 appetite

Eleven risks reported to committee score **above** the tolerance range set in the appetite (including one new risk CRR24-28).

Risk Ref	Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR24-05	Financial Sustainability	Executive Director of Finance	**20**	**Financial <16**
CRR24-06	Suitability and Safety of Sites	Director of Environment	**20**	**Quality <16**
CRR24-09	Primary Care	Chief Operating Officer	**20**	**Quality <16**
CRR24-10	Urgent and Emergency Care	Chief Operating Officer	**20**	**Quality <16**
CRR24-11	Planned Care	Chief Operating Officer	**20**	**Quality <16**
CRR24-13	Timely Diagnostics	Chief Operating Officer	**20**	**Quality <16**
CRR24-19	Community Care Provision	Chief Operating Officer	**20**	**Quality <16**
CRR24-21	Ophthalmology Service	Chief Operating Officer	**20**	**Quality <16**
CRR24-23	Vascular Services	Chief Operating Officer	**20**	**Quality <16**
CRR24-27	Neurodevelopmental Waiting List	Chief Operating Officer	**20**	**Quality <16**
CRR24-28	Pharmacy Technical Services	Chief Operating Officer	**20**	**Quality <16**

2.6 Action Plan status of Corporate Risks

Out of the 26 corporate risks, 183 actions have been developed to mitigate the risks, 126 actions are progressing and on track (47 of which have revised due dates), 27 new actions have been identified, and 29 actions have been closed since the last update, with 3 delayed actions.

3. CONCLUSION

This report provides an update on the Corporate Risk Register as considered by Committees in June 2025. The Executive Team is actively reviewing the register to ensure it reflects the most significant risks and that actions are aligned to address gaps in controls, thereby providing appropriate assurance to the Board.

4. RECOMMENDATIONS

Members are asked to:

- **NOTE** the current position of the Corporate Risk Register;
- **SUPPORT** the actions being taken by the Executive Team to review the risks exceeding tolerance and the proposed actions;
- **SUPPORT** the continued refinement of risk descriptors and controls; and **ENDORSE** the planned review of the risk appetite at the August 2025 meeting.

Health Board Key Issues Report (this report should be a maximum of 2 sides of A4 paper)				
Board Date		31/07/2025		
Date of Committee		03/07/2025	**Report of:**	Planning, Population Health & Partnerships Committee
Quoracy met:		Yes		
1	Agenda	The Planning, Population Health & Partnerships (PPHP) 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: 1. The Committee had a really good strategic discussion around the Diabetes Transformation Programme Case for Change. 2. The Committee considered and supported the Well North Wales engagement work and proposed future governance arrangements for recommendation to the Health Board (appendix 1)		
2b	Assurance	The PPHP Committee wish to assure members of the Board that: 1. The Population Health Delivery Report was received and activity was reported as on track, though there is some lag in the date of data being reported, which will be reviewed. 2. The first Director of Planning Report to the Committee was received noting that this will also be shared with other Committees for items which fall under their Terms of Reference.		
2c	Advise	The PPHP Committee wish to advise members of the Board that: 1. The Health Board's performance against immunisation and vaccination requires improvement but is performing well against peers in Wales. 2. The EPRR Annual Report was received in Private and provided an improved level of assurance, noting that further work is required in this area. As part of this item there was an update on the Winter Preparedness Learning Event which took place during June 2025.		
2d	Review of Risks	The Committee reviewed the four (one private) corporate risks to which the Committee has oversite. The Committee noted that for risk CRR24.07 – dates had not been updated.		
2e	Sharing of learning	No specific areas of learning were highlighted.		
3	Actions to be considered by the Board	There were no items to be referred.		

Teitl adroddiad: ***Report title:***	**Well North Wales:** Task & Finish Scoping Study
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 31 July 2025
Crynodeb Gweithredol: **Executive Summary:**	As a continuation of discussions from the Health Board development session (27.06.24) the Public Health Directorate has been working with internal BCUHB stakeholders and regional partners to shape the Discovery Phase of this regional programme of work. This report summarises the work of a regional Task & Finish Group which was formed following an RPB workshop *'Building a healthier North Wales together'* (Sept 2024) and a report on *'Well North Wales'* to BCUHB Health Board (Oct 2024). Membership was sought through volunteers and nominated key stakeholders across the regional partnership space. Full membership of the Group can be found in Appendix A of the full report attached. This Scoping Review was established to inform the vision, scope and longer-term delivery for this preventative programme of work in a truly collaborative approach with regional stakeholders. Through the work of this Task & Finish Scoping Group (Dec 2024 – May 2025) regional partners have been working with Improvement Cymru who funded and commissioned a Research and Development partner to support initial scoping of a regional place-based approach to shifting to preventative models of improving wider determinants of health and wellbeing across whole systems. Through the course of this Scoping Study it was really encouraging to learn of so much good work being delivered across the region which will already be helping to shift the dial on prevention and improving longer-term population health outcomes. Some examples of this can be seen throughout Section 3. The summary findings included in Section 4 provide an overview of the outputs and reflections of the Task & Finish Group outlining how to evidence impacts of whole system shifts to prevention, and how partners can work together more effectively to deliver sustainable system-wide health and care services across North Wales. The report concludes that a whole systems shift towards prevention across the Regional Partnership space will require the

	commitment of senior and strategic leaders to provide sufficient air cover, and to empower those who do the work (our workforce and communities) to define and deliver the change. The general principles for change can be summarised as: • **A bottom-up approach** – with a bi-directional flow of insight and shared accountability for outcomes across the whole system • **Ensuring everyone is in the room** - addressing power imbalances, and maintaining focus and buy-in. It is recognised that achievement of longer-term outcomes will require patience and balanced optimism. • **An ongoing iterative evolution** – a 'big bang' approach will not be possible or feasible. Partners will need to prepare to adopt a culture of experimentation, honing & improving over time, innovating, adapting, scaling & spread. Whilst there are some clear deficits and plenty of work to do, this is a predominant message of hope. There is plenty for North Wales to be proud of, and a very real opportunity for the region to lead the way on shifting toward prevention and improving population health outcomes. Our Task & Finish Scoping Group has formed an early coalition of the willing with an interest and enthusiasm to explore this further. Through this work a network of partners have begun organically developing new and established relationships, a shared deeper understanding of the challenge, and shared language to focus on the building blocks of health and wellbeing as a means to shifting towards a preventative and more equitable system. It is our hope that we can now take forward this work forward with a wider and even more diverse network of stakeholders with a view to embedding it into the DNA of North Wales, and the various entities which operate across the region.
Argymhellion: ***Recommendations:***	The Task & Finish Group make 5 recommendations for change (see Executive Summary page 2 of attached report) which were approved by North Wales Regional Partnership Board (RPB) 11.07.25 The report and recommendations to RPB were approved by BCUHB Executive Committee (11.06) and by Planning, Population Health & Partnerships Committee (03.07) where it was resolved that the Committee: • **ACCEPTED** the five recommendations from the Task and Finish Group for onward endorsement by the Regional Partnership Board.

<table>
<tr><td></td><td colspan="4">

- **AGREED** the Well North Wales Study for submission to the Health Board in July 2025

The Health Board is asked to provide commitment to continued involvement and contribution to working with regional partners to drive this work forward through the development of a Regional Wellbeing/Prevention Framework (incorporating an Anchor Organisation Framework)

The Health Board is asked to recognise that the Regional Wellbeing/Prevention Framework will support the partnership work on the development of the Strategic Intent for health and wellbeing for North Wales.

</td></tr>
<tr><td>Arweinydd Gweithredol:

Executive Lead:</td><td colspan="4">Dr Jane Moore – Executive Director of Public Health</td></tr>
<tr><td>Awdur yr Adroddiad:

Report Author:</td><td colspan="4">Brian Laing – Strategic Partnerships Manager, Public Health
Membership of Well North Wales Task & Finish Scoping Group</td></tr>
<tr><td>Pwrpas yr adroddiad:
Purpose of report:</td><td>I'w Nodi
For Noting
☐</td><td colspan="2">I Benderfynu arno
For Decision
☒</td><td>Am sicrwydd
For Assurance
☐</td></tr>
<tr><td>Lefel sicrwydd:

Assurance level:</td><td>Arwyddocaol
Significant
☐
Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

High level of confidence/evidence in delivery of existing mechanisms/objectives</td><td>Derbyniol
Acceptable
☒
Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

General confidence / evidence in delivery of existing mechanisms / objectives</td><td>Rhannol
Partial
☐
Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

Some confidence / evidence in delivery of existing mechanisms / objectives</td><td>Dim Sicrwydd
No Assurance
☐
Dim hyder/tystiolaeth o ran y ddarpariaeth

No confidence / evidence in delivery</td></tr>
<tr><td colspan="5">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:</td></tr>
<tr><td colspan="2">Cyswllt ag Amcan/Amcanion Strategol:

Link to Strategic Objective(s):</td><td colspan="3">As part of the BCUHB 3 year plan 2024-2027 the work of 'Well North Wales' contributes towards delivery of priority '4b Prevention' and reduction of avoidable ill-health.

A Healthier Wales: our Plan for Health and Social Care (2021) called for a '"revolution from within" to drive the changes we need to see in our health and social care system, so that is it able to meet the needs</td></tr>
</table>

	of current and future generations in Wales'. The Health Board response to this aligns with supporting delivery of Welsh Government policy and legislation including: • The Well-being of Future Generations (Wales) Act 2015 • The Health and Social Care (Quality and Engagement) (Wales) Act (2020) • The Social Services and Wellbeing (Wales) Act 2014 • The NHS (Wales) Act 2006 • The Equality Act 2010 (Wales) • Social Partnership & Public Procurement Act (2023) In addition to statutory duties noted above, this programme of work aligns to various other national and regional strategies and plans, including but not limited to: Strategic Programme for Primary Care, Building a Healthier Wales, Shaping Places for a Healthier Wales. The Darzi report (2024) positions NHS performance within the changing and challenging external environment it has operated in over the last few decades. It recognises that many of the factors that have contributed to the NHS's current challenges are outside of its direct control. Whilst focussed on the state and decline of the NHS in England, much of the report echoes similar challenges familiar to health leaders across the whole UK, and points to issues the NHS Confederation has advocated for change on for some time. The recently published Welsh Government Mental Health & Wellbeing Strategy (2025-35) highlights a need for "a shift from a health-led system to a health and social care-led system, recognising that many people who need support will not need specialist mental health services and that most mental health issues are underpinned by wider social and welfare issues" acknowledging that the root

	causes of poor mental health & wellbeing are affected by many socio-economic factors including money, housing, education & employment. These have clearly been exacerbated in recent times in a post-pandemic world suffering a prolonged 'cost of living' crisis. Given the raised profile of the challenges faced by the NHS within UK Government, in addition to the strong policy and legislative context in Wales, there is a great opportunity for Health Boards and Regional Partners in Wales to align under the shared mission objective of transitioning towards a wellbeing economy.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	There are no known regulatory implications for this work. We work with a range of services and teams to ensure financial governance and compliance with health board policies and procedures. We undertake risk assessments on a project-by-project basis, follow guidance and policies by funders, and stay up to date with sector best practice.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	No It is recognised that an EqIA will need to be conducted by BCUHB and partners as the Regional Wellbeing/Prevention Framework is developed.
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?***	No As above. It is recognised that an SEIA will need to be conducted by BCUHB and partners as the Regional Wellbeing/Prevention Framework is developed.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	**BAF SP1** – Population Health There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities.

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	Mitigation: The Executive Director of Public Health provides consistency to the regional strategic approach and prioritisation. Inherent risk **20** target risk **12** **CRR2408** - Delivering a population health approach to health and wellbeing Additional actions required: There is no secured long term funding to support implementation and growth of the whole system approach across North Wales at scale Inherent risk **20** target risk **12** It is noted that the population health of North Wales is worsening and has significant impact on demand for services and potentially on the wider community due to the loss of people from the workforce, and through the subsequent economic impacts on our communities through loss of involvement. Worsening health outcomes, increasing ill health and widening inequalities directly affects the Health Board ability to deliver excellent healthcare services meaning the Health Board purpose must retain clear focus on improving the health and wellbeing of the population.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Whilst there are no immediate financial implications associated with the recommendations to commit to a regional partnership approach to developing a Regional Wellbeing/Prevention Framework, it should be noted that core budgets and annual grant funding availability is currently stretched. Consideration will need to be given to allocation of longer-term resources and financial commitments required to shift away from secondary and acute care, into primary prevention and earlier interventions.

Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	As noted above, consideration will need to be given to longer-term resources required to lead on sustainable delivery of a 3-5 year programme (and beyond).
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	The full report was authored in a truly collective and collaborative approach with support of membership of the Task & Finish Scoping Group throughout March – May 2025. High-level overview of the approach, summary findings and recommendations for regional implementation was approved through RPB Leadership Group (27.06) and RPB (11.07). High-level overview of the approach, summary findings and recommendations was presented to BCUHB Stakeholder Reference Group (02.06) for information. The report and recommendations to RPB were approved by BCUHB Executive Committee (11.06) and by Planning, Population Health & Partnerships Committee (03.07) where it was resolved that the Committee: • **ACCEPTED** the five recommendations from the Task and Finish Group for onward endorsement by the Regional Partnership Board. • **AGREED** the Well North Wales Study for submission to the Health Board in July 2025
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF SP1 / CRR2408
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable

Camau Nesaf:
Gweithredu argymhellion

Next Steps:

Indicative timescales for implementation of recommendations

Action Required	Action Owner	Indicative Timescales
Invite expressions of interest from the RPB to form a cross-sector working group to develop the Regional Wellbeing/Prevention Framework	RPB	Q1-2
Commence development of a communications and engagement plan, identifying resources required for delivery	RPB / Public Health	Q2
Completion of Wellbeing/Prevention Framework (incorporating an Anchor Organisation Framework)	All partners	Q3
Seek regional governance approvals for Framework	All partners	Q3
Final outputs delivered as part of a launch process, informed by a communication and engagement plan	RPB / Public Health	
Launch regional framework	RPB	2026/27 Q1

Rhestr o Atodiadau:

List of Appendices:

Well North Wales Task & Finish Scoping Study – English
Well North Wales Task & Finish Scoping Study – Cymraeg

Executive Summary

A Healthier Wales: our Plan for Health and Social Care (2021) called for a *"revolution from within"* to drive the changes we need to see in our health and social care system, so that is it able to meet the needs of current and future generations in Wales'. This Scoping Study identifies how we can respond to this strategic requirement by working together with regional partners across North Wales.

Given the raised profile of the challenges faced by the NHS within UK Government, in addition to the strong policy and legislative context in Wales, there is a great opportunity for Health Boards and Regional Partners in Wales to align under the shared mission objective of transitioning towards a wellbeing economy.

This report summarises the work of a regional Task & Finish Group which was formed following an RPB workshop **'Building a healthier North Wales together'** *(Sept 2024)* and a report on **'Well North Wales'** to BCUHB Health Board *(Oct 2024)*. Membership was sought through volunteers and nominated key stakeholders. Full membership of the Group can be found in **Appendix A.**

This Scoping Review has been established to inform the vision, scope and longer-term delivery plan for this programme of work in a truly collaborative approach with regional stakeholders. The scope of this study can be seen on **page 11**, and the progress and further actions required are summarised on **page 43.**

Through the work of this Task & Finish Scoping Group *(Dec 2024 – May 2025)* regional partners have been working with Improvement Cymru who commissioned a Research and Development partner to support initial scoping of a regional place-based approach to shifting to preventative models of improving wider determinants of health and wellbeing across whole systems. The method and approach is outlined in **Section 2.**

Through the course of this Scoping Study it was really encouraging to learn of so much good work being delivered across the region which will already be helping to shift the dial on prevention and improving population health outcomes. Some examples of this can be seen throughout **Section 3.**

The summary findings outlined in **Section 4** provide an overview of the outputs and reflections of the Task & Finish Group outlining how to evidence impacts of whole system shifts to prevention, and how partners can work together more effectively to deliver sustainable system-wide health and care services across North Wales.

The report concludes that a whole systems shift towards prevention across the Regional Partnership space will require the commitment of senior and strategic leaders to provide sufficient air cover, and to empower those who do the work (our workforce and communities) to define and deliver the change. The general principles for change can be summarised as:

- **A bottom-up approach –** with a bi-directional flow of insight and shared accountability for outcomes across the whole system
- **Ensuring everyone is in the room** - addressing power imbalances, and maintaining focus and buy-in. It is recognised that achievement of longer-term outcomes will require patience and balanced optimism.

- **An ongoing iterative evolution –** a 'big bang' approach will not be possible or feasible. Partners will need to prepare to adopt a culture of experimentation, honing & improving over time, innovating, adapting, scaling & spread.

The Task & Finish Group make the following recommendations for change:

RECOMMENDATION 1:

The initial outputs of this Task & Finish Group be used to form the basis of an over-arching Prevention Portfolio – A repository of regional activity (place based and whole systems approaches) to be maintained by the RPB which would enable a better shared understanding of notable practice, challenges, and provide assurance of indicative timescales to achieving expected outcomes

RECOMMENDATION 2:

A regional '(Living) Well North Wales Framework' should be developed and all organisations requested to sign-up to a charter prioritising the shift towards prevention in order to deliver improved population health & wellbeing outcomes. Delivery of a forward virtual 'programme of work' to be grafted onto existing regional governance arrangements (through RPB and PSBs)

RECOMMENDATION 3:

In order to provide the best chance of successfully achieving outcomes - our regional prevention-based work should ensure it adopts each of the following 3 principles:

- **Relationally focussed and place-based**
- **Whole systems approach**
- **Continuous iterative improvements within a culture of learning**

RECOMMENDATION 4:

Partners should be empowered and supported to create conditions for learning.

It is recognised that applying the process of learning at each of the system levels provides valuable output and insight demonstrating how we can shift the dial more effectively & efficiently to have a greater impact on meaningful population health & wellbeing outcomes.

RECOMMENDATION 5:

The further work of developing a Regional Prevention Framework should follow an agreed set of Design Principles. The Group suggest an outline set of design principles *(page 41)* which were developed iteratively throughout the course of the Task & Finish scoping study and should be considered to take this work forward across the wider region.

Whilst there are some clear deficits and plenty of work to do, this is a predominant message of hope. There is plenty for North Wales to be proud of, and a very real opportunity for the region to lead the way on shifting toward prevention and improving population health outcomes.

Our Task & Finish Scoping Group has formed an early coalition of the willing with an interest and enthusiasm to explore this further. Through this work a network of partners have begun organically developing new and established relationships, a shared deeper understanding of the challenge, and shared language to focus on the building blocks of health and wellbeing as a means to shifting towards a preventative and more equitable system.

It is our hope that we can now take forward this work forward with a wider and even more diverse network of stakeholders with a view to embedding it into the DNA of North Wales, and the various entities which operate across the region.

1 Introduction

1.1 Background & Context

This Scoping Review has been established to inform the vision, scope and longer-term delivery plan for this programme of work in a truly collaborative approach with regional stakeholders. This scoping review will seek to establish the governance framework required to embed mechanisms for strategic oversight and operational delivery of a whole system approach to addressing the wider determinants of health which influence population health outcomes, and are the key enablers to shifting to preventative models of health and wellbeing.

'Well North Wales', with secretariat support of the Health Board Public Health team, have been working with internal stakeholders and regional partners as part of the business and financial planning cycles to strengthen resilience and effectiveness of Primary, Community and Social Care services. Through creating effective frameworks which enable an environment to work collaboratively with third sector and community groups, Well North Wales has considered opportunities to co-design, co-produce and co-evaluate services. It has sought to create sustainable offers delivered through partnerships with voluntary sector and community groups, to actively lead on initiatives to reduce health inequalities and improve health and wellbeing outcomes.

1.2 Strategic Context

A Healthier Wales: our Plan for Health and Social Care (2021) called for a '"revolution from within" to drive the changes we need to see in our health and social care system, so that is it able to meet the needs of current and future generations in Wales'[1].

Our North Wales response to this aligns with supporting delivery of Welsh Government policy and legislation including:

- **The Health and Social Care (Quality and Engagement) (Wales) Act (2020)** which ensures considerations are made for improving quality of health services, and considers how change affects those who use services.
- **The Social Services and Wellbeing (Wales) Act 2014** which requires the Health Board to co-operate with Local Authorities to develop services that meet population heath needs, including preventative action.
- **The NHS (Wales) Act 2006** under which the Health Board has a statutory duty to engage and consult citizens in planning to provide services, developing proposals for change to how services are provided and making decision that affect how those services are provided.
- **The Equality Act 2010 (Wales)** which requires the Health Board to involve people who it considers representative of those with different characteristics and those who have an interest in how an authority carries out its functions.
- **Social Partnership & Public Procurement Act (2023)** which outlines how public bodies must work better together and spend money responsibly to deliver public services in a fair and responsible way.

In addition to statutory duties noted above, this programme of work aligns to various other national and regional strategies and plans, including but not limited to: Strategic Programme for Primary Care, Building a Healthier Wales, Shaping Places for a Healthier Wales.

In Wales, **The Well-being of Future Generations (Wales) Act** underpins all strategy and policy contained within the Programme for Government which aims to improve the social, economic, environmental and cultural wellbeing of Wales in order to meet the national well-being goals.

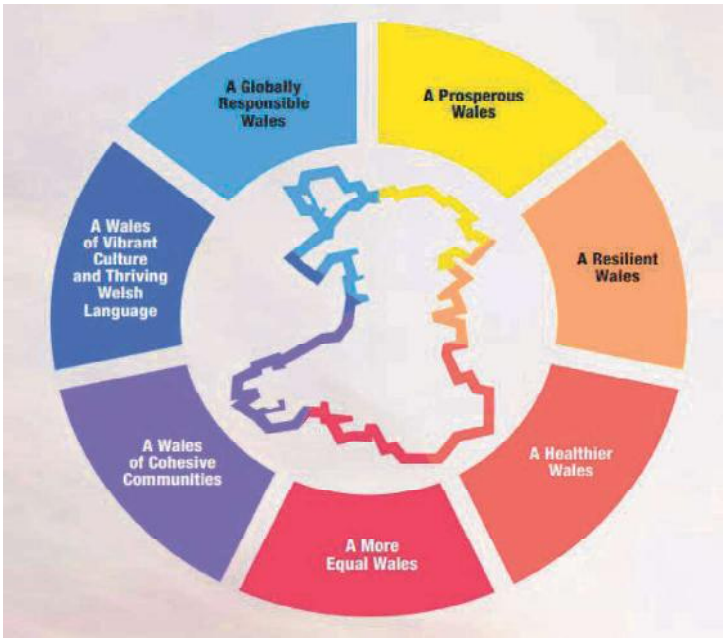


Fig 1 – 7 Wellbeing Goals (FGWA 2015) [2]

The Act provides a legally-binding common purpose aligning all public bodies through seven Wellbeing Goals *(fig 1 above).*

The Act also puts in place 'sustainable development principles' *(fig 2 below)* which provide 5 ways of working designed "to help us work together better, avoid repeating past mistakes and tackle some of the longer-term challenges we face". [2]

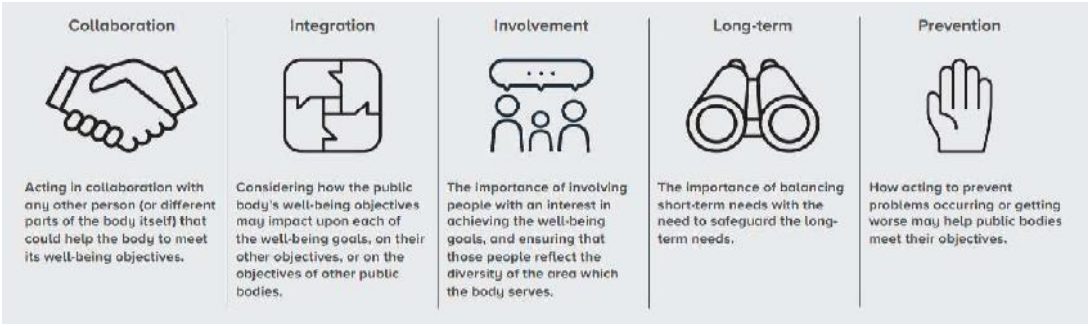


Fig 2 – 5 Ways of Working (Sustainable Development Principles) [2]

1.3 A Preventative Shift

The recently published Welsh Government Mental Health & Wellbeing Strategy (2025-35)[4] highlights a need for "a shift from a health-led system to a health and social care-led system, recognising that many people who need support will not need specialist mental health services and that most mental health issues are underpinned by wider social and welfare issues" acknowledging that the root causes of poor mental health & wellbeing are affected by many socio-economic factors including money, housing, education & employment. These have clearly been exacerbated in recent times in a post-pandemic world suffering a prolonged 'cost of living' crisis.

Similarly, the 2024 Darzi report[3] found the NHS in England is in a 'critical condition' amid surging waiting lists and a deterioration in population health and wellbeing. It points to four heavily interrelated drivers of current performance: austerity and constrained funding; impact of the pandemic; lack of patient voice and staff engagement; and management structures & systems.

The Darzi report positions NHS performance within the changing and challenging external environment it has operated in over the last few decades. It recognises that many of the factors that have contributed to the NHS's current challenges are outside of its direct control. Whilst focussed on the state and decline of the NHS in England, much of the report echoes similar challenges familiar to health leaders across the whole UK, and points to issues the NHS Confederation has advocated for change on for some time.

Given the raised profile of the challenges faced by the NHS within UK Government, in addition to the strong policy and legislative context in Wales, there is a great opportunity for Health Boards and Regional Partners in Wales to align under the shared mission objective of transitioning towards a wellbeing economy.

1.4 Scoping a Whole Systems Shift for North Wales

The World Health Organisation (1948) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

Given the breadth of this definition, it can be accepted that our health and wellbeing are influenced, or determined, by a broad range of factors. This concept is captured in the model below, developed by Dahlgren and Whitehead (1991), which describes these factors as layers of determinants of health. Whilst we need to take action across all these layers of determinants in order to create the conditions for us to flourish and reduce inequalities, evidence suggests that those that have the greatest impact on our health and wellbeing are those referred to as the wider determinants of health e.g. housing, transport, employment and our environment.

In order to effectively address these, our traditional ways of working are not likely to succeed, and we to utilise approaches that seek to influence the whole system.

Fig 3 – Social Determinants of Health & Wellbeing (Dahlgren & Whitehead 1991)[5]

Public Health Economics researchers at Centre for Health Economics and Medicines Evaluation (CHEME), Bangor University recognise that moving from solely focusing on a concept of well-being to a concept of well-being and well-becoming acknowledges the influence that socioeconomic and other conditions in a particular life-course stage have on subsequent life-course stages, and the cost-effectiveness of intervening across the life-course.

CHEME have developed a new infographic *(fig 4 below)* reflecting an underlying concept of "the wheel of life" is presented. It shows movement through the life-course at its centre, with concentric rings summarizing personal, local, and national and global factors that have an impact on well-being and well-becoming of individuals through the life-course

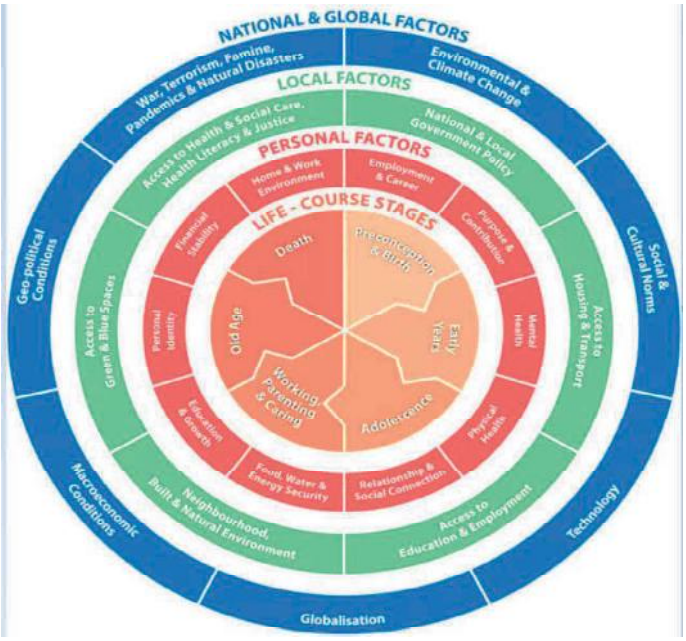


Fig 4 – The Well-being and Well-becoming 'Wheel of Life' (Tudor Edwards 2022) [6]

Research by the Health Foundation and Frameworks UK[7] using the 2017 British Social Attitudes Study identified that public understanding of health and the impacts of various determinants on health outcomes do not usually think about health through the lens of the wider social determinants.

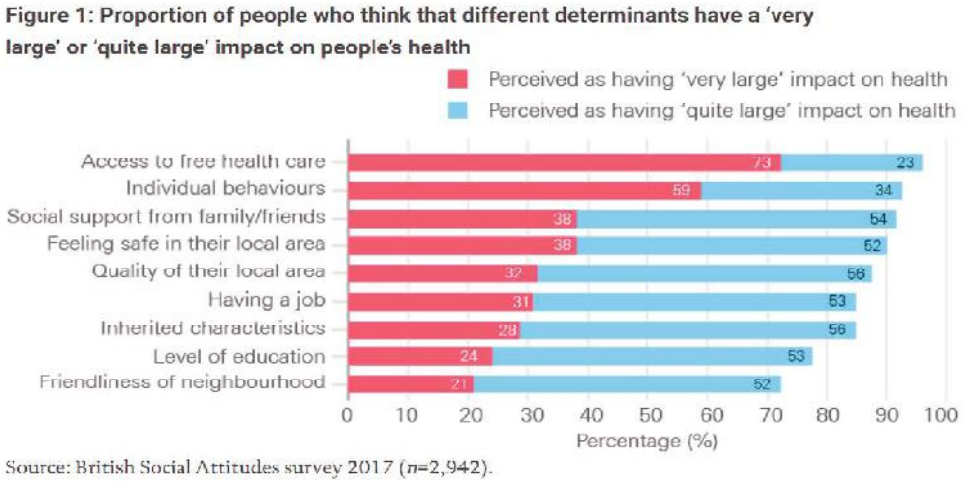


Fig 5 – Public perceptions of the impact upon health outcomes (The Health Foundation 2019) [7]

The study identified that there are three distinct ways in which people usually think about the concept of 'health':

1. Individualism – perception of personal lifestyle choices (e.g diet, physical activity, risky behaviours)
2. Overly Medicalised – access to affordable or free health care services (professionals, medicines and treatments)
3. It is the absence of ill health – rather than wellness being considered the default

This is a stark contrast to the prevailing Public Health and Health Economic evidence around the wider socio-economic determinants, and alarming that despite these decades of research and evidence the general public consideration of the wider determinants are usually missing from view. In response to these findings, the Health Foundation have developed a communications toolkit[8] to support partnerships working together in this space to influence and affect the wider complex systems in order to improve population health and wellbeing outcomes.

This report of the Well North Wales Task & Finish Group outlines the case for change for whole systems shifting from traditional overly medicalised models of healthcare, towards adoption of more holistic frameworks across the wider system infrastructures.

The report also identifies opportunities for improving regional partnership working with communities, third sector and our local statutory public services to reduce health inequalities and improve longer-term population health and wellbeing outcomes.

As part of the Discovery Phase, and ongoing throughout 2025/26 the Health Board and regional partners have been working together on the following research projects to build evidence to inform and shape a regional approach to tackling socio-economic root causes in order to improve longer-term population health and wellbeing:

- Bevan Commission Exemplar project *"How to put communities truly at the heart of transforming outcomes?"* The project is seeking to test and evaluate innovative approaches of community engagement and co-production in a more collective and collaborative manner with local partners.

- Work with Improvement Cymru who provided a fully-funded research and development partner to help scope and plan our place-based approach to shifting to preventative models of improving wider determinants of health and wellbeing across whole systems.

These research projects will collate insight and lessons from adapting to radically different ways of working in a complex system. Research findings will be shared and used by regional partners to shape and inform more effective longer-term programme planning across system and organisational boundaries and shape the longer-term programme of work required to continue to support the compelling case for change.

The Health Board have also been working closely with the Regional Partnership Board to inform and shape a regional approach to shifting whole systems towards improving the wider determinants of health and wellbeing.

An RPB workshop *"Building a Healthier North Wales Together"* (Sept 2024) resulted in a regional Task & Finish Group to scope the phasing and defined outcomes of developing a joined-up regional approach to delivery of the Well North Wales Programme.

The recommendations outlined in this report summarise the outputs of the Task & Finish Group outlining how to evidence impacts of whole system shifts to prevention, and how partners can work together more effectively to deliver sustainable system-wide health and care services across North Wales.

1.5 Task & Finish Group - Scope & Aims

Membership of the Task & Finish Scoping Group has been sought through volunteers or nomination from their respective organisations or sector. Members of the Group are responsible for reporting back to their own organisations, and also to regional counterparts and colleagues across the wider sector that they represent. The Membership list of the group is included as **Appendix A.**

The agreed role and scope of work of this Task & Finish Scoping Group was to look at three areas: *i.* Mapping and Gap Analysis *ii.* Evidence and Measurement and *iii.* Recommendations and Next Steps

Mapping and Gap Analysis

- Map existing local, regional and national strategic work which is addressing 'wellness' or tackling the underlying wider determinants of health in order to understand current context and challenges
- Identify areas of notable practice which can be shared and built upon to maximise & maintain momentum across local areas
- Identify where there are any gaps or variation in practice across the region in relation to: wider determinants of health, local place-based approaches, targeted approaches to meet the needs of vulnerable groups, and access to available funding sources

Evidence and Measurement

- Consider *what* to measure and *how* to evidence impacts of taking a regional whole systems approach
- Develop a knowledge base of aggregated information and lessons accrued from activities, initiatives, projects and partnerships arising from Well North Wales that evidence the shift towards prevention and inform future projects
- Identify the resources required to build local expertise and capacity to effectively support a regional whole systems transformational shift to prevention

Recommendations and Next Steps

- Make recommendations for a long-term regional programme of work and associated governance to support a whole system shift to prevention

The Task & Finish Group formed a coalition of the willing with a shared interest and enthusiasm to explore this subject matter further. The Group aligned around a broad mutual understanding of the importance of the ***Why?*** and ***What?*** and were able to articulate this through early development of visioning and mission statements *(see fig 6 below).*

Group discussions have largely been around ***How?*** to bring together work to date & early learnings in order to scale & spread across a regional approach.

This is intended to be through developing relationships, a shared understanding and shared language to focus on the building blocks of health and wellbeing as a means to shifting towards a preventative and more equitable system.

2 Method & Approach

Colleagues across the Public Sector in Wales have been working with Improvement Cymru to consider emerging academic theory and practice around the concepts of Human Learning Systems as a set of principles, ideas and practical methods to support transformational change in the way that public services can be designed and delivered in a more relational way to support people and communities to thrive and flourish.

Through these connections with Improvement Cymru and Q Lab Cymru, Well North Wales was selected as one of two place-based test beds to work with a learning and development partner and trial the early application of these principles in relation to regionally identified complex systems changes.

Collaborate CIC, an innovative social consultancy pioneering collaborative thinking and practice to tackle complex societal challenges Home - Collaborate were commissioned by Improvement Cymru as the learning and development partner to work with Well North Wales and Hywel Dda UHB.

Throughout January – April 2025 colleagues at Collaborate worked with the Public Health team and RPB to facilitate a series of three Action Learning Exercises based around the HLS principles which could help the Well North Wales Task & Finish Group to shape and inform a longer-term regional programme of work.

2.1 Understanding our system

The first of these facilitated workshop sessions focussed on 'Understanding the System' and looked at the wider complex system context of addressing the shift towards prevention, and of maximising and maintaining wellness.

Through the lens of the Wider Determinants *(fig 3 above)* the Group considered draft high-level mission statements which could be applied to focus the whole system change required in order to shift towards prevention at a regional level.

Fig 6 – Example 'Well North Wales' Mission Statements (Sept 2024)

The Group recognised that systems involve all of the 'actors and factors' that produce an outcome, and that it is therefore important to focus on the interactions and relationships, not just the individual pieces.

The first facilitated Action Learning Exercise involved using the 'Waters of System Change' model[7] which looks at the foundations involved in systems change, bringing focus the least explicit and most powerful conditions for change, and what it means to shift these conditions. The model uses an inverted triangle model as outlined below:

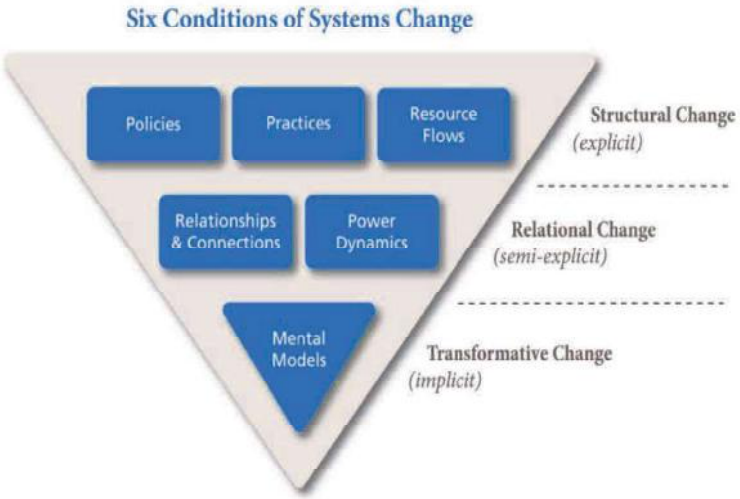


Fig 7 – 'Waters of Systems Change' Model[9]

The theoretical model outlines three key takeaway points:

1. Systems change is about advancing equity by shifting the conditions that hold a problem in place
2. To fully embrace systems change, funders should be prepared to see how their own thinking must also change as well
3. Shifts in system conditions are more likely to be sustained when working at three different levels of change (explicit, semi-explicit and implicit)

Using this model to facilitate thinking about the conditions holding a problem in place, the model was applied to this to each of the 7 Well North Wales 'missions' proposed by the Task & Finish Group. This helped to surface the different conditions that might need to be addressed through the regional work (e.g. policies and mind sets).

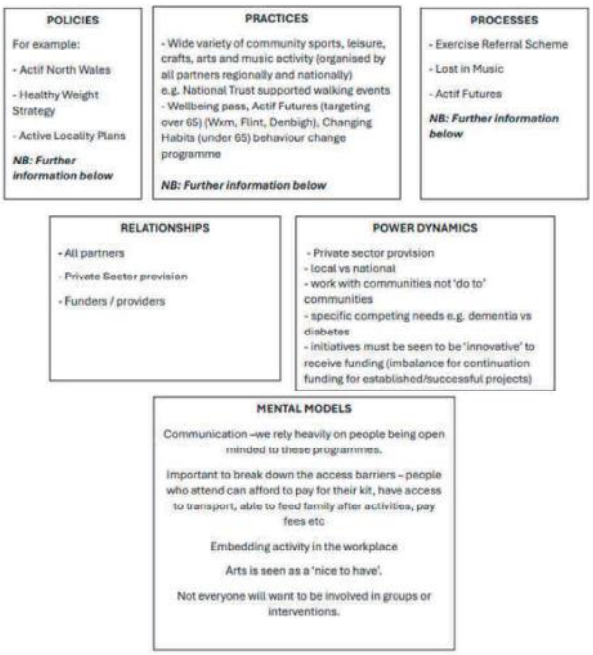


Fig 8 – Worked Example Waters of Systems Change Model output of session 1 (28.01.25)

The following common factors and themes emerged when the model was applied across each of the 7 wider determinant 'missions' modelled that might point towards types of interventions to further test & evaluate:

Challenges to overcome

- Access barriers (transport, cost etc) and rural isolation
- Communication and messaging (non-blame culture)
- Role of private sector/ market players - broken markets, social economy
- Hierarchies and power disparities and competition
- Generational/age disparities, social mobility

Factors to capitalise upon / prioritise for early action

- Importance of community, neighbourhood, peer and volunteer provision
- Meeting specific needs (disability, poverty etc)
- Importance of measures and indicators (getting them right)
- Flow of funding, use of resources, social value
- Importance and influence of Welsh culture

Full details of the session outputs are included as **Appendix B.**

2.2 Being Human – putting people and places at the heart

The second of these facilitated workshop sessions focussed on 'Being Human' and looked at what it would mean to put people and communities at the heart of this work - through the two lenses of 'mission' and place.

The group made the following reflections in relation to starting with the mission:

- There would likely be more effort in connecting people to the mission
- If you start with mission, there would be an element of redefining it according to the people you engage with so it connects to them
- It's less daunting - at least you know what you're going to be working on!

Reflections from applying a place-based lens included:

- Place offers a natural place to start, because you can build on what's already there
- You could lose focus on what you're trying to do, this diversion might not always sit well with your 'responsibilities'
- The scale of place to start with is a difficult choice, ideally you'd start with what the community themselves views as boundaries

The Group consensus was that the ideal approach would include a bit of both mission and place, and that a strategic regional approach might include starting with a place where early progress is being made which could be scaled and spread, whilst also focussing on regional priority missions where the evidence and local data insight makes a compelling case to do so.

The Group then considered what success might look like at three different levels when it comes to putting people and communities at the heart of this work: Individual, Social and Structural.

Personal Success Metrics: What will be different for individuals?

- Individuals feel like they're being heard
- Happiness
- Improved Health and Wellbeing
- Health Equality / Improved Health Span
- Self-Management / Greater individual knowledge
- Change agents and community champions

Social Success Metrics: What will be different for civil society and communities?

- Community Spirit / Social Integration / Mutual Aid / community voice
- Communities feel empowered, included and engaged / able to participate
- People feel connected to the work they have engaged with
- Seeds have started / Ripple effect (as a measure)
- Influence at all levels / aligned strategies / policies / Internal markets
- Start of change being seen but we're not going to change the world in 3 years / pilots started

Structural Success Metrics: What will be different for the economy, government and places?

- A Shift to Prevention / maintaining wellbeing mind set & priorities
- More common language between organisations
- More understanding of partners working together
- Organisations reporting differently, in ways which speak to people's experiences and aren't focused on KPIs
- Rethinking Accountability- Reporting Differently- Long term outcomes/thinking- Measuring & Valuing what is important to people
- Organisations embracing 'safe to fail'
- Combined funding pots
- Engage and consult *FIRST* at all levels then build legislation/policies/strategies, then fund the implementation
- More equitable outcomes and lack of variation across system / localities
- Health & Wellbeing workforce is:
    - supported with education & training
    - supported in its own wellbeing and access to services
    - supported by compassionate leadership
    - recognising in smaller teams what 'good' looks like

Full details of the session outputs are included as **Appendix B.**

2.3 Continual Improvement and Development

The third and final of these facilitated workshop sessions focussed on 'Learning' and the Group explored the importance of continual improvement and development as an approach, and recognising the value of using this learning as a strategy for improvement and adaptation when working in complex systems.

Through discussion the Group came to define learning as: ***"an ongoing and active process involving the application of insight to inform what to do and how to do it."***

It was recognised that learning should be approached strategically as a continuous process that occurs across all system levels (individual, organisation, and place) and provides a mechanism to discuss and share learning and insight into **how** we can shift the dial to take a whole system approach to improving population health & wellbeing outcomes.

The Group devised an outline approach that recognises that learning isn't a substitute for measuring, but that without learning we can't know *why* a particular measure has changed or a target hasn't been met, and learning is what helps us do better the next time around.

The Group was asked to think about learning at three different levels of the work – at practitioner, programme and whole system levels, and to come up with learning questions which we might want to explore through the longer-term work programme.

Applied Learning at Practitioner Level

Questions considered by the Group included:

- *How will we maintain the focus on what matters?*
- *Who do we want to listen to?*
- *How can we listen better to people?*
- *How will we build trust with the people we work with?*
- *How will we empower communities?*
- *How will we enable people to speak freely?*
- *How do we share information as practitioners and harness the intelligence of practitioners?*

Applied Learning at Programme Level

Questions considered by the Group included:

- *What is in scope for this programme of work?*
- *Where are our boundaries?*
- *How can we make best use of the resources we have?*
- *What assets are there in the locality that already work?*
- *What are the unintended consequences if we disrupt those elements?*
- *What is our risk appetite?*
- *How do we disrupt the system and become comfortable with being uncomfortable?*
- *Are we willing and able to move out of our comfort zones? (comfort > stretch > challenge)*
- *How do we communicate all of this back in our organisations?*
- *What is our shared language?*
- *What are our shared goals and beliefs?*
- What time period do we have to do this?
- *How do we reduce the time-lag on intention/action and outcome?*

Applied Learning at System Level

Questions considered by the Group included:

- *How might we build an understanding of the wider system and the environment/context that this programme will operate in?*
- *What are the structures and the shared challenges?*
- *What are the drivers in relationships?*
- *What constraints and interdependencies exist between the various organisations and sectors?*
- *How can we improve collaboration across organisations and sectors?*
- *What impact are all of the different moving parts having?*
- *What are all the different metrics? / How will we evidence the learning?*
- *How do we graft the governance of this programme of work onto existing governance structures across each of the different constituent parts of the system?*

Full details of the session outputs are included as **Appendix B.**

2.4 Creating Conditions for Learning

Given the Group's definition of learning as *"an ongoing and active process involving the application of insight to inform what to do and how to do it*", it was agreed that this learning should be approached strategically as a continuous process that occurs across all system levels (practitioner, programme and whole system) as outlined in the previous section.

The Group outlined an approach that recognised that learning isn't a substitute for measuring, but that without learning we can't know *why* a particular measure has changed or a target hasn't been met, and learning is what helps us do better the next time around. The Group then considered ways in which Well North Wales could be used to create conditions for learning across the wider region / systems, by encouraging sharing of:

a) Experiences that have been helpful for creating a good learning environment and examples of good foundations for learning
b) Barriers that exist to prevent applying learning and the areas (missions and/or places) in need of the most investment and development

This generated a lot of discussion, data and insight, the full details of the session outputs is included as **Appendix B.**

The Group was also asked to consider *methods* and *approaches* to learning which might be useful when applied to this programme. Initial reflections included:

- This will require conscious effort to create an environment that fosters learning and good judgment.
- Learning should be structured and supported rather than left to uncoordinated experimentation.
- Learning Capabilities (sense-making: Interpreting both qualitative and quantitative data within context, open discussions, creating safe spaces for varied voices to be heard, ensuring all voices contribute to decision-making, becoming comfortable with ambiguity, continually assessing and adapting approaches).
- A learning culture that encourages curiosity, openness to uncertainty, and shared values that support continuous learning.
- A learning infrastructure that is establishing data-sharing mechanisms, spaces for discussion, and systems for collective learning.
- Traditional methods for collecting learning data (eg surveys, interviews, financial analysis).
- Human-centred learning data (e.g. journals, ethnography, focus groups, stories, most significant change, magic moments).
- The process of gathering this data can itself foster trust and relationships.

Other reflections included:

- Using learning frameworks (e.g. Wider Determinants *fig 3 p6* and CHEME *fig 4 p7*) to structure and share knowledge.
- Ensuring strong feedback loops so insights from practitioners, communities, and leaders inform shared learning
- Capturing and organising intangible / tacit task knowledge is crucial for effective work.
- Clear communication is key to ensuring that insights lead to actionable change.

- Language plays a critical role in shaping perceptions and effectiveness.
- Celebrating good practice
- Learning as a local system across all levels (wider Wales = wider learning)
- Developing and understanding learning for funders
- Developing and understanding appetite for risk across stakeholders and levels
- Being comfortable to use someone else's ideas

The Group also explored the longer-term role of the group to act as 'stewards' of learning within the programme / across the wider system and were asked to give consideration to the following questions:

How will you nurture the foundations for learning?
How will you ensure learning flows between different levels of the system?

Again, these questions generated rich discussion and insight including:

● Whether the concept of 'stewardship' is a group or individual responsibility.
● Key traits of a good 'steward' should be: system-agnostic thinking, optimism, patience, confidence to share learning.
● Recognising and promoting good practices rather than assuming they are already known.

Formal vs. Informal Learning Spaces
● Formal: structured learning sets, ALS, communities of practice.
● Informal: day-to-day conversations, experiences, and interactions.
● The ripple effect: small informal learnings can create significant system-wide impact.
● Building Learning Structures

Stewardship as a virtual centre of excellence
● Facilitating lessons learned across different teams and organisational boundaries.
● Documenting best practices and repository of case studies.
● Ensuring diverse participation and rebalancing power of shared accountability & decision-making processes.
● Avoiding unnecessary bureaucracy while still promoting shared learning.
● Being objective
● Refining key learning questions.

Challenges in Learning & System Change
● Translating discussions into tangible change – how to measure what goes on in the margins?
● Overcoming organisational silos and power imbalances.
● The emotional toll of long-term systems change work.
● The role of peer support in sustaining motivation and energy.

Embedding a Learning Culture
● Encouraging small, consistent incremental learning efforts that scale & build over time.
● Avoiding blame
● Leading by example - Using champions and facilitators to drive learning and change.
● Sharing & facilitating learning
● Securing buy-in across all levels
● Creating a balance in space & time - resources, optimism, patience, competing priorities
● Celebrating successes and sharing progress to build momentum.
● Having the confidence to share good news
● Creating a supportive environment for ongoing learning.
● Maintaining a culture that models the change desired in the system.

In summary the Group saw the role of *systems stewarding* as key to emphasising collaborative learning, perseverance, and the importance of informal learning opportunities in driving system-wide change.

2.5 Design Principles

In the first workshop session the Group were encouraged to think about design principles for this Task & Finish scoping work. These principles were then reviewed and iterated throughout the process and at each of the subsequent workshop sessions as the shared understanding and mutual vision developed.

The Group have agreed the following outline set of design principles which should be considered to take this work forward across the wider region.

Put people first – we will put people at the heart of our thinking

Collaborate for inclusive design – our work should ensure a wide representation of organisations, sectors and communities to enable effective partnership working and co-production

Inform wise investment decisions – our work should inform decisions to achieve value for money on public expenditure and other sources of funding which can deliver proven benefits and maximise effectiveness in our communities

Simplify, standardise and adopt best practices – we will work together to achieve shared learning which can be applied across our organisations, sectors and wider systems

Develop a culture of learning - we will seek to instil conditions for learning across all levels of the system which encourages curiosity, openness to uncertainty, and a shared appreciation for the value of learning in order to drive continuous iterative improvement & development

Equity and accessibility – we will strive to reduce avoidable inequalities and ensure that our work can contribute towards improving equity of access, experience and outcomes for our communities

Ensure consistency with organisational values – we will ensure that the work of this Group can remain consistent with the values of each of the organisations represented

3 Findings

3.1 Mission-based Approaches

Through the lens of the Wider Determinants *(fig 3 page 8)* the Group considered seven draft high-level mission statements which could be applied to focus the whole system change required in order to shift towards prevention at a regional level.

Early progress, conditions for systems change and suggested areas for further action against each of these missions *(See fig 6 page 12)* are summarised alphabetically by mission in the sections below.

3.1.1 Mission: Active & Creative Lifestyles

Being active in our everyday lives is one of the main factors for improving health and wellbeing and reducing the risk of premature death. When we move more, this benefits our physical and mental health and can make us feel better, as well as reducing stress and anxiety and improving workplace sickness absence. Even at a low level, being active on a daily basis confers a whole range of benefits, especially in relation to mental wellbeing, and also helps us to live happier and healthier lives [10]

There is growing evidence of the benefits of the arts and creativity for our health and wellbeing *(see Dow et al. 2023 and HARP 2022)* with a range of recommendations made by the National Centre for Creative Health (Creative Heath Review 2023) for policy and practice.

Well North Wales Context:

The percentage of adults (16 years and over) in North Wales who meet the recommended guidelines for physical activity ***(45.8%)*** *is statistically significantly lower than Wales average (55.4%).*

Across the region, percentages range ***from 39.4%*** *in Conwy* ***to 54.9%*** *in Denbighshire.*

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

"People in North Wales are engaged in physical activity and opportunities for creativity"

Engaging in the arts and being creative can support health and wellbeing in a range of ways, including:

- Contributing to preventing, supporting and sustaining health and wellbeing through attending creative activities that promote healthy behaviours, community engagement, and support health literacy
- Transforming care through creative approaches (e.g. dance for falls prevention or singing for respiratory health)
- Fostering welcoming and healing environments (e.g. through well-designed less clinical looking spaces, creating ownership of health spaces), or opportunities for reflection or other emotional needs
- Providing creative approaches to managing illness that support overall benefits to health and wellbeing (e.g. offering diversion and distraction, providing relief and stimulation, reducing feelings of isolation, and supporting skills building and self-esteem as well as opportunities for self-expression).

The Group developed the following Waters of Systems Change model in relation to this mission:

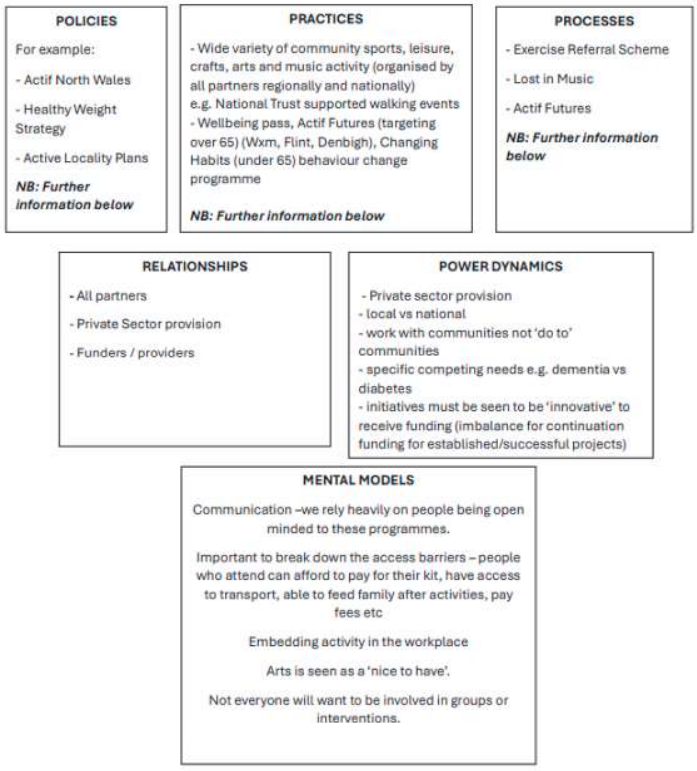


Fig 8 – Waters of Systems Change Model 'Active & Creative Lifestyles' output of session 1 (28.01.25)

What is helping?

- The structures and policies are in place to support if the processes can be developed & improved
- Lots of activities cut across different themes and encompass the ways of wellbeing
- Good community engagement and support from local Councillors & volunteer organisations

- Many initiatives do not need to be 'sold' – word of mouth & social media can be harnessed

What is not helping?

- Activities are heavily reliant on funding availability, often short-term
- Volunteer-led projects risk failure when volunteers step down
- More political will is need to support longer-term sustainability
- Language is important – moving away from individualism & 'blame' which often ends up counter-productive

Notable Practice:

- National Trust Wellbeing Pass – used for groups supported by 3rd sector partners to access green spaces for walks & activities
- Active Futures (over 65s) and Changing Habits for Life (fitness & behaviour change support)
- Cymraeg i Blant – groups for new parents and babies to form social support through creative and physical activities (eg baby yoga, painting)
- Libraries and creative hubs across N Wales offer a variety of creative & cultural activities
- Park runs – across N Wales
- Music Perspective (COPD patients)
- Lifestyle Service – 12 week behaviour change programme pre-surgery
- Weight Management Services
- Art projects, interventions and commissions
- Local Authority Arts Officers and various third sector providers
- Lost I Art – Dementia focussed
- Wellbeing Choirs

3.1.2 Mission: Communities

Community engagement is essential to health and wellbeing. NICE (2016) emphasises that co-producing services with communities not just delivering to them leads to more effective, equitable, and sustainable outcomes. This means building lasting partnerships that reflect local needs and empower people to take ownership of their health.

Health is shaped by social connections and environments. WHO (2020) highlights that community engagement is foundational to person-centred care and resilient health systems. Empowering communities to lead change fosters trust, supports behaviour and policy shifts, and is vital for achieving universal health coverage and social justice.

In Wales, civic participation strengthens community wellbeing. The Welsh Government (2024) notes that democratic health where people feel heard and involved enhances public trust, safety, and cohesion. Active engagement in local governance is key to building healthier, more resilient communities.

A sense of community is a national indicator for Wales. It is the age-standardised percentage of people aged 16 years and over, agreeing with all three community cohesion questions: belonging to the area; that people from different backgrounds get on well together; and that people treat each other with respect and consideration.

Well North Wales Context:

*The percentage of people in North Wales reporting to feel a sense of community **(65.4%)** is slightly above Wales average (63.8%).*

*Across the region, percentages range **from 61.1%** in Flintshire **to 71.2%** in Gwynedd.*

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

"People in North Wales live in safe, supportive and resilient communities"

The Group developed the following Waters of Systems Change model in relation to this mission:

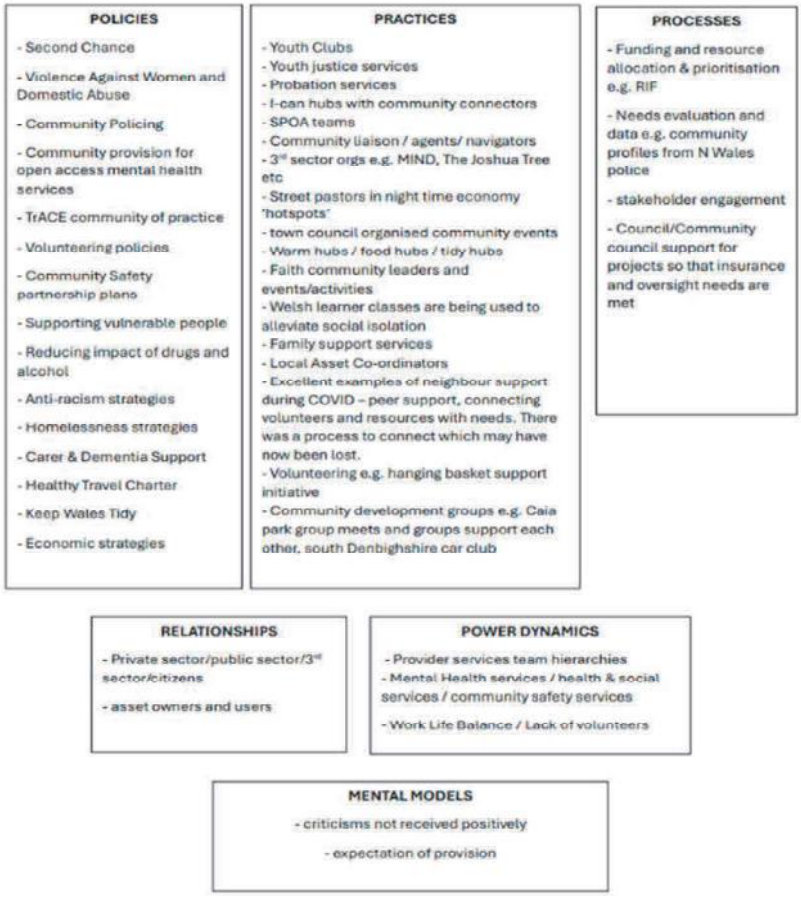


Fig 9 – Waters of Systems Change Model 'Safe, Supportive & Resilient Communities' output of session 1 (28.01.25)

What is helping?

- Partnerships and working together
- Moving towards what matters to the community approaches
- Feeding back progress as reward not incentive
- Paying attention to lived experience
- Recognising different communities have different needs, and different parts within a community will also have different perceptions of feeling safe
- Building local resilience – eg ICAN hubs, Family Centres

What is not helping?

- Lots of reaching out, but not always listening – or where listening is happening on the ground it is not always filtered upwards (connect the conversations!)
- Not using the language of the community / talking to what matters
- Not building community resilience or managing disagreements
- Misinformation / not honest engagement – telling people its ok when it is not ok
- Competing needs and not always making the 'right' decision on ***who*** to listen to
- Need better mechanisms for collecting & prioritising the needs
- People not having a sense of belonging
- Gaps in community safety across wider community
- A lot of effort & resource required to get community-led projects off the ground – and to become self-sustaining / succession planned
- Lack of trust in community co-production
- Disconnect between neighbours and not being aware of people's needs around us – constant reminder during COVID to look out for vulnerable people. This has now sadly gone

3.1.3 Mission: Education & Lifelong Learning

Access to education and lifelong learning opportunities is a key determinant of health, influencing employment, income, and social participation. Further education, though often undervalued, provides essential vocational training and supports adults in insecure employment to transition into healthier, more stable work. Investment in lifelong learning can reduce health inequalities and improve local economic outcomes, aligning with broader levelling-up goals (Health Foundation, 2021).

Lifelong learning is recognised as a vital contributor to social and economic well-being in Wales. Policy on adult education highlights the need for accessible, high-quality learning opportunities throughout life to foster resilient communities, reduce inequalities, and support better health outcomes. Continuous learning is seen as a pathway to improved employability, greater social inclusion, and a more equitable society (Welsh Government, 2018). However participation in education decreases with age, in 2019 only 11.2% of 25-30-year-olds in Wales were engaged in any form of education (Wales Centre for Public Policy, 2022).

Well North Wales Context:

There is a gap in educational attainment by parental income level, which continues throughout the different stages of a child's education.

In Wales, there is ***a 27 percentage point attainment gap*** *between pupils eligible for free school meals and those not eligible at 16 years of age (Joseph Rowntree Foundation, 2023).*

The evidence and national context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

"People in North Wales have access to high quality education and lifelong learning opportunities"

The Group developed the following Waters of Systems Change model in relation to this mission:

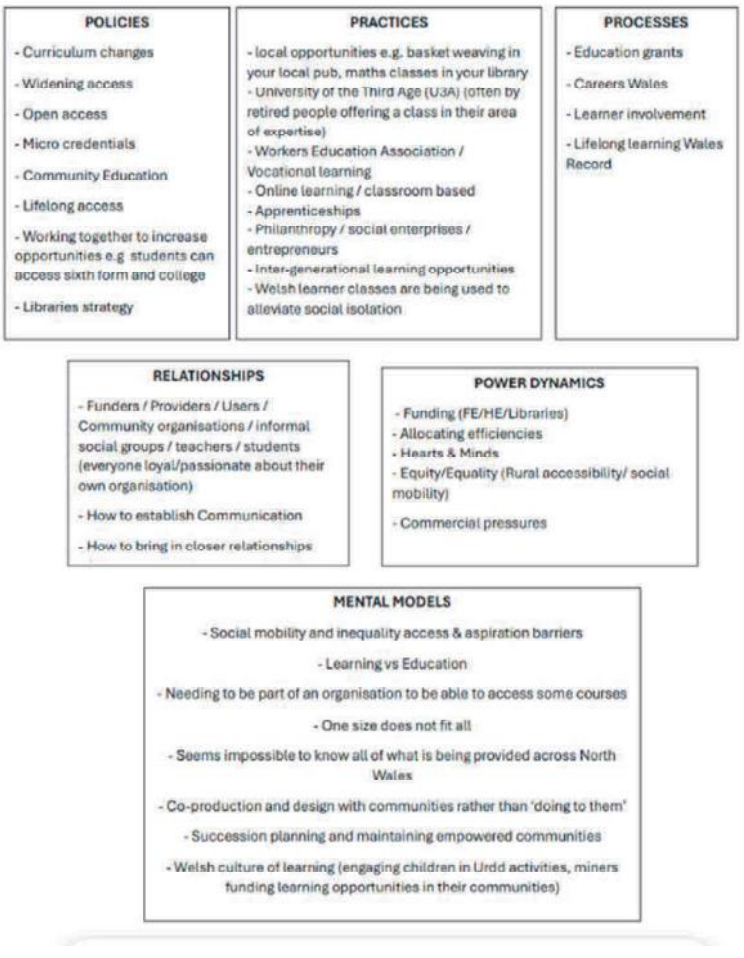


Fig 10 – Waters of Systems Change Model 'Education & Lifelong Learning' output of session 1 (28.01.25)

Unfortunately this was the least represented area within the short timescales of our Task & Finish Scoping. It was therefore difficult for Group members to comment on what is / is not working and any areas of notable practice across the region.

In taking this forward, partners should consider suitable stakeholders to best represent the mapping and scoping of this wider determinant mission.

3.1.4 Mission: Employment

Employment is a key contributor to health and wellbeing, but it is the quality of work that makes the greatest impact. Fair work defined as secure, fairly rewarded, inclusive, and respectful of rights enhances individual wellbeing and supports a healthier, more equitable society. Promoting fair work is essential for building a resilient economy and improving population health (Public Health Wales, 2023)[11]

The percentage gap between the employment rate for those with a long-term health condition and the overall age specific employment rate in persons aged 16-64 years.

Well North Wales Context:

*The percentage gap in employment rate for 16-64 year olds with a long-term condition and the overall employment rate across North Wales **(11.1%)** is slightly lower than the Wales average (12.2%)*

*Across the region, percentages range **from 7.9%** in Conwy **to 16.1%** in Wrexham.*

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

"People in North Wales have access to valuable and fair paid employment, training and development opportunities"

The Group developed the following Waters of Systems Change model in relation to this mission:

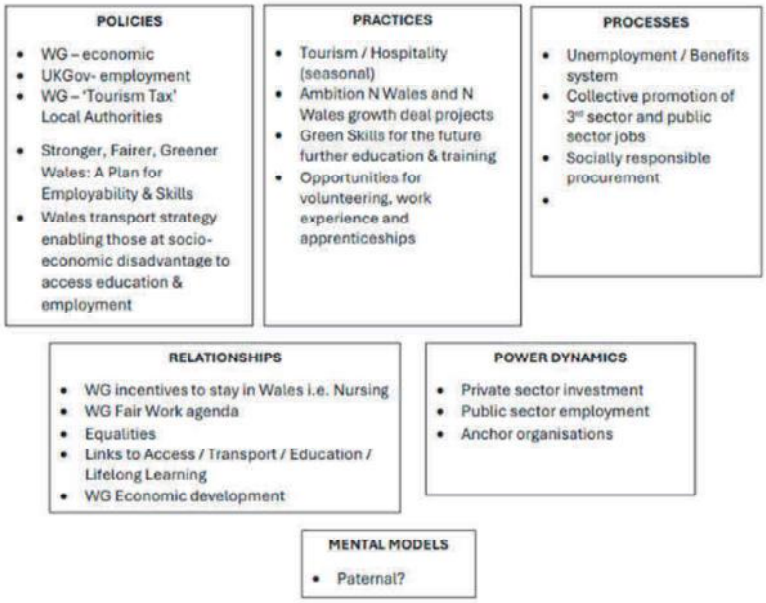


Fig 11 – Waters of Systems Change Model 'Employment' output of session 1 (28.01.25)

What is helping?

- Incentivisation
- Green energy opportunities
- Sectoral strengths – e.g. public sector, Airbus

What is not helping?

- Remoteness from centres of economic decisions
- Transport links
- Outward migration of young people – particularly skilled & higher education
- Inward migration of older people
- Mismatch of pan North Wales organisational structures and local structures

3.1.5 Mission: Environment

Urbanisation is reducing people's exposure to and connection with natural environments, which can negatively impact mental wellbeing. However, regular contact with nature is associated with improved mood, reduced stress, and enhanced overall wellbeing. Nature-based interventions such as green social prescribing and outdoor therapy are not only effective in supporting mental health but are also cost-effective (NHS Forest, 2021).

Outdoor air pollution is the largest environmental risk to health in Wales. Long-term exposure to pollutants such as fine particulate matter (PM2.5) and nitrogen dioxide (NO_2) increases the risk of heart and lung diseases, and is linked to conditions such as dementia, low birth weight, and diabetes. Children are particularly vulnerable, with risks including poor lung development and asthma. In Wales, air pollution is estimated to contribute to the equivalent of 1,000 to 1,400 deaths annually (Public Health Wales, 2020).

Access to clean, safe water is fundamental to public health. In Wales, public water supplies are generally well-regulated and safe, but private water supplies can vary significantly in quality. Poor water quality can lead to gastrointestinal illnesses and other health risks, particularly in rural areas where private supplies are more common. Ensuring effective monitoring and treatment of water sources is essential to protect population health (Public Health Wales, 2023)

Quality of air we breathe: this is a national indicator and measures the average NO_2 concentration (µg/m³) in residential dwellings.

Well North Wales Context:

*Air quality across North Wales **(5.5µg/m³)** is higher quality than the Wales average (7.7µg/m³)*

*Across the region, percentages range **from 7.7µg/m³** in Flintshire & Wrexham **to 3.0µg/m³** in Gwynedd.*

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

"People in North Wales live in a healthy & sustainable natural environment"

The Group developed the following Waters of Systems Change model in relation to this mission:

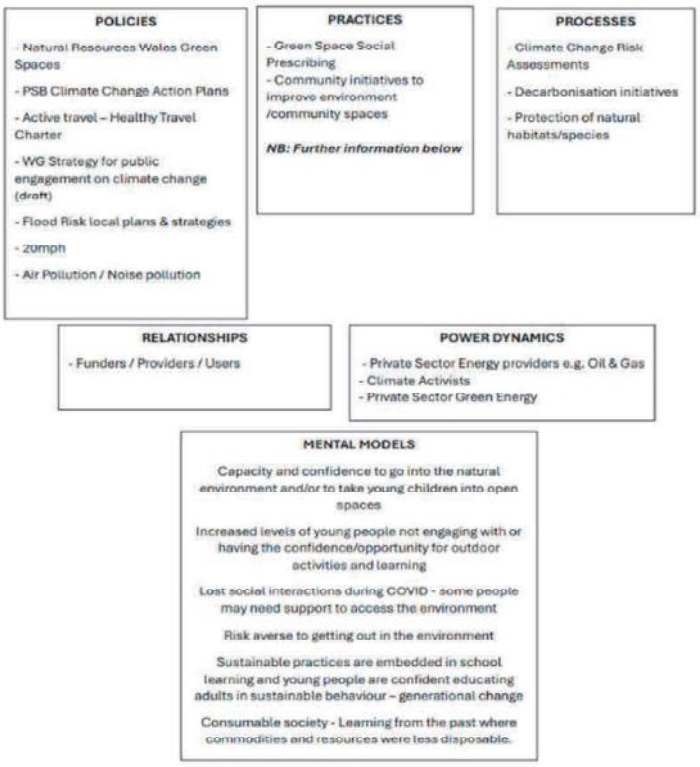


Fig 12 – Waters of Systems Change Model 'Environment' output of session 1 (28.01.25)

What is helping?

- Geography of North Wales – great access to green and blue spaces
- Peer support access to green spaces
- Public awareness and strategies (Eg recycling, active travel)

What is not helping?

- Geography of North Wales – remote rural communities often = isolation
- Disconnect between neighbours and not being aware of people's needs around us – constant reminder during COVID to look out for vulnerable people. This has now sadly gone
- Expected levels of service provision and societal reluctance to change (Eg recycling vs regular black bin collections / public transport vs private car use)
- Lack of access to equipment or kit

Notable Practice:

- COVID response gave us a a greater appreciation of our natural environment and encouraged people to explore their immediate local environments
- Promoting health & biodiversity through local social prescribing & green health opportunities
- Protecting biodiversity and natural habitats
- Climate Change Risk Assessments
- Decarbonisation activity – carbon storage and activities to mitigate effects of climate change
- Maximising sustainable tourism offer
- Improving community spaces
- Recycling performance
- Actif North Wales

3.1.6 Mission: Food

Community engagement is vital for promoting healthy eating. Co-producing services with communities leads to more effective and sustainable outcomes (NICE, 2016), while empowering people to shape local food systems fosters trust and healthier behaviours (WHO, 2020). In Wales, civic participation enhances wellbeing through initiatives like community gardens and food co-ops that improve access to nutritious food (Welsh Government, 2024).

Food poverty is a key barrier to health equity. Healthier foods cost significantly more per calorie, making them unaffordable for many low-income households (Food Foundation, 2025). Rising food bank use reflects deepening need, with over 3.1 million parcels distributed in a year (Trussell Trust, 2024). Food insecurity is linked to poor health outcomes, especially among vulnerable groups (Public Health Wales, 2023), highlighting the need for coordinated, community-based responses.

The Healthy Weight: Healthy Wales strategy recognises the link between food poverty and obesity, calling for systemic change to make healthy food accessible and affordable (Welsh Government, 2019). It supports local initiatives like food co-ops and cooking programmes,

particularly in deprived areas. The Community Food Strategy further strengthens this approach by promoting sustainable, equitable food systems across Wales (Welsh Government, 2023).

Well North Wales Context:

*Between April 2023 and March 2024, Trussell Trust reported the distribution of **46,263 food parcels** from the 36 distribution centres across North Wales*

*(This equates to an average of **127 food parcels per day**)*

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

"People in North Wales are able to access affordable, nutritious food"

The Group developed the following Waters of Systems Change model in relation to this mission:

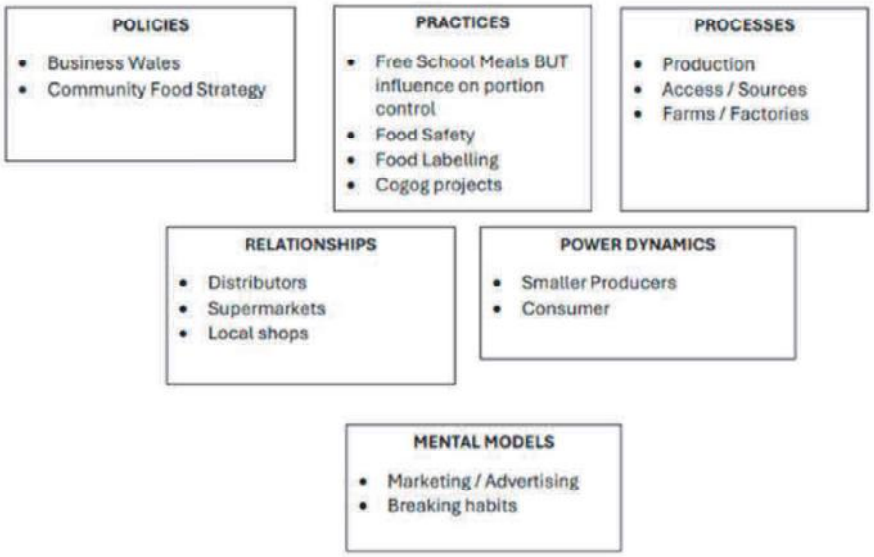


Fig 13 – Waters of Systems Change Model 'Food' output of session 1 (28.01.25)

What is helping?

- Impact & awareness of allergens
- Links to Healthy Living campaigns

What is not helping?

- Interfaces at different system levels
- Inappropriate food advertising and marketing to poor lifestyles

Notable Practice

- Can Cook / Well Fed in Flintshire – UK's first zero UHP production kitchen
- Early progress & concept design for food lockers and vending machines for affordable nutritious food which can support workplaces / vulnerable communities

3.1.7 Mission: Housing

Housing is one of the fundamental building blocks for a healthy life and all aspects of our homes and where we live affect our physical and mental health and well-being (Public Health Wales 2025)[12]

The World Health Organisation recognise that improved housing conditions can save lives, prevent disease, increase quality of life, reduce poverty, and help mitigate climate change. Cold and damp housing is associated with increased risk of respiratory conditions, cardiovascular disease, and poor mental health. Children, older adults, and those with pre-existing health conditions are particularly vulnerable (WHO 2018)[13]

The percentage of housing assessments which are free from category 1 hazards according to Housing Health and Safety rating system. Where hazards are identified as Category 1, local authorities have a duty to take the appropriate enforcement action. This is a national indicator.

Well North Wales Context:

*The percentage of houses free from category 1 hazards in North Wales **(80.5%)** is higher than Wales average (67.9%).*

*Across the region, percentages range **from 93.2%** in Conwy **to 27.3%** in Ynys Môn.*

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

"People in North Wales live in good quality, secure and affordable housing"

The Group developed the following Waters of Systems Change model in relation to this mission:

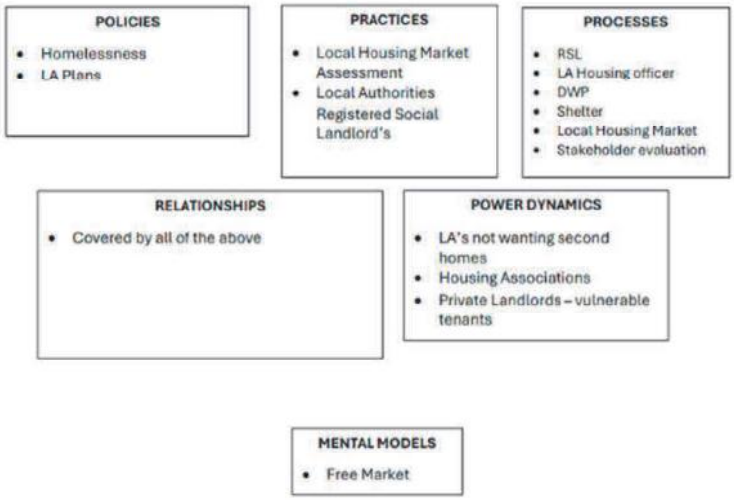


Fig 14 – Waters of Systems Change Model 'Housing' output of session 1 (28.01.25)

What is helping?

- National & local strategies & policies
- Good local Social Housing Associations
- Local housing market
- Local Authorities RSL lists

What is not helping?

- Local housing market
- Second homes debate
- Free market – property as investment portfolio rather than family homes

3.2 Place-based Approaches

Place based working considers the unique strengths, characteristics and resources of a specific geographical place through a person-centred, bottom up approach to address the social, economic, environmental and cultural challenges within a place. Place-based working requires people and cross-sector organisations to work collaboratively to understand and respond to the complex challenges faced by communities and enable long-term sustainable change.

Case Study: Actif North Wales place-based approach

Moving is essential for good health and well-being. However, the number of people of are physically active across north Wales is declining. Data indicates that those facing the greatest inequalities are least likely to be active. The reasons for this are complex and requires a different way of thinking about how inequalities in physical activity are addressed. Place-based working is one approach that considers the different factors that impact on people's ability to move more by understanding the specific skills, strengths and context of people and the place they live in to create sustainable and community driven change. In September 2023, Actif North Wales, with UK Shared Prosperity Funding tested a new 'place-based approach to physical activity in areas across north Wales.

Drawing on the work of Cormac Russell and John McKnight (The Connected Community, 2022), the project adopted an Asset-Based Community Development (ABCD) approach to work alongside and empower residents to consider the strengths of their place and explore what matters most to them about how they use local spaces and places be active and improve their health and wellbeing. A range of community engagement tools and techniques were applied to build trust and relationships with residents and identify local priorities based on 'what matters most' conversations and engagement. The learning from the pilot has informed a new commissioning model with Sport Wales investment which is adopting a whole-system, place based approach to physical activity across the region.

Video case studies summarising Actif North Wales Partnerships can be found here: Gogledd Cymru Actif North Wales - YouTube

Case Study: Bro Lleu Regeneration Area, Gwynedd

The Bro Lleu Regeneration Area, focusses on community-led participatory co-design in the areas of Dyffryn Nantlle and Penygroes. Residents identified the following priorities when encouraged to participate in the conversations to shape and deliver services to meet local needs.

What changes would you like to see happen in Bro Lleu and Nantlle in the next 15 years, that would make the area a better place to live?	Number of times the theme was prioritised
• Plans to strengthen the area's health, care and well-being resources	99
• Schemes to ensure suitable and affordable housing for local people to buy or rent	98
• Plans to secure high value work and jobs locally	92
• More facilities for young people in the area and plans to encourage them to take an active part in the community by joining local committees etc	89
• Plans to tackle poverty	78
• Greener area – environmental improvements, tree planting, renewable energy, plastic free area, charging points and a plan to ensure the area is ready to cope with climate change e.g. flooding	77
• Legislation and plans for better management of summer homes and second homes	68
• Plans to develop accessible, integrated and appropriate public transport for local needs	66
• More support for businesses to thrive locally	62
• Upgrade broadband infrastructure	45
• Plans and support for activities that promote the Welsh language and culture and support for Welsh learners	43
• An effective Sustainable Tourism Scheme to better control tourism and maximise the economic potential for local people	43
• Improvements in education provision	42
• More leisure and sports facilities	31
• Better collaboration between local organisations, enterprises and community councils and better communication between the area's Community Councils and Cyngor Gwynedd	25

Fig 15 – Community responses priorities to improve Bro Lleu & Dyffryn Nantlle (2022)[14] sample size 211

The following insights and reflections were made when reviewing the approach to community-led co-design by the National Development Team for Inclusion (NDTi) gained through a series of discussions with partners and community groups that took place March – April 2023:

- **An overwhelming sense of Community spirit and pride shone through every conversation.**
- **A willingness to understand how to do things differently that will improve the lives of citizens, staff experience and relationships locally.**
- **Strong partnership working and leadership is evident at several levels.**
- **Some wonderful approaches and examples of coproduction with local communities that needs to continue to be embraced and modelled as part of any work going forward.**

3.3 Evaluation of Outcomes

Throughout the course of the three workshop sessions the Group also considered how we might define *what would good look like*? in respect of this new whole system shift towards prevention, and how we might design the measurement and evaluation into the system to support delivery and shared accountability of more meaningful outcomes.

A 1976 study by psychologist and social scientist Donald Campbell noted that "It is a special characteristic of all modern societies that we consciously decide on and plan projects designed to improve our social systems. It is our universal predicament that our projects do not always have their intended effects. Very probably we all share in the experience that often we cannot tell whether the project had any impact at all, so complex is the flux of historical changes that would have been going anyway, and so many are the other projects that might be expected to modify the same indicators." [15]

Noting this inherent gamification across the system in respect of performance measurements gave rise to 'Campbell's Law' [14] which notes: "*The more any quantitative social indicator is used for social decision-making, the more subject it will be to corruption pressures and the more apt it will be to distort and corrupt the social processes it is intended to monitor."*

Some suggested methodologies to measure the more qualitative and less tangible elements of the system change include the following:

Ripple Effects Mapping (REM)

- Ripple Effect Mapping (REM) is a way of mapping and understanding the intended and unintended consequences over time. It is therefore capable of capturing some of the wider impacts of a systems approach
- REM is a participatory evaluation approach that brings key stakeholders together to map the impacts and explore the way the wider system might have changed
- It is therefore capable of capturing some of the wider impacts of a systems approach
- One tool to complement a range of other tools

Social Network Analysis (SNA)

- Social Network Analysis (SNA) is an established technique that identifies and analyses the inter-connections and influences between different people or organisations within a system (organisations are made of people).
- The aim of Social Network Analysis is to understand the relationships in a system, as part of a network.
- This helps us to learn how information and resources are shared across the network and who might be more influential in creating change.

4 Conclusions and Recommendations

4.1 Summary Findings

Understanding Our System

The Group recognised that any shift towards prevention through the lens of wider socio-economic determinants would need to be cogniscent of the wider complex system. The following three points were identified in relation to whole systems change:

1. Systems change is about advancing equity by shifting the conditions that hold a problem in place
2. To fully embrace systems change, funders should be prepared to see how their own thinking must also change as well
3. Shifts in system conditions are more likely to be sustained when working at three different levels of change (explicit, semi-explicit and implicit)

A detailed summary of identified shared challenges to overcome and some suggested factors which could be capitalised upon for early gains can be seen on page 12.

Being Human – Towards relational and place-based co-design

The Group recognised that there was not a 'one size fits all' approach and that this societal shift fundamentally needs to be shaped by communities themselves.

Notable benefits were identified that could be achievable through a more relational and place-based co-design, and these would be seen across all levels of the system:

Individuals would be better equipped and empowered for self-management. People would be able to act as change agents and community champions.

At a societal level, communities would feel more empowered, included and engaged. Communities would be able to participate in design and feel connected to the work they have engaged with.

At an organisational and regional level we would start to see a more common language between organisations. Organisations reporting differently, in ways which speak to people's experiences and aren't focused on KPIs, and regionally we would be better able to rethink accountability. By measuring what matters to our communities and reporting differently, organisations could work better together towards longer-term outcomes and thinking.

Continual Improvement and Development – Creating Conditions for Learning

In recognising that that there was not a 'one size fits all' approach, the Group acknowledges that there will therefore be a requirement for experimentation, innovation and adaptation. This learning should be structured and supported rather than left to un-coordinated experimentation.

It is recognised that developing a structure and support for this experimentation and learning, will present a challenge in itself. Rather than attempt to manage and control this as a programme of work, the Group suggests that it would be better enabled to flourish and thrive within a learning culture that encourages curiosity, openness to uncertainty, and shared values that support continuous learning.

This would require conscious effort by all regional partners to create and foster an environment that enables learning and good judgment. The following Learning Capabilities were highlighted for further exploration and development:

- Becoming comfortable with ambiguity
- Sense-making: Interpreting both qualitative and quantitative data within context
- Creating safe spaces for open conversations where varied voices could be heard & contribute to decision-making
- Continual iterative assessment and adaptation of approaches

General Principles for Change

The Group recognises and acknowledges the complexity of the systems and inter-connectedness of all the moving parts at play. In order to make meaningful change to the system the Group understands the futility in attempting to *manage* the system change, and such complexity can never truly be tamed.

Once this is accepted, there is a shared understanding that the only way to make meaningful and lasting change is to work together across the whole system with shared principles and culture towards a shared vision and goal.

Working in such complexity and uncertainty, it must be acknowledged that it is ok not to have the answers. There is not a model that can definitively solve this, or methodology that can be followed to achieve the desired outcomes. Instead the starting point must be to bring the various stakeholders together to define the boundaries of the challenge, and understand the appetite and horizon for delivery.

In reflecting upon this work in the process of compiling this report the Group were made aware of Myron's Maxims:

1. **People own what they help create**
2. **Real change happens in real work - those who do the work, do the change**
3. **Start anywhere, follow everywhere**
4. **Connect the system to more of itself**
5. **The process you use to get to the future is the future you get.**

The Group makes the below recommendations for how this work can be carried forward to build upon the early learnings and trust relationships which are emerging from this Task & Finish Scoping exercise.

4.2 Further Identified Work Required

Throughout the course of the workshop sessions the Group identified that given more time to scope and shape a preventative shift programme that further work would be required in respect of exploring shared challenges and opportunities which could be presented through applying the principles and methodologies to the two areas of Funding and Governance.

Applying the workshop approaches and facilitated conversations to the topics of Funding and Governance across 3 levels micro to macro as per all previous work of the Task & Finish Group would be beneficial to helping ensure sustainability, resilience and shared accountability for collaborative preventative work across the region.

It is hoped that this could be carried forward as part of the recommendations below.

4.3 Recommendations for Change

The Task & Finish Group makes the following recommendations for change to be taken forward by local partners through the governance of the Regional Partnership Board and aligned to the Public Service Boards of North Wales:

Through the course of this Scoping Study it was really encouraging to learn of so much good work being delivered across the region which will already be helping to shift the dial on prevention and improving population health outcomes. The Group collated an evidence base of some of this work, and associated strategies and policies and it was noted that this was by no means exhaustive or definitive, but rather to be used as a tool to help guide conversations throughout the workshop sessions and retain a shared focus on the preventative shift.

It is suggested that this exercise could be used as foundations to build upon and maintain across the region.

RECOMMENDATION 1: The initial outputs of this Task & Finish Group be used to form the basis of an over-arching Prevention Portfolio – A repository of regional activity (place based and whole systems approaches) to be maintained by the RPB which would enable a better shared understanding of notable practice, challenges, and provide assurance of indicative timescales to achieving expected outcomes

RECOMMENDATION 2: A regional '(Living) Well North Wales Framework' should be developed and all organisations requested to sign-up to a charter prioritising the shift towards prevention in order to deliver improved population health & wellbeing outcomes. Delivery of a forward virtual 'programme of work' to be grafted onto existing regional governance arrangements (through RPB and PSBs)

The Health Anchors Learning Network (HALN) note that public sector bodies and large private sector employers can use their resources and influence to maximise social, economic and environmental impacts (social value) to improve the wider socio-economic determinants of health, health outcomes and reduce health inequalities.

In this way, it is proposed that the work of our various regional 'Anchor Organisations' can be aligned to meet the emerging Well North Wales programme which is identifying how partners can work together more strategically in order to contribute towards the whole systems shift to prevention through addressing the wider socio-economic determinants of health & wellbeing.

This strategic work on wider determinants is in addition to our ability to influence & affect behavioral lifestyle changes across a larger regional workforce improving immediate & longer-term health & wellbeing benefits for a significant population size. It is recommended that to ensure this work is strategically aligned and linked to deliverables which can help shift the dial on population health & wellbeing outcomes that a Regional Anchor Organisation

Framework is included within the work to develop a regional '(Living) Well North Wales Framework'.

RECOMMENDATION 3: In order to provide the best chance of successfully achieving outcomes – it is recommended that our regional prevention-based work should ensure it adopts each of the following 3 principles:

- Relationally focussed and place-based
- Whole systems approach
- Continuous iterative developments within a culture of learning

A whole systems shift towards prevention across the Regional Partnership space will require the commitment of senior and strategic leaders to provide sufficient air cover, and to empower those who do the work (our workforce and communities) to define and deliver the change.

- **A bottom-up approach –** with a bi-directional flow of insight and shared accountability for outcomes across the whole system
- **Ensuring everyone is in the room** - addressing power imbalances, and maintaining focus and buy-in. It is recognised that achievement of longer-term outcomes will require patience and balanced optimism.
- **An ongoing iterative evolution –** a 'big bang' approach will not be possible or feasible. Partners will need to prepare to adopt a culture of experimentation, honing & improving over time, innovating, adapting, scaling & spread.

RECOMMENDATION 4: Partners should be empowered and supported to create conditions for learning.

It is recognised that applying the process of learning at each of the system levels provides valuable output and insight demonstrating **how** we can shift the dial more effectively & efficiently to have a greater impact on meaningful population health & wellbeing outcomes.

RECOMMENDATION 5: The further work of developing a Regional Prevention Framework should follow an agreed set of Design Principles. The Group suggest the following outline set of design principles which were developed iteratively throughout the course of the Task & Finish scoping study and should be considered to take this work forward across the wider region.

Put people first – we will put people at the heart of our thinking

Collaborate for inclusive design – our work should ensure a wide representation of organisations, sectors and communities to enable effective partnership working and co-production

Inform wise investment decisions – our work should inform decisions to achieve value for money on public expenditure and other sources of funding which can deliver proven benefits and maximise effectiveness in our communities

Simplify, standardise and adopt best practices – we will work together to achieve shared learning which can be applied across our organisations, sectors and wider systems

Develop a culture of learning - we will seek to instil conditions for learning across all levels of the system which encourages curiosity, openness to uncertainty, and a shared appreciation for the value of learning in order to drive continuous iterative improvement & development

Equity and accessibility – we will strive to reduce avoidable inequalities and ensure that our work can contribute towards improving equity of access, experience and outcomes for our communities

Ensure consistency with organisational values – we will ensure that the work of this Group can remain consistent with the values of each of the organisations represented

Through the course of this Task & Finish Scoping Study, our coalition of the willing have developed cross-sectoral relationships, a shared understanding of the challenges to be addressed, and shared language to focus on the building blocks of health and wellbeing as a means to shifting towards a preventative and more equitable system.

The approach which has been followed in order to begin this journey, and share early learnings should be used as firm foundations to build upon, maintain and further improve. In reference to the fifth of Myron's Maxims:

"The process you use to get to the future, is the future you get"

4.4 Further Work / Next Steps…

Progress and further actions are summarised below with reference to the original intended scope of this Task & Finish Group *(see p10-11)*

Scope & Objectives	Progress & Further Actions
Mapping and Gap Analysis	
Map existing local, regional and national strategic work which is addressing 'wellness' or tackling the underlying wider determinants of health in order to understand current context and challenges	Included as **Appendix B** Covered in **Recommendation 1**
Identify areas of notable practice which can be shared and built upon to maximise & maintain momentum across local areas	Included throughout **Section 3** Covered in **Recommendation 1**
Identify where there are any gaps or variation in practice across the region in relation to: wider determinants of health, local place-based approaches, targeted approaches to meet the needs of vulnerable groups, and access to available funding sources	Included throughout **Section 3** and **Appendix B** Further work required – to be picked up through **Recommendation 2**
Evidence & Measurement	
Consider *what* to measure and *how* to evidence impacts of taking a regional whole systems approach	Further work required - to be picked up through **Recommendation 2**
Develop a knowledge base of aggregated information and lessons accrued from activities, initiatives, projects and partnerships arising from Well North Wales that evidence the shift towards prevention and inform future projects	Included throughout **Section 3** and **Appendix B** Covered in **Recommendation 1**
Identify the resources required to build local expertise and capacity to effectively support a regional whole systems transformational shift to prevention	Further work required - to be picked up through **Recommendation 2**
Recommendations & Next Steps	
Make recommendations for a long-term regional programme of work and associated governance to support a whole system shift to prevention	Covered in **Recommendations 1-5**

At the time of compiling this report of our regional Task & Finish Group, Public Health Wales have just published a Prevention Based Framework for Health and Care which recognises that if ever there was a time for us to shift to prevention, it has to be now.[16]

"The future of health in Wales is centred on our ability to deliver a preventative approach alongside addressing the deep-seated health inequalities that persist across our communities"

– Judith Piaget, Chief Executive NHS Wales

Partners should take opportunity to review this recently published work and work together to ensure that work to develop our own regional framework work aligns with the principles outlined in the PHW Framework.

An indicative timeline for moving forward with a regional (Living) Well North Wales Framework is outlined below:

Action Required	Action Owner	Indicative Timescales
Invite expressions of interest from the RPB to form a cross-sector working group to develop the Regional Wellbeing/Prevention Framework	RPB	Q1-2
Commence development of a communications and engagement plan, identifying resources required for delivery	RPB / Public Health	Q2
Completion of Wellbeing/Prevention Framework (incorporating an Anchor Organisation Framework)	All partners	Q3
Seek regional governance approvals for Framework	All partners	Q3
Final outputs delivered as part of a launch process, informed by a communication and engagement plan	RPB / Public Health	
Launch regional framework	RPB	2026/27 Q1

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Appendix A: Group Membership

Name	Role	Organisation
Ann Woods	Chief Officer	Flintshire Local Voluntary Council
Bethan Williams	Supporting Health & Wellbeing Manager / Age Friendly Lead	Cyngor Gwynedd
Brian Laing	Strategic Partnerships Manager	BCUHB Public Health
Caroline Tudor-James	Chief Officer	Rainbow Foundation
Cllr Cathy Augustine	Cabinet Lead Children, Families & Safeguarding	Conwy CBC
Dawn Leoni	Head of Speech & Language Therapy	BCUHB West IHC
Cyng Dilwyn Morgan	Cabinet Lead Health & Wellbeing / Chair RPB	Cyngor Gwynedd / RPB
Emma Adamson	Consultant Midwife	BCUHB
Faye Sheldon	Consultant in Public Health	BCUHB Public Health
Gareth Williams	Independent Member / Vice Chair	BCUHB
Gethin Morgan	Regional Collaboration Manager	RPB
Hannah Fleck	Community Wellbeing Service Manager	Conwy CBC
Hannah Lloyd	Principal Public Health Practitioner	BCUHB Public Health
Helen Stevens-Jones	Director of Partnerships & Engagement	BCUHB
Joanna Seymour	Director of Partnerships & Development	Warm Wales
Karen Littler-Jones	Secretariat Support	RPB
Lindsey Duckett	Business Support Manager	RPB
Liz Grieve	Head of Housing & Communities Service	Denbighshire CC
Cllr Liz Roberts	Social Care & Health Scrutiny Committee	Conwy CBC
Dr Lorelei Jones	Academy of Health Equity	Bangor University
Lydia Orford	Principal Public Health Practitioner	BCUHB Public Health
Michael Butler	Professor of Management	Bangor University
Michael Carter	Chartered Clinical Psychologist	Third Sector
Nathan Crimes	Children's Head of Nursing	BCUHB West IHC
Nick Horn	Clinical Psychologist	BCUHB Mental Health
Peter Salami	Health & Justice Partnership Co-ordinator	HM Prison & Probation Service
Roger Seddon	Retired RPB Member	Service User
Siân Williams	Executive Director People, Culture & Communications	Clwyd Alyn Housing
Siân Wyn Griffiths	Wellbeing Team Leader	Cyngor Gwynedd
Susan Brierley-Hobson	Assistant Director Allied Health Professionals	BCUHB
Tom Barham	Chief Officer	Denbighshire Voluntary Services Council
Vicky Jones	Head of Integrated Strategy & Development	BCUHB Mental Health

Appendix B: Session Outputs

Teitl adroddiad: *Report title:*	Emergency Preparedness, Resilience and Response Annual Report 2024/25			
Adrodd i: *Report to:*	Betsi Cadwaladr Health Board			
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday 31st July 2025			
Crynodeb Gweithredol: *Executive Summary:*	This paper updates the Board on BCUHB Emergency Preparedness, Resilience and Response (EPRR) statutory requirements placed upon the Health Board by the Civil Contingencies Act (2004) and the NHS Act (2006) as amended by the Health and Social Care Act (2012), as required by the NHS EPRR Framework.			
Argymhellion: *Recommendations:*	The Board are asked to: **i**) Note the key activities and response to incidents during 2024/25; **ii**) Receive assurance that BCUHB is prepared to respond to an emergency and has resilience to the continued provision of safe patient care; and **iii**) Receive assurance that where gaps in resilience have been identified, the key actions and milestones have been incorporated in to the annual work plan.			
Arweinydd Gweithredol: *Executive Lead:*	Dr Jane Moore: Executive Director of Public Health			
Awdur yr Adroddiad: *Report Author:*	Joanne Gauntlett, Deputy Head of EPRR Sharon Scott, Head of EPRR			
Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):*	Forms the basis of the EPRR Annual Programme 2025/26 and in line with the 3-year Strategic Plan.			
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	Obligations under the Civil Contingencies Act 2004			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable.			

In accordance with WP7 has an EqIA been identified as necessary and undertaken?	
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?*	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) *Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)*	The EPRR Work Programme for 2025/26 has 9 live risks on Datix, these are aligned with National and regional Civil Contingencies Risk Registers.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* *Financial implications as a result of implementing the recommendations*	Not applicable.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Not applicable.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Final comments following the board will be incorporated into the final version of this report
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	The EPRR Work Programme for 2025/26 has 9 live risks on Datix, these are aligned with National and Regional Civil Contingencies Risk Register.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Oversight.
Camau Nesaf: *Next Steps:* The Executive Director of Public Health and Head of EPRR welcome any further comments and feedback from the Board which we can take forward and implement accordingly. The final report will be submitted to Welsh Government.	
Rhestr o Atodiadau: *List of Appendices:* Not applicable.	

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Emergency Preparedness, Resilience and Response Annual Report 2024 / 2025

Contents Page

1. Executive Summary

The Health Board must plan for and be able to respond to a wide range of incidents and emergencies which could affect its ability to deliver effective and responsive health or patient care. For example, these could be the effects of severe weather, another pandemic, mass casualty incidents, industrial action or a major transport accident. This report provides oversight and assurance on the Health Board's continued resilience to plan for and recover from a wide range of incidents and emergencies which could affect their ability to deliver effective and responsive health care.

2. Introduction

Betsi Cadwaladr University Health Board is a Category 1 responder, as specified by the Civil Contingencies Act (CCA) 2004, with a duty to prepare, plan and mitigate against disruptive incidents that threaten human welfare in the UK, the environment of a place in the UK or war or terrorism which threatens serious damage to the security of the UK. Other Category 1 agencies have a similar responsibility to work in partnership to alleviate disruption and the Health Board works within local, regional and national partnerships to achieve this aim.

As a category one responder, the Health Board is subject to the following civil protection duties:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place business continuity management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform, and advise the public in the event of an emergency
- Share information with other local responders to enhance coordination
- Cooperate with other local responders to enhance coordination and efficiency.

The primary blueprint to achieving resilience is the Welsh Government's NHS Wales Emergency Planning Core Guidance, which outlines the requirement incumbent on Boards to prepare, maintain and exercise emergency plans whilst working in partnership. There are several other requirements contained therein, ranging from maintaining a Business Continuity Management system, Chemical, Biological, Radiological, Nuclear and Explosive (CBRNe) capability, to the anti-terrorist Prevent duty.

Under the requirements of the NHS EPRR guidance, the Health Board must:

- Have suitable and up-to-date incident response plans which set out how it would respond to and recover from a major incident / emergency affecting the wider community or the delivery of their services
- Adopt business continuity plans to enable them to maintain or recover the delivery of its critical services in the event of a significant disruption.

Business Continuity arrangements require ongoing improvement, something that has been identified for the EPRR 2025/26 workplan.

CBRNe and Hazmat preparedness and response arrangements for Betsi Cadwaladr University Health Board requires ongoing improvement and this will be addressed through the 2025/26 workplan to further develop, in line with national planning arrangements, robust

measures which include determining the CBRNe response equipment currently available at the three acute hospital sites, any national, local and / or onsite counter measure stocks and development of CBRNe / Hazmat response plans. Following completion of the scoping exercise and the updating of local plans, a table top exercise will be carried out to validate the robustness of plans.

3. Meetings and Oversight

During the year 2024/25, the activities of the Resilience Team were overseen by the Civil Contingencies Assurance Group (CCAG). The role of this group is to provide the leadership, coordination and governance of civil contingencies planning and preparedness within Betsi Cadwaladr University Health Board, encompassing emergency response and business continuity planning, across all services, in accordance with the Welsh Government's NHS Wales Emergency Planning Core Guidance.

- To develop, support and promote the civil contingencies / resilience culture throughout the health board
- To provide oversight and coordination of emergency planning and business continuity planning
- To ensure that plans for business continuity and emergency response are developed as per national guidance or emerging risks, and reviewed and tested in line with guidance and policy
- To ensure a suitable command, control and communication infrastructure is established and maintained to support an emergency / major incident response
- To review, action and disseminate relevant local and national guidance, plans and procedures
- To identify the impact of new or revised legislation / guidance and reflect it in procedures
- To manage any action plans resulting from lessons learnt after live activations, or local or national exercises
- To agree and support an annual training programme for the health board, ensuring that relevant staff have the skills to undertake their identified role during an emergency / major incident
- To agree and support an annual exercising programme for emergency / major incident response plans and business continuity plans at a specified exercising frequency
- Participate in any audit of resilience arrangements
- Report on an annual basis to Board with a six-monthly update on progress.

4. EPRR Core Standards

Although there are currently no Wales specific EPRR core standards, the EPRR service has opted to baseline its EPRR self-assessment against the English EPRR core standards alongside the National and Local Risk Register to develop the Resilience Team's EPRR work programme for 2025/26.

These EPRR core standards set out the minimum requirements expected of NHS organisations and providers of NHS funded care. The Health Board will self-assess its EPRR

activities against these standards on an annual basis, which will be supported by a substantial review and collation of evidence.

The purpose of the NHS core standards for EPRR is to:

- enable health agencies across the country to share a common approach to EPRR
- allow coordination of EPRR activities according to the organisation's size and scope
- provide a consistent and cohesive framework for EPRR activities
- inform the organisation's annual EPRR work programme.

The EPRR Core Standards the Health Board are following and aligning to are as follows:

Core Standard Domain	What	Requirements
Governance	EPRR Board Reports Duty to Risk Assess EPRR Resource	This includes EPRR Policy and Annual Work Programme to ensure delivery of all NHS core standards. A board-level director appointed as the AEO, responsible for EPRR. Production of an EPRR annual report.
Duty to Risk Assess	Risk Assessment	Organisations should have provision in place to regularly assess the risks to the population they serve. This process should consider the community and national risk registers. A supporting risk management system must be in place to ensure a robust method of reporting, recording, monitoring, communicating and escalating EPRR risks internally and externally with partners.
Duty to Maintain Plans	Incident Response Adverse Weather New and Emerging Pandemics Countermeasures Mass Casualty Evacuation and Shelter Lockdown Protected Individuals Excess Fatalities	Appropriate and up-to-date plans developed in collaboration with partners and service providers setting out how the organisation plans for, responds to and recovers from major incidents, critical incidents and business continuity incidents.

Core Standard Domain	What	Requirements
Command and Control	Trained on Call Staff	A robust and dedicated EPRR on-call system available 24 hours a day, seven days a week to receive notifications relating to EPRR with an ability to respond or escalate notifications to executive level. Staff that participate on the on-call rota should be appropriately trained in major incident, critical incident and business continuity response.
Training and Exercising	EPRR Training EPRR exercising and testing programme Responder Training Staff Awareness & Training	EPRR training should be carried out in line with a training needs analysis to ensure staff are competent in their role(s). Arrangements must be exercised as a minimum: • Communications exercise every six months • Tabletop exercise once a year • Live exercise every three years • Command post exercise every three years
Response	Situation Reporting	Staff trained in incident response should be available to respond to incidents including having processes in place for receiving, completing, authorising and submitting situation reports and briefings.
Warning & Informing	Warning & Informing Incident Communication Plan Communication with Partners & Stakeholders Media Strategy	Communications planning must be coordinated with EPRR activities to ensure alignment during incidents. Communications plans should be tested alongside incident response plans to ensure effective communication with partners and stakeholders, staff and the public. Organisations must have media and social media strategies in place to represent the organisation and clear protocols for public communication during emergencies.

Core Standard Domain	What	Requirements
Cooperation	North Wales Local Resilience Forum (NWLRF) Engagement Mutual Aid Arrangements Information Sharing	Arrangements should be in place to share appropriate information with stakeholders. This includes participation with local resilience forums (LRFs) and other multiagency planning forums to demonstrate engagement and cooperation with other responders.
Business Continuity	Business Impact Analysis/Assessment Business Continuity Plans Testing & Exercising BCMS Monitoring & Evaluation Business Continuity Audit BCMS Continuous Improvement Process Assurance of Commissioned Providers / Suppliers BCPs	Organisations must set out their intention and methods of undertaking business continuity in a policy and/or business continuity management system (BCMS). The BCMS is part of the overall management system that establishes, implements, operates, monitors, reviews and improves business continuity. The system allows organisations to identify prioritised/critical activities by undertaking a business impact analysis (BIA). Organisation should have in place a process to measure the effectiveness of the BCMS and take corrective action where necessary. The BCMS should be in line with the International Standards for Organisations (ISO) 22301.
Hazmat / CBRNe	Governance Hazmat / CBRNe Risk Assessments Hazmat/CBRNe Planning Arrangements Decontamination Capability Availability 24/7 Equipment & Supplies Equipment - Preventative Programme of Maintenance Waste Disposal Arrangements Hazmat/CBRNe Training Resource Staff Training - Recognition and Decontamination PPE Access Exercising	Acute, specialist, mental health and community healthcare providers are required to have planning arrangements in place for the management of Hazmat / CBRNe incidents.

Core Standard Domain	What	Requirements
Cyber	Cyber Security & IT related incident preparedness Cyber Security & IT related incident response arrangements Resilient Communications during Cyber Security & IT related incidents Media Strategy Testing & Exercising Continuous Improvement Training Needs Analysis (TNA) EPRR Training Business Impact Assessments Business Continuity Management System Business Continuity Arrangements	Cyber security aims to protect computer systems, applications, devices, data, financial assets and people against ransomware and other malware, phishing scams, data theft and other cyberthreats. Cyber security is a key component of the Health Board's overall risk management strategy.

As the NHS core standards for EPRR provide a common reference point for all organisations, they are the basis of the EPRR annual assurance process. Providers and commissioners of NHS-funded services in England complete an assurance self-assessment based on these core standards. The applicability of each domain and core standard depends on the organisation's function and statutory requirements. For each core standard organisations are required to report if they are fully compliant, partially compliant or non-compliant. Following an internal assessment against the NHS EPRR England Core Standards for 2024/25 BCUHB scores as partially compliant against all core standards.

The Health Board's Resilience Team has developed a 2025/26 work programme which has been cross reference with the EPRR Core Standards and the Wales Resilience Framework. Milestones have been created against each Core Standard and individual work plans containing the actions to ensure the milestones are accomplished have been approved by CCAG and are kept as a live document.

The EPRR Annual Work Programme is also aligned with the Health Board's three-year Strategic plan which contains milestones and deliverables for 2025 - 2028. A full work programme for EPRR will also be produced for 2026/27 and 2027/28 in order to measure progress of the service to ensure we meet our category 1 responder obligations under the Civil Contingencies Act 2004.

5. Workstream Activities

To support the Health Board's resilience and ability to respond to and recover from disruptive incidents, solid arrangements which include collaboration with internal stakeholders and key partner agencies involved in response are established.

6. The Resilience Team

Recruitment has now been completed and from February 2025 two full time members of staff joined the Head of EPRR. The fully established resilience team manages and coordinates the development of emergency preparedness, resilience, response, and business continuity for the North Wales health economy. A further recruitment to 0.5 Band 4 wte EPRR Administrator is expected to take place during Q1 2025/26.

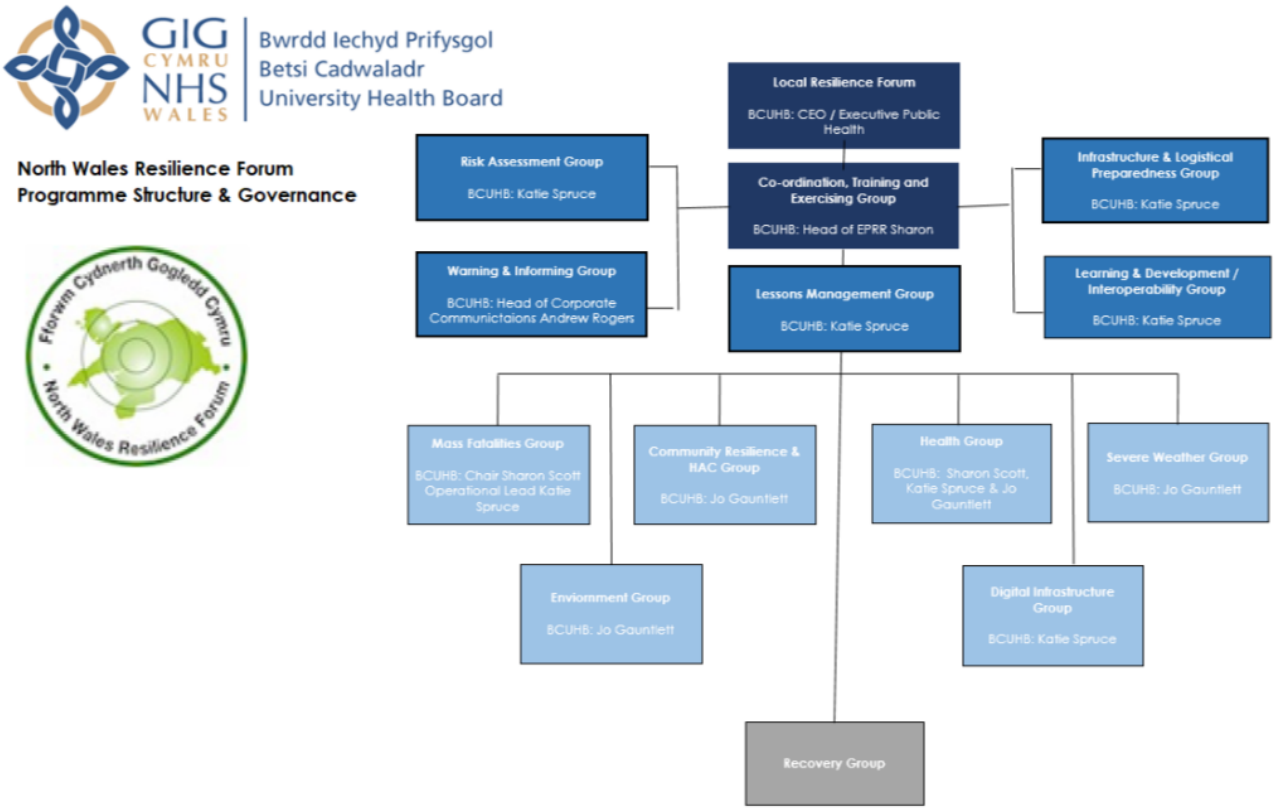
7. North Wales Local Resilience Forum (NWLRF)

In order to fulfil the duties under the CCA, the Health Board needs to operate effectively as a collective body in collaboration with its partners in the NWLRF.

BCUHB attends the NWLRF on behalf of the North Wales health economy and fully participates in NWLRF activities. The mandatory requirements of the NWLRF are:

- Category One responders must be effectively represented;
- It must meet at least once every six months;
- It must also deliver government policy by coordinating the local response to government initiatives;
- Plan for the formation of a Strategic Coordinating Group (SCG) or Tactical Coordinating Group (TCG) to coordinate the multi-agency response to an emergency, and;
- Exercise plans, learn and implement lessons from exercises, emergencies and emerging policy.

The NWLRF has a number of key sub groups that focus on specific elements from the National Risk Register that require local mitigation. All of the sub groups in the diagram below have BCUHB EPRR representation. To note, the BCUHB Head of EPRR is the chair for the Mass Fatalities Group.



8. Command and Control

Command and control arrangements are in place and detailed within the BCUHB major incident plan, these arrangements set out the response to a major incident and contribute to the overarching coordinated multi-agency response. These arrangements are underpinned by IHC and acute site-specific command and control arrangements as detailed in local major incident plans which reflect local capabilities and services.

A strategic, tactical and operational on-call system is in place and further work is being undertaken to refine and further develop the tactical and operational on-call roles.

9. EPRR policies and contingency plans

A review has been conducted to determine existing EPRR and contingency plans, plans that require development, and plans that require updating. These documents include:

BCUHB Major Incident Plan

This plan outlines the structure and processes for command and control that will be used during a significant, business continuity, critical or major incident. This policy is established and embedded. The plan is supported by a suite of emergency preparedness plans to support the Health Board in the management of untoward events. This suite of plans is in turn supported by service level business continuity plans.

Acute Hospital Major Incident Plans and Mass Casualties Plans

Existing plans are being reviewed and updated as necessary.

Adverse Weather Plan
The Health Board's adverse weather plan has been updated and brings together both the cold weather plan and heatwave plan in to one document. This approach reflects the National Adverse Weather Plan.

Pandemic Plan
The Health Board currently has a pandemic influenza plan in place. National updated guidance is awaited and will be used to update existing pandemic planning arrangements which will also take into account learning from the Covid-19 pandemic. It is anticipated that the pandemic influenza plan will be incorporated in to a wider generic pandemic response plan.

Lockdown Policy
The BCUHB Resilience Team is working closely with the Security team to understand the requirements of a lock-down and will support development of any additional plans or requirements.

Protected Persons Plan
This plan has been updated and approved at the March 2025 CCAG. It describes the notification and alert process between North Wales Police, Wales Ambulance Service Trust (WAST) and BCUHB of a PP (Protected Person) (i.e., a member of the Royal Family), PM, a VIP (Very Important Person) visit to North Wales in either a public or private capacity who may require an emergency attendance at one of the 3 acute sites.

Business Continuity Plans
A scoping exercise has been commenced to understand which services across the three IHCs and pan BCUHB services have existing business continuity plans and which services still need to develop a business continuity plan. The existing plans will be reviewed for robustness, and to ensure they fit for purpose with a named lead.

Services' business continuity plans are approved by the respective IHC and shared with the EPRR team; and these plans are being uploaded to a central repository on Betsi Net. This will provide on-call teams with critical information they may require when responding to a business continuity incident.

By the end of Q4 2025/26 it is anticipated that we will be in a position the carry out business continuity themed table top exercises with services to enable them to test the robustness of their plans.

The BCUHB Planning Team have been approached to determine if there is scope for business continuity to be built in to their annual planning cycle. This would ensure plans are automatically updated and are seen as part of annual business planning rather than an added requirement for services.

CBRNe response plan
A scoping exercise is to be carried out to determine local capability and any required updates to pan BCUHB and local acute site plans.

Fuel contingency plan
The Health Board is required to have robust continuity measures in place for the loss of fuel. The BCUHB Resilience Team is part of the North Wales Local Resilience Forum Infrastructure sub group and part of this group's work is the multi-agency planning for and responding to a disruption to fuel supplies. Learning from this sub-group will inform local arrangements.

10. Training and Exercising

The Health Board is required to hold the following:

- Communications cascade exercise – minimum frequency is every six months
- Table Top exercise – minimum frequency is every twelve months
- Live Play exercise – minimum frequency is every three years

If the Health Board activates its Health Emergency Control Centre in response to a live incident, this replaces the need to run an exercise, providing lessons are identified and logged, and an action plan developed.

The delivery of live and table top exercises must be planned in advance and be as least disruptive as possible especially during times of significant operational pressures across its services. However, delivery of such training is proven to aid ability to respond so the resilience team is committed to providing a full and varied training and exercise programme.

To ensure that the Health Board has appropriate leadership during incidents, the Resilience Team audits the numbers of staff allocated to the strategic, tactical and operational on-call rotas that have received incident management training. There is internal training delivered in person by the Head of EPRR. Engagement with on-call staff has been positive and the resilience team are committed to planning, preparing, creating and delivering a wide range of training and exercises to further develop operation capability in times of incident response. External training that is available to on-call staff is delivered and supported by the local resilience forum and includes Tactical Commander training; and specific one day Joint Emergency Services Interoperability Programme (JESIP) Operational and Tactical training.

In addition to exercising there have been actual business continuity incidents to which colleagues have had to respond and recover from (e.g., water outage incident, storm Darragh etc.). A post incident review process is in place to ensure lessons are learnt and embedded in contingency plans.

Despite operational pressures and the difficulties in releasing colleagues to participate in training and exercises, staff have participated in the following:

Tactical Command Training
Two members of the Tactical on-call rota and the Deputy Head of EPRR attended an external 2-day tactical command training in February 2025.

JESIP Tactical and Operational Training
This multi-agency training is delivered to category 1 & 2 responders by the local resilience forum, and trains and exercises responding agencies on their roles and responsibilities.

It also raises awareness of partner agencies responsibilities and arrangements in responding to an incident. 5 members of staff completed this training during 2024/25 and currently there are 14 members of staff registered to attend this training during 2025/26.

Operational / Bronze on-call training
Six internal training sessions have been delivered to date (two at each acute hospital site) with a total of 50 members of the operational on-call team completing this training.

Exercise Viper
This was a multi-agency table top exercise that provided an opportunity for responding agencies to take part in a tactical coordination group and media cell in response to a multi-vehicle road traffic collision in the Conwy tunnel resulting in a number of casualties. Representatives from IHCs and the communications team represented BCUHB at this exercise.

Table Top exercise for the simultaneous closure of the Menai and Britannia Bridges
The first part of this exercise took place in November 2024 attended by a representative from West IHC and the Head of EPRR. A follow up table top exercise for this took place in March 2025 which was attended by the Deputy Head of EPRR to assess the validity of the framework produced following the first exercise.

Exercise Fad Fallen
The was a Public Health Wales led table top exercise for partners across Wales who would be involved in a system response to Mpox in Wales. A number of operational colleagues from IHC's, Health Protection, IPC, Vaccination and EPRR were present at this exercise

National Structured Debrief Training
Two members of the BCUHB Resilience Team attended this external training in March 2025. The structured debrief process and templates shared will be adopted and implemented by the resilience team moving forward.

All Wales Strategic (Gold) Commander Training
This training is also run and coordinated by the local resilience forum. BCUHB participation has been confirmed for the 2025 training dates.

An EPRR training and exercising needs analysis has been carried out and a strategy to deliver this training is being developed.

11. Incident Response

A number of incidents have occurred which required the organisation to step up its command and control arrangements and to evoke its business continuity plans to maintain services, keep patients safe and to ensure the effective return to normal services as soon as possible, some of these are outlined below.

Mpox / HCID (high consequence infectious disease)
In view of the international concerns regarding Mpox during 2024, the Health Board assessed its preparedness and was a member of the National HCID preparedness group.

Whilst Mpox / HCID remained a low risk, the Health Board needed to be prepared for a local outbreak as the severity / risk of transmission appeared to be much higher than previous strains.

The previous measles outbreak planning group was re-established and became the Health Board Outbreak / HCID Preparedness Strategic Group to review procedures / protocols for any immediate risk and to ensure pathways, PPE (personal protective equipment) and the ability to quarantine and isolate at IHC level were robust. Each of the IHCs each provided an Mpox assurance preparedness plan to this strategic group.

Storm Bert and Storm Darragh – November / December 2024
In the space of two weeks, Storm Bert and Storm Darragh hit Wales with communities being impacted by flooding and severe winds.

- **Storm Bert** – This storm brought flooding to North Wales with one confirmed fatality reported when a member of the public died in floodwaters in Trefriw, Conwy.

- **Storm Darragh** – The Met Office issued a rare red 'take action' warning for wind. This storm resulted in damage to the Llandudno pier and also damage to the berthing infrastructure at the port of Holyhead resulting in its full closure for over a month. A number of local properties were affected as a result of power outages and multi-agency business continuity plan were activated to support vulnerable persons in the community.

Storm Eowyn – January 2025
North Wales saw the biggest impact of this storm with high winds affecting the transport energy infrastructure, including the closure of the Britannia Bridge. A number of local roads were also closed due to debris and fallen trees.

Water Outage – January 2025
A burst water main at the Bryn Cowlyd Treatment Works in Dolgarrog resulted in more than 40,000 homes and businesses being without water for up to five days. The water outage hit most of Conwy County as well as some areas in Denbighshire – including Conwy, Colwyn Bay, Denbigh, Llandudno, Trefriw, Llanrwst, Llanfairfechan and Abergele. This incident was coordinated at the multi-agency level with all stakeholders working together to identify vulnerable persons in the community. Tanker and bottled water supplies were provided to the affected hospital sites with robust command and control arrangements in place throughout the incident response to identify and address risk to patients, the community and staff.

Snow / severe cold weather – February 2025
BCUHB enacted a MOU (memorandum of understanding) with 4x4 Voluntary Response Service to assist in transporting critical members of staff to or from their place of work when they were unable to travel due to severe weather conditions.

12. Debriefing from Live Events (incidents) and Exercises

Following live events / incidents and exercises, debriefs are undertaken to capture learning points. Lessons identified from live events and exercises are subsequently incorporated into major incident and business continuity plans and are shared with partner organisations. Assurance can be provided that the Health Board continues to be in a good position to tackle and recover from further incidents as and when they occur.

13. Risk Assessment

The CCA places a legal duty on Category 1 responders to undertake risk assessments and publish risks in a Local Resilience Forum Community Risk Register (CRR). The purpose of the CRR is to assure the community that the risk of potential hazards has been assessed, and that preparation arrangements are undertaken, and that response plans exist, The Health Board's EPRR risk register mirrors the risks identified on the CRR that could impact human health and the health care sector, and is also linked to the EPRR work programme to ensure risks that are identified are mitigated against.

14. Priorities for 2025/26

Exercise Pegasus

Exercise Pegasus is a Government Tier 1 UK wide exercise that will assess the UK's pandemic preparedness. There will be three phases to the exercise – emergence, containment and mitigation, and these phases will be tested during September and October 2025. A planning group is to be established internally to determine the scope of BCUHB's involvement in this exercise.

Business Continuity

A scoping exercise has commenced to understand which services across the three IHCs and pan BCUHB services have existing business continuity plans and which services still need to develop a business continuity plan. The existing plans will be reviewed for robustness, and to ensure they fit for purpose with a named lead.

Services' business continuity plans are approved by the respective IHC and shared with the EPRR team; and these plans are being uploaded to a central repository on Betsi Net. This will provide on-call teams with critical information they may require when responding to a business continuity incident.

Chemical, Biological, Radiological, Nuclear (CBRNe) assessment

A review of updated Public Health Wales decontamination guidance has commenced (Chemical decontamination (January 2025)). This guidance document reflects the changes to procedures for managing patients involved in chemical contamination with dry decontamination being the preferred option.

A scoping exercise has commenced to determine the CBRNe capability and capacity currently available at the three acute hospital sites.

Work will also be undertaken with the pharmacy leads to determine any national, local and / or onsite counter measure stocks.

A review of CBRNe training and education with a gap analysis and action plan is to be developed.

Following completion of the scoping exercise and the updating of local plans, a table top exercise will be carried out to validate the robustness of plans.

Winter 2024/25 Debrief
The Health Board will be conducting a winter debrief regarding winter pressures experienced across the organisation during winter 2024/2025.

The reporting period for the Winter debrief will cover 1 November 2024 to 31 March 2025 inclusive, and the valuable information identified from this process will be utilised to further develop the urgent care network and NHS resilience across North Wales ahead of winter 2025/26.

A detailed questionnaire will be sent out to all stakeholders for completion, which will support an in-person learning event, the date for which is to be confirmed.

Pandemic Influenza Plan
BCUHB are awaiting the release of the updated national pandemic response guidance. Once this guidance has been released, and exercise Pegasus has taken place, the Health Board will review and update its current plan and will incorporate this in to a wider Health Board Pandemic Response Plan.

Training and Exercising
The BCUHB Resilience Team will continue to support staff on the operational, tactical and strategic NHS on-call rotas through a robust training and exercising schedule. This will include internal training and exercising, as well as on-call staff being provided with the opportunity to participate in multi-agency training and exercises.

Cyber Security
Similar to previous years, during 2024/25, the risk posed by Cyber threats continued at a heightened level due to global tensions and the increasing sophistication used by Cyber Criminals in their attacks.

Throughout the year there were numerous high profile Cyber-attacks on healthcare organisations and critical suppliers throughout the home nations which resulted in disclosure of sensitive patient information and long-term ICT outages which impacted on patient treatment.

Ransomware “double extortion” continues to be the single biggest Cyber threat facing the organisation. During such an attack, the criminals will gain access to the ICT network, slowly stealing confidential data over a period of time. Once they have stolen significant volumes of data, the attacker will trigger Ransomware software which encrypts ICT systems across the victim organisation rendering them useless. The organisation is then asked to pay a

ransom payment for the release of their systems. Should the organisation refuse to pay the ransom, the Cyber criminals will share the stolen sensitive data on the Internet. The proliferation of Ransomware has increased as "Ransomware as a Service" offers organised criminals a lucrative income stream with minimal risk of being brought to justice and requires minimal technical knowledge.

In compliance with the Network and Information System Regulations 2018 (NIS-R), the Health Board has taken a continuous improvement approach to its Cyber Security posture and has agreed several Key Performance Indicators. Progress has been made in aligning processes and procedures with the ISO27001 best practice framework and several exercises have been held to test major incident recovery plans. A comprehensive Cyber Awareness Programme has been implemented and now operates as Business as Usual, the aim being to continuously improve awareness of Cyber threats amongst staff. The Cyber Security and Compliance Team have also worked in collaboration with EPRR colleagues to delivery targeted training and awareness to senior on-call staff.

Communications
Communication is critical in dealing with any incident. During 2025/26 a communications cascade exercise will be carried out to identify the strengths and weaknesses in the procedure for activation the NHS Strategic, Tactical and Operational on-call staff, especially out of hours.

15. Conclusion

The activities of the past twelve months have focused upon maintaining the EPRR function whilst the Health Board's permanent Resilience Team has been established, including the adaptation and maintenance of existing plans and arrangements to ensure the Health Board and associated health care organisations can plan and respond to local emergencies (major incidents) appropriately. This capability has been tested on several occasions over the reporting period (as referenced in the incidents section of this report), protecting both patients in North Wales health economy and ensuring that critical Health Board services can continue with as little disruption as possible. It is important to acknowledge that the Health Board's EPRR activity is continually adaptive and improving based on dynamic learning and action. The hard work and flexibility of NHS staff responding to incidents is widely recognised.

The Health Board can be assured that its EPRR responsibilities are now being delivered to the required standards. The Health Board's Resilience Team is due to undergo an internal audit in Q1 of 2025/26 and the findings from this will be built in to the team's current work programme.

The priority during 2025/26 will be for the Health Board to remain able to respond to any incident that may arise as a result of malicious acts, accidents or natural hazards, further strengthen by way of training and exercising its response arrangements and continue to support services across the Health Board and within the wider Local Resilience Forum to improve its preparedness.

Health Board Key Issues Report (this report should be a maximum of 2 sides of A4 paper)				
Board Date		31/07/2025		
Date of Committee		03/06/2025	**Report of:**	Charitable Funds Committee
Quoracy met:		Yes		
1	Agenda	The Charitable Funds Committee meets quarterly. The Committee considered an agenda which is attached: Charitable Funds Committee - Betsi Cadwaladr University Health Board		
2a	Alert	The Charitable Funds Committee wish to alert members of the Board that: • That the change in Investment Portfolio had reduced in terms of the environmental and carbon footprint due to not having investments in oil and gas companies. • That there is a Tender exercise underway for the appointment of Investment Managers as the current appointment is coming to an end.		
2b	Assurance	The Charitable Funds Committee wish to assure members of the Board that: • The Committee received a detailed update from the Investment Managers and understood the overseas political impact on the Market. • The Finance Report for Quarter 4 was received without concern.		
2c	Advise	The Charitable Funds Committee wish to advise members of the Board that: • Going forward there will be a focus on Primary Care Charitable Funds. • There will be a Charitable Funds Development Workshop in September.		
2d	Review of Risks	• The Committee reviewed Investment Managers Report including the approach to market risks.		
2e	Sharing of learning	Nothing to share		
3	Actions to be considered by other Committees	Nothing to consider		

Health Board Key Issues Report				
Board Date		31/07/2025		
Date of Committees		26/06/2025 *(additional meeting)* and 02/07/2025	**Report of:**	Remuneration Committee
Quoracy met:		Yes		
1	Agenda	An Additional Remuneration Committee Meeting was held on 26 June 2025 to approve the appointment of Georgina Roberts as the Interim Executive Director of People Services and Organisational Development for a period of six months whilst the substantive post was being recruited to. • The Board is now asked to approve the above appointment to the post of Interim Executive Director of People Services and Organisational Development. At the meeting on 2 July 2025 the Remuneration Committee considered matters relating to Very Senior Manager (VSM) appointments and updates. Also on the agenda: • Approval was sought to an ex-gratia payment relating to two Employment Tribunal Cases. • The Cycle of Business for the Committee was reviewed. • The Committee Annual Report for 2024/25 was approved and would be submitted to a future meeting of the Board for noting. • The Chief Executive provided a report on the objectives and performance of the Executive Team.		
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 is asked to: • **APPROVE** the appointment of Interim Director Interim Executive Director of People Services as a voting member of the Board

Health Board Key Issues Report (this report should be a maximum of 2 sides of A4 paper)				
Board Date		31/07/2025		
Date of Committee		12/06/2025	**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 Committee reviewed the results from the Self-Assessment and approved the Committee Annual Report.		
2b	Assurance	The P&C Committee wish to assure members of the Board that: 2. A review on Fixed Term Contracts will be brought back to the Committee to be reviewed in further detail to provide assurance. 3. The Committee reviewed the Fair Work Element of the Well Being Objectives and agreed that regular assurance will be provided to the Committee for oversight.		
2c	Advise	The P&C Committee wish to advise members of the Board that: 1. A Staff Story was heard in relation to long term sickness, the impact on the employee and the importance of supportive managers. 2. A Strategic Occupational Health and Safety presentation was received noting that the Draft Annual Health and Safety Report will come to the next Committee. 3. The Committee will hold a workshop to review the People Operations Report and ensure that the Committee are receiving the correct level of information to ensure that they are able to assure the Board.		
2d	Review of Risks	The Committee received and considered the three risks that the Committee had oversight of and noted that all risks remained within tolerance and appetite.		
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.		

Teitl adroddiad: ***Report title:***	**EXECUTIVE COMMITTEE**
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 31 July 2025
Crynodeb Gweithredol: ***Executive Summary:***	Since the last report to the Board in May 2025, the Executive Committee has convened five times: on 14 May, 28 May, 11 June, 25 June, and 9 July 2025. These meetings have focused on strengthening governance, improving clinical and operational oversight, and advancing strategic initiatives aligned with the Health Board's objectives. Key highlights include: • **Governance and Risk Oversight**: Continued emphasis on audit tracking, legal instruction governance, and internal audit findings. The Committee approved updates to the Terms of Reference for the Strategic Planning & Service Change Group and reviewed key reports including the Emergency Preparedness Annual Report and the Annual Quality Report (draft). • **Clinical and Service Improvements**: Approval of the Clinical Audit Improvement Plan and updates on the Nurse Staffing Act compliance. The Committee also addressed service pressures in the Adult Eating Disorder Service and orthoptic services for children. • **Strategic Initiatives**: Endorsement of the Well North Wales prevention strategy, deployment of the Values & Behaviour Framework, and support for the Transforming Medicines Homecare and Procurement services in North Wales (TrAMs) Programme and Integration and Rebalancing Capital Fund capital scheme prioritisation. • **Operational Enhancements**: Approval of proposals such as the Cone Beam Computed Tomography radiology service, Edoxaban prescribing reduction, and charitable funding requests to improve patient facilities. • **Information Governance**: Notable improvements in Freedom of Information and Subject Access Requests compliance, reflecting strengthened processes and executive engagement. The Committee continues to provide general assurance on the delivery of strategic objectives and corporate governance mechanisms. Members are asked to **note** the contents of this report.
Argymhellion: ***Recommendations:***	Members are asked to: • **NOTE** the report from the Executive Committee.
Arweinydd Gweithredol:	Carol Shillabeer, Chief Executive Officer

Executive Lead:				
Awdur yr Adroddiad: ***Report Authors:***	Pam Wenger, Director of Corporate Governance			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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 work links to all strategic objectives of the Health Board.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	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. 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.			

Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	This is not applicable for this report.
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?***	This is 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)***	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.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	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
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Failure to have effective leadership 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)*	None
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:	
List of Appendices: **None**	

EXECUTIVE COMMITTEE REPORT (MAY – JULY 2025)

1. INTRODUCTION

Since the last Executive Committee Report the Executive Committee has convened on the 14 May, 28 May, 11 June, 25 June, and 9 July 2025

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.

2.0 MEETING HELD ON 14 MAY 2025

2.1 Legal Instructions

The Committee discussed a paper focused on improving oversight and governance of legal instructions. It was acknowledged that, while legal services are currently available across the organisation, there is a need for more robust controls over who can instruct legal advice, especially to manage risks and costs.

The Committee **supported** the core proposal to route legal instructions through the Legal Services Department, with limited exceptions and endorsed the continued development of governance arrangements as part of the wider developments of the function.

2.2 Clinical Audit Improvement Plan

The Committee reviewed the Clinical Improvement Plan, developed in response to internal audit findings that highlighted gaps in clinical audit governance, coverage, and assurance. Indication that, if implemented effectively, the organisation could recover its clinical audit position within six to seven months.

Members of the Executive Committee volunteered support to help develop a more robust plan for consideration by the Quality and Safety Committee.

2.3 Nurse Staffing Act

The Executive Committee **received** an update on the Nurse Staffing Report, including discussion of the statutory requirements, investment made to date, and financial pressures associated with nurse staffing compliance.

The Committee members emphasised the importance of distinguishing between professional

The Executive Committee **agreed** that recommendations should clearly separate professional advice and operational response, particularly where decisions differ from funded recommendations.

2.4 The Adult Eating Disorder Service provision

The Executive Committee **received** a briefing on the adult Eating Disorders Service in North Wales, brought forward in the context of a national review and recent patient deaths within the service. The service has remained relatively invisible at Health Board level and is under pressure both clinically and reputationally.

The Executive Committee **noted** the current position of the Eating Disorders Service and agreed the topic warrants greater visibility and strategic attention and **agreed** to promote informal visits and engagement with the team by Independent Members and Executives.

2.5 Governance and Risk

The Executive Committee considered the following items:

- **Audit Tracking:** The regular audit tracking report was discussed and in particular noting the progress but highlighting issues where Internal Audit has not accepted evidence for closure of recommendations, prompting a need to strengthen how closure is demonstrated. It was agreed that future updates should provide more detail by Directorate.
- **Board Planning:** The Executive Committee noted the proposed plan and agreed to provide comments in advance of the finalisation for the Board.
- Final Internal Audit Report **Waiting List Initiative Central IHC Management**
- Health Inspectorate Wales **Operational Plan 2025/26**
- Report from the **Executive Policy Oversight Group**
- Final Internal Audit Report **Standing Financial Instructions – Procurement**

3.0 MEETING HELD ON 28 MAY 2025

3.1 Governance and Risk

The Executive Committee considered:

- Strategic Health and Safety Annual Report
- Llais - Monthly Report: Regional Activities – North Wales

4.0 MEETING HELD ON 11 JUNE 2025

4.1 Well North Wales: Task & Finish Scoping Study

The Committee **supported** the report summarising the findings of a regional scoping study on prevention, developed under the auspices of the Regional Partnership Board (RPB). The study aimed to explore how organisations across North Wales, including the Health Board, can shift towards a more preventative approach to health and well-being. The report was supported by external funding and involved a wide range of stakeholders.

The Committee **supported** the strategic direction and recommendations of the scoping study.

4.2 Values & Behaviour Framework – Deployment Plan

The Committee received a detailed update on the deployment plan for the organisation's Values and Behaviour Framework, which had previously been approved. The focus of this item was on how the framework would be embedded across the organisation in a meaningful and sustainable way, rather than becoming a static or symbolic document.

The Committee **noted** and **endorsed** the Values and Behaviour Framework Deployment Plan.

4.3 Radiology service for Cone Beam Computed Tomography (CBCT) Central IHC

The Committee **considered** and **approved** a proposal to approve a radiology service for Cone Beam Computed Tomography (CBCT) within the Central Integrated Health Community (IHC).

4.4 Orthoptic Services waiting times for children

The Committee **received** a briefing on waiting times for orthoptic services for children, following a request from national advisory colleagues. The update was prompted by growing interest at national level in the performance of therapy services, particularly in relation to paediatric access and the potential introduction of new key performance indicators (KPIs).

A follow-up report to be brought back to the Executive Committee within six months, outlining progress and any proposed changes.

4.5 Governance and Risk

The Executive Committee received:

- Standards of Business Conduct – Declarations of Interest, Gifts and Hospitality Internal Audit Report
- Population Health Q1 25/26 Delivery Report
- Internal Audit Report: Effective Governance Arrangements – Cancer Services
- All Wales Interpretation and Translation Service (WITS) Collaboration Agreement and Deed of Variation

4.0 MEETING HELD ON 25 JUNE 2025

4.1 The Health and Social Care Integration and Rebalancing Capital Fund (IRCF)

The Committee **reviewed** and **approved** the revised prioritisation of IRCF capital schemes following Welsh Government feedback on affordability. Members **noted** the need for stronger strategic coherence and visibility of existing investments across the region. The importance of presenting a balanced geographical distribution of schemes was discussed.

4.2 Transforming Medicines Homecare and Procurement services in North Wales (TrAMs)

The Committee **received** an update on the TrAMs Programme, a national initiative to modernise and centralise the production of specialist medicines. The programme originally proposed three regional hubs across Wales. The South Wales hub is progressing to Outline Business Case (OBC) stage, with no immediate financial ask for Betsi Cadwaladr University Health Board (BCUHB).

The Committee **endorsed** the Health Board's support for the Southeast Wales TrAMs Outline Business Case, with the caveat that there is no current financial commitment. The Chief Executive agreed to write to Welsh Government and the NHS Shared Services Committee.

4.3 Reducing Edoxaban Prescribing in Primary Care

The Committee approved a proposal to support a targeted switching programme from Edoxaban to more cost-effective generic alternatives in primary care. This initiative is part of the NHS Wales Value-Based Prescribing Programme and aims to reduce prescribing costs while maintaining clinical safety.

4.4 Governance and Risk

4.4.1 The Committee reviewed and approved the Terms of Reference (ToR) for the newly established **Strategic Planning & Service Change Group (SP&SCG),** which will oversee major service transformation. The group is intended to provide strategic oversight and coordination across key programmes such as digital transformation, capital developments, and service redesign.

4.4.2 The Committee considered the renewal of the **Allocate software contract**, which supports job planning and workforce management.

5.0 MEETING HELD ON 9 JULY 2025

5.1 Social Prescribing Equitable Funding Allocation

The Committee **received** an update on the strategic development of social prescribing across North Wales, with a focus on a new initiative in Anglesey. It was noted that the new arrangement will extend social prescribing services to children and young people, in addition to adults.

5.2 Governance and Risk

5.2.1 The Committee considered two **charitable funding requests** aimed at enhancing patient experience through improvements to existing facilities. The proposals included:

- The refurbishment of a shower room;
- Enhancements to an iodine suite.

5.2.2 The Committee received an overview of **the Emergency Preparedness, Resilience and Response Annual Report**, highlighting key achievements and ongoing challenges. It was noted that significant progress had been made in building EPPR capacity, with a dedicated team now in place. However, several areas remain at risk due to gaps in planning and capability.

5.2.3 The Committee reviewed the **Winter Debrief Learning Event report for 2024/25**, which summarised findings from surveys, data analysis, and a multi-disciplinary debrief session. The report was presented as part of the assurance process, with operational responsibility for winter planning resting with the Chief Operating Officer.

5.2.4 The Committee received the **Information Governance Report** and the report from the Chair of the Information Governance Group. A significant improvement was reported in Freedom of Information (FOI) compliance, with Q1 2025/26 achieving over 90% for the first time. Subject Access Request (SAR) compliance also reached 99%, a substantial improvement from previous levels. These gains were attributed to improved processes, executive engagement, and targeted support to departments.

5.2.5 The Committee received the **draft Annual Quality Report for 2024/25**, which is scheduled for submission to the Board in July. The report has been developed in alignment with the annual accounts and corporate governance processes, although some national reporting elements (e.g. Putting Things Right and Duty of Candour) will

not be available until October. As such, the final version will be presented to the September Board.

6. CONCLUSION

This report have provided an overview of the decisions and assurances taken by the Executive Committee since the last meeting of the Board in May 2025. The items included in this report are in line with the approved Board Protocol.

7. RECOMMENDATION

Members are asked to:

- **NOTE** the report from the Executive Committee.

Health Board Key Issues Report (this report should be a maximum of 2 sides of A4 paper)				
Board Date		31/07/2025		
Date of Committee		06/06/2025	**Report of:**	Healthcare Professionals Forum
Quoracy met:		Yes		
1	Agenda	The Healthcare Professionals Forum continues to meet quarterly. At its meeting on 6th June 2025, the Forum considered the following on its agenda: • Foundations for the Future Update • Special Measures Update • Estates Strategy Update • Annual Chief Executive Officer Report • Member's Reports • Membership Update • HPF Cycle of Business and Terms of Reference		
2a	Alert	The Forum wish to alert members of the Board that: 1. The new HPF Chair has been confirmed and commenced in role. 2. There is a new Welsh Optometric Committee Representative 3. The vacancy in the Specialist and Tertiary Care Medical Representation remains unfilled, this is being pursued through the Executive Medical Directors Office. 4. Expressions of Interest for the HPF Vice Chair are now being sought.		
2b	Assurance	The Forum wish to assure members of the Board that: There are no issues/matters for escalation		
2c	Advise	The Forum wish to advise members of the Board that: 1. HPF noted several challenges raised by the Dental Advisory Group Representative including: • A lack of meaningful response by the dental contract team in relation to the contract variations for 2025/2026 • The use of the Dental Access Portal is a significant shift from the existing delivery model of NHS care. Excepting a few specific circumstances, patients will access care via the Portal for non-urgent care, or NHS 111 for urgent care. The Portal will allocate a place as they become available, however the Portal continues to register patients at a rate that exceeds practice requests		

		2. The HPF noted challenges related to Out of Area placements highlighted by the Mental Health and Learning Disabilities Representative. Whilst there has been some reduction in these placements as a result of targeted efforts, use has plateaued at a level that remains unsustainable from a clinical and financial perspective. An improvement plan has been developed 3. As part of the members reports update, the HPF discussed the ongoing challenges related to the implementation of the Electronic Prescribing System (EPS). Whilst the potential benefits are significant there remains some uncertainty regarding the extended scope or consideration of new services such as the EPS instalment prescriptions for the substance misuse service. The lack of a resolution nationally with GP dispensing practices also means a large number of practices in BCUHB have not signed up for EPS. It has also been identified that there may be instances where there is a lack of urgency of 111 prescription requests via EPS 4. HPF noted ongoing recruitment process challenges across all professional groups 5. HPF noted Optometry challenges including a lack of a Pan BCUHB Clinical Lead, no Eye Care Collaborative Group or local eye care groups in West and East.
2d	Review of Risks	N/A
2e	Sharing of learning	No learning to be shared.
3	Actions to be considered by the Board	To note the contents of the report.