

Bundle BCU Health Board 25 September 2025

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - 25/160 Welcome, Introductions and Apologies for Absence
Dyfed Edwards, Chair
- 1.2 09:32 - 25/161 Declarations of Interest relating to the Agenda
Dyfed Edwards, Chair
- 1.3 09:35 - 25/162 Minutes of the Previous Meetings held on 17 July (Annual General Meeting) and 31 July 2025
Dyfed Edwards, Chair
 - 25.162a Minutes from AGM Meeting 17.07.25 V0.03 (Public) Draft
 - 25.162b Minutes from Health Board Meeting 31.07.25 V0.04 (Public)
- 1.4 09:40 - 25/163 Action Log
Dyfed Edwards, Chair
 - 25.163 Summary Action Log Health Board (Updated 16.09.25) Public
- 1.5 09:45 - 25/164 Experience Item
Angela Wood, Executive Director of Nursing and Midwifery
 - 25.164 Patient Story Rapid Diagnostic Centre Biomarker Study
- 1.6 10:05 - 25/165 Chair's Report
Dyfed Edwards, Chair
 - 25.165 Chair's Report - Eng
- 1.7 10:15 - 25/166 Chief Executive's Report
Carol Shillabeer, Chief Executive
 - 25.166 Sept CEO Report Final
- 1.8 10:25 - 25/167 Vice Chair's Report
Gareth Williams, Vice Chair
 - 25.167 Vice-Chair Report to Board September 2025 approved
- 1.9 10:35 - 25/168 Citizen Experience Report
Helen Stevens-Jones, Director of Partnerships, Communications and Engagement
 - 25.168 Citizens Experience Board Paper September 2025 1
- 2 10:45 - STRATEGIC ITEMS
- 2.1 10:45 - 25/169 Chair's Assurance Report - Planning, Population Health and Partnerships Committee
Clare Budden, Committee Chair
 - 25.169 AAA Report for PPHP Committee 04.09.25 V1.0
- 2.2 10:50 - 25/170 Urgent and Emergency Care
Tehmeena Ajmal, Chief Operating Officer
 - a) *Urgent and Emergency Care Major Change Programme Report*
 - b) *Winter Resilience Planning 2025/26*
 - 25.170a Draft Board Paper - UEC v6
 - 25.170b Winter Planning Approach 2025 2026 Board Cover September 2025
 - 25.170b Winter Planning Approach 2025 2026 Board September 2025 V3 PA FINAL for HB
- 2.3 11:10 - COMFORT BREAK
- 2.4 11:25 - 25/171 Strategic Planning

Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning

a) *Key Programmes Report*

b) *Annual Delivery Plan 2025/26 – Quarter 1 Progress Report*

c) *Royal Alexandra Hospital Health and Well-being Hub:*

Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning,

Tehmeena Ajmal, Chief Operating Officer and Stuart Keen Director of Environment and Estates

22.171a Key Programmes 2025-09-11 BOARD FINAL v2

25.171b BOARD Q1 ADP Report 2025-09-25 v2.0 120925 FINAL

25.171c Board Coversheet RAH Public ENG 12.09.2025 V0.06 Final

25.171c 20250904 Health and Wellbeing Hub RAH Briefing Board ENG v0.6 Final Version

2.5 11:55 - 25/172 Foundations for the Future Report

Carol Shillabeer, Chief Executive Presentation

3 12:15 - INTEGRATED PERFORMANCE

3.1 12:15 - 25/173 Chair's Assurance Report - Quality, Safety and Experience Committee

Caroline Turner, Committee Chair

25.173 AAA Report for QSE Committee V1.0

3.2 12:20 - 25/174 Improving Quality Report

Angela Wood, Executive Director of Nursing and Midwifery

25.174 Board - Improving Quality Report - September 2025

3.3 12:30 - 25/175 Chairs Assurance Report - Performance, Finance and Information Governance Committee

Gareth Williams, Vice Chair / Committee Chair

25.175 AAA Report for PFIG Committee 26.08.25 V1.0

3.4 12:35 - 25/176 Integrated Performance Report

Carol Shillabeer, Chief Executive

25.176 Coversheet - IQPR - HB - September 2025 DRAFT v0.1

25.176a IQPR - HB - September 2025 DRAFT v0.1

3.5 12:45 - 25/177 Finance Report

Russell Caldicott, Executive Director of Finance

25.177 Finance Report Coversheet - Month 5 25-26

25.177a BCU 2025-26 M05 Finance Report

3.6 12:55 - LUNCH

4 13:25 - GOVERNANCE, RISK AND ASSURANCE

4.1 13:25 - 25/178 Chairs Assurance Report - Audit Committee

Urtha Felda, Committee Vice Chair

25.178 AAA Report for Audit Committee 19.08.25 V1.0

4.2 13:30 - 25/179 Governance and Accountability Framework

Pam Wenger, Director of Corporate Governance

25.179 Governance and Accountability Framework

4.3 13:40 - 25/180 Corporate Governance Report

Pam Wenger, Director of Corporate Governance

25.180 Corporate Governance Report - September v0.1

25.180a BCUHB response to HDUHB CSP consultation for submission APPROVED

4.4 13:50 - 25/181 Chairs Assurance Report - People and Culture Committee

Dyfed Jones, Committee Chair

25.181 AAA Report for P&C Committee 14.08.25 V1.0

25.181a Social Partnership Briefing - App B Annual report 2024-25 Final

25.181b Social Partnership Briefing - App B Social Partnership Results

- 4.5 13:55 - 25/182 Annual Reports
Pam Wenger, Director of Corporate Governance
(the following Annual Reports have been considered by the relevant Committees and the full reports are included in the supporting papers)
- a) *Health, Safety and Security Annual Performance Report 2024-25*
 - b) *Welsh Language Services Annual Monitoring Report 2024-25*
 - c) *Strategic Equality Annual Report 2024-25*
 - d) *Duty of Candour Annual Report 2024-25*
 - e) *Putting Things Right Annual Report 2024-25*
- 25.182a H&S Annual Report Cover Page
25.182b Coversheet - Welsh Language Services Annual Monitoring Report 2024-2025
Final
25.182c Strategic Equality Annual Report (cover paper)
25.182d Board September 2025 - Annual Reports 2024-25 - cover sheet
- 4.6 14:05 - 25/183 Committee & Advisory Group Chairs Reports
Mental Health Legislation Committee, Gareth Williams, Committee Chair
Charitable Funds Committee, Dyfed Jones, Committee Chair
Stakeholder Reference Group, Peter Lewis, Committee Chair
Local Partnership Forum, Carol Shillabeer, Chief Executive
Executive Committee, Carol Shillabeer, Chief Executive
- 25.183a AAA Report for MHL Committee 07.08.25 V.2
 - 25.183b AAA Report for CFC Committee 02.09.25 V1.0
 - 25.183c AAA Report for SRG Committee 01.09.25
 - 25.183d AAA Report for LPF Committee 05.08.25 Eng
 - 25.183e Board EC Report
- 5 14:15 - CLOSING BUSINESS
- 5.1 14:15 - 25/184 Date of the next meeting - Thursday 27 November 2025
- 5.2 14:18 - 25/185 Resolution to exclude the Press and Public

Betsi Cadwaladr University Health Board (BCUHB)
UNCONFIRMED Minutes of the Annual General Meeting
 held in Public on 17 July 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
Karen Balmer	Independent Member
Clare Budden	Independent Member
Russell Caldicott	Executive Director of Finance
Urtha Felda	Independent Member
Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Dr Jane Moore	Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Carol Shillabeer	Chief Executive
Dr Caroline Turner	Independent Member
Pam Wenger	Director of Corporate Governance
Gareth Williams	Vice Chair
In Attendance	
Jason Brannan	Deputy Director of People
Stuart Keen	Director of Environment and Estates
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Tesni Sullivan	Senior Nurse, IVAS Lead & Lead Vascular Access Nurse
Dr Nathan Littley	IVAS Development Support & Resident Anaesthetic Trainee
Dr Craig Beaton	IVAS Medical Lead & ITU / Anaesthetic Consultant
Prof Ibrahim Malik	Consultant Arthroplasty Lead / Research Lead
Adam Mackridge	Strategic Lead, Community Pharmacy
Philippa Peake-Jones	Head of Corporate Affairs
Laura Jones	Acting Corporate Governance Manager (Minutes)

PRELIMINARY MATTERS

Welcome, Introductions and Apologies for Absence

Apologies were received from Angela Wood (Michelle Denwood deputising), Paolo Tardivel, Rhian Watcyn Jones, Chris Lothian-Field, Fôn Roberts, Georgina Roberts, Stephen Powell and Dylan Roberts.

The Chair welcomed all attendees to the Annual General Meeting including those viewing online. The Meeting is an opportunity to come together and reflect on the progress made over the past twelve months and receive presentations from staff on areas of development across the Health Board. The Chair also thanked those involved in the Health Fair for providing stalls from a range of services across the organisation.

Declarations of Interest Relating to the Agenda

No declarations of interest were received.

Annual Accounts 2024/25: Year in Review, Presentation of the Annual Report, including Annual Governance Statement

The Board received the presentation, and the Chief Executive highlighted:

- Betsi Cadwaladr University Health Board is the biggest Health Board in Wales serving approximately 700,000 people across a range of Integrated Health Communities including GP Practices, Dentists, Primary, Community and Mental Health Services, Hospital and Specialist Care.
- The Health Board are responsible for helping to improve the health and well-being of the population of North Wales working closely with partner organisations.
- The public sector is challenged however this has been a year of significant change for the Health Board as we start to see tangible improvements.
- As we move forward, reducing the number of patients waiting and addressing the high demand for emergency care continue to be areas of high priority.
- The Health Board have a responsibility for managing public money, how this money is deployed and utilised is a critical priority along with long term sustainability of changing services.
- The organisation will continue to tackle areas of improvement and staff are working hard every day with partners and patients to address developments and support our communities.
- During 2024/25, the Health Board have been focussing on improving quality of care and as a result the Emergency Department at Ysbyty Glan Clwyd and the Vascular service have been de-escalated by Healthcare Inspectorate Wales.
- There has been a focus on orthopaedic services, the Llandudno Hospital Orthopaedic Hub is due to be complete by the end of the year and will enable approximately 2000 procedures to be completed on an annual basis.
- Plans have been developed for digital innovation and Welsh Government have supported an application for funding to improve health records in Mental Health services.
- The North Wales Medical School based in Bangor University will be welcoming its first cohort of students this year which will encourage people to come to North Wales for medical training.
- There have been improvements in relation to governance, financial governance and performance which allows the Health Board to become an effective organisation to better meet the needs of the public.
- Work is taking place to reduce waiting times for planned care, since January 2025 there has been a reduction of 47% in the number of people waiting over two years for treatment and the aim is to reach zero people waiting over two years by the end of 2025.
- Looking ahead into 2025/26, the Health Board have submitted a Three-Year Plan to Welsh Government that was financially balanced and will facilitate the development of a long-term approach with a focus on prevention and early intervention as well as primary and community care.
- The Health Board will continue to build on the effectiveness of the largest Health Board in North Wales, working together to serve the people of North Wales.

Annual Financial Accounts and Auditor Opinion

The Board received the presentation, and the Executive Director of Finance highlighted:

- The required performance by the organisation against the statutory and financial targets stating that the Health Board submission of the draft and final accounts was completed in accordance with the National timetable.
- The independent review completed by Audit Wales stated that there had been no change to outturn from draft accounts to final audited submission and the Auditor General issued a true and fair opinion on the 2024/25 financial statements which provided the Health Board with a clean bill of health.
- The regularity opinion was qualified as expenditure exceeded the resource limit authorised in the three-year period to 2024/25. The Health Board had a £8.7m deficit position set by Welsh Government which has not been delivered, this is a similar position to many other Health Boards in Wales.
- The performance against financial targets was shared and it was noted that overspend against the revenue resource limit was reported as a £7.6m deficit position highlighting that the Health Board were 0.3% away from reaching a breakeven position.
- Assurance was provided that the Annual Report and Accounts have been through the relevant process of being scrutinised by the Committees and approved by the Board.

Annual Quality Report 2024/25

The Board received the presentation, and the Executive Director of Allied Health Professionals and Health Science highlighted:

- Quality is the golden thread of the Health Board and there is a focus on continuously improving processes, governance and quality of care.
- The Quality Management System is essential to the work that is being developed and has now been rolled out for use across the organisation.
- The key messages that define the Health Board's approach to quality include becoming a quality-driven and learning organisation, improving timely access to healthcare and working with citizens and partners.
- The Health Board has made listening a key part of improving services and the feedback received has been used to shape decisions and drive change in areas such as reducing waiting times for diagnostics, providing easier access to care locally and embedding the public voice into the Integrated Medium-Term Plan.
- Moving forward there is a commitment to continuous improvement in delivering high quality care for patients and this will be discussed further at the next Board meeting.

Presentations provided by Colleagues

The Chief Executive welcomed colleagues to present on the innovative developments that have been taking place across the Health Board.

Intravenous Access Service (IVAS)

Senior Nurse Tesni Sullivan, Dr Craig Beaton and Dr Nathan Littley provided a presentation on the IVAS Service highlighting:

- The service was launched in the Central Integrated Health Community during May 2025 noting that this service was not available prior to the launch.
- The aim is to provide the right device for the right patient at the right time for those requiring intravenous assistance.
- The service could potentially release benefits of approximately £2m for the Health Board.
- The benefits were highlighted which include removing pressure from other areas to allow more patients to be treated in the community. The service also improves access, minimises

delays and enhances patient flow through the Health Board. It provides a single point of access for support, improves quality, release resource and facilitates early discharge.

- With support, the benefits of a fully funded IVAS could be scaled up across all three Integrated Health Communities.

Orthopaedic Update

Professor Malek provided a presentation on Orthopaedics highlighting:

- The team consists of fourteen consultants who work as a cohesive unit.
- To improve efficiency the team have developed super-lists which allow surgeons to work on two lists at the same time in two simultaneously theatres by delaying the start time of the second list by 20 minutes.
- This method of working can provide benefits for vulnerable, high-risk patients, utilise technology and highlight innovation taking place within the organisation.
- The team are also reviewing sustainability in terms of the use of dressing for wound care to reduce the number of supplies being utilised.
- The team are compassionate about training and have recently received a Rising Star Award from the National Institute of Health and Research.

REMEDY (Remote MEDication made easy) Project

Adam Mackridge provided a presentation on the REMEDY Project highlighting:

- More Urgent and Emergency Care is being provided remotely, and this method is being adopted more frequently across North Wales however there is an issue with supplying medicines to patients at the end of a remote consultation.
- A REMEDY Machine has been developed, and this is currently in place at the community hospital in Dolgellau and is the only machine of its kind worldwide.
- The aim of the machine is to dispense medicines that would be required for patients as an outcome of their consultation such as antibiotics and steroids.
- The machine is currently being used on a regular basis and the team are looking to put a second unit in Holyhead as these are the two area that have the greatest issue accessing medicine.
- Work is taking place with universities as part of the study to see how viable this is in terms of safety and value of money to provide the evidence that this service could be utilised further.

Questions and Answers to the Health Board

The Chair stated that a number of questions have been received in advance of the meeting, the questions and answers will be published online and the Chair addressed some of the questions received:

- In relation to the question from the charity Fair Treatment for the Women of Wales, it was noted that Womens Health has been prioritised in the Integrated Medium-Term Plan, this is an area that spans all of the organisation's services and some investment has been received from Welsh Government to support this work.
- In relation to the question regarding Mental Health and Learning Disabilities, it was noted that all wards adhere to the same standards, there are potential opportunities for transformation, and this is being addressed by the Health Board Response to the Royal College of Psychiatrists Invited Review Services Report work.
- In relation to the question regarding helping older people stay well for longer, it was noted that people do have difficulty accessing services, the role of the Health Board is to help improve the health and wellbeing of the population and focus on providing care and support in Primary & Community Services.

- In relation to the question regarding whether waiting lists are going down, it was noted that the number of people waiting over two years is reducing with the aim of having zero people waiting over two years by the end of 2025 and work is taking place with the independent sector to offer treatment from partner organisations. However, the number of people on waiting lists is not reducing as the referrals continue to be received, Welsh Government have allocated significant funding for additional appointments and consultations are being offered at the start of waits to review each case.
- In relation to the question from the North Wales Prostate Cancer Support Group, it was noted that the use of technology is being planned into the longer term to review how advances in technology can be utilised to provide better outcomes for patients.
- In relation to the question regarding prevention, it was noted that prevention is being addressed by the Health Board, there is a need to enable people to be more active to improve their health and the ten-year strategy will focus on prevention and early intervention.
- In relation to a question raised during the meeting regarding the use of minor injuries units and people being signposted to these services it was noted that this is being discussed as part of the Annual Delivery Plan, there is a need to review the consistency of the offer at these units and publicise this within local communities.

The Chair thanked those that had raised questions and noted that members of the public are welcome to send correspondence to the Health Board at any time.

Closing Remarks

The Chair stated that the aim of the Health Board is to work with the population to continue on the improvement journey. Innovation, efficiency and improving health and well-being outcomes are all key areas that will help to make progress. Individuals can make a difference and bring ideas into the Health Board to support this journey. The Chief Executive thanked the 20,000 staff across the organisation for the work they do on a daily basis to do the best for the people of North Wales.

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Health Board Meeting
 held in Public on 31 July 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
Fôn Roberts	Associate Member (Representing Directors of Social Services)
Georgina Roberts	Interim Executive Director of People Services and Organisational Development
Carol Shillabeer	Chief Executive
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	Vice Chair
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Laura Jones	Acting Corporate Governance Manager
Stuart Keen	Director of Environment and Estates
Phylis Makurunje	Aspiring Board Member
Philippa Peake-Jones	Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger	Director of Corporate Governance

PRELIMINARY MATTERS

25/124 Welcome, Introductions and Apologies for Absence

The Chair welcomed Board Members, members of the public and those viewing online to the meeting.

Apologies were received for Stephen Powell and Dylan Roberts.

The Chair welcomed Clara Day who will commence as the Executive Medical Director with the Health Board in September as well as Harriet Abbott who has joined the Corporate Governance Directorate.

The Chair thanked Karen Balmer who is leaving the Health Board at the end of July 2025. Karen has been with the Health Board since March 2023 and was thanked for her substantial contribution to the Board, particularly as Chair of the Audit Committee and received best wishes for the future.

25/125 Declarations of Interest Relating to the Agenda

No declarations of interest were received.

25/126 Unconfirmed Minutes of the Health Board meetings held on 29 May and 26 June 2025.

It was resolved that the Board:

- **AGREED** that the minutes of the Health Board meetings held on 29 May and 26 June 2025 were a true and accurate record.

25/127 Action Log

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

In discussing the action log it was suggested that where items have been allocated to Committees, it would be helpful to ensure that the 'AAA' Report from the Committee Chair provides an update so that the relevant actions can then be closed, members supported this approach.

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

- In relation to item 25/94 included in the minutes from 29 May 2025 it was noted that the Committee did not discuss the Ministerial Advisory Group recommendations at its meeting in June 2025, this will be discussed at the next meeting in August 2025 and all Board members would be welcome to attend.

Action:

- **25/127.1** Updates against actions referred from the Board to Committees to be reported back to the Board via the Committee 'AAA' Report.

It was resolved that the Board:

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

25/128 Experience Item

The Executive Director of Nursing & Midwifery introduced the experience item and a video presentation was shared with the Board:

- The story was based on a 100-year-old gentleman who is an ex Royal Airforce veteran and has received care from the Health Board. The gentleman has a psychiatric nursing background and wanted to share the positive experience of care he has received in Holywell Community Hospital.

In discussing the video presentation, the Board:

- Acknowledged the work being completed by Zoe Roberts, the Health Board Veterans Lead and the team in relation to veterans as well as celebrating important events such as Armed Forces Day.

- Noted the number of veterans employed by the Health Board and the joint working taking place.
- Thanked John for sharing his story.

It was resolved that the Board:

- **NOTED** the Experience item.

25/129 Chair's Report

The Board received the report and the Chair highlighted:

- Phylis Makurunje has joined the Health Board as part of the Aspiring Board Members Programme which provides an opportunity to gain knowledge of the governance of the organisation and contribute to the Board.
- The Cabinet Secretary for Health and Social Services has highlighted his priorities for all Health Boards to achieve over the next 12 months for the benefit of patients. The Health Board's own priorities correspond closely with the priorities highlighted by the Cabinet Secretary and Government and relate to planning for the future and improving access to services.
- The Cabinet Secretary and Government priorities also include a focus on Primary and Community Care, highlighting the importance of making improvements in this area. There is a need to move forward on this to make a real difference to the provision of healthcare within communities. The Board are working to respond to the challenges by developing a firm and clear approach to achieve these outcomes.
- A concert was held recently by the Wrexham Maelor Hospital Choir who provided an excellent performance. This provides an opportunity for people who work within the Health Service to come together and socialise with others. Going forward, it would be good to see encouragement for additional choirs and activities across the organisation to provide opportunities for staff to relax and engage.
- The Project Search Graduation Ceremony recently took place in Coleg Llandrillo Menai in Bangor. This provided an opportunity to see how young people are developing through work placements in the Health Board and being supported in collaboration with partners. The Health Board are looking to support similar projects in a practical, long-term manner as there is a role for the organisation as the biggest employer in North Wales to support young people into employment or training.

In discussing the report, the Board:

- Acknowledged the importance of groups such as choirs in supporting mental and physical health benefits.
- Confirmed that the People and Culture Committee are working to take forward opportunities to support young people into the workplace. It was agreed that the Committee will discuss this area further to determine what support can be provided.
- Highlighted that the Local Authorities are the second biggest employer in North Wales and suggested the work to support young people could be completed in partnership to allow people to transition between organisations.

Action:

- **25/129** People and Culture Committee to discuss opportunities to support young people into the workplace and report back to the Board.

It was resolved that the Board:

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

25/130 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

- The Cabinet Secretary recently made an announcement that an All Wales assurance assessment of Maternity and Neonatal Services is due to take place. This is fully supported by the Health Board and will require active involvement in the assessment, it should also provide valuable learning to improve patient experience.
- The business case for the electronic health records system for Maternity services has been approved and work is progressing in this area.
- The Executive Team continue to have quarterly meetings with Welsh Government which includes the special measures assurance review. During the last meeting Welsh Government noted some important and significant areas of progress and this has been reflected in the report published on 15 July 2025.
- The Cabinet Secretary has confirmed that the Health Board will remain at level 5 escalation at this time and the organisation will continue to work to deliver the plan and make improvements, this information is included as an appendix.
- Georgina Roberts has been appointed as the Interim Executive Director of People Services and Organisational Development for a period of six months. Jason Brannan, Deputy Executive Director of People Services was thanked for his work in providing support to the Board in this area over the past 28 months.
- Stephen Powell, Director of Performance and Commissioning has announced his retirement from the NHS at the end of September 2025 and was thanked for his contribution to the Health Board.
- There is a current focus on strategic planning and service change and a new sub-group has been established to lead this agenda.
- The work being completed by Hywel Dda on the Clinical Services Plan has potential impact on the organisation and the Board will respond to the consultation process.
- The Chief Executive has attended a wide range of meetings and visits to discuss the work and progress that is taking place across the organisation and within the communities.

It was resolved that the Board:

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

25/131 Vice Chair's Report

The Board received the report and the Vice Chair highlighted:

- A range of visits have taken place across the Health Board and the Vice Chair was inspired by the work being completed by staff.
- The NHS Confedexpo took place in June 2025 and some areas of work were highlighted including a project based on discharge to assess and work taking place with the Third Sector organisations to offer point of care testing for people living in deprived areas who do not have regular contact with their GPs.

In discussing the report, the Board:

- Acknowledged the work taking place in terms of prevention and confirmed that the Health Board are working on a programme being led by Welsh Government to build community capacity and identify high risk groups of residents.

- Noted the work required around discharge confirming that discussions are taking place with Local Authorities to develop discharge models and profile this work into Primary and Community Services.

It was resolved that the Board:

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

STRATEGIC ITEMS

25/132 Accountable Officer Report – Accounting Issues of 2021/22, Subsequent Learning and Action

The Board received the report and the Chair and Chief Executive highlighted:

- The report was embargoed until this morning and is now available on the Health Board website. The embargo was applied to ensure that appropriate governance, communication and stakeholder engagement processes were followed.
- The report outlines the background, core elements and management of accounting issues in relation to the 2021/22 financial accounts at Betsi Cadwaladr University Health Board. The purpose of the report is to provide an overview of the core issues as well as the wider issues and elements that occurred, a focus on the learning and the action undertaken and ongoing as a result.
- The report covers the following areas:
 - Issues that led to the qualification of the accounts in 2021/22.
 - The core issues relating to accounting practice.
 - Related, wider issues including contract procurement and management, HR management, information governance, culture and behaviours.
 - Summary of key learning and action taken and ongoing.
- Whilst the core issue related to accounting practice particularly during 2021/22, it is clear from the range of reviews and other work, that significant, wider issues existed. These should be considered alongside the core accounting matters for a comprehensive understanding to take place.
- The Chief Executives report, as the designated Accountable Officer, provides a summary of what took place, the context of the Health Board at that time and is the Chief Executive's assessment of the information available at that time given the accounting period predates the author.
- The matter has been very difficult for those involved, considerable time has been taken to work through this complex area of work and the report brings together the issues, learning and actions and will help to enable the organisation to move forward.
- During 2021/22 the Health Board was coming out of the pandemic and was dealing with a potential financial surplus. This resulted in seeking to deploy monies for the benefit of the people of North Wales.
- The expenditure deployment however did not deliver the goods in year. It was noted that these goods required to be received in year to be accounted for correctly. There was a need therefore to review the process and transparency related to this expenditure.
- The matter has been examined by external bodies Counter Fraud Wales Service and North Wales Police.
- There was no evidence to indicate that any monies were lost to the organisation as a result of the issues.
- There were a number of wider issues which included the following:
 - Contract, Procurement and Management – This relates to how the organisation buys services. The report highlights work that has taken place in relation to procurement

processes being implemented within the organisation and has provided significant areas of learning.

- HR Related Matters – An assessment was completed specific to the way in which colleagues were managed and supported through the processes relating to the accounting issues. Specific areas of learning resulted.
 - Information Governance – It was noted that consent to release information was not sought and this constitutes a breach, an external commission and review has been undertaken in this area.
 - Leadership, Culture and Governance – Significant challenges were highlighted by Audit Wales during 2023 in this area which provides important context for these issues.
- As a result of the investigation, a wide range of learning and action has taken place. The Board continues to address the remaining issues and these are included in the current priorities.
 - Work is underway in relation to leadership and culture to provide openness and transparency and this is a key component in the Foundations for the Future programme.
 - Significant work has taken place in relation to financial governance to provide mechanisms and further work revising the Scheme of Reservation and Delegation is taking place to ensure there is clarity around decision making.
 - The Audit Committee is closely sighted on procurement and contracts with compliance and breaches being reported on a regular basis.
 - Areas of training have been developed including procurement training and NHS Wales Shared Services are supporting this work.
 - A fresh approach to preventing employee harm is being developing in conjunction with Trade Unions.
 - This has been a complex situation and the process has taken time. The report demonstrates the openness and transparency that the Health Board is committed to and draws together the learning to move forward.

In discussing the report, the Board:

- Acknowledged the amount of work that has taken place and thanked those involved in the investigation.
- Noted that there has been an emphasis on learning as a public body and as an NHS organisation that will facilitate continued improvements to be implemented. The Health Board is currently working towards changing the culture of the organisation and how staff treat each other. This work has been timely and important.
- Referred to the training that has taken place and the importance of embedding efficient procurement practice.
- Highlighted that employee harm is an issue and there is a need to ensure systems are in place to monitor timelines for investigative and other processes.
- Recognised the two unqualified audit opinions that have been received by the Health Board following this matter and noted that the finance team is committed to ensuring open and transparent information is available.
- Confirmed that the report validates the way the Health Board is currently working; the Board and Committees are operating within the public domain and the Board continues to learn to ensure the organisation has the highest standards of governance required by a public body and will continue to improve governance in line with external bodies.
- Thanked all involved in the matter and confirmed that the learning has been acted upon and evidence of impact of that action is now available.

It was resolved that the Board:

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

25/133 Planned Care

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

- The report focussed on how the Health Board is improving access to Planned Care within a timely manner.
- Welsh Government have allocated £34m to be utilised to support Planned Care, the total number of patients waiting over 104 weeks has reduced from 10,069 as at 31 December 2024 to 5,747 as at 31 March 2025 (a 43% reduction)
- Further work is progressing to deliver the targeted levels of performance for access to care and Welsh Government have provided additional allocations of resource including £5m to reduce patients waiting over 104 weeks, £6m to support treatment of cataract patients and £3m to support diagnostic delivery.
- The Health Board is seeking further allocations of funds from Welsh Government to support additional improvements in access to Planned Care, to date no additional funding has been confirmed.
- The report highlights that the national allocation of resource in support of 60,000 outpatient appointments is available to the Health Board (stage 1 delivery). However, the allocation for stage 2 diagnostic impacts following these outpatient appointments has not been confirmed and resource is not as yet available for stage 4, therefore full pathways are not being commissioned.
- The Health Board continues to improve access for patients and has in six months seen a cumulative reduction of 47% of patients waiting over 104 weeks for treatment with the aim of reaching a 73% reduction by 30 September 2025.
- By the end of December 2025, the Health Board is targeting having zero patients waiting over 104 weeks and work is taking place to address some key specialties including Orthodontics, Oral Surgery and Trauma and Orthopaedics.
- Planned Care is one of the Major Change Programmes for the organisation and the Planned Care Programme Board continue to focus on developing sustainable services as we move forward.

In discussing the report, the Board:

- Referred to workstream 5 in the priorities for delivery relating to follow ups and queried whether there is a need to review follow up strategies. It was confirmed that the workstream will progress with a focus on self-directed after care and patient initiated follow ups.
- Queried how successfully the Health Board is addressing the long-term issues with productivity at the same time as managing down long waits through insourcing and outsourcing. The additional funding for buying in capacity will have an end point and it was queried whether a sustainable solution will be put in place. It was confirmed that configuration of services will be addressed as part of the Clinical Services Plan and workshops have been taking place with clinical leads to ensure clarity in terms of the Major Change Programme.
- Questioned whether capacity is being used efficiently, noting that outsourcing patients incurs a cost and it was queried whether these patients could be seen internally where possible. It was confirmed that clinical contracts are being reviewed in detail. The Health Board is committed to reducing access times therefore some patients will be outsourced however there is a need to deliver as much capacity as possible internally.
- Noted that due to the arrangements put in place by the Welsh Government to reduce the number of outpatients, it is likely that those patients assessed as requiring Stage 4

interventions (e.g. surgery) would need to be seen by the Health Board's own consultants, thus duplicating some of the work undertaken by the insourcing contracts and questioned whether this was really necessary. A deployment plan is being developed to model likely demand from this cohort against capacity.

- Highlighted the variation in waiting times across sites and queried whether the organisation operates as a single Board in relation to patient lists. It was confirmed that there is a need to move towards a single model to provide equality across services and this will be the aim as we move forward.
- Acknowledged that this is one of the Major Change Programmes and the aim is to develop sustainable solutions for the short, medium and long term.
- Confirmed that substantial work is taking place in this area and progress will be monitored via the Performance, Finance and Information Governance Committee.

It was resolved that the Board, in light of Welsh Government directives, ministerial and enabling actions:

- **NOTED** the significant reduction in patients waiting over 104 weeks for treatment (47% reduction in 26 weeks) at 30th June.
- **NOTED** the trajectories submitted for patients waiting over 104 weeks for conclusion of treatment (zero 31st December 2025).
- **NOTED** the challenged specialities (in particular Orthodontics & Oral Surgery) in achieving a zero position by 31st December 2025.
- **NOTED** 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.
- **NOTED** the substantial resources to improve Planned Care improvements in 2025/26 (National new outpatients 45,000, 15,000 local new outpatients, cataracts and diagnostics)
- **NOTED** the key specialities and next steps on development of plans to deliver 8-week diagnostic performance (additional funds allocated to support this area).
- **NOTED** 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.

25/134 Mental Health Progress Report

The Board received the report and the Executive Director of Allied Health Professionals and Health Science highlighted:

- The Board approved the Response to the Royal College of Psychiatrists (RCPsych) Invited Review Service Report in July 2024 and updates against the report have been provided to the Quality, Safety and Experience Committee on a regular basis.
- Ros Alstead, Special Advisor to the Health Board who has been conducting the review has reflected on the work completed by the Expert Advisory Group which is a time limited group that has been set up to offer service user and family member perspectives and support to the response to the Invited Services Review.
- The Expert Advisory Group has provided a focus on impact and sustainability to ensure the improvements made are embedded for the long term, This was an important point raised by the members of the group which includes service users, members of the public and colleagues from Llais who were thanked for the work and progress that has been made.
- The work completed ensures the foundations are in place for the Health Board and going forward there will be focus on areas of improvement which include developing the strategy

and vision of the Health Board, aligning to the foundations for the future programme, further developing the Quality Management System (QMS) and implementing an electronic health records system.

- Going forward further work is required to provide evidence against the remaining improvement actions which are to be completed by December 2025 as well as promoting further learning with the intention to provide oversight of this work through a Mental Health Oversight and Development Group.
- Geoff Ryall-Harvey, Regional Director for Llais highlighted the service users that have been involved in this process for a considerable amount of time to improve services for others and thanked them for their support. Going forward successful management and leadership is required to ensure patients and families are heard and supported.

In discussing the report, the Board:

- Highlighted the substantial amount of thorough work that has been completed and the requirement to ensure the impact of actions are clear and improvements are sustainable in the long term. Reporting will continue to be transparent and will report back to the Quality, Safety and Experience Committee and the Board.
- Referred to the co-production that has been taking place in this space in terms of service users, family members as well as internal improvements and assurance from external validation. It was suggested there is a need to recognise any further input that may be required from areas such as Allied Health Professionals and Occupational Health.
- Queried whether the Quality Management System (QMS) is being rolled out across Mental Health and Learning Disabilities. It was confirmed that the team are working closely and this will be taken forward by the Mental Health Oversight and Development Group.
- Acknowledged the outstanding improvement actions and queried the level of confidence to complete the actions by the end of December 2025. It was confirmed that there is a programme of work for the team and a system is in place to address the actions required.
- Confirmed the importance of taking forward the learning and developing a Health Board wide approach to Mental Health and Well-being as well as engaging with other Committees to take this forward.

It was resolved that the Board:

- **NOTED** the contents of the report.
- **CONSIDERED** the progress of the Health Board response to the RCPsych Invited Services Review.
- **CONSIDERED** the approach for ensuring that improvements continue to receive oversight and development.

25/135 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 Gastroenterology Service in the Central Integrated Health Community (IHC) is in a fragile position and the IHC need support to address this.
- Clinical Coding remains a risk, the position has stabilised and this will continue to be monitored closely via the Integrated Quality and Performance Report.

In discussing the report, the Board:

- Recognised the fragility of the Gastroenterology Service and the complexity of the issue. This is being discussed with colleagues across the Health Board to gain a clinical and

operational perspective and will also be reviewed in line with the Clinical Services Plan in terms of delivering a single pathway of care.

- Stated that clinical coding is being tracked through the Integrated Performance Executive Delivery Group in line with the Integrated Medium Term Plan (IMTP) to move towards digitising records.

It was resolved that the Board:

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

25/136 Annual Quality Report

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

- 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.
- The report highlights what has been achieved, the priorities going forward, the key strategic decisions and the development of reporting mechanisms to the public and the Board.
- Feedback has been received via the Quality, Safety and Experience Committee and the report has also been reviewed by the Executive Committee.
The Quality Management System (QMS) continues to be embedded to drive forward quality initiatives and continuous improvement and to support consistent clinical governance and practice while evolving to meet future healthcare needs.
- A Quality Dashboard has been developed to support learning as part of the Quality Management System principles, these systems are also being utilised to support other Health Boards in terms of quality.
- The Integrated Concerns Policy was launched in September 2024 and this has introduced a more integrated approach to handling incidents, complaints and mortality reviews and has facilitated an improved position in relation to complaints across the Health Board.

In discussing the report, the Board:

- Referenced the Quality Learning Portal and the learning that has taken place to date and queried whether the impact of how the learning is being embedded can be measured. It was confirmed that work is taking place with the NHS Executive to determine how key outcomes and themes can be measured to produce quantitative data and this is part of the next steps.
- Queried whether the output from localised care hubs and telehealth services can be measured to identify whether these facilities are having an impact on services. It was confirmed that these are localised initiatives that receive pockets of funding from clusters. The output of these can be measured from a performance perspective in terms of whether surgical intervention is required.
- Stated that within Quality Planning there is a need to address service design and models of care. The key messages included in the report are Becoming a Quality-Driven and Learning Organisation, Improving Timely Access to Healthcare and Working with Our Citizens and Partners and this is being driven through the Clinical Services Plan.
- Confirmed that there are issues in terms of access to care and the Health Board is focussing on addressing these issues.

It was resolved that the Board:

- **APPROVED** the Health Board's Annual Quality Report.

25/137 Improving Quality Report

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

- The report identifies the position from the last period which shows a slight increase in the number of open incidents over 90 working days.
- There has been a sustained improvement in terms of responding to complaints with an average of 85% for responses within 30 working days and the data from the Civica system show feedback from patients regarding their experience of services is welcomed.
- Work continues in relation to infection control targets, there is full engagement across the organisation and individual plans are in place.
- The Quality Management System app is progressing, the team are looking to spread and scale the use of the app across the organisation to include a repository of Quality manuals.
- The Health Board received one Regulation 28 Prevention of Future Death (PFD) Notice since the last report. The learning is being taking forward, changes are being made to the process for undertaking investigations and past investigations are being reviewed to provide assurance that previous actions have been sustained.

In discussing the report, the Board:

- Referred to patient flow within the Emergency Departments (EDs) and queried what progress is being made in relation to corridor care. It was confirmed that work has previously taken place with the operational teams to understand the breadth of the issue. A dashboard has now been created along with a definition of corridor care to determine how the information can be captured. Work is taking place to address the risks and determine different ways of working; an escalation process has been developed and the demand and flow through EDs is being reviewed on a continuous basis.
- Highlighted a rising risk in cases of measles including two confirmed cases in North Wales. The cases did not result in health care transmission however there is a need for the Health Board to monitor this issue.
- Queried how the team are responding to themes that have been highlighted via complaints, it was confirmed that the quality dashboard is in place, the complaints being received are predominantly related to Secondary Care and the team are looking to see what information can be captured from a Primary Care perspective.
- Confirmed that there is a need to revise some of the processes - quality is being aligned to strategy and planning in an integrated way and it is recognised that quality needs to be at the centre of healthcare provision to ensure the best possible outcomes for the people of North Wales.

It was resolved that the Board:

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

25/138 Chairs 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:

- A presentation was received by the Committee from the Director of Environment and Estates highlighting a 'route map' for the development of the Estates Strategy.
- There has been an increase in corporate functions and costs and it was suggested this is discussed by the People and Culture Committee in terms of job evaluation.
- The Health Board are still unsure whether Welsh Government will provide additional resources to fund continued in-sourcing and out-sourcing to achieve the goal of eliminating

104 week waits by December 2025. If this funding is not provided there will be a need to reprioritise existing budgets which will be a real challenge in enabling the organisation to address longer term issues.

In discussing the report, the Board:

- Confirmed that the Foundations for the Future Programme will ensure the correct resources are being utilised effectively and this will address the remit of corporate and service functions in terms of staffing. The new job evaluation policy that is due to be released shortly will provide a clear approach in this area.
- Referred to the funding issue and the need to address this via a baseline budget and align the work to the key priorities of the Health Board.

Action:

- **25/138.1** People and Culture Committee to discuss the increase in corporate functions and costs in relation to job evaluation.

It was resolved that the Board

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

25/139 Integrated Performance Report

The Board received the report and the Executive Director of Nursing and Midwifery, the Executive Director of Allied Health Professionals and Health Science and the Interim Executive Director of People Services and Organisational Development & Organisational Development highlighted:

- The Learning for Events Reports have been repurposed to ensure extended oversight, grip and control and further work is required.
- The Performance Appraisal and Development Review (PADR) rates continue to increase and sickness rates remain static, both areas will be discussed in further detail at the next People and Culture Committee.
- Discussions have taken place with Welsh Government in relation to access to Mental Health services for under 18s and improvements continue within the CAMHS service.
- Significant work is required in relation to Emergency Departments including working with Primary and Community Care colleagues to deliver care closer to home and address the prevention agenda.

In discussing the report, the Board:

- Queried how the Board can capture performance information in a more succinct manner. It was suggested that going forward the report could address a number of performance measures and actions that the Board should be focussed on and a supporting pack could be developed to reduce the length of the report as assurance relating to the detail should be provided by the Committees.
- Suggested further information is included around managing patients waiting for appointments and treatment. It was confirmed that work is taking place, the Planned Cre programme is addressing this area of work to ensure the Health Board reach a position where patients are not waiting as long for treatment.
- Highlighted that Primary Care will now align to the Planning, Population Health and Partnerships Committee and will allow the Committee to review key measures and how these can be delivered in line with health inequality.

Action:

- **25/139.1** Review options for reducing the length of the Integrated Performance Report by addressing a number of performance measures and actions that the Board should be focused on and develop a supporting pack for the remaining information.

It was resolved that the Board:

- **DISCUSSED** the performance position against national measures and consider the action being taken for Improvement.

25/140 Finance Report

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

- The Health Board is reporting a deficit of £7.8m as at the end of Quarter 1 noting that there is significant financial challenge across the NHS in Wales.
- Progress is required to convert current opportunities and further additional savings opportunities into green schemes. It was noted that adverse performance in the early part of 2025/26 will require recovery during the remainder of the financial year for the plan to be attained.
- The Health Board have a £5.8m shortfall in undelivered savings as well as additional costs associated with Out of Area placements, Continuing Healthcare costs and driving cost pressures.
- The approved Capital Resource Limit for 2025/26 is £58.5m, a large proportion of this is aligned to the Orthopaedic Surgical Hub Llandudno Hospital to ensure delivery and further work is taking place in relation to capital expenditure and procurement.

In discussing the report, the Board:

- Queried whether there are any savings in relation to transformation and productivity, it was confirmed that some savings will be identified as part of the Value and Sustainability Programme and £34m has been allocated to Planned Care which may allow resources to be reinvested to support models of care.
- Acknowledged the risk relating to funding shortfalls in terms of the national insurance increase, it was confirmed that this will result in a 14% shortfall and all Health Boards have been asked to manage the shortfall.

It was resolved that the Board:

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

GOVERNANCE, RISK AND ASSURANCE

25/141 Chair's Assurance Report: Audit Committee

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

- The Audit Committee recommended that the Board approve and sign the Annual Report and Financial Accounts for year ended 31 March 2025 at its meeting in June 2025.
- Pooled budgets and partnerships were identified as areas that require further discussion by the Planning, Population Health and Partnerships Committee.

It was resolved that the Board

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

25/142 Corporate Governance Report

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

- The report includes a number of recommendations including urgent decisions taken under Chair's Action and updates relating to legal matters, committee effectiveness and national governance developments.
- The legal update includes the outcome of the proposed changes to the Emergency Medical Retrieval and Transport Service (EMRTS) which confirms the appeal was not granted by the courts and a detailed update will be circulated outside of the meeting.
- The Board were asked to consider and agree the approval of the Joint Commissioning Committee revisions to the Scheme of Delegation. Subject to Board approval, the document will be appended to the Health Board Standing Orders.
- Each Committee is in the process of completing a self assessment and these will come back to the Board as a collective for information.

Action:

- **25/142.1** A detailed update in relation to the outcome of the proposed changes to the Emergency Medical Retrieval and Transport Service (EMRTS) to be circulated outside of the meeting.

It was resolved that the Board:

- **NOTED** the content of the report.
- **RATIFIED** the Chair's Actions dated 12 July 2025.
- **NOTED** the matters considered in the Private Board meeting on 29 May 2025.
- **NOTED** the Legal Update.
- **APPROVED** the Joint Commissioning Committee Scheme of Delegation and Reservation of Powers and **NOTED** that further work was required on the IPFR Policy before final approval.
- **NOTED** the Joint Commissioning Committee Highlight Report.
- **RATIFIED** the approved Clinicians and Section 12(2) Doctors across Wales.
- **NOTED** the External Service Change engagement on the Hywel Dda Clinical Services Plan and the associated Governance route.

25/143 Corporate Risk Register

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

- The risks included in the Corporate Risk Register has been discussed by the individual Committees and workshops sessions are taking place with the Executive Committee to ensure actions are smart, strategic and address gaps in controls.
- An informal Board session is being arranged to allow discussion around the risk appetite.

In discussing the report, the Board:

- Highlighted that a high number of risks are aligned to the Chief Operating Officer and queried whether the team are able to support these risks. It was confirmed that a high number are being delivered via operational and clinical services, the teams are working closely and the operational leadership teams are reviewing the risks in detail and escalating where required.

- Referred to the challenges in relation to Vascular, it was confirmed that Vascular is a complex area however partnership arrangements are working well and there is clear direction in this area. There is a need to take a strategic view to identify what is required to address sustainability of challenged services across the Health Board.
- Acknowledged that there is now greater oversight of risk management across the organisation.

It was resolved that the Board:

- **NOTED** the current position of the Corporate Risk Register.
- **SUPPORTED** the actions being taken by the Executive Team to review the risks exceeding tolerance and the proposed actions.
- **SUPPORTED** the continued refinement of risk descriptors and controls.
- **ENDORSED** the planned review of the risk appetite at the August 2025 meeting.

25/144 Chairs Assurance Report - Planning, Population Health and Partnership Committee

The Board received the report and the Chair of the Planning, Population Health and Partnership Committee highlighted:

- The Committee had a strategic discussion around the work being completed in relation to the Diabetes Transformation Programme. This is a critical issue that needs to be addressed within the population of North Wales as the current rate of increase will otherwise result in a high demand for services.
- The Well North Wales engagement work was considered: this provides a route map for the future. A Task and Finish Group is in place, the paper will now go to the Regional Partnership Board for further discussion with other organisations to address this area of work. A discovery event is also due to take place with wide range of partners to develop proposals on how to deliver a whole system approach to prevention.

It was resolved that the Board

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

25/145 Emergency Preparedness, Resilience and Response Annual Report

The Board received the report and the Executive Director of Public Health highlighted:

- The report is a requirement under the Civil Contingencies Act as the Health Board are classed as a first responder along with the Fire and Police service in the event of a major incident.
- The report highlights the vast amount of work that has been completed by the team over the past twelve months.
- The key areas refer to capability in relation to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNe), reviewing action required in relation to cyber threats and an exercise that is due to take place to ensure plans are in place in the event of another pandemic.
- Emergency Preparedness, Resilience and Response has been included in the Annual Plan are a priority area and significant progress has been made in this space.

It was resolved that the Board:

- **NOTED** the key activities and response to incidents during 2024/25.
- **RECEIVED ASSURANCE** that BCUHB is prepared to respond to an emergency and has resilience to the continued provision of safe patient care.

- **RECEIVED ASSURANCE** that where gaps in resilience have been identified, the key actions and milestones have been incorporated in to the annual work plan.

FOR INFORMATION

25/146 Committees and Advisory Group Chair's Reports:

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

- Charitable Funds Committee
- Remuneration Committee
- People and Culture Committee
- Executive Committee
- Healthcare Professionals Forum

It was noted that this was the last official Board meeting for the Interim Executive Medical Director, Dr Sreeman Andole and he was thanked for his contribution to the Board and received best wishes for the future.

The Chair of Audit Committee, Karen Balmer shared her thanks to colleagues for providing support to the Audit Committee during her time as Chair.

It was resolved that the Board:

- **RECEIVED** and **NOTED** the reports.
- **APPROVED** the appointment of Interim Executive Director of People Services and Organisational Development as a member of the Health Board as required in the Matters Reserved for the Board.

CLOSING BUSINESS

25/147 Date of Next Meeting:

Thursday 25 September 2025 at 9.30am

25/148 Resolution to Exclude the Press and Public

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

Health Board Action Log (Public)

Updated 16.09.25

Open Actions

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
REMAIN OPEN						
1	25/129.1	31.07.25	Chair's Report People and Culture Committee to discuss opportunities to support young people into the workplace and report back to the Board.	Georgina Roberts	Jan 26	Remain Open 09.09.25 This is planned to be the focus for the staff story at the People and Culture Committee in December 2025 and will be reported back to the Board via the AAA Report.
2	25/138.1	31.07.25	Chairs Assurance Report - Performance, Finance and Information Governance Committee People and Culture Committee to discuss the increase in corporate functions and costs in relation to job evaluation.	Georgina Roberts	Nov 25	Remain Open 09.09.25 A paper on Job Evaluation is being presented to the People and Culture Committee in October 2025 and will be reported back to the Board via the AAA Report.
3	25/139.1	31.07.25	Integrated Performance Report Review options for reducing the length of the Integrated Performance Report by addressing a number of performance measures and actions that the Board should be focused on and	Carol Shillabeer	Jan 26	Remain Open 09.09.25 The Integrated Performance Framework is being reviewed and this will be part of this process.



			develop a supporting pack for the remaining information.			
4	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.	Helen Stevens-Jones	Nov 25	Remain Open 09.09.25 The Citizens Experience Report was considered at Planning, Population Health and Partnerships Committee in September 2025 and some enhancements have been made ahead of being presented to the Board. 30.06.25 This will be addressed as part of the work related to the Corporate Governance Plan.
5	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 09.09.25 This will be discussed in detail at the Planning, Population Health and Partnerships Committee Development Session being held on 24.09.25 and will be reported back to the Board via the AAA Report. 24.07.25 This will be discussed at the PPHP Committee to agree an approach.
6	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 Revised timeline Nov 25	Remain Open 09.09.25 The approach to Board member visits has been developed following the Informal Board session and will



						<p>be shared with Board members.</p> <p>22.07.25 A briefing will be provided for the Board at the Board Development session being held on 30 July 2025.</p> <p>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.</p> <p>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.</p>
ACTIONS PROPOSED FOR CLOSURE						
1	25/127.1	31.07.25	<p>Action Log Updates against actions referred from the Board to Committees to be reported back to the Board via the Committee 'AAA' Report.</p>	Pam Wenger Philippa Peake-Jones	Sept 25	<p>Action proposed for closure 09.09.25 This will now form part of normal business and can be evidenced in the PPHP Committee AAA Report.</p>
2	25/142.1	31.07.25	<p>Corporate Governance Report A detailed update in relation to the outcome of the proposed changes to the Emergency Medical Retrieval and Transport Service (EMRTS) to</p>	Pam Wenger	Sept 25	<p>Action proposed for closure 09.09.25 An update was included in the Legal Services Report that was considered by Performance, Finance and</p>



			be circulated outside of the meeting.			Information Governance Committee in August 2025. Link to PFIG papers 26.08.25
Closed Actions (as agreed at meeting on 31.07.25)						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
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	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 Revised timeline May 25	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



					<p>of the barriers and there is a need to continue connecting in this area to ensure progress is made.</p> <p>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.</p> <p>16.01.25 A briefing is being commissioned from NHS Wales Shared Services and will be shared with the Board once received.</p>
--	--	--	--	--	---

Teitl adroddiad: Report title:	Stori Astudiaeth Biofarwyr y Ganolfan Diagnostig Cyflum Patient Story: Rapid Diagnostic Centre Biomarker Study			
Adrodd i: Report to:	Health Board			
Dyddiad y Cyfarfod: Date of Meeting:	25 th September 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:	The Board is asked to note this report.			
Arweinydd Gweithredol: Executive Lead:	Angela Wood, Executive Director of Nursing and Midwifery			
Awdur yr Adroddiad: Report Author:	Chris Lynes, Deputy Executive Director of Nursing Rachel Wright, Patient and Carer Experience Lead Manager			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
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 EqIA yn angenrheidiol ac a gafodd ei gynnal?	N/A			



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

Betsi Cadwaladr University Health Board

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

[Rapid Diagnostic Centre Biomarker Study story Cymraeg final.mp4](#)

Overview of Patient Story

Patients were invited during attending a Rapid Diagnostic Clinic to participate in research to help improve cancer diagnosis by analysing information collected during routine care. In addition to routine care, samples were collected which included blood, breath, saliva and sputum for analysis to look for biomarkers, which are a pattern of molecules that are specific for a certain disease such as a cancer.

Seventy patients agreed to participate in this research at Ysbyty Glan Clwyd. One patient's saliva indicated they were of a higher risk of developing a breast cancer and required further review by the Manchester University NHS foundation Trust specialist genetics service.

Following this genetic analysis of the saliva the patient had genetic screening and counselling to explain her risks of developing cancer, particularly in view of her family history. The risk found was high, indicating the patient would benefit from annual screening with mammograms and treatment.

This patient benefited directly from taking part in the study. Without participating in the study this patient may never have known and was very grateful. As a result, she is now considering her future treatment options. All patients who entered however contributed towards the knowledge gained from the research study by improving future healthcare and to diagnose cancer sooner.

Key Messages

- 70 patients at Ysbyty Glan Clwyd participated within an early cancer diagnosis trial supported by Betsi Cadwaladr University Health Board Research Nurses.
- Patients involved in the trial understood the process and felt reassured.
- The story highlights the importance of clinical trials to enhance and improve overall quality of care.

Summary of Learning and Improvement

The patient story has been shared with the Research and Development Team at Ysbyty Glan Clwyd for feedback and learning.

The story demonstrates the importance of participation within research trials that can be used as improvement mechanisms for developing treatments, medications and processes.

The storytellers shared their reasons for participating in this research, and how they wanted people to learn and benefit from their experience. The Storytellers shared how participating in the research gave them peace of mind and long-term health reassurance.

People who are looked after in the NHS today benefit from research that has already taken place and people may continue to benefit from research currently taking place. Research can answer questions, improving knowledge and patient care and treatment pathways.

There are a range of research projects across the Health Board that may interest patients who would like to voluntarily support.

Participation in research can include:

- Providing informed consent for researchers to look at patient medical notes
- Participating in trials involving new treatments
- Completing questionnaires
- Providing samples such as blood and urine

Further information is available on the Health Boards website on how people can get involved in research studies.

The Research and Development Team would like to express their sincerest thanks to patients participating in research. Patients being looked after in the Health Board today are benefitting from research that has already taken place and we are also able to impact on the care of future generations through new and ongoing research.

The Patient and Carer Experience Team extend their gratitude and appreciation to storytellers and Research Nurses who have kindly shared their experiences.



Teitl yr adroddiad: <i>Report title:</i>	Chair's Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	25 September 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides information on key issues within the organisation and external work with Government and other partners</p> <ul style="list-style-type: none"> • Meetings with Elected Representatives • Appointments • Details of visits and meetings 			
Argymhellion: <i>Recommendations:</i>	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Chair			
Awdur yr Adroddiad: <i>Report Author:</i>	Chair			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			

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

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

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

Board and Committees

We are currently recruiting a new Independent Member for the Finance Role and Chair of Audit Committee. I am very grateful to Urtha Felda for her work in chairing the committee in the meantime.

Peter Lewis has taken up his role as Chair of the Stakeholder Reference Group (SRG) and now represents the group as an Associate Member. I'm sure Peter will make a significant contribution to the Board. The upcoming Audit Wales Structured Assessment will be an opportunity to reflect on the progress of the Board and our committees.

Developing the Organisation

Our August Board Development session gave us an opportunity to pause and consider the period ahead. This was timely given that we are two and a half years into the 'new board'. We considered what we have achieved so far and the challenges we face. We have made good progress on governance, culture, financial management and quality over the past two years and we know that we need to ensure better access to health and well-being services for our population. Whilst it is this aspect that is under the most scrutiny – political and public – the work around creating a one Health Board approach (Foundations for the Future) together with our desire to promote early intervention and community based health and well-being is of equal importance. Our August session reflected on the need for us to ensure **sustainable change** and develop services in a way that will serve the needs of our communities in the future. To achieve much of this, the Board must play a more strategic role mapping out the future as well as ensuring we meet the demands of today. The next period will give us an opportunity to develop our approach as a Board and support our committees in their scrutiny and assurance role.

Engaging with others

The Quilt Unveiling event (Part of the Fast Track Cymru project - [Fast Track Cymru – Ending HIV in Wales](#)) I attended at Ysbyty Gwynedd (together with William Nichols as Equalities Champion) and the launch of the Creative Well Forum in Denbigh, were a reminder of the excellent work that is happening in the Health Board and that our health and well-being is influenced by activity other than hospital or medical intervention. The National Eisteddfod, held at Wrexham this year, provided an opportunity for the Health Board to engage with both partners and the public who visited the event. I was glad of the opportunity to participate in two panel discussions involving the North Wales Medical School and reflecting on 'Ysbyty' the S4C TV series. Our visit to HMP Berwyn (Stuart Keene, Tehmeena Ajmal, Carol Shillabeer and myself) provided us with excellent insight into the health and well-being provision at the Wrexham based prison. We took a comprehensive tour of the site and Robert Lightburn, Head of Health Care, discussed the work of the 160 staff and the important approach undertaken to support prisoners' health needs. Regular meetings with the Cabinet Secretary for Health and Social Care continue with a maintained focus on performance around planned care, urgent and emergency care and cancer services. Carol and I had an opportunity to discuss some of this work in detail when we met the Cabinet Secretary in person at the offices in Wrexham Maelor Hospital in August.

Date	Meeting / Visit
22 July 2025	Chair Peer Group Meeting
22 July 2025	Public Health Senior Leadership Team
22 July 2025	Pre-Board Filming
24 July 2025	Quality Team
24 July 2025	Canolfan Lleu Drop In Event, Penygroes
24 July 2025	Cabinet Secretary together with CEO re Finance
25 July 2025	Project Search Graduation Ceremony, Mold
29 July 2025	Quilt Unveiling, Sexual Health Clinic, Ysbyty Gwynedd
30 July 2025	Gareth Evans, Central IHC
30 July 2025	Board Development
31 July 2025	Health Board
4 August 2025	Visit to HMP Berwyn
5 August 2025	National Eisteddfod, Wrexham – North Wales Medical School
6 August 2025	Senior Emergency Department Staff at Wrexham Maelor
6 August 2025	Cabinet Secretary together with CEO, Wrexham Maelor Office
7 August 2025	National Eisteddfod, Wrexham – Sinema Maes, 'Ysbyty' S4C panel discussion
13 August 2025	Penrhos Programme Board
14 August 2025	People and Culture Committee
15 August 2025	Official Opening of Bryn Beryl Gardens, Pwllheli
19 August 2025	Audit Committee
20 August 2025	Llandudno Hospital Orthopaedic Hub with Janet Finch-Saunders MS
21 August 2025	Independent Member Appraisal
21 August 2025	Director of Welsh NHS Confederation
26 August 2025	Chair Peer Group
26 August 2025	Monthly meeting with Cabinet Secretary for Health and Social Services
26 August 2025	Shortlisting Independent Member Vacancy
28 August 2025	Board Development
29 August 2025	Meet with 2 members of Expert Advisory Group
1 September 2025	Stakeholder Reference Group
2 September 2025	Launch of Creative Well, Denbigh
4 September 2025	Planning, Population Health and Partnerships Committee
4 September 2025	Introduction Meeting Executive Medical Director, Clara Day
4 September 2025	Quality and Safety Committee
4 September 2025	Pre-Board Filming
5 September 2025	North Wales Regional Leadership Board



Teitl adroddiad: <i>Report title:</i>	Chief Executive Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 25 September 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides an overview of key developments and activities led by the Chief Executive between the end of July and 11 September 2025. The report covers the key interactions with Welsh Government, developments within the health board and wider partnership and community related matters.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to DISCUSS and NOTE the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Chief Executive			
Awdur yr Adroddiad: <i>Report Author:</i>	Chief Executive			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i></small>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol:	Relates to all objectives			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:				
Regulatory and legal implications:				
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N/A			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A			

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

CHIEF EXECUTIVE REPORT

1.0 INTRODUCTION

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of July and 18th September 2025.

2.0 INTERFACE WITH WELSH GOVERNMENT

2.1 New Director General Health, Social Care and Early Years/NHS Wales Chief Executive

The Welsh Government has announced the appointment of Jacqueline Totterdell as the new Director General for Health, Social Care and Early Years. This is a dual role incorporating the NHS Wales Chief Executive. Jacqueline, who has most recently been the Chief Executive of St Georges, Epsom and St Helier Health Group, will take up role in early October. An early meeting has taken place with Chief Executives across NHS Wales to discuss the key challenges, opportunities and priorities. Jacqueline has indicated her keenness to visit each health board area and arrangement for the visit to North Wales will get underway shortly.

2.2 Integrated Medium Term Plan (IMTP) 2025-28

The Welsh Government has provided formal feedback on the Health Board's submitted Integrated Medium Term Plan (IMTP) for 2025–28. While the plan was not approved by the Cabinet Secretary, the Welsh Government recognised that the submission marks significant progress in strategic planning and financial alignment and provides a strong foundation for future submissions.

The Executive Team will consider the feedback to inform the forthcoming development of the IMTP for 2026 submission, with the Planning, Population Health and Partnerships Committee will provide oversight. The publication of a Planning Maturity Matrix by Welsh Government is anticipated shortly. The organisation will be required to self-assess its maturity and submit the findings/evidence to Welsh government. Work is underway to review the health boards existing Integrated Planning Framework and the maturity assessment will form part of this.

2.3 NHS Wales Transparency Measures

The Health Board has received a letter from Jeremy Griffith, Director of Operations for NHS Wales, outlining a series of actions aimed at increasing transparency across the health system. These measures respond to recommendations from the NHS Accountability Review and the Ministerial Advisory Group on Performance and Productivity. In particular the Government intends to publish 'management information' ahead of official statistics. The health board will put in place additional mechanisms to enable confidence that health board provided management information is of the highest quality. The first publication date was 18th September 2025.

2.4 Challenged Services

As part of the interface with Welsh Government particularly in relation to Level 5/Special Measures escalation and intervention, regular meetings are held to review the plans and

progress of the eight specialities categorised as 'challenged'. The elements that could lead to a service being classified as challenged including workforce, quality, access, estate and these components are assessed with a plan developed according to the issue. All 8 plans have been presented to WG officials and there is indication of significant progress in 2 that could see those specialities re-classified to a business-as-usual approach. The Quality, Safety and Effectiveness Committee continue to oversee these specialty plans.

3.0 KEY UPDATES

3.1 Executive Team

The recruitment into substantive Executive Director roles continues. The process for the Executive Director of People and Organisational Development appointment is underway with the support of the Recruitment Partner and it is anticipated that interviews will take place during October 2025. This will almost complete the Executive Director recruitment, with only one post remaining as interim.

As previously reported to the Board, Dr Clara Day has been appointed as the Executive Medical Director and joins the Health Board at the end of September 2025. Sincere thanks is extended to Dr Sreeman Andole for his leadership as Interim Executive Medical Director since December 2024.

Steve Powell, Director of Performance and Commissioning retires at the end of September 2025 and sincere thanks and best wishes for retirement are extended to Steve.

As part of the Foundations for the Future Programme, a review of Executive Portfolios is being undertaken and this will be considered by the Remuneration Committee.

The Executive Team held an afternoon time out in August 2025 which focussed on the reflections of the last two years. The Executive Team will be undertaking the Teamworking 'Affina' Programme in the coming months as part of developing this approach across the health board.

3.2 New Masters of Pharmacy (MPharm) Programme at Bangor University

A significant milestone in pharmacy education for North Wales has been achieved with the launch of the new Masters of Pharmacy (MPharm) programme at Bangor University. The first cohort of students will commence on 22 September 2025, with encouraging recruitment figures. Approximately one-third of students are from North Wales, supporting long-term workforce sustainability in the region.

The programme has successfully appointed academic and clinical staff, including joint posts with local health services such as Ysbyty Gwynedd and Fferyllwyr Llŷn, and continues to benefit from close collaboration with Betsi Cadwaladr University Health Board.

Preparations for teaching are well advanced, with student placements scheduled for March 2026. The programme is progressing towards Step 4 accreditation by the General Pharmaceutical Council in early 2026.

This initiative reflects a strong and strategic partnership between Bangor University and the Health Board, aligning with workforce development priorities and showcasing regional collaboration and innovation in healthcare education.

3.3 RISP – Radiology Digital System

The implementation of a new Radiology Digital System has been a key priority for the health board featuring in the Integrated Medium-Term Plan both in 2024/25 and 2025/26. The health board is the first in Wales to introduced this new system, with implementation taking place on 7th/8th September onward. It has been a challenging programme of work, with particularly difficult issues to navigate in the go-live phase and significant learning will have taken place that will be invaluable both for future digital change implementation and for other health boards that will be implementing the new system shortly. The teamworking that has been demonstrated has received particular recognition and the leadership and management of the change has been commended. The system will continue to be implemented, with issues being escalated and addressed, moving toward a 'stable operations' position.

3.4 Maggie's Centre

Today is the official opening of the Maggie's Centre, providing invaluable support to people living with cancer across North Wales. The development at Glan Clwyd Hospital, where our North Wales Cancer Treatment Centre was recently re-designated as a Tessa Jowell Centre of Excellence for neuro-oncology, ensures that additional compassionate, expert care is available close to home.

We are incredibly grateful to the Steve Morgan Foundation and Maggie's for their generosity and support in making the Maggie's centre a reality in North Wales. This centre will serve as a lifeline for many, offering comfort during some of life's most difficult moments, offering a safe, welcoming environment for individuals and families affected by cancer to access emotional, psychological, and practical support. The impact will be felt across communities in North Wales, complementing the care provided by the health board, making a significant difference to people's experiences and wellbeing.

3.5 St David's Hospice

Members of the Board may be aware that the health board works in partnership with the Hospice sector in the provision of palliative/end of life care for the people of North Wales. This area of work has been identified as a key priority in the Integrated Medium-Term Plan approved by the Board in March 2025, and is outlined in the Annual Delivery Plan. St David's Hospice have announced the reduction in the service they provide, particularly affecting the Holyhead service. The CEO and members of the Executive Team have been meeting regularly with the Hospice in order to develop and support a positive way forward. Options for enabling care closer to home particularly for people in more rural communities are being drawn up and this rapid work will progress over the next few weeks, reducing the impact of the service change on local people.

The health board has increased investment in the Hospice sector over recent years and an anticipated additional allocation from Welsh Government to health boards in-year is expected shortly.

4.0 MEETINGS/VISITS

4.1 HMP Berwyn

I was accompanied by the Chair, the Chief Operating Officer and Director of Environment and Estates when I visited HMP Berwyn, the largest Category C adult male prison in the UK. The health board provides a variety of services for the prison population including a medical centre, dentist, x-ray and a large dispensing pharmacy. It was a fascinating visit to see how there is a whole community working at the prison.

4.2 National Eisteddfod, Wrexham

With the National Eisteddfod in North Wales I took the opportunity to visit to take in the celebration of the Welsh language and culture. I even had an opportunity to practice my Welsh. It was a huge 'maes' and wonderful to see the NHS and its many services represented alongside other local authority and third sector organisations. Sincere thanks is extended to all staff who manned our tent and represented the health board over the week.

4.3 Specialty Planning Days

The focus on service planning is increasing significantly as the health boards approach to planning improves. A number of pan-BCU speciality planning sessions have now been held and it has been particularly helpful to attend at least part of these. I have been able to share the Organisational design Principles, approved by Board in November 2024, as the guide to the approaches for future service planning. I attended the Oral and Maxillofacial Service, and the Gastroenterology service sessions more recently and will be attending the forthcoming Dermatology session. This work is essential as part of the development of the organisations Clinical Services Plan.

5.0 Conclusion

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

6.0 Recommendations

Members of the Board are asked to note.

- NOTE the updates provided in this report;



Teitl yr adroddiad: <i>Report title:</i>	Vice Chair's Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	25 September 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides information on key areas of engagement undertaken since the last Board meeting.			
Argymhellion: <i>Recommendations:</i>	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Vice Chair			
Awdur yr Adroddiad: <i>Report Author:</i>	Vice Chair			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i></small>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	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.			

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

Report of the Vice-Chair to the Betsi Cadwaladr University Health Board, 25 September 2025

The last two months have been quieter, perhaps inevitably given the summer break when arranging meetings is more difficult.

Mental Health

I have continued my visits to some of the specialist services provided by MHLD.

These included a meeting with the **Perinatal Mental Health team**, which helped me understand the very significant way in which services have developed over the last few years and the excellent work being done. I was also able to discuss the progress on the development of Seren Lodge in Chester which will for the first time provide specialist inpatient beds on our doorstep: I was particularly pleased to hear of the successful recruitment of North Wales based (and in some cases, Welsh speaking) staff.

I was of course well aware of the accommodation issue facing the team, an issue which is exacerbated by the lack of any Electronic Patient Record (EPR) which makes a 'hub and spoke' model very difficult. While thanks to Welsh Government support, the development of a dedicated Mental Health EPR is hopefully imminent.

I also had a fascinating visit to the **Substance Misuse Service**, whose focus is on trying to protect the physical and mental health of those with severe substance misuse issues (including testing and treating Blood Borne Viruses) and was able to see one of their mobile units which enables discreet contact with users. It was good to know that relations with the North Wales Police are very positive, despite the complicated ethical and legal issues. We also discussed the changing nature of the client group, with a decline in the proportion of heroin and other illegal opioids and an increase in severe alcohol addiction and misuse of prescription medication (particularly in older groups) and a rapid and very significant increase in ketamine addiction, with often disastrous consequences for physical health, amongst younger people.

I visited the **Learning Disability** team in Wrexham and was able to sit in one of their weekly Single Point of Access meetings. This highlighted the level of demand and the fact that many referrals cannot be accepted because individuals do not meet the criteria for the service.

I have continued to have regular update meetings with Teresa Holdsworth as Executive Director with responsibility for MHLD and Ros Alstead, our External Adviser, Vicky Jones, as well as quarterly meetings with the MHLD management team to discuss issues such as the problem with out of area beds, the review of crisis care and the staffing review of our community mental health services which remain under huge pressure.

Work is also underway to prepare an important half-day workshop with our local authority and third sector partners and those with lived experience to reset the work of the **Together for Mental Health in North Wales Partnership Board** in the light of the new Welsh Government Mental Health Strategy. The workshop will take place in mid-October and I hope to report back at the next Board meeting.

Primary and Community Care and Prevention and Early Intervention

Over the summer, the Cabinet Secretary initiated some focused reflection on the part of Health Boards and NHS Performance and Improvement (the new identity of what was formerly the NHS Executive) on how to make a reality of the long-held ambition to deliver integrated care in our

communities. This is very welcome though I was perplexed that Vice-Chairs were not engaged from the outset in this work. I understand that a larger meeting is to be convened in the coming weeks to discuss the emerging proposals and I very much hope to be there.

As colleagues will be aware, I am convinced that we are simply not using the opportunities available to us to deliver more care closer to home and to harness the considerable skills and energy of those working in primary and community care more effectively to prevent unnecessary referrals to secondary care. This was reinforced by attending a recent meeting of **Primary Care Cluster Leads** in the Central Region.

Also in this context, I was able – along with Rhian Watcyn Jones – to make a second visit to **Healthy Prestatyn Iach**, one of our large managed practices which underscored this point of unrealised potential. While I am pleased that a focused piece of work is now being undertaken on our managed practices, I am somewhat frustrated that we continue to manage their finances as if they were independent GMS (General Medical Services) practices (despite the constraints of having to operate in alignment with Health Board policies and procedures and pay and conditions) rather than using their potential to enhance the value of the services they provide (which in turn could deliver savings elsewhere in our services).

Rhian and I also visited the **Community Resource Team** based in Prestatyn which was an opportunity to hear about the challenges and successes of their work and a reminder that we need to take a broader view of primary **and community** services.

To end on a positive note, I was able to visit **Pen Y Bont** surgery in St Asaph to see the work of our audiology service in delivering services which formerly would have been provided through our outpatients within a GP practice. The service is hugely appreciated by the surgery, despite space constraints and difficulties with staffing, in part relating to the non-recurrent funding of some posts.

Gareth S. Williams
Vice-Chair

September 2025

Teitl adroddiad: Report title:	Citizen's Experience Report
Adrodd i: Report to:	Betsi Cadwaladr University Health Board
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 25 September 2025
Crynodeb Gweithredol: Executive Summary:	<p>This revised Citizen Experience Report provides the Board with a high-level overview of citizen feedback from April to August 2025. In response to previous Board comments, it has been streamlined to focus on the key themes emerging from patient interactions, surveys, stories, community conversations, digital engagement, political correspondence, and the work of Llais, rather than detailed operational reporting.</p> <p>Feedback remains consistent: citizens emphasise the impact of long waiting times and differences in access to care; the challenges of navigating and communicating with the system; the importance of compassion and dignity in their experience; and the need to address the specific challenges faced by women, young people, people with dementia, and other vulnerable groups. These themes signal not only ongoing challenges but also opportunities to inform priorities and build trust.</p> <p>The central question for the Board is not only <i>what are citizens telling us</i>, but <i>so what?</i> — how this intelligence should shape objectives, priorities, and assurance. Examples are provided of where feedback has already driven tangible change, including new approaches to surgery, improved communication while waiting, investment in bereavement care, and greater focus on equity.</p> <p>Citizen voice is also central to current engagement on service changes in Tywyn and Penley, and to the early development of the Health Board's new strategy and clinical services plan. In parallel, work has begun to explore how reputation can be measured and reported, drawing on emerging best practice.</p>
Argymhellion: Recommendations :	<p>The Board is asked to note the themes, consider their strategic implications, and seek assurance that citizen voice is shaping transformation and decision-making, not only operational improvements.</p>

Report presented by:	Helen Stevens Jones, Director Partnerships, Engagement and Communications			
Awdur yr Adroddiad:	Helen Stevens Jones, Director Partnerships, Engagement and Communications			
Report Author:				
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>		Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol:		Involving and understanding the experience of citizens is integral to all of the Health Board's strategic objectives. The insights captured in this paper provide evidence that directly informs priorities around		
Link to Strategic Objective(s):				

	<p>access, quality, equity, workforce, and transformation. By embedding citizen voice into service planning and decision-making the Board can ensure that organisational objectives are shaped by what matters most to the people of North Wales.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>There are no direct legal implications arising from this report. However, NHS bodies in Wales have a statutory duty to engage and consult under the NHS (Wales) Act 2006 and the Well-being of Future Generations (Wales) Act 2015. This paper provides assurance that the Health Board is meeting these duties by systematically gathering and acting on citizen feedback, with formal processes undertaken as required.</p>
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></p>	<p>An Equality Impact Assessment (EqlA) is not required for this paper, as it provides a strategic summary of citizen feedback rather than proposing or implementing specific service changes. EqlAs will be undertaken as appropriate to support individual service change proposals.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	<p>Many of the themes highlighted in this paper align directly with existing risks on the Health Board's Board Assurance Framework (BAF) and Corporate Risk Register (CRR). These include risks relating to timely access and waiting times, quality and safety of care, workforce resilience, health inequalities, and reputation/public confidence. The citizen feedback presented here therefore reinforces areas already identified as strategic risks and</p>

	provides further evidence to inform mitigation and assurance.
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no direct financial implications arising from this report. However, the themes highlighted, particularly around access, waiting times, and equity, have financial context, as citizen experience is closely linked to the effectiveness of resource allocation and the sustainability of service models.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no direct workforce implications arising from this report. However, the themes highlighted — including delays, communication, and patient experience — are closely linked to workforce capacity, resilience, and morale, underlining the importance of supporting staff to deliver the standard of care they aspire to provide.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (Or links to the Corporate Risk Register)</p>	See above
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable

HEALTH BOARD

25TH SEPTEMBER 2025

CITIZEN'S EXPERIENCE REPORT

1. Purpose

This revised report provides the Board with a strategic overview of citizen feedback from April to July 2025. It has been streamlined in response to previous Board comments, focusing less on operational detail and more on the key themes emerging from patient interactions, surveys, stories, community conversations, digital engagement, political correspondence, and the work of Llais.

The report also sits alongside ongoing engagement on specific service changes in Tywyn and Penley, where the Health Board is actively involving patients, the public, staff, and stakeholders in shaping options. In parallel, the Board has begun the early stages of developing a new strategy and clinical services plan. Citizen voice will be central to both processes, ensuring that those directly affected by change inform how future services are designed.

The purpose of this paper is therefore not only to share what our citizens are telling us, but to address the critical question of “*so what?*” — how these insights should inform the Health Board’s objectives, priorities, and assurance.

2. Headline themes

Feedback remains consistent: citizens emphasise the impact of long waiting times and differences in access to care; the challenges of navigating and communicating with the system; the importance of compassion and dignity in their experience; and the need to address the specific challenges faced by women, young people, people with dementia, and other vulnerable groups.

These themes, while familiar, are not static. They are signals of risk and opportunity that can help to inform how the Health Board sets priorities and holds itself to account.

3. Strategic “So what?”

The feedback we hear from citizens is a mirror held up to the organisation. It demonstrates that, while our staff are valued for their compassion and professionalism, the system itself can still be experienced as slow, confusing, and sometimes unfair. This has a direct bearing on trust: public confidence in the Health Board can only be rebuilt if citizens see that their experiences translate into tangible improvement.

Equally, the persistence of inequalities across geography, gender, and community points to a deeper challenge. Variation in access risks entrenching health inequities at precisely the time when we are seeking to close gaps in outcomes. Citizen voice provides real-time intelligence about where inequity is most acute; it therefore offers evidence for prioritisation and resource allocation.

The Board should also recognise the workforce dimension. Stories of kindness and commitment from staff are consistent across all feedback sources. Yet without addressing systemic issues such as delays, poor communication, and service fragmentation, the compassion of staff alone cannot sustain public trust. Supporting staff therefore requires more than celebration — it requires removing the barriers that prevent them from delivering the standard of care they aspire to provide.

Finally, citizen feedback signals an appetite for new and more integrated models of care. There is support for innovations such as mobile health services, peer support networks, and community-based provision. These are not marginal initiatives: they are evidence of what people want from a preventative, localised health system. Embedding citizen experience in transformation and improvement programmes is therefore essential if change is to succeed.

4. Citizen voice, action, impact

To strengthen assurance that citizen voice leads to tangible change, the Board is presented with examples of where feedback has already translated into action and early impact.

4.1 Access and waiting times

- *People said:* Long waits for surgery, radiotherapy, and even simple procedures were causing distress and inequity.
- *We have:* Introduced new models such as hand and nerve surgery in Minor Operating Rooms; adopted ultrasound-guided carpal tunnel release (first in NHS Wales); launched a new IV Access Service; and secured investment in two new linear accelerators at Ysbyty Glan Clwyd. The All-Wales Dental Portal has also been implemented locally.
- *So what:* Over 300 procedures now delivered outside theatres, freeing capacity; carpal tunnel release cost reduced from around £2,100 to £760 per case with faster recovery; IV waits cut from weeks to same-day; radiotherapy throughput increasing; patients connected more quickly to dental care.

4.2 Communication and navigation

- *People said:* People struggle to contact services and understand what is happening while they wait.
- *We have:* Introduced proactive “while you wait” text messaging, a virtual chat function, and a new “Self-care while you prepare” hub.
- *So what:* Missed appointments are being reduced, patients are receiving reassurance while waiting, and there is early evidence of better preparation for treatment and self-management.

4.3 Experience of care and dignity

- *People said:* Families told us that end-of-life care was inconsistent, and that hospital environments did not always support dignity.
- *We have:* Appointed two specialist bereavement nurses to embed the SWAN model; achieved Green ED Bronze accreditation in two Emergency

Departments, reducing waste and improving environment; secured national recognition for our neuro-oncology services.

- *So what:* Families are experiencing more compassionate, structured support at the most difficult times, staff are better equipped to provide consistent care, and our Emergency Departments are now seen as leaders in sustainability and patient-centred environments.

4.4 Equity and inclusion

- *People said:* Women described gaps in menopause, menstrual health, and endometriosis care; young people asked for inclusive approaches to identity; and parents wanted more ways to connect with maternity services.
- *We have:* Embedded women's health priorities in the IMTP; relaunched Maternity Voices online forums; co-produced identity guidance with young people in CAMHS; expanded Breastfeeding Welcome Communities across North Wales.
- *So what:* Women and young people have new routes to influence service design, families are more connected to staff and peers, and communities are seeing more inclusive and supportive environments.

These examples show that citizen voice is not only being heard but is beginning to shape tangible change. They provide a foundation on which the Board can build a culture of systematic responsiveness to experience.

4.5 Engagement on strategy and service developments

In addition to the ongoing feedback channels described above, the Health Board has undertaken structured engagement to shape several major strategy developments.

- **The Betsi Way Engagement Framework:** In response to the independent review of engagement and communications, the Health Board has co-designed a new engagement framework and principles with staff, third sector representatives and informed by public feedback. The draft framework — known as the Betsi Way — sets out a consistent, organisation-wide approach to involving citizens, staff, and partners, underpinned by seven principles and aligned with NHS Wales guidance. It is currently being finalised for Population Health, Planning and Partnerships Committee consideration, with preparatory work underway to develop supporting training, toolkits, and a community of practice. This signals the Health Board's commitment to embedding engagement as a core way of working across the organisation.
- **Mental Health and Learning Disabilities - Service user and carer engagement and involvement strategy:** Four face-to-face and two online sessions were held, with 67 participants including staff, patients, carers, service users (past and present), and members of the public. Feedback has directly informed the draft Strategy, embedding co-production as a guiding principle and ensuring that the voice of lived and living experience is central to service development and improvement.
- **Service change engagement in Tywyn and Penley:** The Health Board has undertaken targeted engagement with patients, staff, community representatives, and local stakeholders to inform decisions about future service

models in Tywyn and Penley. This has included structured workshops, community meetings, and facilitated discussions to ensure a wide range of voices are heard. Feedback has highlighted the importance of local access, community-based provision, and clear communication about change. Insights are being used to shape the development of sustainable service options, and the process is providing assurance that citizen voice is central to decisions about the future of these services.

- **Recovery College for North Wales:** Six face-to-face sessions across the region involved 222 participants, complemented by a survey completed by 167 people. Insights from this process informed the Options Appraisal for the Recovery College, which has now been approved by the Mental Health and Learning Disabilities Senior Leadership Team. Work is now underway to develop a detailed business case.
- **Continuing Health Care (CHC):** Engagement has also focused on how CHC is experienced by patients, families, and carers. Feedback has highlighted the need for clearer communication, greater consistency in decision-making, and a more transparent process that recognises the stress and uncertainty often faced by individuals navigating CHC. This feedback is being used to inform service improvements and ensure that the CHC pathway is more accessible, compassionate, and responsive to those who rely on it.

Together, these engagement exercises demonstrate the Health Board's commitment to involving citizens and staff at the earliest stages of service design. They also provide assurance that feedback is not only being captured but is directly shaping strategic developments, investment decisions, and improvements in pathways of care.

5. Assurance for the Board

Citizen feedback is now being gathered and analysed more systematically than ever before. The consistency of themes across PALS contacts, surveys, community conversations, political correspondence, and Llais reporting demonstrates the reliability of these insights. Local improvements — such as revised ward menus, new appointment systems, and patient support groups — provide evidence that feedback is translating into service change.

However, the Board should be assured on more than local fixes. The challenge is to ensure that citizen voice informs strategic transformation. While positive examples exist, the weight of feedback on waiting times, communication, and equity demonstrates that system-level change remains incomplete.

This is particularly relevant as the Health Board engages communities in Tywyn and Penley around service options, and as we begin to shape a new Health Board strategy and clinical services plan. The Board must be confident that citizen and staff voice is not only being reported, but is actively shaping objectives, influencing decisions, and providing a test of whether improvement programmes are delivering what matters most to the people of North Wales.

In parallel, exploratory work has also begun on how we measure and track reputation, drawing on the Good Governance Institute's thinking in this space. This work is still in its early stages, but the intention is to provide the Board with a clearer line of sight on

how reputation can be assessed, monitored, and influenced over time, alongside more traditional measures of quality, safety, and performance.

6. Recommendations

The Board is asked to:

1. Note the key themes from citizen feedback
2. Consider the strategic implications, particularly in relation to trust, equity, workforce, and transformation
3. Assure itself that citizen voice is shaping Board-level objectives and decision-making, not only operational improvements
4. Endorse the continued strengthening of citizen voice mechanisms, ensuring lived experience is embedded in service planning and transformation
5. Note that citizen voice will also be central to ongoing engagement on Tywyn and Penley, and in the development of the Health Board's new strategy and clinical services plan



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	25/09/2025		
Date of Committee	04/09/2025	Report of:	Planning, Population Health & Partnerships Committee
Quoracy met:	Yes		
1	Agenda	The Planning, Population Health & Partnerships Committee (PPHP) continues to meet bi-monthly. The Committee considered an agenda which is attached: PPHP Committee - BCUHB	
2a	Alert	The PPHP Committee wish to alert members of the Board that: <ol style="list-style-type: none">1. The Committee received an update on the Digital, Data and Technology Programmes and the Data Roadmap and discussed how to receive assurance both internally on local programmes and from Digital Healthcare Wales (DHCW) on National Programmes and how to ensure that the Digital agenda aligns with the strategic direction (BAF24-02 Risk)2. The PPHP Committee will be the Committee with oversight for Primary Care and a focussed Development Session has been scheduled for 24 September 2025. This also relates back to Board action 25/86.3 whereby the Board asked the Committee to support a review of opportunities and areas for transformation within Community services and Primary Care.	
2b	Assurance	The PPHP Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. A very helpful Key Programmes update was received which gave the Committee assurance on the oversight mechanism.2. The Annual Delivery Plan 2025/26 Quarter 1 Progress Report was received for assurance noting that four deliverables had not been met.3. The Winter Plan for 2025/26 was reviewed and supported for Board consideration and approval.	
2c	Advise	The PPHP Committee wish to advise members of the Board that: <ol style="list-style-type: none">1. The Committee received the analysis following the workshop on Partnership and Stakeholder mapping. It was agreed that further work was required on how the Board engages with the Stakeholder Reference Group. The next stage is to align the organisational strategy with the key partnerships needed to support delivery.2. The Committee received updates from the Public Health Team on the progress of work relating to the Health Protection Service, the Actif Workplace Programme and the Arts in Health and Wellbeing Three Year Strategic Framework and supported the next steps being taken.	

2d	Review of Risks	The Committee reviewed the BAF risks that it had responsibility and noted concerns in relation to the Digital Risk and Assurance risk BAF24-08
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: <i>Report title:</i>	Urgent & Emergency Care (UEC) Major Change Programme Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	25 th September 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides an overview of the work to improve the Urgent & Emergency Care (UEC) system through the UEC Major Change Programme:</p> <ul style="list-style-type: none"> • Outlines key initiatives to improve the patient experience, delivery, access, quality and safety of the UEC system in North Wales. • Outlines the programme's structure • Provides a review of the performance indicators for the first quarter of 2025/26, demonstrating measurable progress and identifying areas for further development • Outlines the programme's next steps. 			
Argymhellion: <i>Recommendations:</i>	<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> • RECEIVE ASSURANCE from the report provided and the actions being taken within the Urgent and Emergency Care Major Change Programme 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Tehmeena Ajmal, Chief Operating Officer			
Awdur yr Adroddiad: <i>Report Author:</i>	Alison Bishop, Programme Director Urgent & Emergency Care			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input checked="" type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>				

	<p>Attainment of IMTP UEC targeted performance to enhance timely access to care for the local population</p> <p>Deliver the National Six Goals for Urgent and Emergency Care 2021-2026 objectives</p>
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<p>Ministerial Priority, target and impacts on key duty to deliver breakeven financial duty</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Not applicable</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	<p>The following risks are associated with the UEC Major Change Programme:</p> <p>Corporate Risk 24-10</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in deterioration of care and harm to patients and services.</p> <p>1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on the quality of care and patient experience.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: <i>Gweithredu argymhellion</i></p> <p><i>Next Steps: Implementation of recommendations</i></p>	
<p>Rhestr o Atodiadau:</p>	

Dim

List of Appendices:

Appendix 1 UEC Major Change Programme Report

Appendix 2 UEC Major Change Programme Structure and Alignment to National Initiatives

Appendix 3 Health Board's UEC Performance – Quarter 1 2025/26

Appendix 1 Urgent & Emergency Care Major Change Programme Overview

1. Introduction

This report provides an overview of the work being undertaken to improve the Urgent and Emergency Care (UEC) system, covering:

- Outlines key initiatives to improve the patient experience, delivery, access, quality and safety of the UEC system in North Wales.
- Outlines the programme structure
- Provides a review of the performance indicators for the first quarter of 2025/26, demonstrating measurable progress and identifying areas for further development
- Outlines the programmes next steps.

2. Background

The UEC system is complex, involving numerous services, organisations, and providers. Increasing pressures are making it more difficult to manage demand effectively and in a timely manner. Rethinking how the system is integrated and operates collaboratively is essential. Every part of the health and social care system must contribute to improvements to ensure better outcomes.

UEC services continue to face challenges nationally and across Wales. While North Wales has seen modest improvements, the scale of change required remains significant. As such, UEC has been designated one of the Health Board's Major Change Programmes (MCP), aligned with the Three-Year Strategy to drive system-wide improvement for the citizens of North Wales.

The UEC Major Change Programme (MCP) aims to deliver the necessary changes to improve performance while meeting national expectations, including:

- Cabinet Secretary's expectation for Health Boards in 2025/26 outlined within the national planning guidance of *'Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation'*.
- National Six Goals Programme for UEC, which commenced in 2021 and in its final year focussed on care closer to home.
- Special measures de-escalation performance indicators, supported by improvements made through the UEC Programme to enhance operational delivery.

3. Key Areas of Improvement

A recent report by Llais, based on a five-week engagement period in February 2025 and visits to 42 emergency departments (ED), paints a stark picture of the challenges facing urgent and emergency care in Wales. Across our EDs in North Wales our citizens speak of the same difficulties:

- Significant difficulty securing GP appointments, leaving EDs as their only viable option, even for non-emergency issues.
- Long waits for ambulances, forcing them to drive themselves, or rely on friends and family, even while seriously unwell.

- Long waits, often 12 hours or more in crowded, uncomfortable environments with limited privacy and dignity. Once admitted, delays in accessing community-based care, preventing timely discharge and recovery at home.
- Care home residents often conveyed to hospital and admitted unnecessarily due to a lack of timely advice and alternative pathways, adding strain to already stretched services.

These findings underscore the urgent need for system-wide reform.

The programme delivery is therefore focused on three core areas for improvement;

1. **Providing care closer to home and safe alternatives** to attending Emergency Departments, thereby reducing overcrowding by lowering conveyance rates and offering alternative ‘front door’ services.
2. **Improving hospital processes** to ensure timely and efficient patient flow, delivering safe and high-quality care.
3. **Facilitating timely discharge**, ensuring individuals return home as soon as it is safe to do so, ideally to their original address, with wraparound support where needed to remain safely at home.

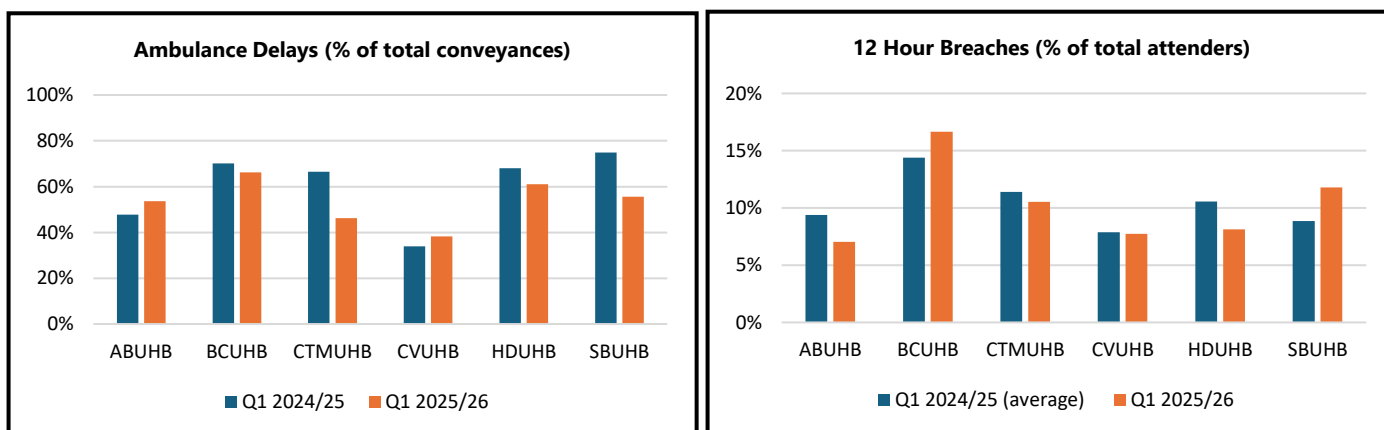
Whilst there are numerous measures across the whole system, to assess the programmes impact, three key performance measures have been identified:

1. Reduction in the number of ambulance delays and associated lost hours outside Emergency Departments
2. Reduction in the proportion of individuals waiting over 12 hours in EDs before admission or discharge
3. Reduction in the number of Pathway of Care Delays (discharge delays once the individual is safe to go home and remains in a hospital bed).

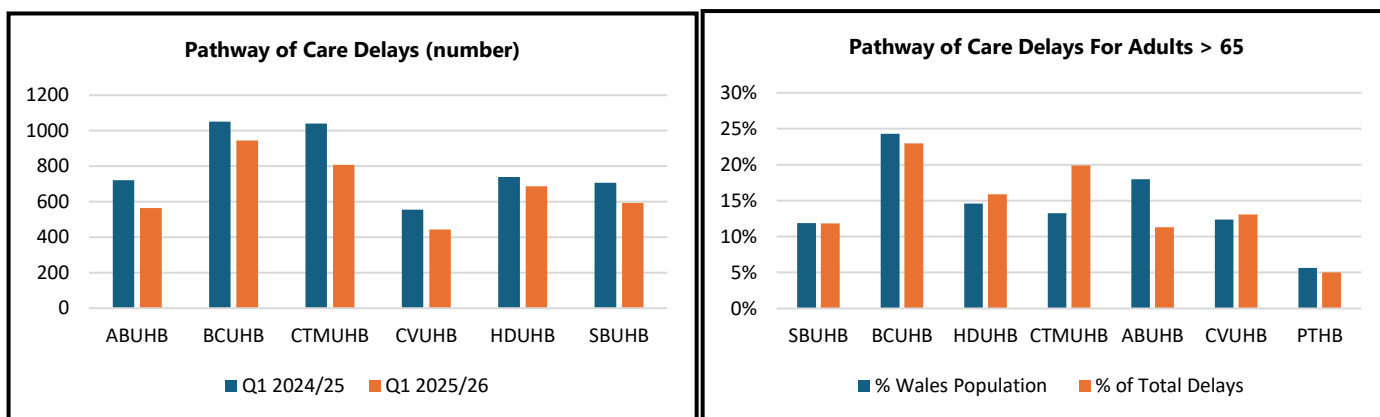
A detailed set of performance measures and associated trajectories is provided in Appendix 3.

While current performance is not yet at the desired level, improvements have been observed in Quarter 1, other than the 12-hour breach metric, which remains unchanged compared to the same period last year.

Comparative data across Wales shows that not all Health Boards have achieved improvements across all of these measures. Moreover, progress in one area may impact another for example, reducing ambulance handover delays may increase 12-hour breaches if patient flow remains constrained.



Pathways of Care Delays (POCD) data is currently presented as the number of delays within hospital settings, without accounting for the size of those hospitals. To provide a more balanced perspective, the data has been adjusted proportionally to the population of Wales. The charts demonstrate that some improvements have been made across the North Wales region during Quarter 1. Furthermore, when compared to the percentage of the population aged over 65, the proportion of delays is notably lower.



4. Programme Approach

The UEC MCP is adopting a whole system approach shaped by the voices of our population and aligned with best practice across Wales, the programme has been reconfigured into four workstreams focussing on pre-hospital alternatives, improving flow in hospital settings and providing care in the community closer to home:

1. Support at the Individuals Front Door
2. Hospital Front Door
3. Hospital Flow
4. Discharge from Hospital

These workstreams, led by senior operational colleagues, enable a pan-BCU approach while allowing flexibility for local operational delivery within the three Integrated Health Communities (IHC) to meet the needs of their populations.

A more detailed programme approach is provided in Appendix 2.

5. Progress over Quarter 1 and Future Developments

This section outlines the key actions completed in quarter 1 and those planned for delivery during 2024/25 within the four workstreams.

5.1. Workstream 1 – Support at the Individuals Front Door

Objective

To provide care closer to home ensuring that

- Patients who are well, will remain safe and well supported in their communities
- For those with acute needs, the focus is on responding quickly, managing the crisis, and helping them return to a stable and safe health state.

Recent engagement and reports reveal persistent barriers for citizens in North Wales:

- Confusion About Access Pathways - many people are unsure whether to contact NHS 111, their GP, or attend an emergency department. This uncertainty leads to delays, anxiety, and inappropriate service use.
- Long Delays After Seeking Help - when individuals do reach out, whether by phone or in person, they often face extended waits for advice, assessment, or treatment. This is especially pronounced in rural and remote communities.
- Variable Access to Alternatives - community-based services and out-of-hours GP appointments are not consistently available across North Wales.
- Impact on Vulnerable Groups - Care home residents are frequently conveyed to hospital due to a lack of alternative support options, and patients ready for discharge often remain in hospital due to delays in community care packages.

Key Areas of Focus

Implementation of the Remote Clinical Assessment Services Framework (Single Point of Access)

To provide access for health and social care professionals to remote assessment, advice, and treatment for patients under their care a Single Point of Access (SPoA) Framework (Wales) was developed and published through the national programme in June 2025. Its goal is to provide earlier clinical advice and suitable local alternatives to ambulance services and EDs, this will reduce variation and ensure consistent access to services and clinical pathways seven days a week.

Delivery Plan:

- A phased approach is planned, with SPoA expected to meet essential criteria by September 2025, in preparation for the winter period.

Key Actions to Date

Ensuring our existing services within the health board will meet the initial essential criteria for the SPoA;

- Our current SICAT service, a clinical assessment and triage service, with the GPOOHs service provides a 24/7 access point for healthcare professionals, including those from nursing homes and takes calls from 111 service and pulls calls sitting on the WAST 999 queue. SICAT currently manages an average of 800 calls per month, with 360 of those calls being diverted away from attending the ED and a reduction of 64 individuals requiring an ambulance.
- Compiling an accurate and up-to-date directory of existing community services, including referral methods, to enable those services clinical triaging and streaming calls access to community pathways.

Next Steps

- Develop and implement a regional approach for residential care homes to access SPoA for clinical assessment and advice. Residential care home residents represent 52% of all care home residents in North Wales, however account for 68% of ED attendances. Aligning attendance rates with those of nursing homes could reduce ED visits by approximately 117 per month. (Q3)
- Implement a consistent and integrated approach across North Wales to fully realise the frameworks ambitions. This includes 24/7 support for SPoA from social care and third sector pathways and further collaboration with WAST clinical desk. (Q4)

- Further development will include reviewing Minor Injury Unit (MIU) provision and exploring the role of proposed Health & Wellbeing hubs as local alternatives for residents, once assessed by clinicians via SPoA. (Q4).

Implementation of the Community Based Falls Response

Falls continue to be one of the top three reasons for ambulance conveyance across North Wales. The existing approach has recently been refreshed and formally incorporated into the National Six Goals Programme in 2025. This work builds on the foundation laid in 2013 under the 1000 Lives Plus initiative, through which each Health Board established a strategic falls group. The current improvements aim to strengthen and expand this work, ensuring equitable access to falls prevention and response services across each region. This approach reduces the risk of repeat falls and avoids unnecessary hospital admissions.

Key Actions to Date

- A North Wales workshop held with partner organisations, including Local Authorities, WAST, Community and Primary Care colleagues, reviewed current provision, established regional expectations using learning from the established pathway in the East IHC.
- A new regional Care Home Falls Bundle and post-falls approach developed, approved and roll out commenced. The bundle incorporates best practices, resource tools, and updated guidance. 243 care homes receiving training during Quarter 1. Rollout will continue throughout the year.

Next Steps

- Implement a single regional North Wales Community Falls Response, building on existing services delivered by Community Resource Teams (CRTs). Referrals will be accepted from WAST and other healthcare professionals via SPoA. (Q3)
Conveyances for fallers, current average is 558 conveyances per month, increased by 91/5% in Quarter 1 compared to the same period last year. Welsh Government targets aim to reduce this to 520/month by December 2025, 390/month by year-end

5.2. Workstream 2 – Hospital Front Door

Objective:

To ensure high-quality, efficient care is consistently delivered at the hospital front door, providing timely access for all patients, regardless of where they live or how they access services.

The feedback about the health board's front door services is clear and consistent;

- People are too often held in ambulances outside EDs due to lack of space inside
- Waits at EDs are too long
- EDs are overcrowded and uncomfortable with limited privacy and dignity

This workstream draws on insights from the All Wales Emergency Department (ED) Quality Statement and audit reports, focusing on:

- Ensuring consistent front door services are available to offer alternative pathways to ED, helping reduce overcrowding and maintain sufficient capacity to manage demand. This includes enhancing Same Day Emergency Care (SDEC), Minor Injury Units (MIUs), and introducing Acute Frailty Services (AFS) at acute sites to support frail elderly patients.
- Ensuring compliance with ambulance handover guidance. Where the current 15-minute handover target is not achievable, a maximum handover time of 45 minutes is expected by October 2025. This will be supported by consistent front door processes, such as

redirection, streaming, triage, and the use of digital systems to improve efficiency, reduce ED waiting times, and enhance patient flow.

Key Areas of Focus

Implementation of Acute Frailty Service (AFS) at the Acute Hospitals

SDEC services were developed under the National Six Goals Programme in 2023 to provide alternatives to ED attendance, support same-day discharge, and enable community-based care. However, evaluation across Wales has identified the need for specialised front door services for frail elderly patients, due to the complexity of their care needs.

The Front Door Acute Frailty Service Framework was published nationally in May 2025. It includes clinical frailty assessments and rapid access to Comprehensive Geriatric Assessment (CGA), linked to treatment via Community Resource Teams (CRTs), including Reablement, Community Nursing, Therapies, and Enhanced Community Care.

Key Actions to Date

- Regional engagement with Primary, Secondary, and Community Care colleagues developed a unified “Once for Betsi” frailty approach. Learning from current service provision in East IHC and pilot initiatives during winter 2024/25 in the other two IHCs, aligned with the national framework.

Next Steps

- Develop a consistent pan-BCU approach to SDEC services, including:
 - Establishing hot clinics to support same-day discharge with follow-up appointments.
 - Using bookable SDEC slots to better schedule UEC services and manage demand. (Q2)

SDEC units should aim to discharge 85% of attenders on the same day and accept direct referrals from WAST, ideally diverting 5% of all conveyances from ED.

In Quarter 1, SDEC attendances, against an average of 1400 per month in 2024, dropped by 200 per month, with 50% referred from ED and the rest returning for treatment. Same-day discharge rates rose slightly to 80%. Patients arriving by ambulance is extremely low increasing direct WAST referrals, based on current monthly ambulance arrivals of 3500 per month, could divert 175 individuals per month from ED, significantly reducing ambulance handover delays.

- Implement the “Once for Betsi” frailty approach whilst allowing for local adaptation. This will be phased, requiring recruitment across the multidisciplinary team. In the interim, existing staff will be upskilled to support the new model. (Q4)

Across quarter 1 this year 4801 individuals over 65 years per month attended ED with an average of 2000 / 42% of individuals being admitted, however breaches for patient cohort are high 3400/ 72% for 4 hour breaches and 1200 / 25% having a breach greater than 24 hours. This demonstrates a declining position against the same quarter last year.

The opportunity to manage this cohort more appropriately with a focus on SDEC principles of same day discharge with follow up, would reduce our admissions by 50%, create capacity within ED, reducing breaches and ambulance handover delays and improving the patient experience.

Implementation of the Welsh Health Circular - Ambulance Handover Guidance

Ambulance handover delays remain a significant issue across Wales, in North Wales daily numbers are consistent but with wide daily variation in performance: ambulance conveyances on average 3700 per month with around 2300/63% of ambulances handed over with a delay of 45 minutes or more.

The Ministerial Advisory Group Report (April 2025) recommended:

“Health Boards should ensure that no ambulance handover exceeds 45 minutes, with a focus on achieving the 15-minute target wherever possible. Timescale: within 6 months.”

Following partial acceptance of this recommendation by Welsh Government a national improvement group, MAG45, was established to lead delivery, supported by clinical leaders and national system partners.

Key Actions to Date

- A rapid improvement project established late July 2025 to implement MAG45 recommendations.
- On 26 August 2025, NHS Performance and Improvement launched 90-day improvement cycles in a workshop with BCUHB/Welsh Government/NHS Executive/Welsh Ambulance Service University Trust and Social Care, with the intention to monitor performance improvement through fortnightly MAG45 meetings.

Next Steps

- Metrics are being developed nationally to track progress and ensure sustained improvement over the coming months.
- Review of ambulance internal escalation process including ‘Fit to Sit’ criteria, currently 13 ambulances per day could sit in the ED waiting room.
- Demand and capacity modelling, reviewing ED / SDEC capacity alongside effective job planning, fast track speciality patients for example Stroke would be 3 ambulances per day per IHC.
- Focus on top 3 conditions that account for 90% of ambulance delays – review and improvement of existing pathways for falls, breathing problems and chest pain

5.3. Workstream 3 – Hospital Flow

Objective:

The aim of Workstream 3 is to improve patient flow by reducing delays across care pathways, preventing deconditioning, and enhancing the overall patient experience. Central to this approach is ensuring that patients, their families, and carers are actively involved in decision-making, with their views consistently informing care management.

Earlier discharges enhance the patient experience as patients discharged before noon are more likely to get home in daylight, settle in comfortably, and access community support services that operate during daytime hours. It reduces the stress of waiting around all day, especially for older adults and those with complex needs.

In order to maintain effective patient flow and avoid blockages timings of discharges need to be aligned to those of admissions. Currently there is a mismatch with the majority of discharges taking place from 2pm onwards, peaking at 5pm whilst admissions commence at 7am with a peak at 11am, this inevitably causes long waits for those emergency admissions identified early in the or for those attending for an elective procedure.

To make this system work proactive discharge planning needs to start on admission, with a clearly communicated plan and expected date of discharge allowing for supporting processes to be undertaken in advance for example transport, medication to take home.

The Optimal Hospital Flow Framework was the first to be published under the National Six Goals Programme, specifically to support this improvement in flow. The framework provides operational guidance and consolidates tools to improve patient experience and clinical outcomes through high-quality treatment and timely discharge, either home or to a more appropriate care setting, for adults admitted to acute or community hospital sites.

Quarter 1 Progress

- Training: 193 ward level staff received training in Quarter 1.
- Patient information is captured on the electronic white boards, during board rounds, additional ward staff have been provided with access to ensure real-time recording of discharge data. This data is now being updated during out-of-hours periods, evenings, and weekends, giving clinical and operational teams a more accurate and timely view of patient status.

Across the three acute sites of the average of 8600 discharges per month in 2025/26 an average of 1400/16% per month are discharged before noon. Achieving the national target of 30% would result in 1180 additional discharges before noon each month.

Next Steps

To support consistent practice, procedures and policies will be reviewed and amended to adopt a unified “Once for Betsi” approach (Q3)

This includes:

- Standardising board round protocols
- Defining clinical criteria for discharge
- Recording more accurate estimated discharge dates

These changes will enable better discharge forecasting, allowing operational teams to plan effectively. For simple discharges, this means ensuring patients are discharged the same day they are clinically optimised. Increasing the proportion of discharges before noon will also help alleviate ED overcrowding, reduce admission delays, and improve overall length of stay.

5.4. Workstream 4 – Discharge into the Community

Objective:

The aim of Workstream 4 is to ensure that individuals return to their usual place of residence following a hospital stay or, if that’s not possible, to a location close to home with appropriate support at the earliest and safest opportunity. This approach is designed to improve patient outcomes and enhance the overall experience.

The workstream continues to strengthen collaboration with social care colleagues, working together within hospital settings to streamline patient pathways, reduce extended lengths of stay, and minimise adverse discharges.

Across the North Wales region each month there are around 315 patients who remain in a hospital bed and are delayed in their discharge. Of these 300, on average 110 remain in an acute bed, 175 in a community bed with the remainder in Mental and Learning Disability beds.

The impact on these individuals is significant: deconditioning leads to the loss of mobility, strength and independence. Long lengths of stay in hospital can also increase the risk of

acquiring an infection. Extended stays can cause anxiety, depression, confusion and reduced confidence

Key Actions to Date

- **Focus on Complex Discharges:** Patients with extended stays are tracked and reviewed during weekly “Long Stay Tuesday” meetings. A consistent process has been implemented across North Wales in collaboration with social care partners. The discharge policy has been refreshed in line with Welsh Government guidance to better manage complex and reluctant discharges.

In acute/community settings, PoCD delays in Quarter 1 were 15% lower than the same period last year 104 per month compared to 123 the previous year, with a 21% reduction in days delayed, 2776 days compared to 3438.

- **Engagement with Mental Health and Learning Disabilities (MH&LD):** Although MH&LD patients represent a small proportion of overall delays, the number of days delayed is disproportionately high, significantly impacting these individuals.

Across quarter 1, the delays increased by 18% from 26 to 29 per month, and days delayed doubled from 1,697 per month in 2024 to 3,447 in 2025.

Next Steps

- **Standardised Validation Process:**

Embed a consistent approach across North Wales to ensure accurate discharge data and establish a shared vision for discharge planning with local authority partners. (Q2)

Scrutiny of July–August data revealed ~40 reported delays per month for individuals already discharged. While the number is small, the impact on total days delayed is significant, especially for long-stay patients.

- **Trusted Assessor (TA) Model Expansion:**

Learn from successful models such as the Cwm Taf electronic transfer of care (eToC) approach. Agree a North Wales-wide TA model and scale up roles and functions across health and social care. (Q2/3)

Assessment delays currently account for ~50% of all delays. For quarter 1 this was an average of 103 per month. A 20% reduction in assessment delays (aligned with Welsh Government expectations) would reduce delays to 83 per month.

- **Local Authority Workforce Expansion:**

Increase capacity to support seven-day working through transformation grant funding. Initiatives include: (Q3/4).

- On-site social workers for complex discharge planning
- Short-term placement options (e.g., extra care housing)
- Commissioning step-down beds for community-based assessments
- Expanding domiciliary care in hard-to-reach areas

Target: Reduce PoCDs by 15%

Quarter 1 Performance: Total delays were 315 on average per month. A further 15% reduction would reduce delays down to 268 per month, improving flow and patient experience.

6. Key Challenges

Despite progress, several challenges continue to impact the delivery of a more effective Urgent and Emergency Care (UEC) system across the region:

Dependence on System-Wide Collaboration

- The success of Workstreams 1 and 4 relies heavily on collaboration with partners across the UEC system, including Primary, Community, and Social Care Services, to develop a shared and whole system solution.
- Tailored, person-centred care delivered closer to home is essential to preventing deterioration and improving outcomes. However, periods of high system pressures impact on consistent engagement.

Leadership Gaps

- Effective delivery depends on strong clinical and operational leadership to maintain momentum.
- Nursing and Therapies have been actively involved, and the forthcoming appointment of a Health Board Clinical Lead is expected to further strengthen programme leadership.

Limitations of the Current Operating Model

- The existing operating model creates some challenges to shared ownership and a pan-BCU approach to system improvement.
- The "Foundations for Future" Major Change Programme aims to address this by developing a more effective operating model that enables delivery of the best possible care for the people of North Wales. Greater clarity on future models is anticipated through this initiative.

Funding Constraints and Uncertainty

- Improvement efforts, particularly with Local Authority partners are constrained by the temporary nature of UEC system funding and the shift in priorities for allocation, and this will need to be built in to budget setting and service development plans going forward.

7. Summary

This report highlights:

- **Progress achieved during Quarter 1 of 2024/25**
- **Key areas of focus for continued improvement throughout the remainder of 2024/25 and beyond**

While some improvements have been made, the **scale and pace of change** remain below the level required to ensure **timely access to Urgent and Emergency Care (UEC)** services for the population of North Wales.

Members are asked to:

- **Acknowledge** the substantial work underway to improve UEC performance and expand access for the local population
- **Recognise** the risks associated with delivering a whole-system approach to UEC transformation, including dependencies on cross-sector collaboration and sustainable funding

Appendix 2 Alignment to Planning Guidance

1. Introduction

The purpose of this report is to:

- Provide an overview of the Urgent and Emergency Care (UEC) Major Change Programme
- Outline the programme management approach and its alignment with national planning objectives

2. UEC Programme Approach

The UEC Major Change Programme (MCP) integrates the requirements of the National Six Goals Programme, ensuring that UEC services deliver safe, high-quality care—at the right time, in the right place, and on the first occasion.

Following the appointment of a Programme Director in November 2024, the programme structure was reconfigured to align with best practice across Wales. It now consists of four dedicated workstreams, each reporting to the UEC Improvement Board. The Board includes integrated membership from Local Authority partners and is supported by colleagues from NHS Wales Performance & Improvement.

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

3. 2025/26 Cabinet Secretary Expectations for Health Boards

The National Six Goals Programme for Urgent and Emergency Care (UEC) was co-designed by clinical and professional leads to reflect the priorities set out in the Programme for Government 2021–2026. Its overarching aim is to deliver effective, high-quality, and sustainable healthcare as close to home as possible, while improving access and integration across services.

Cabinet Secretary's Expectations for 2025/26

The Cabinet Secretary expectation for health boards in 2025/26 outlined within the national planning guidance regarding UEC is;

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

National Six Goals Programme for UEC

To meet this expectation, five enabling actions have been identified, each aligned to the relevant UEC Programme workstreams:

Enabling Action	Workstream
Implementation of the community based falls response	Workstream 1
Implementation of the remote clinical assessment services framework - Single Point of Access (SPOA)	Workstream 1

Implementation of acute frailty model (AFS) at the front door	Workstream 2
Implementation of the Welsh Health Circular - Ambulance Handover Guidance	Workstream 2
Implement the Optimum Hospital Flow Framework	Workstream 3

Contribution to Operational Delivery

The improvements delivered through the UEC MCP not only support national planning objectives but also contribute directly to operational performance. This includes progress against **special measures de-escalation performance indicators**, reinforcing the programme's role in driving system-wide transformation.

4. UEC Major Change Programme Structure

The UEC MCP is consistent with the governance arrangements for the 4 MCPs, including SRO, Programme Director, programme infrastructure, decision-making, escalation and management of risks and issues.

Leadership and Accountability

- **Workstream Leads** have been appointed to oversee each of the four workstreams, ensuring delivery remains on track and outcomes are achieved.
- A **clinical lead** is currently in place for Workstreams 3 and 4.
- Recruitment is underway to appoint an **overarching clinical lead** for the entire programme, with the appointment expected by **end of September 2025**.

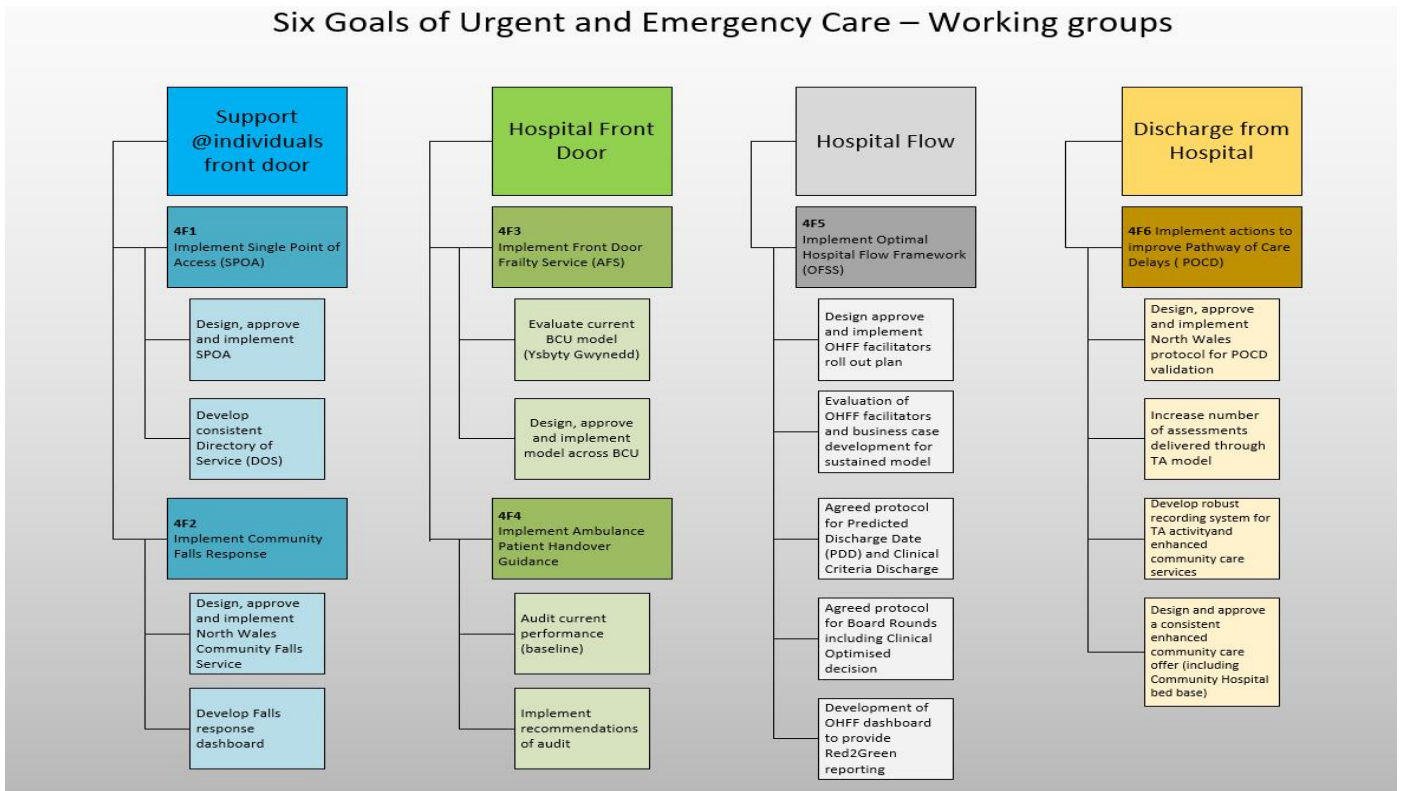
Project Structure and Monitoring

Each workstream comprises several targeted projects, each with:

- A designated **project lead**
- A **task and finish group** to support delivery
- A **detailed workplan** outlining key tasks, timelines, and milestones

Progress is actively monitored, with risks, issues, outcomes, and benefits tracked and escalated as needed to ensure transparency and accountability.

Six Goals of Urgent and Emergency Care – Working groups



5. Summary

The Urgent and Emergency Care (UEC) Major Change Programme is designed to streamline and align the various expectations arising from national programmes, planning guidance, and special measures. Its core purpose is to maintain a clear and focused approach to system-wide improvement.

Every action undertaken within the programme is expected to contribute directly to three key performance indicators:

1. **Reducing ambulance handover delays**
2. **Reducing 12-hour breaches** in Emergency Departments and Minor Injury Units
3. **Improving Pathway of Care Delays**

Progress against these measures is essential to ensuring that the population of North Wales receives timely, high-quality, and accessible UEC services.

Appendix 3 Health Board’s UEC Performance – Quarter 1 2025/26

1. Introduction

Purpose of this Report:

- To provide an overview of Urgent and Emergency Care (UEC) performance during **Quarter 1 of 2025/26**, measured against **national performance trajectories and expectations**.

2. National Expectations

Outlined in the national planning guidance for 2025/26, the Cabinet Secretary expects Health Boards to:

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

To support this, the **National Six Goals Programme for UEC** identifies five enabling actions, each with associated measures and national trajectories. Quarter 1 performance against these key indicators is summarised below:

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

Alignment with Special Measures Performance Indicators

The improvements delivered through the **Urgent and Emergency Care (UEC) Major Change Programme** not only drive strategic transformation but also play a critical role in **operational**

delivery. These efforts are closely aligned with the **special measures de-escalation performance indicators**, which are summarised in the table below.

These indicators serve as a clear framework for:

- **Assessing progress** across the UEC system
- **Ensuring accountability** at all levels
- **Reinforcing the importance of sustained improvement** in key areas such as:
 - Ambulance handover times
 - Emergency department flow
 - Discharge planning and patient throughput

This alignment ensures that every improvement action contributes meaningfully to both national expectations and local service outcomes.

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

The report highlights that while **some key performance measures are on trajectory**, several areas, particularly those related to Emergency Department performance, are **not yet meeting expectations**.

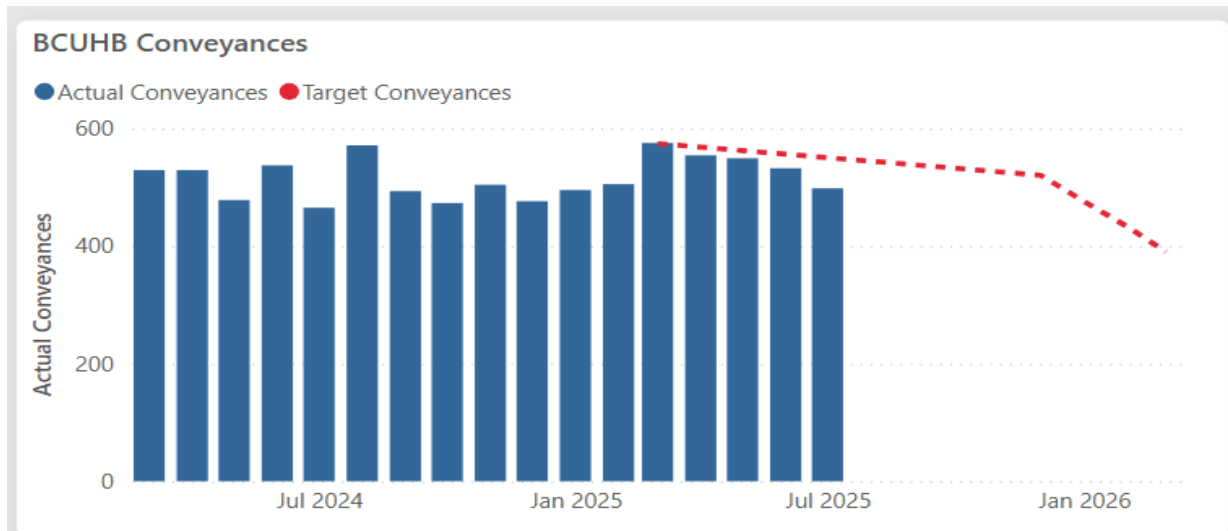
The **primary area of concern** remains the Emergency Department, where poor patient flow continues to limit the system's ability to create the necessary capacity for sustained improvement. Addressing these flow challenges will be critical to achieving meaningful progress across the UEC programme.

3. Key Performance Indicators – UEC 5 Enabling Actions

UEC1 Implementation of the Community Based Falls Response

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

Quarter 1 Performance – Falls Conveyance

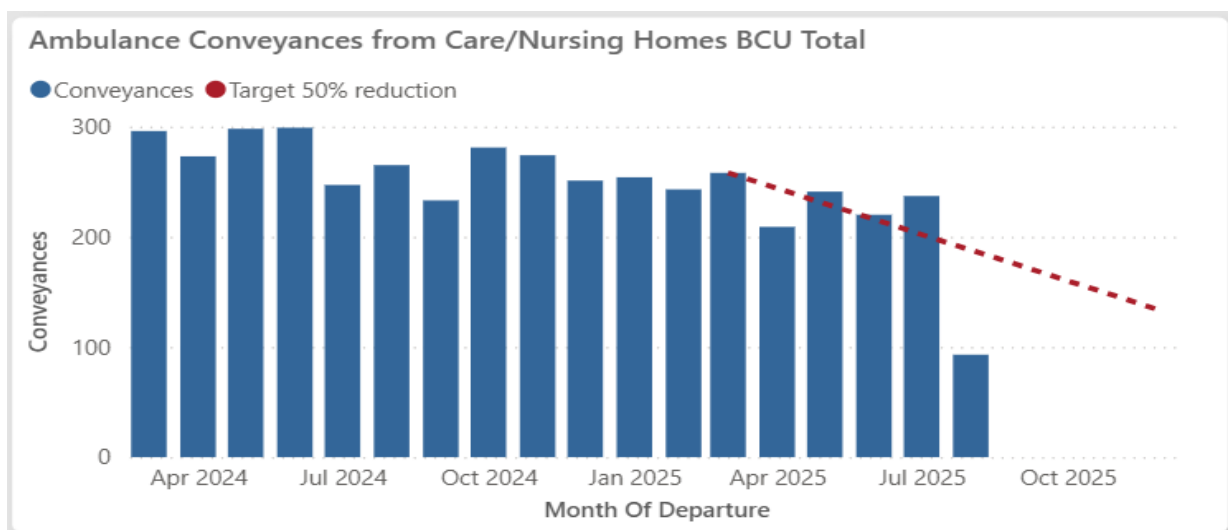


Data from Quarter 1 indicates that conveyance rates for fallers continue to decline and are currently **exceeding the projected improvement trajectory**. This positive trend reflects the impact of targeted interventions under the Community Based Falls Response and demonstrates meaningful progress toward the goal of reducing unnecessary hospital conveyance.

UEC2 Implementation of the Remote Clinical Assessment Services Framework – Single Point of Access (SPoA)

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

Quarter 1 Performance – Care Home Conveyance



Performance over the first quarter has been **on or slightly below trajectory**, with a notable increase in **care home conveyance rates during July**. This rise is attributed in part to the

extremely warm weather, which contributed to higher incidences of **dehydration and urinary tract infections (UTIs)** among residents.

The **Single Integrated Clinical Assessment and Triage (SICAT)** service played a critical role in managing urgent care demand:

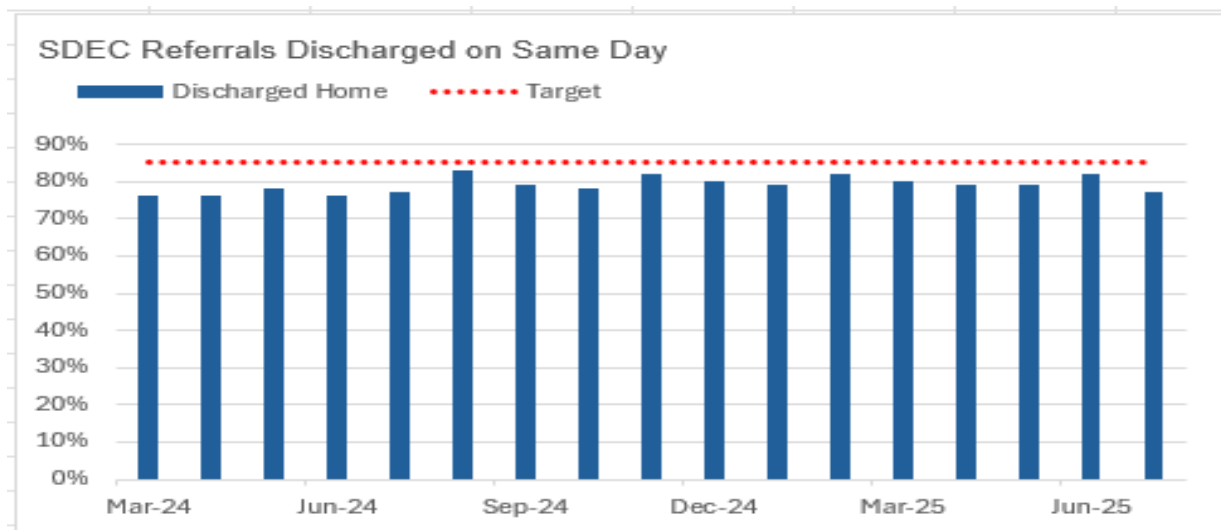
- **Total calls handled in Quarter 1: 2,296**
- **Calls taken from the ambulance stack queue: 86%**
- **Calls resulting in non-conveyance to acute hospitals: 53%**
- **Calls originating from nursing homes: 334**

These figures demonstrate SICAT's impact in **reducing unnecessary hospital conveyance**, supporting more timely and appropriate care within community settings.

UEC3 Implementation of Acute Frailty Service at Acute Hospitals

Key Performance Indicators -
Acute Frailty Service – TBC following release of the acute frailty framework

SDEC – 85% of referrals discharged on the same day



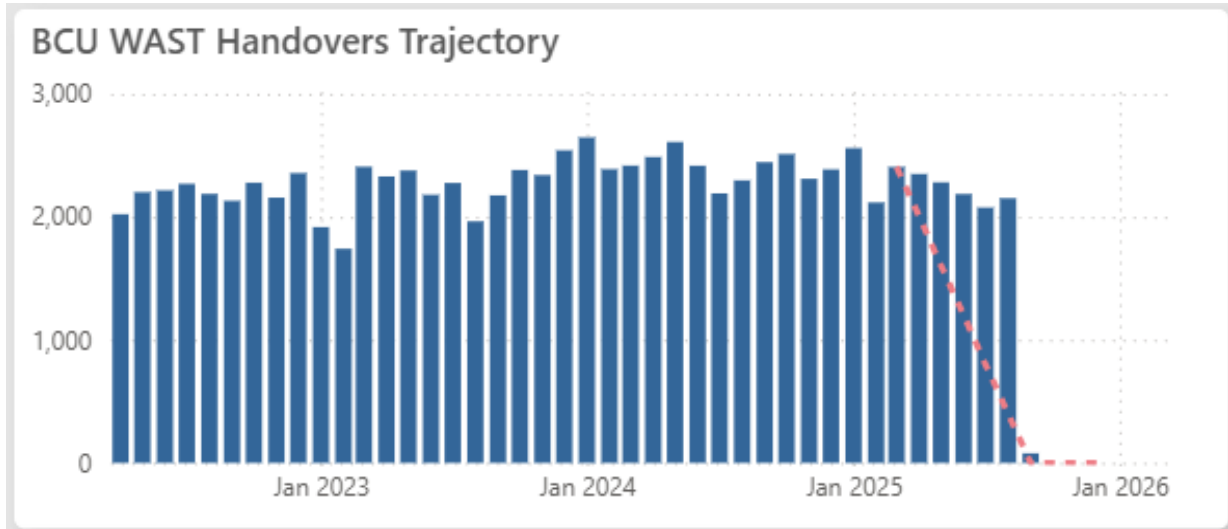
Quarter 1 Performance – Same Day Emergency Care (SDEC)

Performance across the first quarter has been **on or slightly below trajectory**, SDEC same-day discharge rates have **remained consistent** throughout the period, indicating stability in service delivery and continued support for timely patient flow.

UEC4 Implementation of Welsh Health Circular – Ambulance Handover Guidance

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

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

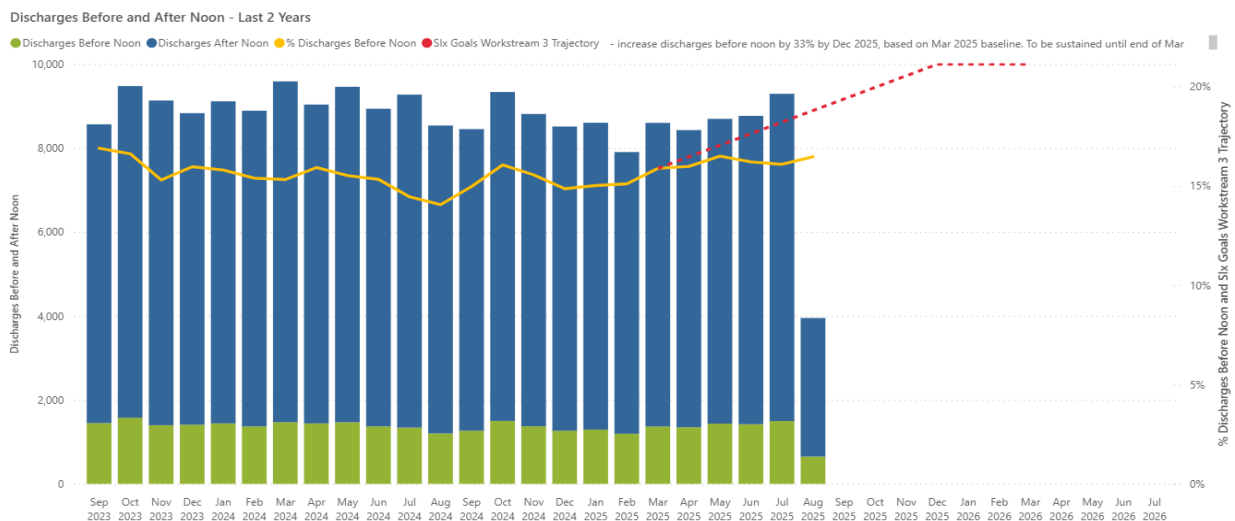


Quarter 1 Performance – Ambulance Handover Delays

Ambulance handover delays have shown **improvement** over the first quarter of 2025/26. However, despite this progress, performance remains **significantly above the expected trajectory**, indicating that further targeted action is required to meet national standards and reduce the impact on patient flow and emergency department capacity

UEC5 Implementation of the Optimum Hospital Flow Framework

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



Quarter 1 Performance – Discharges Before Noon

During Quarter 1, the **percentage of discharges before noon remained static** and continues to fall **below the expected trajectory**. However, there were **slight improvements in the**

number of discharges before noon, indicating early signs of progress. Continued focus on discharge planning and operational coordination will be essential to achieving the targeted midday discharge rates and improving overall patient flow

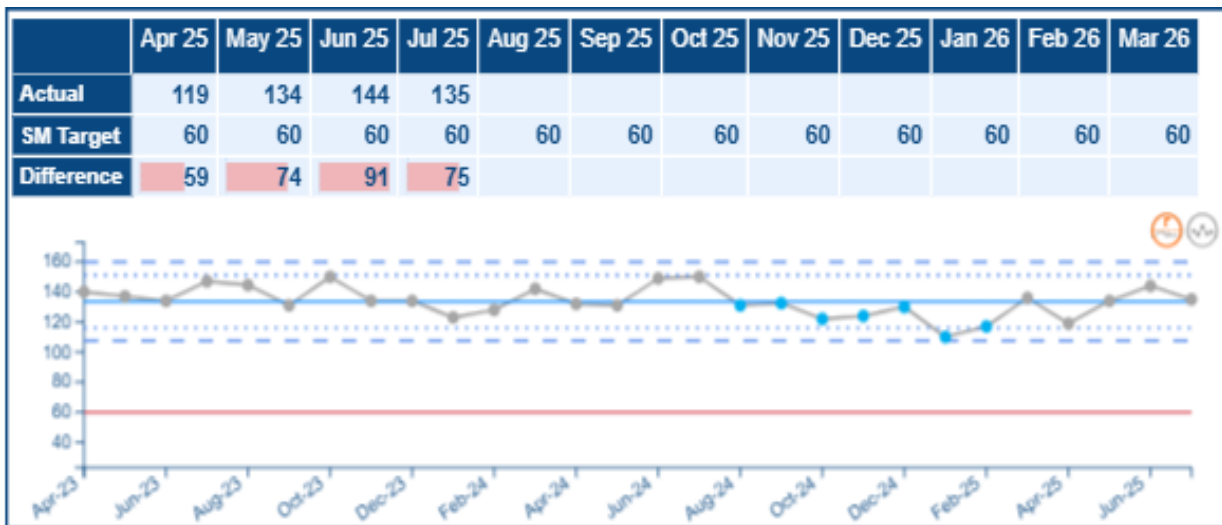
4. Key Performance Indicators – Special Measures De-Escalation Indicators

1. Ambulance Handover Delay

(superseded by measure 4 above)

2. Time to ED Clinician

Key Performance Indicators - Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes

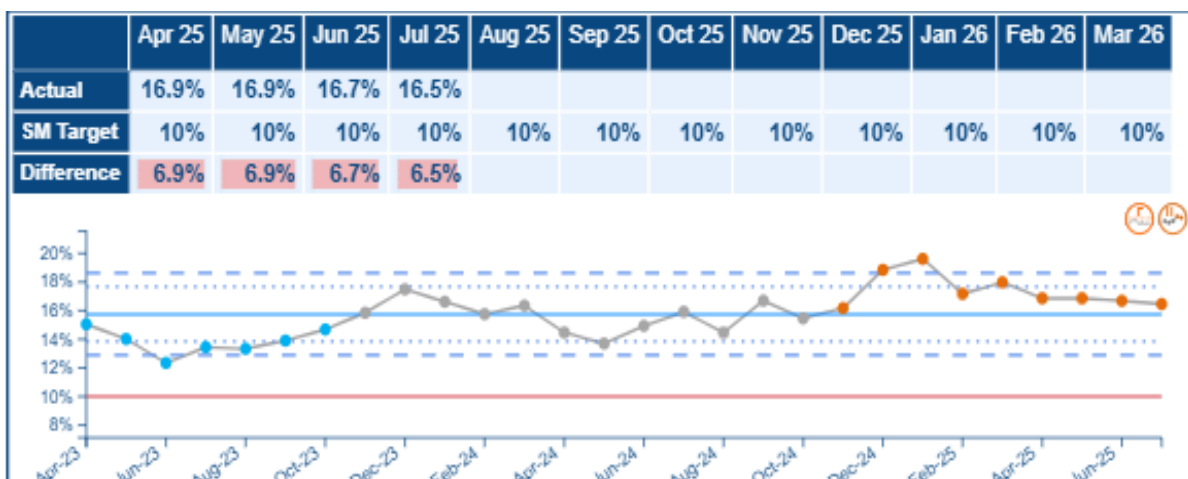


Quarter 1 Performance – Time to Clinician

During Quarter 1, the **time to clinician remained static** and continues to sit **above the expected trajectory**. The trend over the quarter initially showed a **worsening position**, reflecting pressures on emergency department capacity and clinical availability. However, more recent data indicates that this metric has **begun to improve**.

3. 12 Hour breaches in ED & MIU

Key Performance Indicators - Continuous improvement towards no more than 10% of patients waiting over 12 hours at each individual site and across the health board

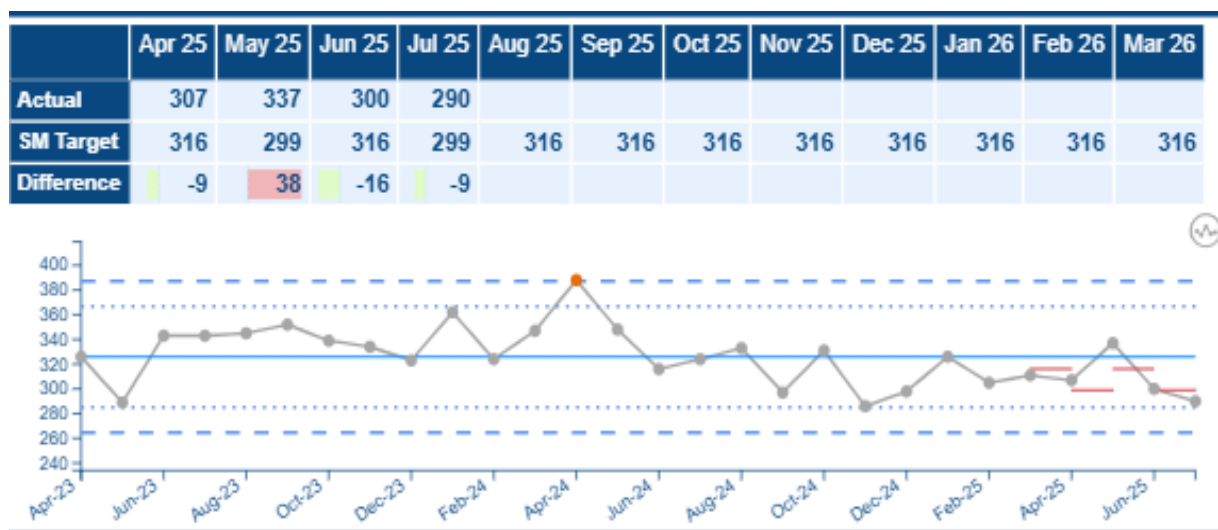


The number of **12-hour breaches** has continued to **decline throughout Quarter 1**, reflecting sustained efforts to improve patient flow and emergency department efficiency. However, despite this positive momentum, the metric remains **above the expected trajectory**.

Encouragingly, the **trend since January 2025 has shown consistent improvement**, indicating that the interventions in place are beginning to yield results. Continued focus on upstream flow and discharge planning will be essential to accelerate progress and meet national targets.

4. Pathway of Care Delays (PoCD)

Key Performance Indicators - Continuous reduction of 5% in pathways of care delays for 3 consecutive months and then maintained for 4 months



Quarter 1 Performance – Pathway of Care Delays (PoCDs)

The number of **Pathway of Care Delays (PoCDs)** has continued to **decline throughout Quarter 1**, with performance currently **below the expected trajectory**. Encouragingly, the **trend since May 2025 has shown consistent improvement**, highlighting the effectiveness of targeted intervention.

5. Summary

The report highlights a mixed performance across key indicators within the Urgent and Emergency Care (UEC) Major Change Programme:

- **Some measures are on trajectory**, showing encouraging signs of progress
- **Several areas have demonstrated limited or no improvement**, requiring intensified focus and intervention

The most pressing challenges are concentrated within **Emergency Department performance**, where persistent issues with **patient flow** continue to hinder the system’s ability to create sufficient capacity. This bottleneck affects the broader UEC system and limits the effectiveness of improvement efforts.

Despite ongoing actions, the **pace and scale of improvement** remain insufficient to address the significant impact that **delays and extended lengths of stay** are having on the population of North Wales. Accelerated, coordinated efforts are needed to unlock system capacity and deliver timely, high-quality care.



Teitl adroddiad: <i>Report title:</i>	Winter Resilience Planning 2025 – 2026
Adrodd i: <i>Report to:</i>	BCUHB Health Board
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Wednesday, 25 September 2024
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This paper sets out the key requirements of the Winter Resilience Planning approach that has been undertaken in the Health Board and with partner agencies in relation to preparedness for this coming winter. It provides the strategic context in relation to the responsibilities of the Health Board within the legislative framework, in line with ministerial priorities and national preparedness expectations.</p> <p>This document sets out the core elements of the specific service areas that form the Winter Resilience Plan and include the risks and mitigations that have been considered, including the resource constraints of the health board and Local Authority partners.</p> <p>It should be noted that there are some key differences in the approach to winter planning and operational response to pressures this year over last. These include:</p> <ul style="list-style-type: none">• Using a forecasting tool to predict peaks in demand to support tactical planning• Improved collaboration and information sharing to align services across health and social care providers during the peak period• Joint escalation touch points throughout the peak period between health and social care executives• A proactive approach to pressures through de-escalation management <p>More detailed operational winter plans have been prepared and continue to be developed further ahead of winter which are available to Board members from which the core elements of this document have been drawn.</p> <p>The system already operates within a very challenged environment and the forthcoming winter could present very significant challenges and risks. It is therefore essential that Board is made aware of the significant challenge this winter period is likely to bring along with quality and poor experience risks for patients and staff. As per previous winters there will continue to be a high degree of Executive oversight and visibility during the winter period.</p>
Argymhellion: <i>Recommendations:</i>	<p>The Health Board is asked to:</p> <ul style="list-style-type: none">• Review the Resilience Planning approach for 2025/26; and• Approve the Winter Plan

Arweinydd Gweithredol:	Tehmeena Ajmal, Interim Chief Operating Officer			
Executive Lead:				
Awdur yr Adroddiad:	Paul Andrew, IHC Director of Operations (West) David Hutton, Programme Director - UEC			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol:	<ul style="list-style-type: none"> Prevention and Health Protection 6 Goals Programme (Urgent & Emergency Care) 			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Civil Contingencies Act 2004			
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?	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	Unknown at the time of this report – there are no specific implications arising from this report			

Financial implications as a result of implementing the recommendations	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Unknown at the time of this report – 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	<ul style="list-style-type: none"> • Discussed by Executive Team on Wednesday 20th August 2025. • Discussed and approved by Operational Leadership Team on Tuesday 2nd September 2025. • Discussed and approved by PPHP on 4th September 2025.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	<p>BAF 1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users</p> <p>BAF 1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience</p> <p>BAF 4.1 Significant risk of avoidable harm to patients and staff, due to a failure by the Health Board provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation</p>
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: Not applicable to this report	
Rhestr o Atodiadau: Dim List of Appendices: Winter Resilience Planning Approach 2025/26 – Presentation	

Winter Planning Approach 2025 - 2026

Health Board September 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



CONTENTS

Page	Area
3	Purpose
4	Strategic Context
5	The Approach to Winter Preparedness - Key Principles, Governance, Assurance and Finance
6	Learning and Risk Base Approach
7	Ministerial Winter Requirements
8	Pathway of Care Transformation Grant to Local Authorities
9	UEC 6 Goals Workstreams
10	Winter Planning and Assurance Timeline
11	Operational Delivery Plan
12-18	Core Components: <ul style="list-style-type: none">• Primary & Community Care Including Care Homes• Optimised Hospital Flow including Front Door, Flow and Discharge• Respiratory & Vaccination Programme• Health Protection & Infection Prevention and Control• Elective Care Resilience• Mental Health• Children's Services• Workforce considerations• Women's Services• Communications, engagement and Learning• Cancer• Diagnostics



PURPOSE

This paper sets out the key requirements of the Winter Resilience Planning approach that has been undertaken in the Health Board and with partner agencies in relation to preparedness for this coming winter. It provides the strategic context in relation to the responsibilities of the Health Board within the legislative framework, in line with ministerial priorities and national preparedness expectations.

This document sets out the core elements of the specific service areas that form the Winter Resilience Plan and include the risks and mitigations that have been considered, including the resource constraints of the health board and Local Authority partners.

It should be noted that there are some key differences in the approach to winter planning and operational response to pressures this year over last. These include:

- Using a forecasting tool to predict peaks in demand to support tactical planning
- Improved collaboration and information sharing to align services across health and social care providers during the peak period
- Joint escalation touch points throughout the peak period between health and social care executives
- A proactive approach to pressures through de-escalation management

More detailed operational winter plans have been prepared and continue to be developed further ahead of winter which are available to Board members from which the core elements of this document have been drawn.

The system already operates within a very challenged environment, and the forthcoming winter could present very significant challenges and risks. It is therefore essential that Board is made aware of the significant challenge this winter period is likely to bring along with quality and poor experience risks for patients and staff. As per previous winters there will continue to be a high degree of Executive oversight and visibility during the winter period.

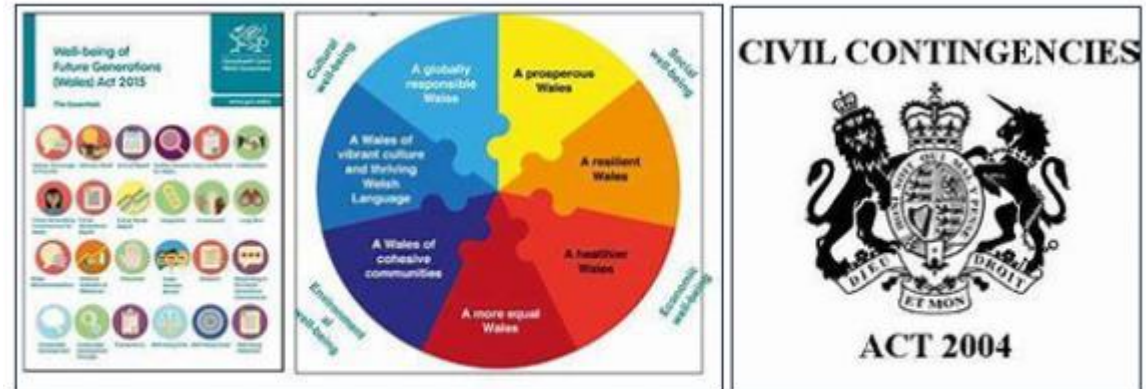
Recommendation: The Board is asked to discuss and agree the Winter Resilience Planning Approach for 2025/26 recognising the risks and mitigations that have been identified.



STRATEGIC CONTEXT

The Health Board has several requirements and duties, under which the Winter Resilience Planning takes place, these include:

- Civil Contingencies Act 2004 – duty to plan to maintain and respond to incidents that constitute as requiring a multi-agency/sector response.
- Social Services and Wellbeing Act – duty to work with partners, including social services within the Regional Partnership Board in safeguarding and improving the wellbeing of people requiring care and support.
- Wellbeing of Future Generations Act – duty to give specific regard to prevention, integrated working, considering the long term.
- WG Ministerial Policy and Priorities – expectations are set out in the ‘Planning Together for Winter 2025/26’ and Planning for Winter Period 2025.



THE APPROACH TO WINTER PREPAREDNESS - KEY PRINCIPLES, GOVERNANCE & ASSURANCE, FINANCE

The Approach:

- BCU winter planning proactively commenced in May 2025.
- SRO for Winter is the COO, supported by a winter planning team lead by an IHC Director of Operations.
- A collaborative approach has been taken with all partners across health and social care to support an integrated approach to planning and risk mitigation.
- Strengthen resilience in the system via Regional Partnership Boards.
- Close links with IHCs and Corporate Teams in conjunction with colleagues from WAST/Social care and voluntary services to support an integrated approach to planning and risk mitigation.
- Planning is consistent with the Ministerial Winter requirements.
- Planning is based on a risk assessment, identifying mitigation, gaps, residual risk and any mutual aid requirements.
- Each of the IHCs provide a significant breadth of service which will continue to be delivered through the winter period. Given resource challenges, the approach for Winter this year will be to support and bolster our ability to deliver business as usual services by reviewing how we deliver those services and by moving existing resource to either support or work in a different way.
- IHC winter plans include Cancer and Planned Care activity
- Focus delivery of plans through the Six Goals for UEC Programme

Finance:

- The cost of operational delivery will be monitored closely as part of the existing financial oversight processes. The COO will work with the Chief Finance Officer and the IHC Directors to ensure additional winter costs are transparent and any overspend highlighted

The Principles:

- A robust systemwide operational plan capable of upscaling during periods of pressure is in place.
- Information sharing between Health and Social care explored to improve communication and remove delays.
- A clear process is in place at Executive level to support touch base between BCUHB and all 6 Local authorities at pre-determined intervals, to minimise the need for reactive escalation meetings during periods of increased system pressures.
- A focused and consistent approach to reporting unscheduled care pressures is in place across BCUHB.
- Consistent processes are in place across BCUHB to safely and efficiently manage unscheduled care. These processes are monitored, scrutinised on a recurrent basis with clear oversight from the Executive team.
- Escalation protocol refreshed with COO oversight and clinically informed risk-based approach to boarding.
- Protection of Same day emergency care (SDEC) capacity to support unscheduled care flow - COO signoff required to escalate.
- Protection of day of surgery arrivals (DOSAs) capacity to minimise on the day cancellations, and support Planned care delivery through the winter period. - COO signoff required to escalate.
- Protect clinically urgent cases, cancer, long waits (>104 weeks).
- Protect tertiary and regional services.
- Protect Stroke capacity.

Governance and Assurance:

- Work has commenced to collate and review IHC and Corporate winter plans – monitoring and oversight of delivery will continue throughout Winter
- Confirm and Challenge sessions in September and October
- To support Winter response a review of System Lead arrangements has taken place to enhance Operational and Clinical leadership at times of surge and escalation with a dedicated system lead Mon-Fri 8am to 6pm - this will include the use of Winter data driven intelligence.
- The BCU Winter operating model will be reviewed following release of any further national guidance



LEARNING AND RISK BASED APPROACH

Feedback and learning has been taken from several sources to inform the plans :

- 50 Day Challenge 2024
- 2024/2025 Winter Feedback and Learning Events
- Ministerial Guidance – Planning Together for Winter 2025
- Welsh Government – Regional Self-Assessment Template
- Welsh Government – Speciality Guidance e.g. Respiratory, Pharmacy, Paediatrics
- First Draft Plans received and check and challenge to take place during September and October to mitigate further
- Winter Planning Director in place to lead on plan development and delivery
- BCU Winter planning team in place to support collaborative development of plans across the IHCs



Some of the risks identified include:

1. Emergency/increase in respiratory illness and communicable diseases eg COVID-19, seasonal influenza, RSV, etc affecting demand for services and availability of staff
2. Increased waiting times to access core urgent and emergency care services, extended ambulance handover times as hospitals impacting long waits for ambulances in the community
3. Workforce pressures in health and social care due to high vacancy rates, staff sickness and social economic pressures
4. Medical staffing constraints – front door model remains unfunded
5. Clinical staff engagement
6. Increased unscheduled care demand due to delay in chronic conditions reviews by all specialities.
7. Increased acuity of patients resulting in increased length of stay and high acuity areas (ITU/CCU) and prolonged recovery periods.
8. SDEC utilised as a bedded escalation area and surging into inappropriate escalation areas
9. Planned activity affected as a result of unscheduled care demand, resulting in cancellation of operations, outpatient and other activity.
10. Stock holding levels and demand and supply of PPE and other vital components and equipment
11. Adverse weather affecting the ability of staff to attend work/access to patients and patients to attend/access health care premises, integrity of buildings.
12. Community, care home and residential home capacity and fragility of services.
13. Industrial action – whilst there is no immediate threat of health-related IA, we should remain cognisant of this risk and any non-direct impact on health care (i.e. transport / rail strikes etc)
14. Poor patient experience



MINISTERIAL WINTER REQUIREMENTS

“Planning Together for Winter 2025/26 – Expectations and key actions” *(Source WG letter to RPB Chairs / All NHS Chief Execs / All LA Chief Execs / Directors of Social services dated 14 Jul 2025)*

“Planning for Winter Period 2025” *(Source WG letter to COOs / Directors of Planning / Local Health Boards / Regional Partnership Boards dated 22 August 2025)*

Key Areas of Focus

1. Building community capacity to support care closer to home through:
 - Prevention
 - Proactive / early intervention
 - Urgent response
 - 'Step Up' enhanced community care and multi professional wrap around care
2. Maximise available acute and community hospital capacity
Ensuring there is sufficient Emergency Department and hospital capacity during peaks in demand to reduce risk of harm for people requiring emergency care.
3. Optimal hospital patient flow and a home first approach
Strengthen discharge planning and patient flow to reduce delays and promote supported recovery at home.

Regional Integrated Self-assessment

Utilising Regional Partnership Board's as the coordination mechanism, working together in partnership the health board, NHS Trusts, local authorities, primary care, social care partners, and third sector organisations where appropriate, complete a self-assessment template for submission to Welsh Government on 12 September 2025.

Operational Delivery Plan

“I am writing regarding operational delivery arrangements for the forthcoming winter period from 1 December 2025 to 31 January 2026. This is an extended period from the **‘Planning Together for Winter’** guidance toolkit – Action 11 based on a review of the demand and activity data of the UEC pathway.

The historical increase in clinical and operational pressures during the winter season, requires a specific operational focus based on historical and forecasted modelling of spikes of demand which impact on the systems cadence to respond. I request the attached template is completed to provide assurance of your organisations and systems actions to meet the statutory requirement of the Duty of Quality.

I ask that you continue to build on the whole system approach you have taken for previous winters and ensure our health and care system can maintain service provision to respond to the increased demands during this period. The strong relationship building and collaborative working should set a strong foundation for this work.”

A winter planning template is to be completed and submitted to Welsh Government by 31 October 2025.



Pathway of Care Transformation Grant to Local Authorities

Welsh Government Guidance:

“The Welsh Government has allocated, through a Pathways of Care Transformation Grant, £30m to local authorities to boost investment in community-based social care. The grant should support timely assessment and provide packages of care to ensure people can leave hospital when they are medically fit to do so, helping to reduce the level of delayed hospital discharges. The fund can also be utilised to strengthen community-based care services to support people to stay well at home.

Local authorities should consider how this funding supports service development to meet current and future demands, alongside their wider regional work , integrated care models and build upon progress made under the 50-day challenge. Funding should be directed to where it will provide the best impact to achieve the outcomes indicated below.

To help achieve this, we have identified the top/most prevalent delays that your Authority has experienced over the last 3 months.” (These were specific to each Local Authority)

- Investment plans were returned to Welsh Government by 25 June.
- The agreed plans have been shared with BCUHB by the LAs via the Regional Partnership Board. The breakdown is summarised below.
- The supporting detailed plans have been shared with IHCs to support their winter plan creation.

	Conwy	Gwynedd	Denbighshire	Flintshire	Wrexham	Ynys Mon
Assessment	£50,000	£420,000	£107,000	£450,132	£255,000	£235,335
Reablement & Domiciliary Care	£657,558	£435,000	£344,203	£160,532	£972,882	£329,128
Care Homes	£117,000	£146,000	£159,000	£554,061	£50,000	£100,000
Workforce Support	£283,000	£148,449	£308,000	£309,020	-	-
Total:	£1,107,558	£1,149,449	£918,203	£1,473,745	£1,277,882	£664,463

UEC 6 Goals Programme – Key Deliverables in Advance of Winter 2025/26

UEC Workstream 1
Move to the 'patients front door'
6 goals – PG1 & 2

UEC Workstream 2
Emergency Department/Quadrant
6 goals – PG3 & 4

UEC Workstream 3
Hospital Flow
6 goals – PG5

UEC Workstream 4
Discharge into the community
6 goals – PG6

Improving integrated discharge processes:

Through consistent approach (just mapping out the pathways across each IHC & LA, better understanding of clinically optimised status of patients, alongside impact of PoCD transformation initiatives through funding allocation.

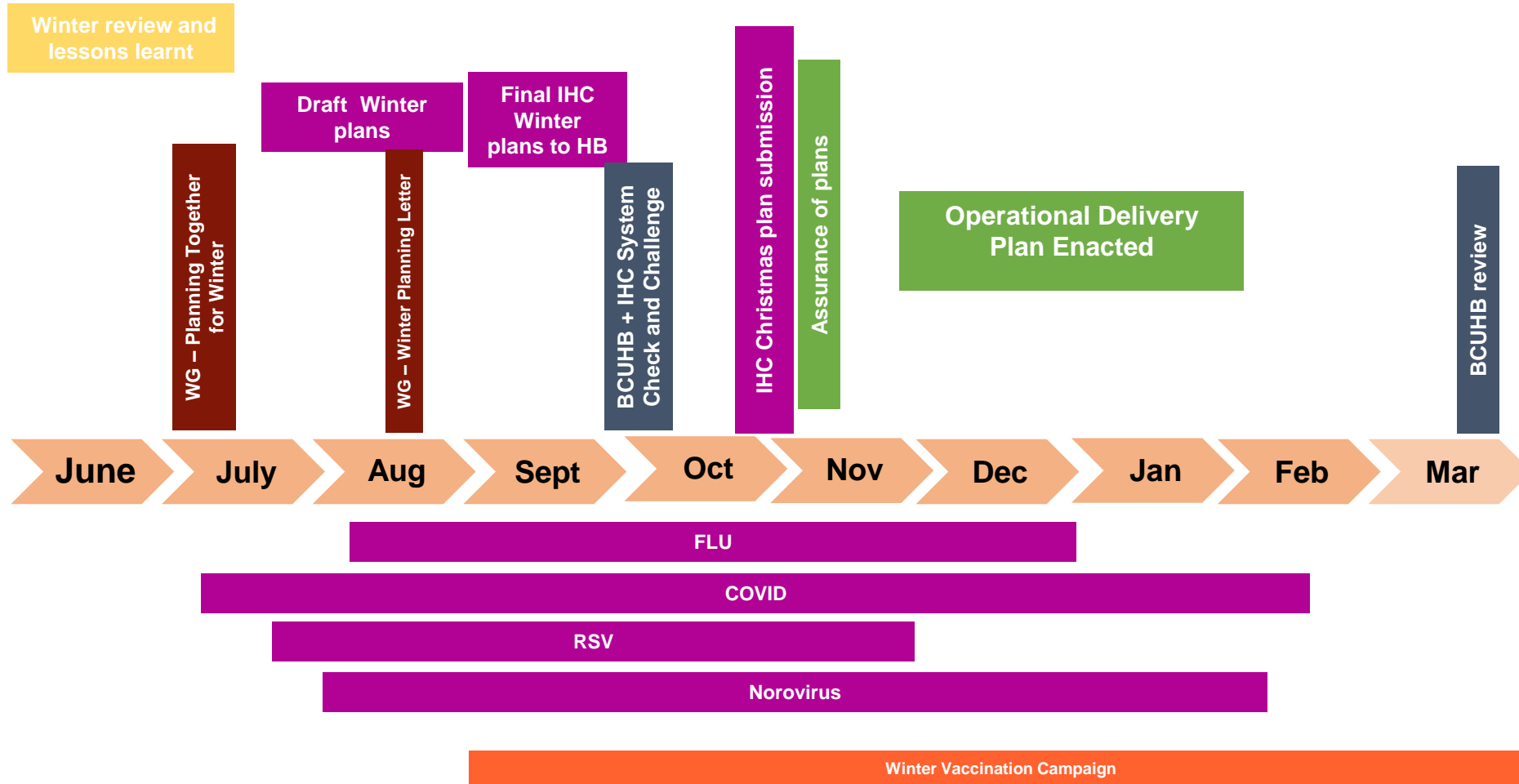
Further reduction in conveyances (focus on fallers & care home residents):

Through strengthening pathways with CRTs delivering enhanced community care (we don't know what we don't know) and referrals to LA SPOAs, earlier referrals to community falls pathway through SPOA (calls pulled from WAST stack, pushed from 111 or direct HCP contact), strengthening urgent care response for fallers by utilising existing CRT services & third sector provision to deliver urgent care response and onward referral.

Better utilisation of SDEC and other front door services:

Through SDEC, AMU, SAU, Hot Clinics, GPOOHs to support SPOA referral as alternative to ED if hospital attendance is required and facilitate consistent approach to ED internal streaming at the front door. For example; currently ED cannot refer to GPOOHs directly, struggle to book into SDEC to allow individuals to go home and return

WINTER PLANNING & ASSURANCE TIMELINE



OPERATIONAL DELIVERY PLAN

- COO led safe system coordination
- Forecasting tool being trialled to predict high demand and support workforce modelling.
- System Resilience Hub in place with dedicated System Lead with the capability to increase oversight as required during periods of sustained pressure.
- BCUHB Level Director of the day to support coordinated patient safety
- IHC Level Director of the day in place to support de-escalation and flow
- Ambulance handover escalation policy implemented – zero tolerance to reduce risk in community
- Focus on Escalation Triggers and De-Escalation Plans
- Task finish group established to undertake urgent stocktake of escalation processes to review system wide plans and adopt a share risk approach.
- Review of all rotas and on-call to ensure daily alignment of all services to deliver efficient system flow
- Review of System Resilience Hub operating model to support BAU and relieve pressure on Silver/ Gold
- Development of System Level dashboard to improve visibility and support tactical management of pressures
- Intelligence and Winter Forecasting Cell to feed information through to the System Resilience Hub and across the IHCs to inform shared situational awareness pan BCU
- Roll out of use of Right Patient Right Place to optimise the UEC pathway
- Senior decision makers at the front door
- Alignment of Social care and BCUHB resources to minimise gaps in discharge delays.

Example of oversight of the system (local level)

	24/12 Wed	25/12 Thu	26/12 Fri	27/12 Sat	28/12 Sun	29/12 Mon	30/12 Tue	31/12 Wed	01/01 Thu	02/01 Fri	03/01 Sat	04/01 Sun
System Lead Rota	08:30 17:00	08:30 17:00	08:30 17:00			08:30 17:00	08:30 17:00	08:30 17:00	08:30 17:00	08:30 17:00		
Silver Rota	08:30 17:00	08:30 17:00	08:30 17:00	08:30 17:00	08:30 17:00	08:30 17:00	08:30 17:00	08:30 17:00	08:30 17:00	08:30 17:00	08:30 17:00	08:30 17:00
Calls	10:00 11:00 16:30 21:00	10:00 11:00 16:30 21:00	10:00 11:00 16:30 21:00	10:00 11:00 16:30 21:00	10:00 11:00 16:30 21:00	10:00 11:00 16:30 21:00	10:00 11:00 16:30 21:00	10:00 11:00 16:30 21:00	10:00 11:00 16:30 21:00	10:00 11:00 16:30 21:00	10:00 11:00 16:30 21:00	10:00 11:00 16:30 21:00
BCU Director of the day												
System Lead	X					X	X	X		X		
Silver (note hrs change in peak)	X	X	X	X	X	X	X	X	X	X	X	X
Gold (no change to hrs)	X	X	X	X	X	X	X	X	X	X	X	X
Mental Health Silver	X	X	X	X	X	X	X	X	X	X	X	X
Womens Bronze	X	?	?	?	?	X	X	X	?	X	X	X
GP OOH												
SICAT												
IP On-Call												
NEPTS												
Critical Care												
Mental Health Capacity												
Care Home Admissions (BCU)												
EAST IHC												
Dedicated Snr Operational Lead												
Bronze On-Call	X	X	X	X	X	X	X	X	X	X	X	X
Social Care Access												
LA Escalation Meetings						X						
Discharge Team	X	On Call	On Call	On Call	On Call	X	X	X		X	On Call	On Call
Equipment Available												
Transport Available												
Mental Health Lead												
MIU - Mold												
UPCC - Wrexham												
UTC - VM Hospital												
IPC Capability												
Frailty												
SDEC												



Community and Primary Care

- Promote the use of all available urgent care capacity, to provide as much care in the community as possible
- Work across primary, community and secondary care, with particular focus on our CRTs to optimise the management of chronic conditions, targeting those most at risk of admission to support the delivery of care at home
- Provide additional capacity to support primary care including through Local Enhanced Services (LES) arrangements to help meet increased demand
- Provide IVAS and community IV therapy
- Maximise the use of our MIUs and promote alternatives to ED.

Community Care including Care Homes

- Education, training and support programmes with Webinars on clinical topics, linked to top reasons for admissions and ED attendances
- Trusted Assessor work ongoing as part of Workstream 4
- Adverse discharge meetings to improve discharges and trust aiming for five-day discharging
- Monthly Care Provider Business Continuity Meetings – purpose of horizon scanning for any potential care home / care provider closures or escalating concerns including quality and financial issues, care home embargo's
- Palliative care working group
- Promotion of Advance Care Planning and providing education and training for care home staff and wider MDT to enable residents to be treated in their place of choice.
- Dementia care – working with consultant dementia care nurse to ensure high dementia care delivery in Care Home
- Audit across 3 ED sites to understand ED attendances from Care homes
- Care home awareness sessions



Optimise Hospital Flow

Front door

- Prioritise ensuring that patients are seen in the right place, right time by improving our pathways including direct transfer from ED to specialty services, including increasing the use of Same Day Emergency Care (SDEC) and ensuring referrals are appropriately made
- Work with our WAST colleagues to improve handover times and support the turnaround of ambulances – continue trolley assessment area on Acute Medical Unit (AMU)
- Improve the 12-hour emergency department performance through streaming and fully utilising our existing capacity for example SDEC, MIU, SAU etc...
- Work to identify frequent attenders and support alternatives to ED through MDT reviews and planning
- Develop an alert for high-risk patients on ED and community systems linked to agreed care plan
- Frailty services at the front door

Alternatives to ED

- Increase access to care in the community via our Community Pharmacies via the Common Ailments Service and the Pharmacist Independent Prescriber service
- Inhaler review service across 98 pharmacies
- Working collaboratively with WAST to avoid inappropriate conveyance
- Signposting and utilising Urgent Primary Care Centres, Urgent Treatment Centres and strengthen clinical streaming to SDEC where clinically appropriate
- Compliance with existing WAST pathways (i.e direct to SDEC, falls, stroke NOF) and ensure consistent model
- Continue to ringfence SDEC capacity

Flow and Discharge

- Early conversation and identification of D2RA (discharge planning) within 24 hours of admission
- Improve the clinical outcome for patients by reducing the number of times a patient is moved.
- Forward waiting process based on a clinically informed risk assessment.
- Check and challenge discharge planning to support decisions to be made at the earliest opportunity.
- Joint assessment project – to reduce the delays that prevent discharge and increase the Social Worker input.
- Work with LA partners to develop Trusted Assessor roles.
- Collaborative work with social care partners to improve communication – locating social services within the discharge hub.
- Continue to implement the SAFER programme.
- Focus on long length of stay reviews to expedite onward discharge to patients' home or community.
- Improve board round processes to ensure that all inpatients have an agreed planned discharge date (PDD) which is clearly communicated.
- Improve patient flow through discharging earlier in the day and increasing discharges over the weekend period.
- Implement criteria led discharging with strong clinical leadership.
- Improve ambulance handover delays by focusing on high volume conveyances and offering alternative pathways.
- Improve advice to care homes to avoid unnecessary conveyance.
- Provide specific criteria led discharge planning.



Respiratory and Vaccination Programme

Community

- The roll out of both the covid and flu winter programmes is in line with the vaccine equity strategy 'leave nobody behind.'
- Working collaboratively with both Public Health and Local Authority, to identify areas of highest deprivation and minority ethnic groups, to support an equitable approach to all vaccination programmes.
- The hub and spoke clinic venues are regularly reviewed to ensure they are embedded and easily accessible to our most vulnerable members of the community with consideration to ease of access and transport links.
- A comprehensive HB service to enable vaccination of 'non-ambulatory' cohorts and work with targeted organisations such as, flying start, to continually ensure the vaccination programme remains in the heart of the community.
- In line with national best practice, prioritising targeted outreach in areas of socio-economic deprivation to increase uptake of vaccines protecting against winter respiratory illnesses.
- This includes leveraging local data to identify low-uptake communities and ensuring our services remain accessible, inclusive and responsive to local needs.
- Collaborative working with the health inequalities team within the health board public health directorate to support the needs of different vulnerable groups in North Wales.
- Respiratory escalation plan in place to support additional NIV beds during periods of high demand.

Staff

- Following the March 2025 conclusion of the Winter Respiratory 2024/25 programme, debrief/ learning sessions were held with key staff groups to identify strategies to improve uptake.
- Key Changes for 2025/26
 - Earlier Start for Staff (Under 65); September (previously Oct 2024)
 - A Prompt start to flu season in line with WG directive and greater capacity for the vaccination team to support the Health at Work Team during Sept.
 - The provision of online bookable appointments for staff at convenient locations and times (early morning and evening).
 - Staff ESR information such as, mobile numbers are reviewed on a six monthly basis, to ensure they are up to date.
 - Vaccination offered on site in key directorate areas with historically low uptake.
 - Use of Peer Vaccinator Teams
- (note staff who are aged 65 years plus will not be vaccinated before 1st October 2025 due to concerns about vaccine waning)



Health Protection Service and IPC

Health Protection Service

- PCR diagnostic sampling available 7-days a week for incidents of acute respiratory infection in care homes across North Wales
- Infection prevention control (IPC) advice provided to all care home settings reporting cases of acute respiratory infection in their residents to the Health Protection Service
- Residential care homes supported with proactive, preventative IPC advice in annual on-site review visits. Visits include advice on managing cases of acute respiratory infection within the care home setting
- The delivery of an IPC champions programme for residential care homes including bi-monthly training sessions on key IPC issues for IPC champions
- Chairing and delivery of a 'Closed Settings Intelligence Group' to support multi-agency intelligence sharing in relation to communicable disease incidents in care homes in North Wales
- Preparedness oversight for communicable diseases and their impact on BCUHB through strategic preparedness meetings
- Responding as a peer vaccinator to support the winter staff-flu vaccination programme, with a specific focus on providing access and opportunity to groups of staff who may otherwise struggle to attend regular appointments
- Support to other communicable disease incidents and outbreaks outside of BCUHB settings that are managed by Public Health Wales or Local Authority Environmental Health Teams
- Support to other vaccination programmes across BCUHB as need and demand arises

Infection Prevention and Control

- Winter IPC page established on BetsiNet with useful resources and guidance
- Key IPC actions and supporting tools available to use during outbreak and incidents
- Ongoing promotion of the fundamentals of IPC through the HABITS campaign and National IPC Manual (Standard infection control and Transmission Based Precautions)
- IPT will continue to roll out micro-teaching sessions with a focus on Norovirus and Acute Respiratory Viruses
- Triage and assessment (incl. travel history) for all service users
- Prompt appropriate segregation/patient placement e.g. isolation/cohorting
- Prompt sampling/screening for early detection of infection to inform decision making
- Continuous IPT surveillance monitoring of 6 key performance indicators (AMR/HCAI Improvement Goals) and seasonal infections to ensure early reporting and action
- The IPT will provide regular SITREPs in relation to Acute Respiratory Infections (Flu, Covid-19) and Norovirus
- Maintain deep cleaning programmes to prevent/interrupt clusters/outbreak of infection
- Ongoing audit and monitoring of infection related practices
- Ongoing preparedness relating to other infections e.g. HCID/Mpox
- Share learning from infection related incidents and outbreaks



Mental Health and Children's Services

Mental Health

- Leadership structure in place to manage escalation of MHLD pressures and business continuity plans.
- Daily Safety Huddle meetings 7 days per week, with additional meetings in place to support patient flow.
- Robust internal communications plans in place to ensure priorities communicated across shifts between teams
- Review of business continuity plans to support winter pressures.
- Integration with IHC Meetings to ensure timely response to escalations and share plans.
- Planning assumptions consider respiratory and flu viruses and socio-economic factors that impact upon mental health and well-being.
- Clinical pathways winter plan in place with a clear set of under-pinning arrangements in place to safely manage patients and maintain system flow; including:
 - The principle of cohorting
 - Prevention and the Crisis Care Model
 - Use of Tele-Mental Health and the roll-out of Attend Anywhere
 - Continued roll-out of 111 services
 - Wellness, Work and Us to support staff wellbeing
- Ongoing MH&LD Service Design Improvements; namely:
 - Primary Care Mental Health Service
 - Crisis Care Concordat, with partners across the community and the Sanctuary Model
 - Community Services with daily safety and planning huddles
 - Inpatient Provision maximising utilisation of capacity, coordination and escalation support across the units and specialities

Children's Services

- Participation in the National 111 Paediatric Pilot, placing consultant paediatricians into the Clinical Support Hub to support weekend response across North Wales
- Children's services leads are working in close collaboration with colleagues in Local Authorities and third sector to ensure sustainability of essential children's services during the winter period.
- There is close collaboration with the Northwest paediatric and Neonatal networks as well and information regarding SitReps is shared through this route.
- Paediatric RSV planning is embedded continues along with daily dashboards to support demand and capacity
- Northwest and North Wales Paediatric transport service (NWTS) resilience plan in place for surge capacity
- Capacity escalation SOP in place to manage surge integrated with IHCs to ensure capacity for paediatrics
- Business continuity planning in place to support reduction in staffing and capacity due to Infection Prevention issues
- CAHMs inpatient care provision plan in place to support surge and crisis care
- Leadership structure in place supported by safety huddles and sitreps to manage winter pressures across the system



WORKFORCE CONSIDERATIONS & WOMENS SERVICES

Workforce

- Advanced rota planning and compliance check during 1st week of December – planning for bank holiday weekends
- Pre-planned capacity of social care leaders through the core seasonal holiday period
- Active bank capacity testing to enable short notice prioritisation of cover
- Wellbeing considerations enhanced – particularly in safety system pinch points eg Emergency Department
- Winter touchpoints with Trade Unions
- On-call support review particularly during December and January.
- Senior leadership prioritisation from 1st Dec to end of Jan to include high visibility / high presence
- Workforce risks will be monitored at site and system calls.

Women's services

- Winter Business Continuity Plan and Winter Resilience Plan covering all aspects of Maternity and Gynaecology Services:
 - Community Maternity Services
 - Acute Maternity Services
 - Gynaecology Services (emergency and routines, theatres, outpatients and oncology)
- Winter planning lead and management/ clinical structure in place to support winter pressures; with an underpinning staffing plan to support pressures/ surges.
- Plans in place to ensure provision of safe services during periods of increased pressure.
- All Gynaecology wards will continue to support sites by accommodating appropriate outliers.



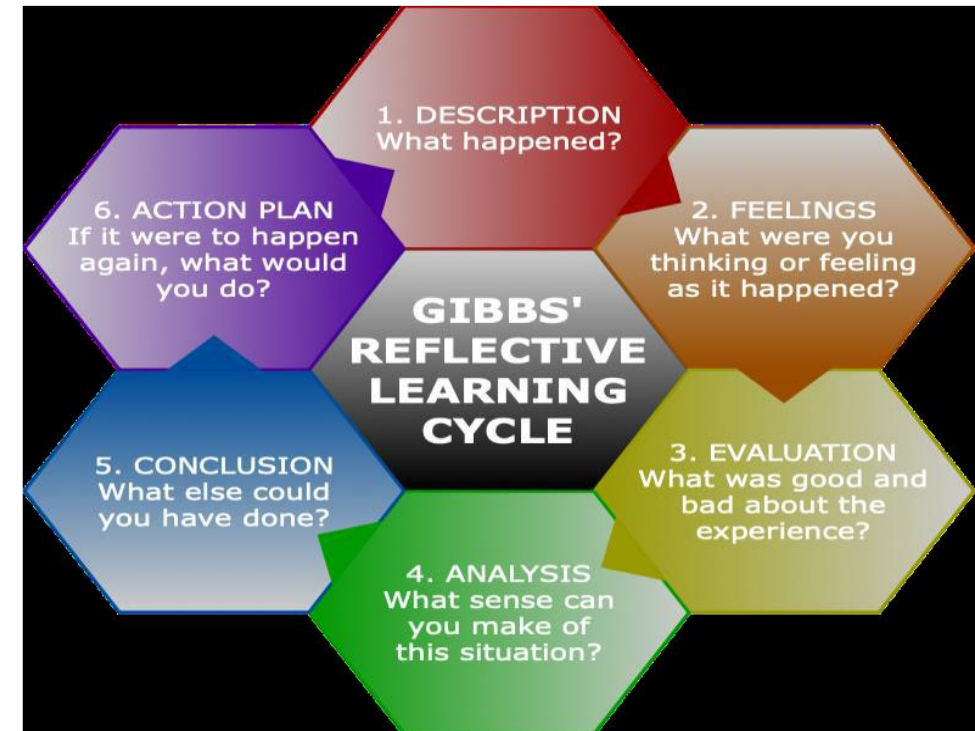
COMMUNICATION AND ENGAGEMENT; AND LEARNING

Communication and Engagement

- This winter we will deliver the national “Help Us Help You” campaign, which is aimed at keeping people well and out of crisis, and signposting them to the most appropriate source of care and support when they need it. This campaign is now in its fifth year and will focus on primary care services, in particular pharmacy services and the Common Ailments Scheme. This campaign will be supported through a schedule of television, radio and digital advertising.
- We will amplify the national messaging and advertising campaign locally, with details of specific schemes and services in place to support our communities and NHS services. We will promote NHS111 Wales (and press 2) as the primary point of access for people to help them get the care and support they need in the most appropriate place. We will use case studies to generate media coverage and ensure up-to-date information about local services is available through our channels.
- Our local campaign activity will also aim to encourage the behaviours required to stop further spread and harm from Flu, COVID-19 and other respiratory infections, through the promotion of vaccine programmes and good hygiene advice.
- To increase the reach and impact of our campaign across North Wales we will work closely with our partners (local authorities, police, ambulance, and fire, among others) to deliver our key messages.

Dynamic Learning Process

- Through enhanced Executive and Senior Leader visibility and oversight – a dynamic learning process to be utilised to share immediate lessons learned – to increase safety levels and effectiveness
- Reflection Learning process to be undertaken in the Spring.



Teitl adroddiad: <i>Report title:</i>	Key Programmes Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	25 th September 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to provide a strategic overview of progress across the Key Programmes following an initial paper presented to the May Board.</p> <p>The paper highlights progress across a number of individual programmes whilst also drawing attention to the maturing approach within the organisation to managing these programmes, including the more detailed scrutiny which has taken place elsewhere on behalf of the Board, namely at PPHP and at the Strategic Planning and Service Change group.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> • RECEIVE ASSURANCE on the progress made since the last update including improved oversight and assurance arrangements. • AGREE to continue to receive these more strategic updates at every other Board meeting and for the Planning, Population Health and Partnerships Committee and the Strategic Planning and Service Change Group to continue to undertake more detailed scrutiny on behalf of the Board. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)			
Awdur yr Adroddiad: <i>Report Author:</i>	Geraint Parry, Assistant Director of Transformation (Interim)			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>			To support the Annual Plan and Special Measures	

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

Key Programmes Report

▪ Introduction

The purpose of this report is to provide the Board with a strategic overview of progress across the Key Programmes following the initial report presented to the May Board. The Integrated Medium Term Plan and Annual Delivery Plan identifies a number of key service developments inclusive of capital and digital aspects to be implemented through a Programme Management approach. These are considered strategically important programmes of change and development. The key programmes are in addition to the four major Change Programmes, which report directly to the Board and are subject to focussed items:

- Foundations for the Future – a programme to design and deliver a new operating model for the health board
- Planned care – a programme designed to standardise and systematise best practice frameworks relating to planned care, driving up efficiency and effectiveness, improving outcomes, experience the the value of planned care services
- Urgent and Emergency Care – a programme taking a whole system approach to improving the end to end pathway from the individual’s front door, through the hospital and ultimately discharged to the most appropriate setting, in order to improve waiting times, outcomes and experience.
- Value and Sustainability – a programme of work to develop an organisational approach to enhancing value in healthcare design and delivery, developing organisational capability and targeting deliverable value

The development of the organisational approach to change is a key deliverable within the Foundations for the Future Programme. That work will underpin improved design and development of change proposals, including business cases, the development of delivery/implementation plans and a sharper focus on realising the benefits of change. Effective programme management is a core capability that will be a key focus moving forward.

The newly established executive Strategic Planning and Service Change Group provides the leadership, management and oversight of the key programmes, with the Planning, Population Health and Partnerships (PPHP) Committee providing Board-level oversight.

▪ Key Programmes

There are currently 15 programmes within this portfolio. Historically the categorisation of these programmes has been largely made regarding ‘capital’ or ‘digital’, in line with developing and maturing the organisations planning approach, all key programmes will be focused on the service change and improvement as the leading driver rather than the building or the digital system, recognising that those aspects are fundamental to modern service delivery.

The 15 key programmes have been grouped to better align to the service change and improvement intended and are as follows:

- Mental health
 - Electronic health record
 - Development of mental health unit at Ysbyty Glan Clwyd (to replace Ablett Unit)
- Planned Care
 - Llandudno Planned Care Hub

- Improving safety, efficiency and effectiveness of care through digitisation
 - o Electronic Health Record
 - o Electronic Prescribing and Medicine Administration (ePMA)
 - o (digital) Maternity System

- Diagnostics improvement
 - o Radiology Informatics System Programme (RISP)
 - o Laboratory Information management System (LIMS)

- Health and wellbeing hubs
 - o Royal Alexandra
 - o Caledfryn
 - o Holyhead
 - o Waunfawr
 - o Conwy West
 - o Penygroes
 - o Bangor

Since the report to the Board in May a series of steps have been implemented to improve assurance and oversight. Detailed reporting is now well established at the Strategic Planning and Service Change meeting, chaired by the CEO. This approach will continue to mature and evolve, ensuring effective decision making at the right levels and appropriate escalation where required.

These meetings have also seen the establishment of a series of 'deep dives', enabling senior colleagues to delve deeper into current and potential issues, achieving appropriate scrutiny and accountability and mitigating risks and unblocking issues where required.

Increasingly the approach to Programme development and management will be matured. Critical to the success of this will be the configuration of underpinning workstreams, designed to ensure that the full breadth of service change activities is addressed. The following represent the core workstream expectations and the intent is that wherever possible these are enacted at the mini-portfolio level to ensure alignment and consistency.

- Service Design
- Workforce
- Communication and Engagement
- Estates
- Digital

Work to ensure a complete set of Senior Responsible Officers (SRO's) focused on delivery of the whole service change rather than just the capital or digital elements is being undertaken. This will be augmented by work to establish a Programme Management Community of Practice/Network that enables the development of programme management skills, clarity of roles and responsibilities, an opportunity for reflection and learning, peer support and a pipeline of colleagues with skills and expertise. This aligns to work to improve organisational capability in Planning.

▪ Progress summary

Overview of Progress, including areas of escalation and risk

Tighter management controls and regular scrutiny at a senior level has seen improved focus and progress since the May update. Where issues do exist, the frequency of reporting mechanisms is ensuring that course

correction can take place. The following represent some of the key highlights which have been explored in more detailed via other committees and groups.

Programme	Progress	Status
Mental health		
<p>Electronic health record – to improve the quality and safety of care relating to mental health (all age) services; improving staff experience. <i>SRO – Executive Director of Allied Health Professions and Health Science</i></p>	<p>Welsh Government approved business case; partnering with Cwm Taf Morgannwg UHB; Programme governance established with new SRO taking up role (Executive Director of Allied Health Professions and Health Science); Procurement process underway. Next stage decision early Autumn 2025 relating to award of contract.</p>	
<p>Development of mental health unit at Ysbyty Glan Clwyd (to replace Ablett Unit) – to improve access, quality and safety of mental health care across the region <i>SRO – Executive Director of Allied Health Professions and Health Science</i></p>	<p>Recast cost ceiling discussion completed with Welsh Government and confirmation received in relation to capital works. Programme governance arrangements to be reviewed and reset in line with next phase, particularly focusing on service model. Business Case development (FBC) next stage decision for Board – confirmation of anticipated date following review of programme governance.</p>	
Planned Care		
<p>Llandudno Planned Care Hub – to improve access to elective/planned care, particularly orthopaedics for the region <i>SRO – Executive Director of Finance</i></p>	<p>Business case approved by Welsh Government early 2024. Programme currently in implementation phase. Clinical Model agreed, underpinning clinical and operational workflows, procedures etc being finalised, workforce model being implemented. Construction underway – escalation in place however will be subject to review at next Programme Board. Completion and handover period end Oct – mid Jan. Operational January/February 2026.</p>	Escalated
Improving safety, efficiency and effectiveness of care through digitisation		
<p>Electronic Health Record – to standardise and systematise care across the region, utilising a digital system for records and workflow <i>SRO – Chief Executive</i></p>	<p>Draft Outline Business Case developed and approved by the EHR Programme Board. Due to be considered by informal Board. Timescales affected by Welsh Governments national business case work which is due to complete later this financial year. Programme largely paused until outcomes of WG work.</p>	
<p>Electronic Prescribing and Medicine Administration (ePMA) – to improve quality, safety and efficiency of patient care across acute and community care <i>SRO – Deputy Executive Director of Nursing</i></p>	<p>Business case currently in implementation, linked to national programme. ePMA solution testing has completed and user acceptance testing is underway. The outcome of this may affect the go-live date of end March 2026. Go-Live planning is advancing, including the preparation for training. Risk of reducing contingency time should the user acceptance testing identify defects with the</p>	

Programme	Progress	Status
	system requiring remedy, however programme broadly on track.	
<p>(digital) Maternity System – to improve the quality and safety of care for pregnant women and their families; to improve staff experience <i>SRO – Director of Midwifery and Womens</i></p>	<p>Business case approved by Board earlier this year, following national prioritisation of the digital maternity system. Implementation phase now underway, with a target go-live date of 10th March 2026. Resourcing being kept under review, some risk in relation to the supplier capacity given 5 health boards are seeking to go-live during March – April 2026.</p>	
Diagnostics improvement		
<p>Radiology Informatics System Programme (RISP) – to modernise and improve radiology service delivery; providing staff with modern informatics/imaging <i>SRO – Executive Director of Allied Health Professions and Health Science</i></p>	<p>National Programme underway that has had significant issues and risk. Implementation phase underway; go-live occurred on 8th September 2025. Working closely with supplier and DHCW on go-live issues. Immediate learning has reflected the strength of the team approach in preparation and through go-live stage. Escalation process in place if sufficient progress toward stable operations is not achieved.</p>	Escalated
<p>Laboratory Information management System (LIMS) – to modernise and improve laboratory service delivery; providing staff with modern informatics systems <i>SRO – Executive Director of Allied Health Professions and Health Science</i></p>	<p>National programme with multiple elements, bringing together several different systems and approaches across Wales. Highly ambitious programme following a challenging start several years ago. Implementation of the business case is underway with programme plan subject to change as product development and testing continues. Component parts include:</p> <ul style="list-style-type: none"> - Blood sciences (biochemistry, immunology, haematology, Newborn screening, Welsh Point of Care Testing, andrology) - Blood Transfusion - Cellular pathology, mortuary <p>Escalation meeting held with DHCW to develop an issues list, revised joint plan and to oversee rapid implementation of actions to enable a successful go-live of the system from November onward subject to successful testing and defect management.</p>	Escalated
<p>Health and Wellbeing Hubs SROs to be confirmed</p> <p>These programmes of work are under review and an overarching Strategic Case is under development to enable a Board-led strategic approach to health and wellbeing hubs. This will primarily focus on the service provision to local communities, rather than specifically a capital programme.</p>		
Royal Alexandra	Business Case being considered by the Board with revision from the original Full Business case submitted in 2021 to Welsh Government following Board approval. This represents phase	

Programme	Progress	Status
	1 of the development of the health and wellbeing hub.	
Caledfryn	The Business Case to support this development requires next stage development in terms of finalising the integrated service model and the implementation steps. Refurbishment elements are key as is estate disposal which will help realise the benefits of the development.	
Holyhead	The Strategic Outline Case has been supported by Board. Next steps require detailed work with partners in building an Outline Business case. The CEO and Director of Environment and Estates, together with the Director of Social services and Local Authority Development colleague met to consider a joint workshop approach to next stage development. Timetable for programme to be reviewed and Board to be updated.	
Waunfawr	Business Case considered by Executive Committee. This is a long-standing programme of work regarding primary care estate development which needs some re-alignment in terms of changes in government policy approaches. Specific, focused session to target key issues prior to presentation at Performance, Finance and Information Governance Committee in the autumn. Timetable will then be reset.	
Conwy West	Discussions underway (CEO to CEO) with Local Authority to discuss the Programme with follow-up during October 2025. Board to be advised of next steps following these discussions.	
Penygroes	Business case re-assessment following discussions with partners and a positive community stakeholder event. Revised programme plan with timeframes to be brought forward.	
Bangor	This Programme will be re-assessed as part of the wider Health and Wellbeing Hubs Strategic Outline Case (SOC) work.	

■ Summary and Recommendation

This paper provides a brief high-level overview of the work that is underway to integrate the various strands of work, and the oversight and assurance mechanisms that have been developed since the last progress report to Board. Project plans continue to be progressed via individual Programme Boards and regular scrutiny takes place monthly at the Strategic Planning and Service Change Group, where services with significant issues and risks are invited to 'deep dive' sessions to establish the level of executive escalation required.

The focus will continue to ensure that a holistic service change approach is being taken to all of these pieces of work and that where there is commonality between programmes that they are managed as mini portfolios.

This along with staying connected to on-going strategy development work will ensure these key programmes have a strong strategic alignment.

The Health Board is asked to:

- **DISCUSS** the Key Programmes report.
- **RECEIVE ASSURANCE** on the progress made since the last update including improved oversight and assurance arrangements.
- **AGREE** to continue to receive updates at every other Board meeting and for the Planning, Population Health and Partnerships Committee to provide oversight, with the Executive Strategic Planning and Service Change Group to continue to lead the overarching Key Programme work.

Teitl adroddiad: <i>Report title:</i>	Annual Delivery Plan 2025/26 - Quarter 1 Progress Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 25 September 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides an overview of progress against the Annual Delivery Plan (2025/26) Quarter 1 deliverables.</p> <p>The report outlines current progress, change controls and highlights areas and action for improvement.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> ▪ RECEIVE ASSURANCE on the progress made during Quarter 1 along with the challenges highlighted. ▪ APPROVE the change controls outlined within the paper. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)			
Awdur yr Adroddiad: <i>Report Author:</i>	Dylan Williams, Assistant Director of Corporate Planning (Interim)			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Le bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				

<p>Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i></p>	Aligns to all objectives in the Integrated Medium-Term Plan (IMTP).
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	Not applicable
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></p>	Not applicable
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	Not applicable
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	Not applicable
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p>Next Steps: The report will be submitted to Welsh Government in line with reporting requirements.</p>	
<p>Rhestr o Atodiadau / List of Appendices: Please refer to Board Supporting Pack for detailed Annual Delivery Plan reporting and change control amendments.</p>	

Integrated Medium Term Plan/Annual Delivery Plan Quarter 1 2025/26 Progress Report

Introduction

This report provides a revised approach to progress reporting in delivering the Integrated Medium-Term Plan/Annual Delivery Plan and includes a high level summary of **Quarter 1** progress against the commitments approved by the Board in March 2025 (IMTP) and May 2025 (Annual Delivery Plan).

The new reporting approach has been implemented with focus on Quarter 1 sub-objective level performance, highlighting key achievements and reporting on completion rates. The report also identifies challenges encountered during the reporting period. Further details of ADP sub-objective progress are included in the Board supporting pack.

The Annual Delivery Plan has been developed to ensure full alignment with the organisation's five 'Key Strategic Objectives'. Each action, initiative and performance measure within the plan directly supports the delivery of these priorities, ensuring that resources, efforts and outcomes are strategically focused to achieve the desired impact. The plan addresses the priorities as follows:

Objective 1: Building an effective organisation

1A	Effective systems of governance
1B	Establishing the Foundations for the Future
1C	Responding to Legislative Requirements
1D	Implementing the Quality Management System

Objective 2: Developing strategy and long-lasting change

2A	Developing and delivering a Health Board Strategy and Clinical Services Plan
2B	Strengthening Planning and Commissioning
2C	Improving the Environment, Estate and Facilities
2D	Enhancing digital, data and technology approaches
2E	Developing and delivering value and sustainability
2F	Improving workforce planning and development
2G	Working with regional partners

Objective 3: Compassionate culture, leadership & engagement

3A	Culture Development
3B	Leadership Development
3C	Citizen engagement and partnership working
3D	Welsh language and culture

Objective 4: Improving quality, outcomes and experience

4A	Prevention and Early Intervention
4B	Primary Care including Clusters
4C	Community Care
4D	Planned Care, Cancer & Diagnostics
4E	Urgent and Emergency Care
4F	Adult Mental Health & Learning Disability
4G	CAMHS
4H	Neurodevelopment
4I	Dementia
4J	Currently 'Challenged Services'
4K	Women's services
4L	Children & Young People
4M	Pharmaceutical services
4N	Palliative, End of Life and Bereavement Care
4O	Dental services
4P	Diabetes

Objective 5: Effective environment for learning and skills development

5A	University & Further Education Partnerships
5B	Research, Development and Innovation
5C	Academic Careers
5D	Intelligence Led
5E	Learning Organisation

Quarter 1 Progress

The Annual Delivery Plan contained twenty four deliverables that were due to be completed during Quarter 1, all of these were set within the context of the five Strategic Objectives. The revised format of reporting at sub-objective level is intended to provide a higher level view of progress against quarterly commitments over the year. The following summary table provides an overview of progress to date.

Strategic Priority		Completed Priorities	Priorities Expected to Complete within Q2	Priorities Not Expected to Complete within Q2	Total
1	Building an Effective Organisation	2	0	0	2
2	Developing Strategy and Long-lasting Change	1	0	1	2
3	Creating Compassionate Culture, Leadership and Engagement	5	0	0	5
4	Improving Quality, Outcomes and Experience	7	4	3	14
5	Establishing an Effective Environment for Learning	1	0	0	1
Overall		16	4	4	24

The table shows a completion rate of 67% against the priorities deliverables due by the end of Q1. The organisation will continue to drive improvements in delivery rates as accountability and reporting arrangements are further embedded and mature.

In acknowledging the level of overall completion, some of the remaining elements represent the more significant challenges for the Health Board. In particular Strategic Objective 4 will require significant focus during the coming year to ensure delivery expectations are met and clinical services are strengthened. A number of the commitments, which were delivered in Quarter 1 were foundational in nature, and the subsequent plan requires making tangible service improvements that impact positively on the population of North Wales.

There are 4 deliverables that are off track against the original committed timescale and mitigation plans are in place to conclude by the end of Quarter 2; these are marked as amber. It is anticipated they will be resolved without the need for further intervention. This was revised from the original report provided to the Planning, Population Health and Partnerships Committee from 3 to 4 as clarity provided around national Interventions Not Normally Undertaken (now Evidence Based Interventions Wales – EBIW) approach and implementation timescales.

There are 4 deliverables marked as red, which represent overdue deliverables that do not currently have a mitigation plan to bring them back on track by the end of Quarter 2. Delivery of some actions are dependent on progress at a national level. Detailed updates on each deliverable can be found in the accompanying ADP Monitoring Report Pack; under Appendix 1, with a brief summary below:

- 2B.6: Review of Commissioning Arrangements** – Capacity constraints within the Performance and Commissioning Team have delayed the final review of insourcing and outsourcing contracting arrangements. The Corporate Planning Team is working closely with the Performance and Commissioning Team to establish next steps.
- 4C.1: Generate Options to increase provision of Enhanced Community Care (ECC)** – In anticipation of National Data Standards being developed for ECC, the Health Board has been working with National leads to define information standards and clarify definition of ECC. Teams from Primary Care and Data Intelligence are continuing to review internal data recoding for core activity and ECC. As national standards are not yet available, this sub-objective has been aligned to Quarter 3.

- **4C.5: Weekend Community Nursing** – This work could not be completed during Quarter 1 as discussions continue at a national level in respect of resource and activity.
- **4C.9: Weekend Specialist Palliative Care** – While work has commenced during the quarter it was not fully completed. The Corporate Planning Team is working closely with the service leads on mitigation plans to complete delivery as soon as possible.

Quarter 1 Key Delivery:

- **Governance** – The Health Board has made improvements in its management of governance in relation to Learning From Events Reports (LFER) following a change of process agreed by the Executive Committee in January 2025. The improved governance arrangements in this area have been cited by Welsh Government as an area of best practice in Wales. Robust systems are now in place for tracking and oversight of Learning From Events Reports, resulting in improved claims and redress processes. These improvements strengthen governance, transparency and accountability across the Health Board. The Audit Committee oversees progress against the LFERs.
- **Quality Management System (QMS)** - A comprehensive communications programme has been delivered, including myth-busting bulletins, intranet articles and leadership briefings. The live QMS Hub has been identified as being amongst the best in Wales and is actively used. Continued engagement through roadshows and Annual General Meeting activities is helping embed QMS principles across the organisation. Challenged Specialties, including Plastics and Oncology, demonstrated tangible progress against agreed improvement plans, which was also welcomed by Welsh Government.
- **Environment & Estates** - In infrastructure and environment, the Health Board completed the NHS All-Wales Capital Prioritisation exercise, securing significant investment for diagnostic and treatment equipment that will enhance capacity, improve patient pathways, and support the sustainability of clinical services. Progress has also been delivered across a number of capital schemes including the Royal Alexandra.
- **Culture and Leadership** - The discovery phase of the Culture and Leadership Programme has concluded during Q1 where various diagnostic tools have been utilised to examine the current culture of the organisation. The Values and Behaviours Framework embedding plan is progressing to ensure the Framework is integrated into systems, policies and ways of working. A toolkit was also launched which provides resources, links, guides and examples of best practice to support teams across the health board with implementation.
- **Engagement and Partnerships** – The Health Board is actively engaged in partnership groups, with structured reporting and refreshed representation is becoming more established. Senior-level input is improving decision-making and alignment with organisational priorities. Representation at the Regional Partnership Board has been strengthened with active engagement for Strategic and Corporate Planning.
- **Welsh Language** – The Welsh Language Strategic Forum approved the delivery plan. Increased visibility, tailored training and cross-service collaboration are helping integrate Welsh language and culture into daily working life, including planning for the National Eisteddfod and other community events.
- **Primary and Community Care** – The new GMS Contract Assurance Framework has transitioned to business-as-usual and the delivery plan is aligned with national timelines and informed by lessons learned. National Level subject matter expertise has been secured to progress the primary care agenda.

- **Planned Care** - External resources have been commissioned and have been operational since late 2024 (Endoscopy) and early 2025 (Dermatology). These services are maintaining continuity of care while sustainable models are developed. Welsh Government funding has been secured to help address the longest Neurodevelopment Service waits. The Health Board has also mobilised a Major Change Programme to make sustainable, systematic improvements across the organisation, applying the organisational design principles to simplify, streamline and standardise best practice. In particular a new model for Pre-operative assessment is undergoing rapid-trial ahead of roll-out across the organisation. This will streamline processes, enhance patient experience and enable improved theatre efficiency and productivity.
- **CAMHS Best Practice Sharing** – The Health Board is maintaining its focus on reducing long waits. Collaboration with other Health Boards is helping align service provision with national standards. This supports reduced variation and improved outcomes for children and young people.
- **Intelligence Led Organisation** - Digital transformation has also advanced during this period, highlighted by the launch of the redeveloped IRIS operational portal. This platform provides real-time intelligence to support performance monitoring, planning, resource optimisation and improved management information relating to patient pathways and flow, laying the foundation for more informed, data-driven decision-making across the Health Board.

▪ **Integrated Planning and Performance Reporting**

Future reports will provide greater clarity and narrative around the progression of the broader sub-objectives, detailing how activities and outcomes are tracking against year-end delivery milestones and importantly the action being taken to recover actions that are off-track. The focus will remain on enhancing the integration of progress tracking for the Annual Delivery Plan with the outcome metrics reported within the Integrated Performance Report (IPR). This is a key part of the Health Board's ongoing efforts to strengthen Planning and Performance Frameworks, ensuring a more consistent and transparent approach to performance management and delivery assurance.

As the approach matures, future reporting will align to relevant data and insights from the IPR, to provide greater visibility of the operational and strategic impact of this work. To support a higher completion rate and more effective monitoring, key areas of the Integrated Planning and Performance approach will continue to evolve. This includes:

- Enhancing Directorate Performance Reviews to enable more dynamic, data-driven discussions and interventions;
- Strengthening links to PADRs to align individual objectives with service priorities;
- Reviewing the plan in the context of Special Measures expectations to ensure progress against the de-escalation criteria; and
- Assessing progress against Integrated Quality, Planning and Delivery (IQPD) metrics and other Welsh Government reporting requirements, ensuring alignment between operational delivery and strategic oversight.

▪ **Change Control**

The Health Board has an established change control process for the Annual Delivery Plan ensuring a transparent and auditable approach to managing any requested amendments. The Planning, Population

Health and Partnerships Committee (PPHP) approved the requested changes at the meeting on the 4th September, however, as this is a requirement for the IMTP, confirmation of the approval is also required by the Board. A modification to the change control process moving forward will mean a strengthened oversight at executive Committee in line with developing performance and accountability mechanisms. A summary of the requests submitted for the Quarter 1 period can be found below,

Change Reference	2025/26 Sub-objective	Proposed	Justification of change
2526-001	2B.6. A review of insourcing/outsourcing contracting will be undertaken leading to a plan for improvement and development	Move to Quarter 2	Capacity issues within the Performance and Commissioning Team have delayed progress in progressing this sub-objective.
2526-002	4B.15. Discussions (internally and with partners) will be progressed to a conclusion as to whether the current 14 cluster footprints are optimal or whether a change of focus to pan-cluster footprints would be preferable.	Move to Quarter 2	This work is being taken forward in Q2 and aligns with PCMW national timelines.
2526-003	4C.1. Enhanced Community Care - Generate options to increase provision of Enhanced Community Care (ECC)	Move to Quarter 2	Actions to date have provided foundations for progressing sub-objective requirements in Quarter .

▪ Recommendations

The Board is asked to:

- **RECEIVE ASSURANCE** on the progress made during Quarter 1 with the challenges highlighted
- **APPROVE** the new reporting format and change control submissions.



Teitl adroddiad: Report title:	Royal Alexandra Hospital (RAH) Health and well-being Hub: Briefing to BCUHB Board
Adrodd i: Report to:	The Health Board Meeting
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 25 September 2025
Crynodeb Gweithredol: Executive Summary:	<p>This report is submitted to the BCUHB main board meeting of 25th September 2025 in line with the commitment made by the Board in its Integrated Medium-term Plan 2025-28 and the Annual Delivery Plan 2025/26. The scope and plans for a new health and well-being hub at the site of the Royal Alexandra Hospital (RAH) in Rhyl is presented and the Board is asked to endorse the proposal for onward submission to Welsh Government (WG). To note, in 2021 the Board approved a Full Business Case for this development and submitted this to Welsh Government. It is understood that the case was cost prohibitive and the health board was asked to review and rescope the case. This rescoping commences in summer 2023, in full engagement of partners.</p> <p>The proposal is to improve local service provision for the communities of Rhyl and beyond, enhancing services already available and providing new services closer to the community. The proposal includes a new building of approximately 2,200m², enabling the majority of the benefits set out at Full Business Case in 2021, and an energy centre to provide mechanical and electrical infrastructure. The service includes:</p> <ul style="list-style-type: none">▪ A Reablement facility, where Health and Social Care will support individuals who are Ready to Go Home, typically following discharge from the District General Hospital (DGH). The unit will be managed by the integrated Community Resource Team (CRT).▪ A Minor Injuries and Ailments Unit (MIAU), enabling 16% of all Emergency Department (ED) presentations to be repatriated from the DGH along with 2,000 cases from neighbouring community hospitals.▪ Radiology services, comprising X-Ray, Orthopantomogram, and Ultrasound. This will be expanded, providing 1 additional X Ray facility for the minor injuries cases and enabling some expansion of Planned care activity.▪ 3 relocated dental surgical procedure rooms, currently in poor accommodation at site, augmented by a 4th surgery enabling more activity and training and development for new dental nurses in particular.▪ Reception Area, Community café, office and Third Sector 'hub'.▪ Staff rest areas, staff and patient welfare facilities.

	<p>The project is seeking a capital investment of up to £35.907 million (including VAT) to develop a modular unit at the RAH site, accommodating new and expanded Health and Care services. The Health Board meeting is asked to endorse the proposal. The strategic investment objectives for this development are:</p> <ul style="list-style-type: none"> ➤ To provide safe and sustainable services in response to the current and future health and well-being needs of the local population ➤ To further develop multi-agency, integrated, responsive primary and community care services in the area ➤ To increase the range of local services, thereby reducing the reliance on the DGH ➤ To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff ➤ To move care closer to people’s homes, including inpatient bed based care ➤ To improve economic, social, environmental and cultural well-being, as outlined in “The Future Generations Act”. <p>There are well evidenced areas of social deprivation and chronic health needs in the area which will benefit from the investment in new and enhanced services. These services will be funded within existing revenue constraints and will enable further levels of integrated working between Health, Social Care and other partners with a focus on building long-term resilience and well-being with individuals before discharge.</p> <p>This first phase of work will also support the Health Board in alleviating some of the pressures on the nearby DGH at Ysbyty Glan Clwyd, both in improving bed flow and in ameliorating delays within the ED.</p> <p>Timely approval and funding decisions in respect of this proposal will enable the Health Board to begin to deliver services from the new development by mid-2027.</p>			
<p>Argymhellion: Recommendations:</p>	<p>The Health Board meeting is asked to endorse the revised Business Case (Addendum to 2021 Full Business Case for RAH Phase 1), for onward submission to WG for approval and funding.</p>			
<p>Arweinydd Gweithredol: Executive Lead:</p>	<p>Executive Lead: Tehmeena Ajmal, Chief Operating Officer Stuart Keen, Director of Environment and Estates; The Project Director: Gareth Evans, Director Central IHC</p>			
<p>Awdur yr Adroddiad: Report Author:</p>	<p>Steph O’Donnell</p>			
<p>Pwrpas yr adroddiad: Purpose of report:</p>	<p>I’w Nodi <i>For Noting</i> <input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i> <input type="checkbox"/></p>	
<p>Lefel sicrwydd: Assurance level:</p>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran</p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran</p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu’r</p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth</p>

	darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This proposal links to BCUHB's 3 year plan as follows:</p> <ul style="list-style-type: none"> ▪ The facility will support the development of strategy and long-lasting change through offering the right services, in the right place that are accessible to all. ▪ The proposal enables improved quality outcomes and experience through enhancing the model of care in the community and supporting improved flow from the DGH. 			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Planning permission will be submitted in August 2025 with expectation of a decision in November 2025. Design will be compliant with WHTMs</p>			
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Yes</p>			
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Yes</p>			
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<ul style="list-style-type: none"> ▪ Risk that development costs for the current phase may be unrecoverable if Welsh Government declines full capital funding. ▪ Risk that the Planning approval may overrun the project programme due to the complexity and duration of planning requirements, potentially delaying WG approval. <p>Risks are captured in the PMO portal following corporate standards for risk control. (See links to BAF below).</p>			
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p>	<p>There are additional revenue costs associated with the new and expanded services, mainly comprising staffing costs. Overall non-cashable benefits are estimated at £3.3 million. Cash</p>			

Financial implications as a result of implementing the recommendations	releasing funding streams of have been identified both from within existing budget allocations.												
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	To deliver the new service there will be an additional 41.5 whole time equivalents mobilised in clinical, non-clinical and other professional roles, including social care. Workforce colleagues are aware of this additionality commencing 2027/28.												
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	<p>This paper has been endorsed by:</p> <ul style="list-style-type: none"> ▪ The Central IHC Senior team. ▪ The Project Board meeting of 22nd July 2025. ▪ The Capital Investment Group of 23rd July 2025. ▪ The Regional Collaboration Team. ▪ The Executive Team meeting of 6th August 2025. ▪ The Performance, Finance and Information Governance Committee of 26th August 2025. <p>Changes have been made to the document as a result of this review Process.</p>												
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	BAF 2: Developing Strategy and long-lasting change. This is supported through the development of a new model of Ready to Go Home beds managed by the CRT. BAF 4: Improving Quality, Outcomes and experience. The link is through new pathways for Ready to Go Home beds and through delivery of care closer to home.												
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	There are commercial sensitivities which will be reviewed in private.												
Next Steps:													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9e1f2;">Milestones</th> <th style="background-color: #d9e1f2;">Timescale</th> </tr> </thead> <tbody> <tr> <td>BCUHB approval Phase 1 Proposal and appointment of the contractor</td> <td>September 2025</td> </tr> <tr> <td>WG approval of Phase 1 addendum</td> <td>December 2025</td> </tr> <tr> <td>Mobilisation</td> <td>Quarter 4 2025/26</td> </tr> <tr> <td>Handover new unit</td> <td>Quarter 4 2026/27</td> </tr> <tr> <td>New Unit fully Commissioned</td> <td>Quarter 1 2027/28</td> </tr> </tbody> </table>		Milestones	Timescale	BCUHB approval Phase 1 Proposal and appointment of the contractor	September 2025	WG approval of Phase 1 addendum	December 2025	Mobilisation	Quarter 4 2025/26	Handover new unit	Quarter 4 2026/27	New Unit fully Commissioned	Quarter 1 2027/28
Milestones	Timescale												
BCUHB approval Phase 1 Proposal and appointment of the contractor	September 2025												
WG approval of Phase 1 addendum	December 2025												
Mobilisation	Quarter 4 2025/26												
Handover new unit	Quarter 4 2026/27												
New Unit fully Commissioned	Quarter 1 2027/28												
List of Appendices:													
Equality Impact Assessment and Socio Economic Duty Impact assessment updated May													
Analysis supporting Bed and MIAU Modelling													
Detailed Benefits Assessment and Baselines													



Royal Alexandra Hospital Health and Well-being Hub

Briefing to BCUHB main Board meeting

4th September 2025



Change History of Document

Description of Changes	Date Made	Resp.	Version
First Draft	20/08/2025	Steph O'Donnell	v0.1
Draft for Review with Project Director	21/08/2025	Steph O'Donnell	v0.2
Draft for issuing for comments/amendments	22/08/2025	Steph O'Donnell	v0.3
Updated with comments from Project Director	27/08/2025	Steph O'Donnell	v0.4
Updated with Transformation and Planning Office	29/08/2025	Steph O'Donnell	v0.5
Validated wte figures against Revenue tables with Finance	04/09/2025	Steph O'Donnell	V0.6

DRAFT

Contents

	Page
1. Executive Summary	4
2. Background and Strategic Fit	6
3. Scope and Service Model	11
4. Outcomes and Benefits	19
5. Delivery	20
6. Conclusion and recommendation	21

1. Executive Summary

This report is submitted to the BCUHB main board meeting of 25th September 2025 in line with the commitments made in the Integrated Medium Term Plan (2025-28) and the Annual Delivery Plan (2025/26). The Case proposes a new health and well-being hub which will be developed at the site of the Royal Alexandra Hospital (RAH) in Rhyl. The Board is asked to endorse the proposal for onward submission to Welsh Government (WG).

A Full Business Case was approved by the Board in 2021 and submitted to Welsh Government. The assessment of the case indicated significant cost issues which has impeded its progression. Welsh government asked the health board to review and recast the case and this commenced in summer 2023. The key benefits from the original FBC proposal are achievable in relation to bringing care closer to home for people in the Rhyl and Prestatyn area moving activity away from Ysbyty Glan Clwyd (YGC) to the community. Monetised, non-cash releasing benefits are estimated at a value of £3.3 million and the movement of care from YGC to the new setting will support improved flow of activity and better patient experience. The new service includes:

- A community reablement facility, managed by the Community Resource Team (CRT), where Health and Social Care will support clinically optimised individuals in 14 Ready to Go Home beds, following discharge from the District General Hospital (DGH).
- A Minor Injuries and Ailments Unit (MIAU), supporting 16% of all Emergency Department (ED) presentations at YGC and a further 2,000 individuals from local community hospitals.
- Radiology services, comprising X-Ray, Orthopantomogram (“OPG”), and Ultrasound. This will be expanded, providing 1 additional X Ray facility for the minor injuries cases and enabling support for more Planned Care activity at site.
- 3 relocated dental surgical procedure rooms, currently in poor accommodation at site, augmented by a 4th surgery enabling more activity and training and development for new dental nurses in particular.
- Reception Area, Community café, office and Third Sector ‘hub’
- Staff Rest areas, staff and patient welfare facilities.

The project is seeking a capital investment of up to £35.907 million (including VAT) to develop a modular unit at the RAH site, accommodating new and expanded Health and Care services, and an energy centre to deliver mechanical and electrical services to site. A separate document - an addendum to the Full Business Case (FBC) of March 2021 – is submitted to the private session of the BCUHB board meeting and is set out in a format agreed with Welsh Government (WG) including financial and commercial considerations. A discrete proposal for a Phase 2 development, pertaining to the existing RAH building, will follow. The strategic investment objectives for this development are:

- To provide safe and sustainable services in response to the current and future health and well-being needs of the local population

- To further develop multi-agency, integrated, responsive primary and community care services in the area
- To increase the range of local services, thereby reducing the reliance on the DGH
- To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff
- To move care closer to people's homes, including inpatient bed based care
- To improve economic, social, environmental and cultural well-being, as outlined in "The Future Generations Act".

There are well evidenced areas of social deprivation and chronic health needs in the area which will benefit from the investment in new and enhanced services. These services will be funded within existing revenue constraints and will enable further levels of integrated working between Health, Social Care and other partners with a focus on building long-term resilience and well-being with individuals before discharge. This first phase of work will also support the Health Board in alleviating some of the pressures on the nearby DGH at Ysbyty Glan Clwyd, both in improving bed flow through accommodating 219 individuals in the Reablement Facility per year and moving 16% of all presentations from the ED to the new Minor Injuries and ailments Unit.

Timely approval and funding decisions in respect of this proposal will enable the Health Board to begin to deliver services from the new development by mid-2027.



2. Background and Strategic Fit

2.1 Background

This proposal supports the delivery of new and expanded services for the local population at the RAH site in a modern, fit-for-purpose environment and will meet long-standing commitments to local residents. Continued community engagement since 2016 has indicated strong support in the locality for this facility. Incorporating the existing building into the vision presents particular challenges which will be addressed in the Phase 2 project. In the meantime works are being commissioned this financial year to repair and upgrade the stonework, windows and roof areas for the existing building. These works are enabled through a Targeted Estates Fund.

The RAH project has a long history, from the closure of wards in 2010 and Prestatyn Community Hospital in 2012, to the FBC submitted in 2021. WG has publicly stated that the 2021 FBC will not be affordable and has challenged the Health Board to develop a plan which will deliver the majority of the benefits but for lower capital cost. Locally and at national level there are high levels of expectation around delivery from key stakeholders, so it is imperative that the project delivers the required benefits for the community.

An Option Appraisal was submitted to WG in April 2024 which demonstrated a reduced scope that could achieve benefits as set out in the 2021 FBC. Due to concerns about the potential risks for costs to rise in respect of refurbishment of the existing, Grade II building, it was agreed in January 2025 that the project would present 2 discrete addendums to the 2021 FBC, starting with the current Phase 1 proposal for investment in a new health and well-being hub at the site.

This paper confirms that the strategic context is fundamentally unchanged. It highlights changes in the preferred option since FBC in 2021 and shows how the Phase 1 proposal still meets the core objectives of the scheme and delivers the majority of the benefits. The paper does not cover capital and revenue implications or commercial arrangements in depth as these will be submitted as part of the Addendum for consideration in the private meeting.

2.2 Strategic Context and Investment Objectives

The Phase 1 project remains closely aligned with national and local strategic drivers, particularly in relation to models of integrated care, working collaboratively with partners in Social Care and the Third Sector to help people home. There is a strong alignment with the criteria defined in the Integration and Rebalancing Capital Fund (IRCF)¹ and a specific fit with the North Wales Strategic Capital Plan².

There are well evidenced areas of social deprivation and chronic health needs in the area which will benefit from investment in new and enhanced services. These services will enable integrated working between partners to enable enhanced well-being and provide care closer

¹ [Health and social care integration and rebalancing capital fund: guidance 2025 to 2027 \(gov.wales\)](#)

² [FOI release 19671: North Wales Strategic Capital Plan | GOV.WALES](#)

to home for local people in line with national and local strategic drivers. This first Phase of work will also support the Health Board in alleviating some of the pressures on the nearby DGH at Ysbyty Glan Clwyd (YGC), both in improving bed flow and in ameliorating delays within the ED. The strategic investment objectives are:

- To provide safe and sustainable services in response to the current and future health and well-being needs of the local population
- To further develop multi-agency, integrated, responsive primary and community care services in the area
- To increase the range of local services, thereby reducing the reliance on the DGH
- To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff
- To move care closer to people's homes, including inpatient bed based care
- To improve economic, social, environmental and cultural well-being, as outlined in "The Future Generations Act"

2.3 Strategic Fit with National Drivers

The service model for the scheme is informed by various national drivers, notably:

- "A Healthier Wales: Our Plan for Health and Social Care"³,
- "The Well-being of Future generations Act" (Wales) 2015⁴;
- "The Social Services and Well-being (Wales) Act 2014"⁵
- The principles governing infrastructure investment in Wales, including IRCF guidelines
- The Accelerated Cluster Development Programme for Wales⁶
- NHS Wales Decarbonisation Strategic Delivery Plan⁷

Some key elements are highlighted below.

The Accelerated Cluster Development Programme for Wales

The model below illustrates the overarching principles and scope of Health and Social Care hubs in line with the IRCF guidance. The RAH proposal is a hybrid between type C, a Health, Care and well-being hub, and Type D, a Large Scale Integrated Health care and well-being hub. In the main, the correlation is with Type D. Although the facility will not house multiple GP practices, there are strong links with the 6 practices within the North Denbighshire cluster.


³ [A healthier Wales: long term plan for health and social care | GOV.WALES](#)

⁴ [Well-being of Future Generations \(Wales\) Act 2015: the essentials \[HTML\] | GOV.WALES](#)

⁵ [Social Services and Well-being \(Wales\) Act 2014 \(legislation.gov.uk\)](#)

⁶ [Primary Care Model for Wales - Primary Care One \(nhs.wales\). Towards An Integrated Community Care System \(gov.wales\)](#)

⁷ [NHS Wales decarbonisation strategic delivery plan | GOV.WALES](#)

<p>Integrated Health and Social Care Hubs</p> <ul style="list-style-type: none"> It is recognised that there are a wide range of Hubs in operation across Wales and all play a valuable role in supporting peoples well-being. For a Hub to be eligible for IRCF the greatest part of it's service offer must be health and Social Care related, Type A hubs are important but outside the scope of IRCF. Hub types B to D indicate a graduated range of Integrated Community Health and Social Care Hubs which may be considered for funding through IRCF. Hub types are intended to be cumulative i.e. a Type D Health and Care Hub may include aspects of Type A to C Hubs. Type E Hubs could be stand alone population specific Hubs or could be part of a wider Hub network. The scale and range of services outlined here is not intended to be prescriptive or exhaustive, more illustrative. The exact make up will be dependent upon local design and identified need. 				
Type A	Type B	Type C	Type D	Type E
<p>General Community Hub</p> <p>Characteristics:</p> <ul style="list-style-type: none"> A community facility offering a wider range of general community and well-being services e.g. debt advice book loan, exercise classes, housing advice, adult education, blue badge assessment. Some well-being services / support may be delivered from this site but not the main purpose of the facility. Statutory Health and Social Care Services not delivered. <p>E.g.</p> <ul style="list-style-type: none"> A library, a Leisure Centre, Village Hall offering daytime activities, could be a County Voluntary Council giving general advice and support but not specific health and social care. 	<p>General Community Well-being Hub</p> <p>Characteristics:</p> <ul style="list-style-type: none"> Focus on general population well-being and health promotion Some limited statutory health and social care service delivery. Limited clinical capacity. Some scheduled / sessional health and care service delivery. General well-being support available including advice from wider support services such as housing. Bookable accommodation for Primary Care facilities and outreach primary care services / allied health professional teams. Connections to wider Accelerated Cluster Development. Periodic Multi-disciplinary services on site. <p>E.g. Offers:</p> <ul style="list-style-type: none"> Health interventions Daytime Activities Housing, employment and anti-poverty services Communities of Care e.g. Dementia. 	<p>Health, Care and Well-being Hub</p> <p>Characteristics:</p> <ul style="list-style-type: none"> Focus on general population health and social care and ill-health prevention. Substantive GMS services available including adequate clinical capacity. Substantive statutory health and social care services available on site. May host periodic complimentary clinical staff and other multi-disciplinary services. Part of accelerated cluster delivery. <p>E.g.</p> <ul style="list-style-type: none"> Integrated Centre offering LA and / or 3rd sector well-being services and health services such as leg clinic, mental health support and / or health professional. Outreach into communities or other connected Hubs. 	<p>Large Scale Integrated Health, Care and Well-being Hub</p> <p>Characteristics:</p> <ul style="list-style-type: none"> Larger facility with substantive community health and social care services. Multiple GP Practices. General to accelerated cluster delivery. Hub for primary health care and broad range of community care services across a wider catchment population. Location crucial to maximise access and opportunities to consolidate public sector estate. Diverse range of clinical, community and commercial Capacity. <p>E.g.</p> <ul style="list-style-type: none"> Integrated centre offering primary health care, LA, other public sector and 3rd Sector well-being and advisory services, pharmacy and dentistry. 	<p>Population Specific Health and Well-being Hub</p> <p>Characteristics:</p> <ul style="list-style-type: none"> General health and well-being services with a focus on a specific population group (not open to the wider population). Primary and Community health and Social Care Services supporting a specific population group across wider geographical area. Wide range of fixed community and health resources on substantive and / or sessional basis. <p>E.g.</p> <ul style="list-style-type: none"> Children's Centre. Dementia Centre. Substance Misuse Services. Learning disabilities support Hub. Outreach / in reach communities or other connected Hubs.
 <p>Integrated Operation and Service Delivery – All services delivered from the Hub should be interconnected and part of a holistic, seamless offer for people.</p> <p>Management and Governance – Hubs should be managed and supported by a multi agency / sector arrangement and part of wider cluster planning arrangements.</p> <p>Ownership – Hubs may be owned by any partner organisation from any sector.</p> <p>Digital – All Hubs should be complimented by a digital offer to improve access to advice and support.</p> <p>Community Engagement and Voice – Hubs should be shaped and informed by citizens needs and what is important to them.</p> <p>Access – All Hubs should be easily accessible by walking, public transport or supported by community transport links.</p>				

The Health and Social Care Integration and Rebalancing Capital Fund (IRCF)

There is a correlation of the model of care, explained in Section 3 of this paper, with IRCF principles. The strategic fit of the reablement facility is a key driver for greater collaboration with social care and the Third Sector, through Community Navigators, linked to the CRT.

The cohort of people accommodated in the reablement facility will mainly be older people (aged 65 or above), a key cohort for the RPB's Strategic Capital Plan. The role of the Community Navigator is well established as part of the CRT response, supporting patients with advice and information about local options to enhance their well-being, and preparing to return home. The proposed scope is assessed below against the IRCF Guidance, specifically:

- **Priority 1** – Development of integrated health and social care hubs and centres
- **Priority 2** - Rebalancing the adult residential care market

The strategic fit against IRCF criteria was approved as a stage 0 proposal by the RPB in December 2023. The table below for the current scope of the new modular unit reconfirms the alignment for Phase and with the North Wales RPB Capital prioritisation⁸.

⁸ Capital (northwalescollaborative.wales)

No.	IRCF Principle	Commentary on Fit of Business case for the new modular unit
1.	The scheme supports independent living in the community for people with care and support needs	Provides “ready to go home” beds supported by Health, Care and third sector teams at site, easing the transition for patients back to the community. Community navigators will work with the staff across all services to support this.
2.	The scheme provides intermediate care settings in the community so that people who need care, support and rehabilitation can return to living independently or maintain their existing independence	Provision of “Ready to Go Home” beds, supported by Health and Care professionals, in the community to ease patients’ transition to home.
3.	The scheme provides provision for the ageing population	Integration of Older People’s Mental Health with the wider partnership services on the site. Community Navigator roles in new services.
4.	The scheme provides accommodation and care needs of particularly vulnerable groups closer to home, reducing the number of out of area placements	Offers an integrated health and care facility, closer to home for the communities of Rhyl and Prestatyn, with beds largely being accessed by people over 65.
5.	The scheme provides adequate facilities to provide step-down, re-ablement and rehabilitation in the community. Reducing the length of stay in hospital	This is a step down facility, helping people ready to go home. The CRT will wrap care and support round the individual supporting the transition home.
6.	The scheme ensures people with care and support needs can continue to live independently in a home which meets their needs whilst allowing them to maintain their independence	Provision of CRT and integrated support from Community Navigators (third sector) will enable and facilitate independence.
7.	The scheme is designed to deliver wider financial savings to the health and care and health system.	There will be a focus on reablement and supporting individuals to enhance well-being on their return home. Benefits include c.£1.1m in cost avoidance through improved bed flow.

Decarbonisation

- The Health Board’s five-year Decarbonisation Action Plan (DAP) 2022-2026 was developed with support from the Carbon Trust. The plan considers buildings and energy, procurement, transport, travel, healthcare and corporate carbon management, and visibility will become clearer as this reports to the Board through the Planning, Population Health and Partnerships Committee.
- The North Wales Regional Partnership Board’s (RPB’s) commitment to support partner organisations in the RPB and the Public Service Boards to achieve carbon net zero in the public sector by 2030, aligned to Welsh Government’s expectation that the public sector will be carbon net zero by 2030.

- The new facility will be developed in line with the HTM 07 suite of guidance.
- The revised/updated strategy for the development of the RAH site includes for the electrification of the site, reducing the use of natural gas. A key element of the development is the design and implementation of a new energy centre to supply both the new and existing facilities within the site boundary. The new building will be served by a separate energy centre providing mechanical and electrical services to the new unit. In future this energy centre will also support the existing RAH building in Phase 2.
- The new facility is to be built to the highest achievable standard and will meet current statutory compliance.
- The new facility is to be constructed through Modern Methods of Construction (MMC), with off-site works to support waste reduction processes. Heat pump technology is proposed for heating and hot water for both the new and existing RAH buildings.

2.4 Fit with Local Strategic Drivers

The key local drivers remain in alignment with the investment objectives (section 4) as follows:

- The Health Board's overarching 10-year strategy, "Living Healthier, Staying Well" (LHSW)⁹ with particular emphasis on "Care Closer to Home"
- BCUHB's 10 year Estates Strategy (2023 - 2033)¹⁰
- DCC's plans to continue the regeneration of this locality,¹¹ including the Rhyl Neighbourhood Board, a group tasked by WG with developing a strategy that will enhance the town, create employment, and improve infrastructure over the next decade.
- The Health Board's Integrated Medium Term Plan 2025-28¹² in which there is a commitment to progress work on the redevelopment of the RAH as a major capital scheme.
- RAH is cited as one of the key projects, supporting all client groups (full population) in the North Wales Regional Partnership Board's (RPB's) 10 Year Strategic Capital Plan¹³
- The Health Board is engaged in this collaborative agenda for the town and redevelopment of the RAH site is linked into this work, which in turn aims to create:
 - Job opportunities for local residents during construction / development works, and following completion of the project
 - Volunteering opportunities and a gateway into skills development and employment
 - Potential to catalyse community activity and enhance well-being for local people
 - Capacity to encourage economic regeneration of an area.

¹⁰ bcuhb.nhs.wales/use-of-site/publication-scheme/class-five-our-policies-and-procedures/estates-strategy/

¹¹ [Rhyl town regeneration summary | Denbighshire County Council](#)

¹² [Integrated Medium Term Plan 2025-28 - Betsi Cadwaladr University Health Board \(nhs.wales\)](#)

¹³ [Final-North-Wales-Regional-Partnership-Board-10-Year-Strategic-Capital-Plan_v-7.5-31-Oct-2023-SW.pdf \(northwalescollaborative.wales\)](#)

3. Scope and Service Model

This section describes what has changed since FBC in 2021 in terms of scope and makes the case for change for the service model.

3.1 Scope and Changes since FBC

This proposal will enable the delivery of new and expanded services in a modern, fit-for-purpose environment and will meet long-standing commitments to local residents. Continued community engagement since 2016 indicates strong support in the locality for this facility. The new building will be served by a separate energy centre providing mechanical and electrical services. At Phase 2 the energy centre will also support the existing RAH building.

In 2023 the strategic fit with the IRCF criteria was confirmed by the Regional Partnership Board, with a key element of the scheme reflecting the need for increased collaborative working between Health, Social Care and Third sector partners to improve outcomes for local people and help people home safely following a hospital stay. This is a key feature of the service delivery model. The new building will accommodate:

- A community reablement facility, where Health and Social Care will support clinically optimised individuals in 14 Ready to Go Home beds, typically following discharge from the District General Hospital (DGH). The facility will be managed by the integrated CRT.
- A Minor Injuries and Ailments Unit (MIAU), supporting 16% of **all** ED presentations, which would typically attend the ED at Ysbyty Glan Clwyd. There will be a further 2,000 individuals repatriated from other, local community hospitals. This will be supported by Community Navigators.
- Radiology services, comprising X-Ray, Orthopantomogram (OPG), and Ultrasound. This will be expanded, providing 1 additional X Ray facility for the minor injuries cases and enabling support for more Planned Care activity at site.
- 3 relocated dental surgical procedure rooms, currently in poor accommodation at site, augmented by a 4th surgery enabling more activity and training and development for new dental nurses in particular.
- Reception Area, Community café, office and Third Sector 'hub'
- Staff Rest areas, staff and patient welfare facilities.

In order to ensure an affordable product that fulfils the community benefits, the key changes in scope since the production of the FBC in 2021 are as follows:

- The Ready to Go Home bed model has been further developed, drawing on partnership working and the collaborative CRT workforce at the site to help clinically optimised patients.
- Some clinical services will remain in the existing RAH building, specifically: CAMHs, Physiotherapy, Sexual Health.
- Some services will remain in the 2 Glan Traeth buildings on the campus. This includes: Outpatient clinics, an Orthotics workshop, Older People's Mental Health.
- The IV Therapy Suite is no longer part of the scheme.

3.2 The Clinical Model – New and Enhanced Services

3.2.1 Community Reablement Facility: Ready to Go Home Beds

The Reablement facility will occupy the first floor of the building and will accommodate individuals who are clinically optimised, pending decisions to help them home. The accommodation includes beds, which remain an integral part of the design, and this has been borne out through community engagement and meetings with staff, partners, elected representatives and WG. The FBC design originally included a traditional community hospital ward. Health services are moving away from traditional models of bed-based care to more integrated service delivery models, working with partners at the site and encouraging self-care and reablement of individuals.


This new model of community care supports the transfer out of the DGH of individuals who are clinically optimised. The philosophy of the new service model supports the reablement of individuals and their preparation for returning home. The facility will be fully managed by the CRT and there will be senior cover at night from the senior District Nurse. There will be a core staff on site and care professionals in-reaching from the CRT. This facility will be supported by therapists, to ensure individuals' physical condition does not deteriorate and self-care can continue on discharge home. Individuals in the facility may require some therapeutic care, social care assessment, adaptations to their home environment, domiciliary care packages or potential change of residence. They will have low levels of dependency or acuity needs.

This is an innovative use of a Health building for North Wales, learning from integrated team working in care sector settings, such as Marleyfield in BCU's East Health Community and learnings from site visits and calls to other settings in Powys and Aneurin Bevan health boards. This would be for relatively short term care, typically up to 3 weeks and with a maximum Length of Stay (LoS) of 6 weeks. This will help prevent lengthy hospital stays further downstream, in line with WG's 3 P's model to Promote and Prevent¹⁴ the need for readmission.

This service will enable people to maintain their clinical readiness to go home and prepare for that return home with advice and information about local opportunities to support well-being. Typically, these individuals will be classified on Pathway 1 of the "Discharge to Recover then assess" framework¹⁵, as illustrated:

¹⁴ [Promote, prevent and prepare for planned care \[HTML\] | GOV.WALES](#)

¹⁵ [Discharge to Recover then Assess \(D2RA\) Pathways \(sharepoint.com\)](#)

D	2	R	A
DISCHARGE	TO	RECOVER	ASSESS
Pathway 0	Pathway 1	Pathway 2	Pathway 3
<p style="text-align: center; color: #00B0F0;">NO ADDITIONAL SUPPORT REQUIRED FOR DISCHARGE</p> <ul style="list-style-type: none"> • Fully independent – no further support required • Multidisciplinary Team assessment within hospital 'front door' units to avoid full admission. • Patient returns to usual place of residence (including Care Home) • Restart Package of Care (POC) with no changes • Has pre-existing community services in place 	<p style="text-align: center; color: #32CD32;">SUPPORTED HOME FIRST</p> <ul style="list-style-type: none"> • Patient returns to usual place of residency with short term support. • Preventative services delivered in collaboration with third and voluntary sector organisations. e.g Meal provision, shopping, housing • New POC or increase of existing package. • Short term reablement to maximise independence. • Assessment and some additional care and support (including therapy, nursing, Pharmacy, domiciliary care & new equipment). e.g Community Resource Teams • Safe between calls/overnight. 	<p style="text-align: center; color: #FF8C00;">SHORT TERM SUPPORTED FACILITY</p> <ul style="list-style-type: none"> • Patient is transferred to a non-acute bed and receives rehab/reablement and assessment until able to return safely home. • Unsafe to be at home overnight/between care calls. • Currently needing some care (eg: ADL) support/ intervention 24/7 • Includes specialist rehab. (e.g Stroke, Neuro, T&O) 	<p style="text-align: center; color: #DC143C;">COMPLEX SUPPORT</p> <ul style="list-style-type: none"> • Patient is transferred to a new long term bed, assessment bed or usual residence and receives the complex support and/or assessment for their needs. • Complex/significant health and/or social needs in usual residency. • Significant change requiring new placement. • Longer term placement • Life changing health care needs • Complex end of life or mental health needs.
 <p>Click on the link to Goal 5 where you will find the main documents</p>			

Denbighshire County Council fully endorses the ethos of reablement at this facility and colleagues are committed to the joint working and planning to support individuals with their return home. The Council has confirmed that DCC are actively increasing their in-house community reablement service. They are moving to an 'intake model' where all new referrals – including those from acute hospitals, community hospitals and the new provision at RAH – are assessed and right sized via in-house reablement staff prior to the final longer term care package being confirmed.

The total bed days available on the bedded unit at 90% occupancy rate will be 4,599 per year. The assumed average length of stay, based on the research at other locations, will be 3 weeks. This equates to capacity for 219 patients per year. Data has been evaluated on discharges over eighteen months for patients for the Rhyl and Prestatyn area from YGC and from other community hospital settings in Conwy and Denbighshire after they have been coded as Pathway 1.

The average number of patients at YGC at Pathway 1 is 39 per month. At 21 days Length of Stay (LoS) this would require 9828 bed days per annum, more than twice the beds days available in the new facility. If we assume that 40% of patients at Pathway 1 in the Community Hospitals have been transferred at this stage, having already spent time at Pathway 1 in YGC, then there is an appropriate number of beds for these individuals in the new Reablement facility at RAH. This would enable earlier transfer from YGC and would prevent the need for further long spells when clinically optimised in other community settings. This would free up bed days as shown:

Source Location	Number @ Pathway 1 (p.a. from 18 months' data)	Current AvLos Days	Assumptions	Transfers to Ready to Go Home facility		
				Total Number in new unit	Bed Days in new unit (at 21 AvLoS)	Bed Days saved
YGC	465	14.5 (6792 total days)	219 will in future transfer directly to the new facility including the 40% (186) who currently transfer to Community Hospitals at Pathway 1. This leaves an assumed to transfer 33 from DGH to the new RAH.	33	693	478.5 Net: -214.5
Community	243	31.6 (7689 total days. Plus 2697 currently in YGC)	40% from YGC (186) currently transfer from YGXC to Community Hospitals and will transfer directly from DGH to RAH in future. Currently spending 14.5 days in YGC plus 31.6 days in community hospitals = 46.1 AvLoS	186 (direct from DGH)	3906	8575 - 3906 = 4669
Totals				219	4599	4455

Annualised averages have been extrapolated for the 18 months' data.

Overall it may appear counter-intuitive to relocate from a 14.5 day AvLoS at the DGH to a 21 day AvLoS in the new facility. However, a large proportion of these individuals are spending a further 31.6 days in a Community Hospital setting. The following features are summarised for clarity:

- Individuals will transfer directly from the DGH to the new facility. This reduces higher intensity bed occupancy at the DGH and assumed bed occupancy in Community Hospitals across the IHC.
- Overall bed days saved will be 4,454. This assumes 3,175 days from a high intensity acute setting and a further 5,878 days from both and other community settings, less the new time spent in the RAH Reablement facility of 4,599 days.
- This frees up space in the DGH and enables improved flow.
- This frees up space in community hospitals, further enabling improved flow.
- Care can be provided in a more appropriate setting for people ready to go home, with a focus on self-care, reablement and staff from Health, Social care and the Third sector working together to resolve the issues preventing the return to home for this cohort.

3.2.2 Minor Injuries and Ailments Unit

A Minor Injuries and Ailments Unit (MIAU) will be located on the ground floor and open 7 days a week from 08:00 hours to 20:00 hours. This will be managed by a nurse-led team and

supported by Community Navigator posts from the Community Resource Team (CRT), to provide advice and information and signpost activities to enhance well-being in a patient's local community and help their return home. The MIAU will be supported by an expanded Radiology service adjacent.

The unit is expected to support around 16,000 cases p.a. which would typically present at the ED at Ysbyty Glan Clwyd. There will be a further 2,000 individuals repatriated from other, local community hospitals. The unit will support people with minor injuries and will also offer support for minor ailments, alleviating some pressure from Primary care.

People are currently travelling between 5 to 10 miles from the Rhyl and Prestatyn area to the Emergency Department at YGC with minor injuries and ailments and may experience longer wait times as the priority for such cases is understandably lower than for those with higher needs. There is also an opportunity to treat minor ailments, thereby alleviating pressure on acute services. This could include less severe abdominal or respiratory presentations, or topical infections, for which the individual might seek immediate attention. Minor ailments will be supported by an Emergency Nurse Practitioner (ENP) who will also be able to prescribe medication. The expectation is that initially patients will flow from YGC and there will be ongoing monitoring to ascertain the impact and liaison with Primary care.

In the past 2 years (2022/23 and 2024/25) 39,938 patients who were ordinarily resident in the Rhyl/Prestatyn area presented at the ED in YGC, from a total of 122,808 patients from all locations. There has been a consistent level of 33% footfall from LL18 and LL19 post code areas at YGC. On triage, people are categorised in the ED as follows:

- 1: Immediate
- 2: Very Urgent
- 3: Urgent
- 4: Standard
- 5: Non Urgent

For the purposes of this analysis, it is assumed that Category 4 and 5 patients and a possible 51% of category 3 patients from the Rhyl/Prestatyn area could receive treatment instead for minor injuries or ailments at the new MIAU at the RAH. This equates to 16.1% of all 122,808 patients who presented at the ED in YGC.

Analysis of data from all Minor Injury Units in Conwy and Denbighshire has also shown a high proportion of Rhyl and Prestatyn patients attending other facilities in community hospitals. There has been an average of 4,256 minor injuries patients from the Rhyl/Prestatyn area per year. The assumption is that Prestatyn residents travelling to Holywell will not be likely to come to the new RAH unit instead. Therefore an assumed footfall from community hospitals is 2,437 per year on average.

The total annual forecast of Rhyl and Prestatyn patients relocating is:

- Category 3, 4 and 5 patients currently presenting at YGC: 19,737
- Category 3,4 and 5 patients presenting at other community settings: 2,437
- Overall total expected at the MIAU: 21,116

This will be closely monitored after implementation as part of a review of minor injuries led by the Integrated Health community.

This development is strongly supported by the Emergency Department team at YGC and the General Practices within the North Denbighshire cluster.

3.2.3 Radiology

The Radiology department is currently located in the basement level of the RAH and provides a walk in X-Ray service to all patients having a referral for general or dental X-Ray. The existing department comprises: an X-Ray Room; OPG (Orthopantomography) Room which gives a wide view x-ray of the lower face; Ultrasound.

The equipment was upgraded as part of a wider programme across BCUHB in 2024 and costs for relocating the new equipment have been included in the non-works costs in liaison with the service. The existing location of the department has some accessibility issues and its configuration impedes the throughput and flow of patients. Because of the condition of the existing RAH building, the environment, though spacious, is not compliant with regulation in respect of ventilation. There now needs to be adjacency with the new MIAU and expansion of the services to support minor injuries patients, so this unit will relocate to the new building and expanded to provide 1 additional X-Ray room to support the new demand at site.

The service will operate 7 days a week, including Bank Holidays. In line with experience at other sites the service not mirror all opening hours of the MIAU but will operate from 08:30 to 19:00 hours each day with the option to flex to opening from 09:00 to 19:30 each day should the demand pattern require this.

The current Radiology capacity at site is for 30 patients per day for Planned Care appointments, referred by Primary Care. There is a current average demand of 42 examinations/day and 210 examinations/ week. There is an expectation that the new MIAU will generate an additional 15 patients/day and 105/week over 7 days per week. Capacity is available for a further 15 Planned Care cases at the site, repatriated from waiting lists from other local sites. This will support the Health Board's objective to achieve the 8 week wait time for diagnostic services, in line with the expectations set out in the NHS Wales Performance Framework 2025-26¹⁶. Services will be delivered in a new, fit for purpose environment with appropriate ventilation.

3.2.4 Community Dental

The community dental service is delivered from three surgeries in the Edith Vizard Building at site, which opened in 1908 as a nurses' home. The building is no longer practical for the service, which provides treatment and care for a wide and diverse group of patients, including "priority patients" who are unable to obtain the more specialised and tailored care that they

¹⁶ [NHS Wales performance framework 2025 to 2026 \(gov.wales\)](https://www.gov.wales/nhs-wales-performance-framework-2025-to-2026)

require within the primary dental services. This includes people with learning disabilities; individuals with physical disabilities; patients with challenging behaviour; patients with severe medical conditions; patients with terminal care needs; patients with neurological and/or sensory impairment.

This project will relocate the existing 3 surgeries from the Edith Vizard building and add 1 surgical procedure room. The overall benefits include the following:

- The facility will continue to serve as a central Hub.
- The additional surgery supports the Health Board’s objective to increase the levels of adult/child population accessing NHS Dental care over a 24 month (adult) and 12 month (child) month period and improve overall access to the service.
- Services could be transferred to Rhyl allowing space to be reassigned.
- The new unit would support local training, in line with the strategic plan for North Wales Community Dental Services and BCUHB’s Three Year Plan to progress dental education.

The service is expecting to be able to treat an additional 30 patients a week at minimum.

3.3 Workforce Considerations

Overall staffing levels are summarised below. These are expressed as “Whole Time Equivalent” (WTEs) as the requirement includes cover across the week, at weekends and Bank Holidays and including allowances for training, sickness and annual leave.

Staff Group	WTE
Radiology	6.19
MIAU	11.07
Reablement Facility – Core (includes Nursing, Allied Health Professionals and CRT staff)	13.91
Reablement Facility – CRT In-Reach	2.02
Facilities Management	8.05
Pharmacist	0.4
Totals	41.64

At recruitment the figures will be rounded. This defines budgeted needs, including cover. This reflects the requirement for new, additional roles to deliver the service. Existing staff, where services are already present at site, will remain. The funding for these roles is set out in the Revenue model in the Addendum document. The data has been costed in the Revenue modelling at individual shift level and confirmed with the Service Managers.

3.3.1 The Role of the CRT

DCC has reconfirmed its support for the scheme and in particular the CRT role in managing the delivery of care in the Ready to Go Home/Reablement facility. Working together will help both bodies in achieving the desired health and well-being outcomes for the people of Denbighshire. In the CRTs, DCC and BCUHB have established 4 multi-agency and co-located teams across Denbighshire, who work closely with Primary Care and Mental Health. The CRTs

strive to provide comprehensive, flexible and responsive community services. The teams, made up of District Nurses, Social Workers, Occupational Therapists, Physiotherapists, Social Care Practitioners, Dementia Social Care Practitioners and Community Navigators (Third Sector) deliver services together to designated populations. This enables care and support delivered in the community that promotes well-being and builds community resilience. Information advice and assistance, early intervention, the prevention or delay of dependency and timely and effective reablement are key objectives of the teams.



4. Outcomes and Benefits

4.1 Investment Objectives

The Project group in January 2024 confirmed that the Investment Objectives from the FBC are still relevant and are linked to specific benefits:

1. To provide safe and sustainable services in response to the current and future health and well-being needs of the local population;
2. To further develop multi-agency, integrated, responsive primary and community care services in the area;
3. To increase the range of local services, thereby reducing the reliance on the District General Hospital;
4. To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff;
5. To move care closer to people's homes, including inpatient bed-based care;
6. To improve economic, social, environmental and cultural well-being, as outlined in The Future Generations Act.

4.2 The Benefits

This section highlights key benefits associated with the implementation of Phase 1 scope in relation to business needs. Drawing on the strategic aims of BCUHB, the Investment Objectives for the scheme and the IRCF criteria for investment, the Project Board reviewed the benefits from FBC. The Financial tables and the full benefits Plan appended to the Addendum to the 2021 FBC provide details of cash releasing savings which will offset the costs of new services. The summary below is of the key benefits, including the social return on investment:

- Bringing care closer to home in line with the Health Board's commitments to this community
- Enabling a "shift left" of service delivery in the community and away from the DGH
- Improving well-being outcomes for the community served
- Building on collaborative working between Health and Care teams for this cohort of patients and helping people home as safely as is practical
- Reducing pressure on the DGH by improving the flow of patients through minor injuries services, transferring 16% of the footfall from YGC, and saving 3,175 high intensity bed days per annum through transfers to the reablement unit.
- Monetised, non-cash releasing benefits totalling an estimated £3.3 million
- There is a significant impact on the local economy, in the form of additional spending from staff and visitors at site and the value of jobs created, equating to a value of c. £2.1 million
- The movement of demand from beds in YGC to the new unit and minor injuries patients from YGC to the new unit could deliver non-cash releasing value of c.£1.4 million
- The movement of activity from YGC and other settings to the MIAU will enable 21,000 people to receive care closer to home
- The movement of bed days will enable 219 people per annum to receive care closer to home
- Overall the quantifiable and qualitative benefits will add measurable value to the community served as well as the individuals accessing the services.

5. Delivery

The project will be managed in line with the Health Board’s Procedure Manual for Managing Capital Projects and will report through the Health Board’s Portfolio Management Office.

5.1 Capital and revenue costs

The capital costs of this scheme remain within the limits set by WG and allow scope for further reparation works and development of the existing RAH building as a Phase 2 project. It has been agreed with NHS Wales Shared Services Procurement to procure via the NHS SBC Framework. The commercial arrangements are set out in the Addendum to the 2021 FBC. The revenue costs are affordable within the Health Board’s financial controls.

5.2 Main Risks

The main business and service risks associated with the Phase 1 project are below:

Risk	Mitigation	Score	Owner
FBC development costs may be unrecoverable if Welsh Government declines full capital funding, resulting in a cost pressure for BCUHB.	<ul style="list-style-type: none"> - Track FBC costs clearly. - Present detailed fees in a strong case. - Maintain clear communication with WG. 	15	Stuart Keen Director of Environment and Estates
There is a risk that planning approval may overrun the project programme due to the complexity and duration of planning requirements, potentially delaying Welsh Government approval of the RAH New Build FBC Addendum.	<ul style="list-style-type: none"> - Early engagement with the Planning Authority. - Planning consultant for expert support appointed. - Collaborate with suppliers to align planning inputs. 	9	Stuart Keen Director of Environment and Estates

5.3 Constraints

- The available site area is limited with little room for expansion, meaning any proposed new build solution is constrained by existing boundaries.
- The expectation is of overall capital costs for Phase 1 and 2 not to exceed £60 million.

5.4 Timescales – Key Milestones

Milestones	Timescale
BCUHB approval Phase 1 Proposal and appointment of the contractor (subject to approval of this proposal by WG)	September 2025
WG approval of Phase 1 addendum	December 2025
Mobilisation	Quarter 4 2025/2026
Handover new unit	Quarter 4 2026/2027
New Unit fully Commissioned	Quarter 1 2027/2028

Timely approval and funding decisions in respect of this proposal will enable the Health Board to begin to deliver services from the new development in mid-2027.

6 Conclusion and Recommendation

The Health Board and its partners in Denbighshire County Council endorse the Addendum to the 2021 FBC for Phase 1 of the development of the RAH. This will enable the delivery of new and expanded services in a modern, fit-for-purpose environment and will meet long standing commitments to the residents of this locality. There are well evidenced areas of social deprivation and chronic health needs in the area which will benefit greatly from investment in new and enhanced services. These services will be fully funded within existing Health Board revenue constraints and will enable further levels of integrated working between Health, Social Care and other partners to provide care closer to home for local people in line with national and local strategic drivers for service delivery and enhanced well-being.

This first Phase of work will also support the Health Board in alleviating some of the pressures on the nearby DGH at Ysbyty Glan Clwyd, both in improving bed flow and in ameliorating delays within the ED. The preferred solution has been scaled back since the 2021 FBC and will support a further Phase 2 development of the existing Grade II listed building within capital funding constraints. Timely approval and funding decisions in respect of this proposal will enable the Health Board and its commissioned supplier, MTX, to complete the construction of the new unit and energy centre by 2027. This development will improve service delivery and enhanced well-being for local people and is well supported and anticipated by the community.

BCUHB will submit this proposal to the Welsh Government in September 2025. The Health Board's aspiration is for approval and funding decisions to be made in 2025 so that enabling works can commence in the last quarter of the current financial year.





**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	25/09/2025		
Date of Committee	04/09/2025	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: QSE Committee - BCUHB	
2a	Alert	The QSE Committee wish to alert members: <ol style="list-style-type: none">1. The Committee received the response to the Tackling the Planned Care Challenges Audit Wales report and the management response and agreed that harm reporting would feature in future private quality reports.	
2b	Assurance	The QSE Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. The Committee received a comprehensive update on maternity services, including national benchmarking and gap analysis following the Swansea Bay review.2. The Committee received a detailed update on the progress made for all the Challenged Services and that future reporting would be aligned to the IMTP and by exception.3. Received assurance on the Health Board response to the RCPsych Invited Review Services Report.	
2c	Advise	The QSE Committee wish to advise members of the Board that: <ol style="list-style-type: none">1. A positive Patient story was heard and highlighted the important role that Play Specialists undertake when supporting children with additional learning needs.2. The Integrated Quality Report highlighted much improvement on complaints handling.3. The Committee received the Lymphoedema Wales Clinical Network End of Year Evaluation Framework & Activity Report, the Draft Duty Candour Annual Report and the Draft Annual Putting Things Right Report.	
2d	Review of Risks	The Committee reviewed the risks on the Board Assurance Framework 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.	

Teitl adroddiad: <i>Report title:</i>	Improving Quality Report – June 2025 / July 2025			
Adrodd i: <i>Report to:</i>	Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	25 th September 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on quality issues and information on the improvements underway.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to note this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	<ul style="list-style-type: none"> Angela Wood, Executive Director of Nursing and Midwifery Dr Sreeman Andole, Interim Executive Medical Director Teresa Owen, Executive Director of Allied Health Professionals and Health Science Dr Jane Moore, Executive Director of Public Health 			
Awdur yr Adroddiad: <i>Report Author:</i>	<ul style="list-style-type: none"> Patient Safety: Chris Lynes, Deputy Director of Nursing Patient and Carer Experience: Chris Lynes, 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: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		<p>Outcome 4 - Improved access, outcomes and experience for citizens</p> <p>Outcome 5 - Recognition of BCU as a learning and self-improving organisation</p>		

<p>Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:</p>	<p>The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020.</p> <p>The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards.</p> <p>Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>N/A</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?</p>	<p>N/A</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p>	<p>BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations</p>	<p>N/A</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations</p>	<p>N/A</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation</p>	<p>N/A</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (Or links to the Corporate Risk Register)</p>	<p>BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)</p>	<p>N/A</p>
<p>Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations N/A</p>	
<p>Rhestr o Atodiadau: List of Appendices: Board Improving Quality Report</p>	



Board Improving Quality Report – September 2025

INTRODUCTION

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

Nationally Reportable Incidents (NRI)

From 01st June 2025 to 31st July 2025, there were 14 National Reportable Incidents (NRIs) occurring by incident date compared with 24 for the previous reporting period.

The total number of NRI investigations that were open as of the end of July 2025 was 51 with 11 overdue closures.

The proportion of NRI's that remain open for more than 90 days are the best across Wales, with the Health Board having 35.3% of cases taking longer than 90 days. The median working days to completion is also the lowest at 80 days compared to the All-Wales median of 134 days.

Never Events

The Health Board have reported a Never Event in June 2025 relating to wrong site surgery. There was no significant harm to the patient involved. Further detail can be found in the Quality private report.

Oxygen Administration Improvement

The oxygen improvement task and finish group continue to receive IHC/Divisional progress with the Health Board improvement plan. The current compliance with oxygen cylinder training on ESR is 75%.

BOC are still progressing with the single valve cylinder and are visiting BCUHB mid-September to demonstrate it to BCUHB services and teams and will also update on cost implications to Health Boards.

COMPLAINTS / PATIENT EXPERIENCE

Complaints received

Between the 1st June and 4th August, BCUHB received 517 complaints and closed 506 complaints, a negative variance of 11

Complaint's position as of 4th August, 2025

- Total Number of open complaints = **225**
- Number of Complaints Less than 30 working days = **177**
- Number of Complaints overdue = **48**
- Compliance with 75% target of overdue complaints – **78.67%**

As of 4th August 2025, the average number of working days / months a complaint is resolved on average is 20.29 working days (including historical and backlog complaints in 2024-25), this remains below the target days. (Target 30 working days)

Nationally, since 1st April 2025 we are resolving complaints in 19 working days, the best performing health board in Wales (Welsh National Average = 30 working days)

Complaint themes

The main themes of complaints are:

Sub Subjects	IT Count of ID
Delay/Lack of diagnosis	7
Response to Patient needs	7
Delay in appointment/waiting time/transport	7
Attitude/Behaviour of Clinical Staff	8
General care and respect	9
Communication with patient/service user	11
Incorrect/insufficient treatment or Assessment	45
Delay/Lack of treatment or Assessment	72
Grand Total	166

As of 4th August 2025, the longest open complaint in the BCUHB has been open 106 working days, with only 2 complaints open over 90 working days across the entire

The table below shows the BCUHB performance nationally as of the end of May 2025 (Source – National Beacon Dashboard).

All Wales - Overdue Concerns - by calendar days since due date

Organisation	<90 Days	90 to 180 Days	180 to 270 Days	270 to 365 Days	Over 365 Days
ABU	164	59	45	16	2
BCU	26	3			
CAV	81	19	3		
CTM	129	122	100	52	3
HDU	206	77	37	23	16
PTHB	1				
SBU	101	42	33	14	2
VEL	1	2			
WAST	92	47	8	1	
Total	801	371	226	106	23

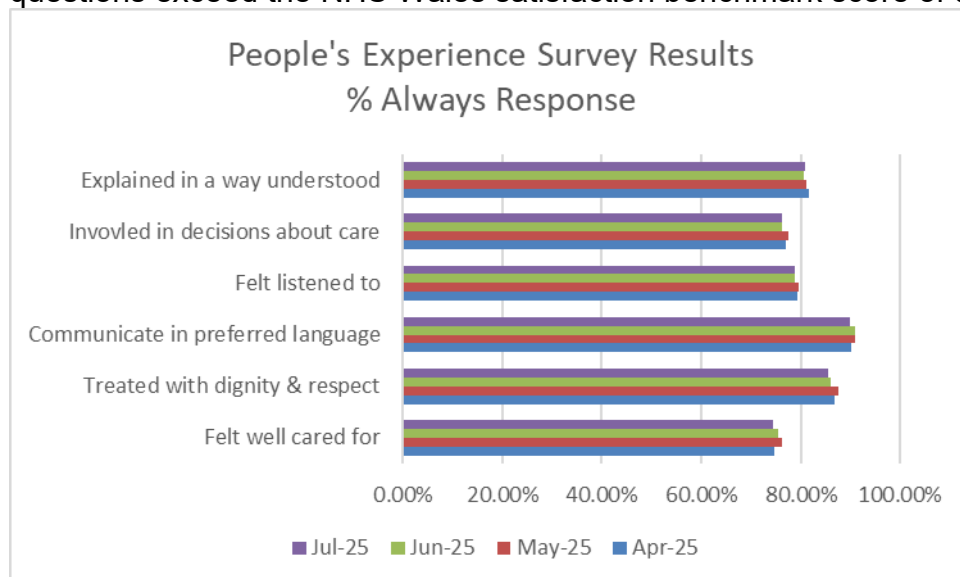
Patient Experience

Between the 1 June 2025 – 31 July 2025, the Patient Advice and Liaison Service (PALS) facilitated the resolution of 1324 enquiries, received 114 compliments in writing and 13 suggestions for improvement. As of 30 July 2025, PALS took on average 6.23 working days to resolve an enquiry.

Patient Feedback

From 1 June 2025 – 31 July 2025, 13039 All Wales People's Experience Survey responses were received via Civica feedback system. 89% of respondents shared their experience of accessing services "in the last week". On average within the reporting period respondents rated their overall experience of accessing Health Board services as 'very good' at 68.73%.

Overall, 87.51% of people reported always being treated with dignity and respect and 90.80% of people being reported 'always' able to communicate in their preferred language including; Welsh, English, BSL, Romanian, Urdu and Portuguese. These two new survey questions exceed the NHS Wales satisfaction benchmark score of 85%.



Womens and Midwifery Services – In Focus

From 1 June 2025 – 31 July 2025, 812 People's Experience Survey responses were received via Civica feedback system for Women's Services. Patient Advice Liaison Service (PALS) received 59 enquiries and 8 compliments related to Women's Services. The top key enquiry themes include; appointments, clinical treatment and assessment and communication.

Women's Services are progressing the implementation of the new All Wales maternity survey. Women will receive three SMS messages throughout their pregnancy trimester and there will be a neonatal survey sent to women where appropriate. The service is aiming to launch the SMS surveys in September 2025.

Work continues around improving the experiences relating to the induction of labour and partners staying overnight. The Birth Reflection Service continues to meet with women each month to listen to their experiences and provide support.

Mental Health Learning Disability (MHL) Service – In Focus

From 1 June 2025 – 31 July 2025, 219 People's Experience Survey responses were received via Civica feedback system for MHL Service.

Although the service has successfully rolled out mapping of CIVICA to all areas, feedback returns remain low in numbers. A Task and Finish Group was established to drive the enhanced use of CIVICA as a patient feedback tool.

MHL Service have re-established a Patient and Carer Experience Group made up of staff and key stakeholders such as Caniad, CADMHAS and Adferiad bi-monthly. Llais are working in partnership with MHL Service visiting inpatient units across North Wales to meet staff and patients to capture feedback and identify opportunities for improvement.

Accessibility - All Wales People's Experience Survey (Easy Read)

An Easy Read version of the People's Experience Survey was launched across the Health Board in July 2025. In total 43 surveys were completed with 74.36% of respondents rating their overall experience of accessing Health Board services as 'very good'.

Key findings:

- 92.31% of respondents were treated well 'all of the time'
- 84.62% of respondents felt everything was explained well so they could understand 'all of the time'
- 84.21% of respondents felt looked after 'all of the time'
- 82.50% of respondents felt listened to 'all of the time'
- 79.31% of respondents said they could use their language to communicate when we gave care 'all of the time'. Languages included English, Welsh and Polish
- 73.68% of respondents were involved in decision making about their care 'all of the time'

Citizen Voice

What people said was good about their experience:

- *'I left my appointment happy and reassured. I dropped off my prescription letter at my GP Surgery and was very impressed by the whole experience. Thank you!' (Ysbyty Glan Clwyd Outpatients).*
- *'I was impressed by the sensitivity of staff by the fact that I am vulnerable to infection and my partner is immune deficient. They went out of their way to ensure I was well cared for, and they explained everything very carefully' (Ysbyty Gwynedd, Radiology Service).*
- *'I was amazed how much the Doctor went through the process of my treatment; she was amazing' (Adult CMHT Wrexham).*
- *'Nurses, Doctors, Consultants, theatre staff and everyone I met were amazing. They all ensured I was aware of what was going on and they thought of me first' (Abergele Hospital, Eye Outpatient Unit).*
- *'The whole system of care at Bangor Hospital was exemplary. From A&E, to the ward, to the food, to the operation, aftercare, and consequent discharge - superb! Thank you, we are so lucky to have you' (Cancer Services, Ysbyty Gwynedd).*

CLINICAL EFFECTIVENESS

Clinical Audit Performance

- 9 Tier 1 national clinical audits were published in Quarter 1, with 2 reported and 7 scheduled for Quarter 2 reporting
- Service Assessments of Compliance (SAoCs) demonstrate measurable improvements in clinical outcomes and patient safety initiatives
- Quarterly monitoring through Strategic Clinical Effectiveness Group ensures systematic oversight

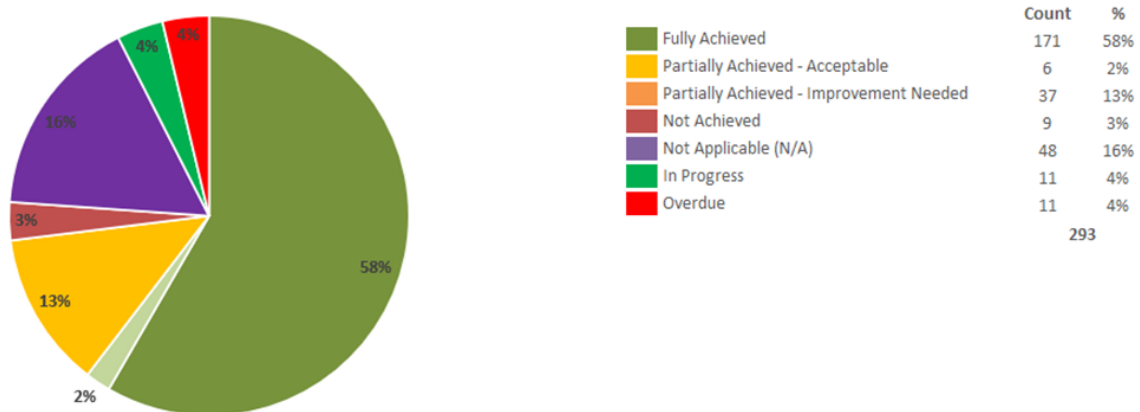
Title of National Audit	Name of report	Date of publication	Date Service Assessment response due	West	Central	East	Key Achievements Summary
				Service Assessment Completed	Service Assessment Completed	Service Assessment Completed	
National Lung Cancer Audit (NLCA)	State of the Nation Report 2025	10-Apr-25	09-Jun-25	Yes - Draft	Yes - Draft	Yes - Draft	Good levels of overall compliance although still concerns re lack of timely capacity in diagnostic services (principally radiology) and oncology services. Learning discussed at Lung Cancer Clinical Advisory Group and used for training and to aid quality improvement
Mothers and Babies: Reducing risk through Audits and Confidential Enquiries across the UK (MBRRACE)	Perinatal Mortality Surveillance UK Perinatal deaths of babies born in 2023 2025 State of the Nation Report	08-May-25	09-Jul-25	No - Overdue	No - Overdue	No - Overdue	Service assessment response, due July 2025, not received. Lack of engagement to requests for a response have been escalated in line with CE Team process

NICE GUIDELINES

NICE Guidelines Compliance - Significant Improvement

- Outstanding compliance rate of **96%** (only 4% overdue as of July 2025)
- Marked improvement across all compliance categories since implementation of the Audit Management and Tracking (AMaT) tool
- Services now required to review partially achieved guidelines with six-month review deadlines
- Updated NICE Protocol available on Betsinet for organisational reference

Overall BCUHB Compliance Status

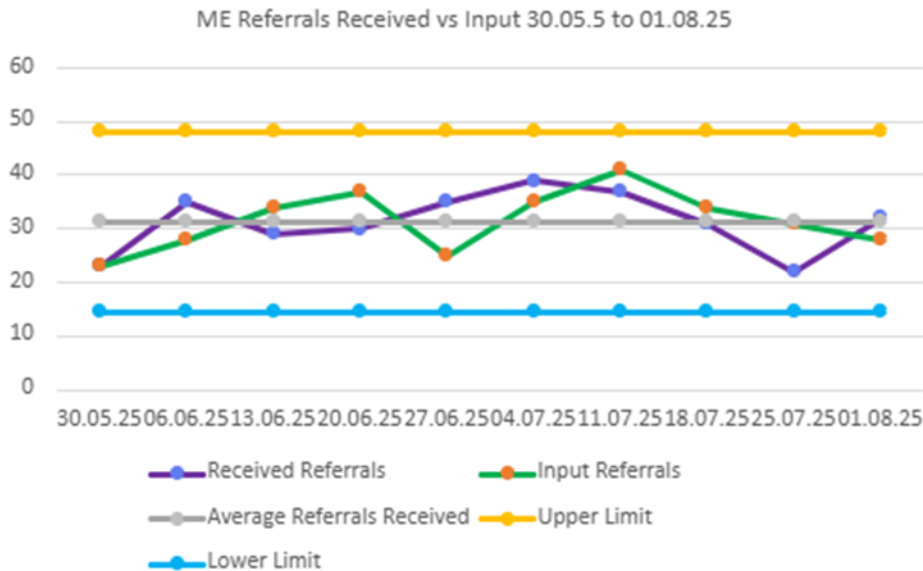
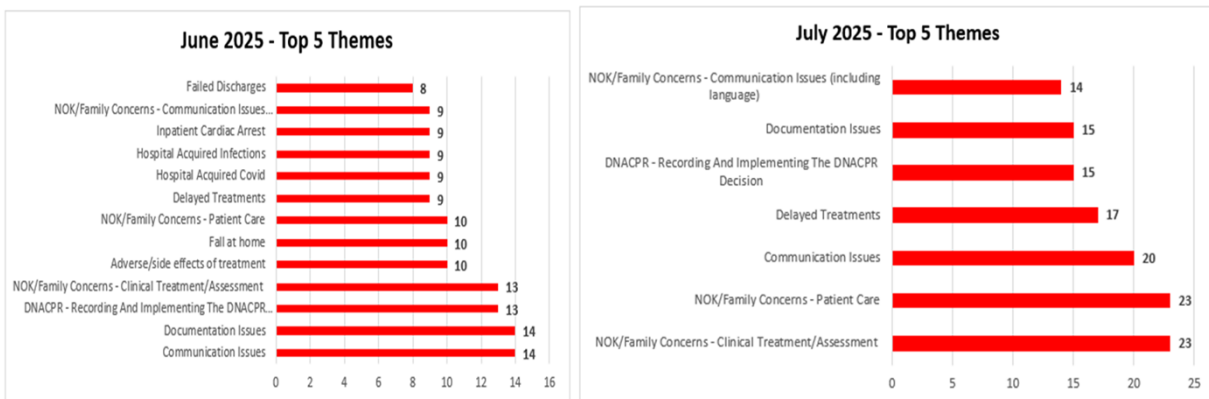


MORTALITY REVIEW

Mortality Management Enhancements

- Successfully implemented All-Wales Medical Certification of Cause of Death (MCCD) process
- Enhanced communication system including QR code access via BCU intranet and poster distribution across Integrated Health Communities
- Launched monthly mortality learning lessons initiative (July: opiate prescribing; August: MCCD process summary)
- Streamlined Grand Round sessions moved to virtual format to increase clinician engagement

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



Strategic Impact

The Health Board demonstrates substantial progress in clinical governance with systematic improvements in audit compliance, mortality review processes, and NICE guideline implementation. The 96% compliance rate for NICE guidelines represents a significant achievement in clinical standardisation, while the structured approach to mortality reviews and learning dissemination enhances patient safety culture across the organisation.

Operational Excellence

Implementation of digital tools (AMaT system, QR codes, virtual sessions) has improved accessibility and efficiency of clinical effectiveness processes, supporting the Health Board's commitment to continuous quality improvement and evidence-based practice

SAFEGUARDING & PUBLIC PROTECTION

Safeguarding and Public protection Training Compliance Q1 2025-2026

BCUHB's Safeguarding and Public Protection Training activities continue to have a targeted approach to ensure compliance meets the KPI of 85%.

- Overall compliance for five of the Safeguarding modules is now above KPI compared to four in March 2025.
- Mental Capacity Level 2 has now reached BCUHB KPI of 85% (July 2025)
- From August 2024 Level 3 Safeguarding Children Training compliance was added to staff profiles on the Electronic Staff Record. This has enabled separate reporting of Level 2 and Level 3 training. It is recognised that the compliance data will improve over the year as it will need time to readjust in line with staff training expectation and compliance.

Deprivation Of Liberties Assessments (DOL) Backlog Progress

A significant area of progress relates to the reduction of the DoLS backlog. As of the July 2025 the DoLS backlog stands at 54, a notable improvement from 71 in the previous quarter and an initial backlog of 127 prior to receipt of Welsh Government (WG) funding. It is important to note that the number of applications received can vary month to month and as such, the backlog will fluctuate.

Independent Mental Capacity Advocate (IMCA)

The Health Board hold geographical responsibility for the provision of an IMCA service across North Wales. Meaning that the IMCA service enables the Health Board (HB) and Local Authorities (LA) to meet the statutory requirement of the offer of advocacy services to service users across North Wales.

The requirement to increase the provision is being considered by the Executive Team, ensuring legal and procurement requirements are met in the extension and the allocation of the contract. It should be noted that there is no cost to the Health Board as funding is provided directly from WG.

INFECTIOUS PREVENTION AND CONTROL

During July there were a total of 13 newly identified outbreaks, a slight increase from 11 outbreaks in June, but with fewer full ward and bay closures. Only one ward was closed due to Carbapenemase Producing Enterobacterales (CPE), this demonstrated an operational impact and impact on beds lost figures.

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, progress has been made in some key areas, aiming to reduce the overall number of healthcare-associated infections across both community and hospital settings. As of the end of July 2025, the following changes have been reported:

- Clostridioides difficile (C. diff): 25 fewer cases (no specific goal set for overall numbers).
- Methicillin -resistant Staphylococcus aureus (MRSA): 1 more case (no specific goal set for overall numbers).
- Methicillin -sensitive Staphylococcus aureus (MSSA): 9 more cases (no specific goal set for overall numbers).
- Escherichia coli (E. coli): 16 fewer cases (aligned with Goal 1).
- Klebsiella spp.: 11 more cases (aligned with Goal 2).
- Pseudomonas aeruginosa: 6 more cases (aligned with Goal 3).

When benchmarked against other Health Boards in Wales as of end of July 2025, BCUHB ranked:

- 2nd for Pseudomonas and Klebsiella
- 3rd for MRSA
- 4TH for MSSA, E. coli and C. Difficile

Community Onset Infections

As of the end of July 2025, BCUHB has demonstrated positive progress in reducing community onset infections when compared to the same period in 2024/2025 for C. diff infections, reporting at fewer than 25 cases per 100,000 population.

However, for Staphylococcus aureus (combined MRSA/MSSA), there has been an increase in July with BCUHB reporting a rate above the improvement goal of fewer than 25 cases per 100,000 population.

Ongoing Strategic Priorities

High-level improvement plans across all IHCs continue to focus on addressing the following challenges:

- *High-Level Disinfection*
- *Gaps in Reporting*
- *Cohorting Opportunities*
- *Isolation Capacity*
- *Staff Training*
- *Estates and Facilities Infrastructure.*

QUALITY ASSURANCE

Healthcare Inspectorate Wales

1. [Ysbyty Gwynedd Maternity Services](#)

HIW published an inspection report pertaining to the Unannounced Inspection of Ysbyty Gwynedd Maternity Services on the 5th June 2025. The inspection took place from the 18th to 20th February 2025;

2. [Ysbyty Gwynedd, Emergency Department](#)

HIW published an inspection report pertaining to the Unannounced Inspection of Ysbyty Gwynedd Emergency Department on the 24th July 2025. The inspection took place from the 14th to 16th April 2025

As outlined within the inspection reports, the Health Board has taken steps to address the immediate issues raised by HIW. Both the Immediate Improvement Plans and Main Improvement Plans 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.

Announced/Unannounced Inspections (1)

HIW undertook an inspection at Ysbyty Cefni, Cemlyn Ward, from the 29th to the 30th of July 2025. The Health Board has received verbal feedback from HIW following the inspection, and immediate assurance plan. This will be reported in the next paper, as the Health Board have not yet received any documentation from HIW.

Concerns / Requests for Assurance

The Health Board received nine concerns/requests for assurance from HIW. All responses from the Health Board receive approval from Responsible Directors and the appropriate Executive Director, prior to submission to HIW. These are subject to oversight and monitoring via the Health Boards Regulatory Assurance Group (RAG) which reports to the Executive Delivery Group (EDG).

Care Inspectorate Wales

A visit to Enhanced Community Residential Services (ECRS), a domiciliary provision within the Mental Health and Learning Disabilities Service, was undertaken by the Health Boards Responsible Individual on the 4th July 2025. No immediate patient safety issues were identified. Areas of good practice was recognised, with three recommendations made in relation to areas for improvement.

Public Services Ombudsman for Wales

Public Interest Reports (PIRs)

The Health Board has 1 ongoing Public Interest Report issued by the Ombudsman.

[PIR received March 2025 \(Case ref ID2087 / 202301141\)](#)

The Ombudsman upheld the complaints and made a number of recommendations which the Health Board accepted. The Health Board are on track with the action plan, reporting progress to the Health Boards Regulatory Assurance Group, Executive Delivery Group and Quality Safety and Experience (QSE) Committee.

Eight of the actions have been completed with one remaining action due for completion on 25 September 2025. The Health Board wrote to the Liverpool University Hospitals NHS Foundation Trust, and has received their findings and evidence which has been shared with the Ombudsman. The final recommendation deadline in relation to implementing a Commissioning Assurance Framework (CAF) is in progress and on track for completion.

Learning from the Ombudsman

The Quality Team continue to collaborate with other Health Boards in Wales via the NHS Wales Ombudsman Safety & Learning network, to review published reports and discuss themes for wider learning. The network also helps identify ways which the Health Board can improve how it captures, tracks and monitors Ombudsman recommendations and compliance.

When a Health Board complaint is upheld by the Ombudsman, the final report findings and recommendations are presented to the Patient Safety Group and Clinical Effectiveness Group for discussion.

ORGANISATIONAL LEARNING

Quality Management System

Development of the BCUHB Quality Management System continues to progress at pace. In September 2025 the QMS Group will support the 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 Digitalised maturity Assessment App continues to develop with a fully completed user guide and the development of a Quality Impact Assessment to be integrated. The Quality Dashboard is linked to the BCUHB Quality Management System (QMS) Digital App to ensure that as the systems are linked.

The BCUHB Quality Dashboard

Organisations across Wales have expressed an interest in working with BCUHB to adopt the BCUHB Quality Dashboard and BCUHB QMS digitalised App. Developments of a Quality Scoreboard and also Maternity and Neonatal Dashboard are being progressed to support Data driven monitoring and Improvements.

Thematic Review of Never Events: A Collaborative Approach to Organisational Learning and Improvement

The Health Board recently conducted a thematic review focused on never events, bringing together professionals from across all disciplines to collectively examine the underlying factors and identify meaningful improvements. This collaborative process enabled a comprehensive analysis of current practices and facilitated the development of actionable changes aimed at enhancing patient safety.

As part of the review, a task and finish group will now proceed to benchmark and complete scoping exercises, to explore approaches adopted by other organisations. The insights

gained will be embedded across all relevant areas to ensure consistency and drive sustainable improvement.

HEALTHCARE LAW

Prevention of Future Deaths

There have been no Prevention of Future Death (PFD) Notices issued during the reporting period.

However, one adverse conclusion was reached by the coroner following the June 2025 inquest into the death of a patient at Ty Llewellyn in October 2020, who died from sepsis. The inquest jury found that the death was contributed to by neglect, citing a "gross absence of care" and identifying failings such as a lack of basic medical attention, inadequate monitoring, and poor communication of staff responsibilities. An independent investigation was commissioned at the time, and evidence of learning and improvement was presented during the inquest.

The third "Meet the Coroner Event" of 2025 took place at Ysbyty Gwynedd (and also virtually) in July giving staff an opportunity to understand the role of the coroner, how coroner investigations and inquests work, and to understand the expectations around giving evidence in the coroner's court.

The Health Board achieved significant improvement in the number of overdue Learning from Events Reports (LFERs) due with the Welsh Risk Pool (WRP), dropping to just 7 by the beginning of quarter two. Unfortunately, a number of submissions were deferred by the WRP at its committee meeting in July and the number of overdue forms therefore increased to 35. Focused work is underway within services to provide the additional evidence requested to resubmit, as well as maintaining submissions of those LFER forms becoming due.

CONCLUSION

This report provides the Health Board with a summary of key quality related assurances and improvement activities.

The key points of note are:

National Reported Incidents (NRI)

- The proportion of NRI's that remain open for more than 90 days are the best across Wales, with the median working days to completion is also the lowest at 80 days compared to the All- Wales median of 134 days.
- Never Event: Wrong site surgery in June 2025; no significant harm.

Complaints

- The average number of working days / months a complaint is resolved on average is 20.29 working days (including historical and backlog complaints in 2024-25), this remains below the target days. (Target 30 working days).

Patient Experience:

- 13,039 survey responses; 68.73% rated experience as “very good”.
- 87.51% treated with dignity; 90.80% communicated in preferred language.

Infection Prevention

- 13 outbreaks in July (up from 11 in June); only one ward closure.
- Positive progress in reducing C. diff and E. coli infections.
- Strategic priorities include disinfection, isolation capacity, and staff training.

Organisational Learning

- Quality Management System (QMS) entering implementation phase.

Healthcare Law

- No Prevention of Future Death notices, but one adverse coroner conclusion (sepsis case).
- Overdue Learning from Events Reports (LFERs) improving position.



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date		25/09/2025	
Date of Committee		26/08/2025	Report of: Performance, Finance and Information Governance
Quoracy met:		Yes	
1	Agenda	The Performance Finance and Information Governance Committee (PFIGC) continues to meet bi-monthly. The Committee considered an agenda which is attached: PFIG Committee – BCUHB	
2a	Alert	<p>The PFIG Committee wish to alert members of the Board that:</p> <ul style="list-style-type: none"> • Although there is a clear understanding of the importance of increasing productivity, aligning our performance to Getting It Right First Time (GIRFT) standards, and Theatre Optimisation, there is still no evidence of significant improvement in these critical areas. While clinical leadership is an essential prerequisite to bringing about positive change, the Committee believes this must be a shared endeavour, rather than being seen as the sole responsibility of the incoming Medical Director. • The Committee shares the view of Audit Wales as set out in their recent report on Planned Care that we need to do more to address these long-term issues as well as utilising the short term measures to boost capacity to reduce the longest waits • Although delivery of savings is ahead of profile, there is an urgent need to identify and firm up further savings in order to reach – and ideally exceed – the £40 million target. • Further work is needed to ensure that the Integrated Performance Report provides a clear narrative of what action is being taken to improve performance where it is behind trajectory, what barriers are being encountered and what mitigations are in place. The Committee members hope to have an informal working session to discuss the reshaping of the report with the Executive (this was also an agreed action at the Board in July 2025) • While good progress has been made in terms of the Board Assurance Framework (BAF), the work is hampered by the fact that the Board objectives are still not SMART (Specific, Measurable, Achievable, Realistic, Time-Bound) and it is recognised that this will need to be resolved as part of the development of the Organisational Strategy. • Putting in place additional endoscopy capacity (funded by the Welsh Government and as recommended by the Ministerial Advisory Group [MAG]) is vital to achieving the 8 week standard for diagnostics but the Committee is not assured that this is progressing quickly enough. 	
2b	Assurance	<p>The PFIG Committee wish to assure members of the Board that:</p> <ul style="list-style-type: none"> • Work to address the large backlog in follow-up outpatient appointments includes validation of the data (i.e. ensuring that 	



		<p>appointments are still needed) as well as putting in place a much more consistent approach to Patient Initiated Follow Up (PIFU) and See on Symptom (SoS).</p> <ul style="list-style-type: none"> • Work to transfer more of our legal work in-house and to ensure that legal advice is not commissioned unnecessarily is proceeding well: the Committee will receive regular quarterly reports on legal services. • The Board's performance in terms of Information Governance continues to be good and the Committee approved an updated version of the Information Governance Strategy (though the use of the term 'strategy' will be reviewed).
2c	Advise	<p>The PFIG Committee wish to advise members of the Board that:</p> <ul style="list-style-type: none"> • Savings are increasingly being delivered through the Value and Sustainability programme of work, though with Integrated Health Communities (IHCs) and Central Divisions still expected to take responsibility for implementing measures agreed. The Committee believes it is important to ensure that there is clarity about the 'logic model' behind each of the workstreams. • The Committee received a presentation from the Chief Executive on the Health Board response to the recommendations of the MAG. The Committee has commissioned a report on progress on Theatre Optimisation for the next meeting. • The Committee received a paper on Urgent and Emergency Care and the measures in hand to improve performance: the Committee believes stronger focus is needed on the 'back door' and Delayed Transfers of Care. • In private session, the Committee received an addendum to the Final Business Case for the Royal Alexandra Hospital redevelopment which it supported after discussion and debate about some aspects of the proposal.
2d	Review of Risks	<ul style="list-style-type: none"> • The Committee reviewed the relevant risks in the BAF, noting comments from the Head of Internal Audit about the need for the Board to be much clearer about its objectives for the BAF to become truly meaningful.
2e	Sharing of learning	<ul style="list-style-type: none"> • The Committee is eager to find out what can be learnt from other Health Boards in respect of Planned Care delivery and understands Audit Wales will publish a summary report bringing together learning from its work in every Health Board.
3	Actions to be considered by other Committees	<ul style="list-style-type: none"> • QSE to consider receiving the presentation on the MAG and in particular to consider whether the Health Board is responding appropriately to recommendation 3: <i>'better prioritisation of available capacity for the longest wait patients should become a precondition for the receipt of additional funding from the Welsh Government for elective recovery'</i> • Quality, Safety and Experience Committee to consider the evidence in respect of providing high quality physical health care to mental health in-patients following the recent coroner's case.



Teitl adroddiad:	Integrated Quality & Performance Report, Month 5
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 25 September 2025
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027 on the 28th of September 2023 one of a trilogy of new frameworks intended to drive the strategic objectives of the Health Board. The IPF will be used in conjunction with the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF). The three Frameworks support the Board Assurance Framework (BAF). The Framework will align with the Quality Surveillance Strategy as it is developed.</p> <p>The purpose of the Framework is to integrate key performance indicators (KPIs) from: -</p> <ol style="list-style-type: none">1. Key deliverables from the Annual Plan (IMTP)2. NHS Wales Performance Framework (Quadruple Aims)3. Key deliverables in response to Welsh Government (WG), Health Education and Improvement Wales (HEIW), and other formal recommendations including Special Measures. <p>The Health Board has a number of measures rated monthly and included within this report.</p> <p>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.</p> <p>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). These are now included in the IQPR, specifically in the People & Organisational Development domain and the new subsection Primary & Community Care.</p> <p>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.</p>

	<p>Key areas of escalation are identified within the ‘Escalated Performance Measures’ section at the beginning of the report, the report composition articulating the following;</p> <ul style="list-style-type: none"> • 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. <p>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).</p> <p>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.</p> <p>Further to discussions had at the previous meeting of the Health Board in July 2025, the Performance & Commissioning Directorate is working with the Chief Executive Officer in revising and strengthening the Integrated Performance Framework, and to revise the content and structure of the Integrated Quality & Performance Reports. A draft version of both will be presented for approval in January 2026, with the intention of ‘running live’ from April 2026.</p>		
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Health Board is asked to:</p> <p>Review the contents of the report and propose any actions arising from the report, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.</p>		
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Carol Shillabeer, Chief Executive Officer</p>		
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Ed Williams, Deputy Director of Performance</p>		
<p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p>	<p>I’w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>

Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	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 EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	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? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	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)	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			

<p>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p>	<p>upon planned care delivery between 2020 and 2022.</p> <p>References to Corporate Risks have been made in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>The delivery of the performance indicators within our IQPR will directly/indirectly impact upon the financial recovery plan of the Health Board.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>The delivery of the performance indicators within our IQPR will directly/indirectly impact on our current and future workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>This report has been reviewed by Executive Team.</p> <p>The report has been reviewed by the Chief Executive Officer.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>The Deputy Director of Performance continues to work with the Head of Risk Management in strengthening linkage from this report into the Corporate Risk Register and eventually Board Assurance Framework (BAF) once objectives have been set.</p> <p>References to Corporate Risks are included in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics</p>

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol
<i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations: Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described.</p> <p>The Integrated Quality & Performance Report will undergo further development into 2025-26 to reflect both the Health Board's strategic priorities and the NHS Wales Performance Framework 2025-26, as published in January 2025.</p>	
<p>Rhestr o Atodiadau: List of Appendices: 2 1: Summary of Report 2: Integrated Performance Report in PDF</p>	

Committee: Health Board

Report title: Summary of Integrated Quality & Performance Report (IQPR)

Report Author: Deputy Director of Performance
(on behalf of the Chief Executive Officer)

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 Performance Report' including a section summarising the areas requiring escalation for Board members, divided into the following four quadrants;

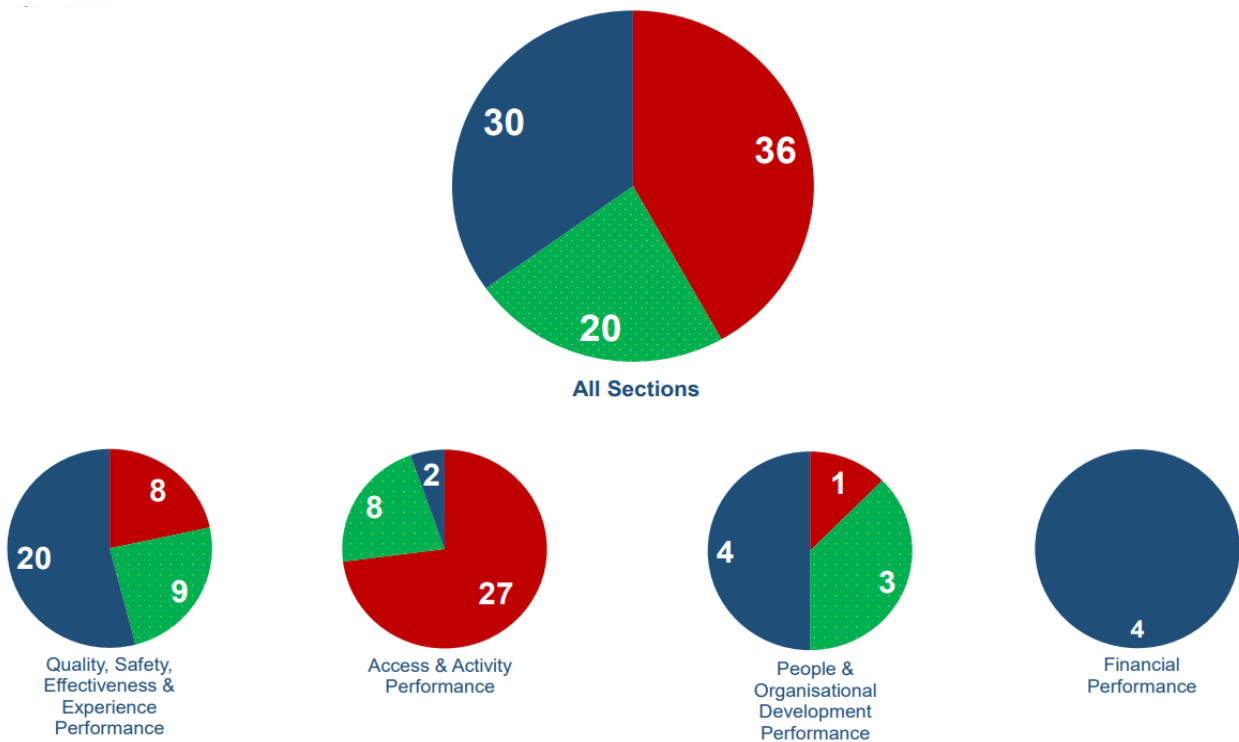
- Quality (Safety, Effectiveness & Experience) Performance
- Access & Activity Performance
- People & Organisational Development Performance
- Financial Performance

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

This report reflects performance against the NHS Wales Performance Framework for 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, 20 are on target, 36 are off target. Although this is an improved position compared to July 2024, it remains clear that there continues to be significant risks to delivery on a number of key metrics for which the attached report at appendix I, gives further detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic.

A prioritisation of the metrics off plan has been used to populate the escalation section of the IPR (see appendix I) to give greater focus to the metrics we are seeking to enhance in the short term. This summary report will indicate some key elements from our quality, our access and activity, our people and our finance as seen within the Health Board.

3. Key outputs from oversight of Access & Activity Performance

3.1 Quality (Safety, Effectiveness & Experience) Performance

(Corporate Risk 24-04 Failure to Embed Learning)

New Never Event

One new never event was reported for July 2025. The event concerned the retention of surgical swab during a routine surgery. Full details included within the Quality Report.

Learning From Events Reports (LFERs):

There had been a month on month decrease in number of overdue reports since December 2024. However, there were 26 outstanding LFERs at the end of July.

Overdue reports pose a Quality and Safety risk from the perspective that if we haven't completed the reports in a timely manner, how can we embed the learning to prevent future events.

There is also the financial risk given that the Health Board can incur a penalty of £2,500 per overdue report. Continued focus is required to address the timely completion of LFERs and recovery of the overdue position. This measure will remain in escalation.

National Reportable Incidents Overdue 90 days:

Performance against this measure has improved significantly compared to the same period in 2024. However, there remains 11 NRIs overdue. As per the Integrated Performance Framework, this measure will remain in escalation until there have been 3 consecutive months of zero overdue NRIs.

Clinical Coding Compliance:

Performance against this measure has improved significantly compared to the same period in 2024. The position for May 2025 was 74.6%, however, it is predicted that the figure for June 2025 will be above 90% and one of the best performing in Wales.

Once performance against this measure has achieved the 90% rate for 3 consecutive months, it will be recommended for de-escalation as per the Integrated Performance Framework.

3.2 Access & Activity Performance

(Corporate Risk 24-10 Urgent & Emergency Care)

(Corporate Risk 24-11 Planned Care)

(Corporate Risk 24-12 Areas of Clinical Concern)

(Corporate Risk 24-13 Timely Diagnostics)

This quadrant contains the greatest number of measures within the report, with the 37 measures within this section requiring oversight through PFIG. It is noted that based on latest information BCUHB is not achieving the target for 27 (73%) 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)

3.2.1 Adult Mental Health Measures Performance

Performance against the assessment target improved and achieved the 80% with a performance of 81.8% in June 2025. The Health Board has continued to reduce waiting times for assessments and reduced long waiters. The Division has trajectories to achieve Part 1b target by the end of Quarter 1, however, have just

missed out at 79.6%. As part of this focus is required on equity of service across the individual areas of North Wales with Denbighshire and Anglesey having been outlier areas during 2024/25.

During 2025/26 the expectation is that all measures will be compliant with national target by the end of Q2.

3.2.2 Children's & Adolescent Mental Health Services (CAMHS), and Neurodivergence

Performance against Part 1a of the Mental Health Measure was 98.5% compliance in June 2025 – above the target of 80%. Part 1b performance remains significantly below the 80% target at 50.3% but has been improving month-on-month since April 2025.

With latest performance of 14.0% against the 26 weeks target for children requiring assessment for neurodivergence, the performance continues to be significantly below 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.

Longest waits are down to 204 weeks with a plan to deliver zero patients waiting over 156 weeks by the end of quarter 4 of 2025/26. There were 6,462 patients waiting over 26 weeks in July, compared to 7,000 projected. A tender to commission outsourced capacity for assessments is being progressed.

3.2.3 Urgent & Emergency Care Performance (Corporate Risk 24-10 Urgent and Emergency Care)

The performance for this element is focused 2025/26 Ministerial Priorities under the timely access of care priority area:

- Patients waiting greater than 1 hour for ambulance handover
- Patients waiting greater than 12 hours in the Emergency Department

There has been some improvement in performance with reductions seen in number of Delayed Transfers of Care, Ambulance handovers over 4 Hours and the number of patients waiting over 24 hours within our emergency departments. Focussing on process behind Double triaging, Rapid Access Triage (RATing) and re-visiting Consultant admitting rights to improve flow. Winter resilience planning commenced in line with self-assessment and gap analysis being completed to support improving length-of-stay (LoS) by September 2025.

3.2.4 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. In June 2025, cancer performance improved with BCUHB treating 54.9% (231 out of 421) of new cancer patients within 62 days of suspicion of cancer. Points to note are:

- Haematology met the 75% target
- Skin performance has improved but remains below target due to continued long waits
- Reduced performance in breast primarily due to the continued impact of the loss of clinic capacity in both screening and symptomatic services over the Easter period
- 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 delays to prostate biopsy (29). However, national funding has been secured to train 2 staff in undertaking Local Anaesthetic Trans perineal (LATP) prostate biopsies.

ii. Diagnostics

The number of patients waiting over 8 weeks for a diagnostic test increased further in July with just over 15,000 patients experiencing waits of 8 weeks or more c7,000 more than the initial trajectory.

Additional funding £3.6M allocated to HB to support reaching expected position of zero waits of 8 weeks at end of March 2026 with a revised trajectory by close of the financial year of c4,700 patients, noting risks to delivery centring upon mobilisation of additional private sector capacity.

Q2: Position expected to deteriorate in line with run rate whilst solutions implemented

- Radiology RISP implementation on 8th September limiting capacity for 1-2 weeks
- Internal monitoring to limit loss of capacity

Q3: Completion of procurement / Commencement of solutions

- Adoption of additional demand management measures
- Trajectory refinement in accordance with risks to delivery

Whilst everything possible is being done to prioritise cancer and urgent patients, the delays in diagnostics continue to impact upon delivery and treatment of cancer patients, in particular those requiring a diagnostic

endoscopy. The Planned Care Major Programme seeks to understand demand management that would offer enhanced opportunity to deliver improved performance.

It is also of note that the additional 45,000 national insourcing of stage 1 outpatient appointments and 15,000 further resourced outpatients local appointments will also give risk to delivery of 8 weeks diagnostic targets, as patients move to stage 2 and require a diagnostic the Health Board will be dependant on securing further contractual support to maintain performance improvement trajectories.

iii. Therapies

In July 2025, 677 patients were waiting over 14 weeks for therapy. 57% (383) were waiting for Physiotherapy, whilst 41% (273) patients were awaiting dietetics intervention.

Physiotherapy: Proposal to continue to use additional locums until end of September and offer additional hours and weekend work (subject to uptake) to support reduction

Dietetics: Interim plan for 2 year fixed term post submitted for review to address current position whilst long term model is reviewed as part of the Gastroenterology Service Plan

iv. Referral to Treatment (RTT)

There was a small increase in the total volume of patients waiting over 52 weeks for a first outpatient appointment during July at 29,949. Insourcing of capacity for over 60,000 new outpatient appointments will enable significant reduction in the number of patients waiting over 52 weeks for a first appointment.

With additional solutions including 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 and further reduce the waiting time for a new outpatient appointment.

Patients waiting for 208 weeks for routine care have all but been eradicated, However, one has occurred in July 2025, the patient will be seen in September 2025 and this means they remain a breach in the end of August position too.

Patients waiting over 156 weeks and 104 weeks receive continued focus throughout 2025/26 and there has been a significant reduction in both cohorts.

Whilst the number of patients waiting over 156 weeks, continues to fall, at 384, there has been a slight rise in the number of patients waiting 104 weeks at 5,477. As we progress through 2025/26, intense focus and support and substantial resources are being applied to further reduce the number of patients waiting more than 2 years and to clear the remaining 384 patients that have been waiting over 3 years.

The Health Board has now referred over 3,000 patients for treatment across four providers of care, and continue to seek to conclude the treatment of these patients (which would greatly improve the numbers of patients waiting) with internal capacity now matching demand as the performance excluding contractual delivery remains consistent across the months.

The Chief Executive Officer with support from the Executive has taken charge of oversight of this area through weekly meetings and daily updates during this period, a continued reduction is expected for patients waiting both within the 156 weeks and 104 weeks cohort as we move into 2025/26 with key areas of focus linked to

- Contracts have been mobilised for key specialties
- Review key specialties to understand case-mix risk (including Ophthalmology and Orthopaedics)
- Continued focus on treat in turn and cleansing of lists (clinical and clerical validation) and importantly driving improve productivity (utilisation)
- Review of Interventions Not Normally Undertaken (INNU)s

v. Follow Up Backlog over 100% of clinical review due date

The total number of patients that are overdue their clinical follow up date stands at 170,584 (25% of the North Wales population) Of these, the number of patients waiting beyond 100% of their due clinical follow up has, since October 2024, increased month on month and now stands at over 97,820 (approximately 15% of the North Wales population). The three specialties with the highest volume of patients waiting beyond 100% are Ophthalmology, Gastroenterology and Urology which combined account for c37% of the total. There is clearly a significant clinical risk within this cohort and Follow Up pathway is one of the key workstreams within Planned Care during 2025/26.

Action underway to reduce this backlog includes:

- Undertake a systematic approach to validating, data cleansing all Follow-up lists.
- Implement See on Symptoms (SoS) and Patient Initiated Follow-up (PIFU) on all priority specialties (linked to Optimisation Frameworks/GIRFT).
- Recalibrate capacity from follow-ups to new appointments in priority specialties, following assessment of opportunity.

The Follow up backlog includes ophthalmology patients prioritised as urgent (R1), and are over their clinical target date. Just over half of these patients are seen within 25% over their clinical target date, which may result in irreversible harm for those waiting beyond the clinical target date. Actions to reduce the potential for harm and reduce the backlog include:

- Focussed harm reviews within an integrated concerns management approach (including investigation, learning identification and application, feedback).
- Outsourcing of over 4,600 of the longest waiting cataract patients
- Direct listing for cataracts
- Commenced new glaucoma and medical retina pathways through primary care practices

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.

In 2025-26, focus will continue on meeting challenges through (a) enhanced utilisation of in-house capacity (b) validation of patients waiting for procedures (c) implementation of Treat-in-Turn methodology and (d) engagement with the commercial sector to offer short term solutions to capacity shortfalls.

The level of delayed pathways of care continued high emergency demand increased to compound system flow pressures, medical outliers driving continued use of agency and adversely impacting upon capacity to service elective care, with potential impacts upon quality of care.

The Health Board key areas of challenge, centre upon: -

- Patient flow (emergency departments, and delays to discharge)
- Ambulance handover times and performance
- Delivery of planned care recovery including diagnostics
- Achievement of cancer standards

3.3 People & Organisational Development

(Corporate Risk 24-01 People, Culture and Wellbeing)

(Corporate Risk 24-1 Leadership / Special Measures)

The key areas highlighted centre upon:-

The monthly turnover rate of nursing and midwifery staff returned to 0.5% having been at a 0.9% in March but circa 0.3% - 0.4% in previous six months. As this measure is calculated as monthly rather than rolling the in-month increase can be attributed to retirements usually seen at the end of a financial year.

Sickness absence has increased to 6% in July. Stress and other mental health issues continue to be the main reason for sickness absence. The percentage rate of agency spend as a proportion of total pay bill at 3.7%, however work is underway to recover the position within Quarter 2.

3.4 Finance

[Corporate Risk 24-05 Financial Sustainability](#)

3.4.1 Financial Performance

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 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.

Year to date position is a deficit of £13.6m, largely driven by the shortfall in National Insurance funding (previously costs offset by anticipated allocations), pressures associated with Savings non-delivery, Escalated Beds, Healthcare Services provided by other NHS Bodies Contracts and a substantial increase in Mental Health Out of Area referrals.

3.4.2 Savings

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. There has been a significant step up in the Savings Plan reported at end of August (Month 5) with the Health Board having identified £33.2m Green saving schemes, see below;



Further work is progressing in order to identify and convert red and pipeline opportunities into Green Schemes.

Welsh Government has formerly written to the Health Board requesting assurances from the Chief Executive Officer that the savings ask and mitigations for current year deficit will be delivered, the plan for break-even achieved.

The Health Board required to identify the full £40m savings requirement and all schemes must meet the 'Green Schemes' criteria prior to the Month 5 Monitoring Return submission deadline.

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 31.08.2025 (Month 5)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Performance Report

Reporting Period: to 31.07.2025

Presented to **Health Board**

Thursday, 25th September 2025



Table of Contents



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Title	Page	Title	Page
Cover	1		
Table of Contents	2	Section 3: People & Organisational Development Performance	45
Performance Escalations Report	3	Section 4: Financial Performance	49
The Integrated Quality & Performance Report	15	About the Integrated Quality & Performance Report	55
Overall Summary of Performance	16	Additional Information	63
Section 1: Quality Safety, Effectiveness & Experience Performance	17	NHS Wales Performance Dashboard	64
Section 2: Access & Activity Performance	31	Further Information Sources	68



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Performance Escalations Report



Escalated Performance Measures at a Glance

KEY: ▲ = Better ▼ = Worse than previous reporting period

Quality

(CRR 24-04 Failure to Embed Learning)

- ▼ New Never Events: **1** reported in July 2025 (Target 0) Details in Quality Report
- ▼ National Reportable Incidents (NRI): **11** overdue in July 2025 (Target 0)
- ▼ Learning From Events Reports (LFERs): **26** in July 2025 (Target 0)
- ▲ Clinical Coding Compliance: **74.6%** in May 2025 (above trajectory)

Finance (CRR 24-05 Financial Sustainability)

Financial Position

- ▼ Year to date – Deficit versus Plan **-£11.4m**
- ▼ In-month Variance to plan **-£3.6m**
- ▲ Full year outturn position - **Balanced Position** as per Plan

Savings Position

- ▼ Year to Date Savings Delivery including Accountancy Gains v target **-£3.8m**
- ▼ Forecast Savings Delivery including Accountancy Gains v Target **-£14.5m**

Capital Expenditure

- ▲ Year to Date Plan is £10.4m. Spent £5.1m Underspend **£5.3m.**

Access & Activity

(CRR 24-10 Urgent and Emergency Care; CRR 24-11 Planned Care; CRR 24-12 Areas of Clinical Concern; CRR 24-13 Timely Diagnostics)

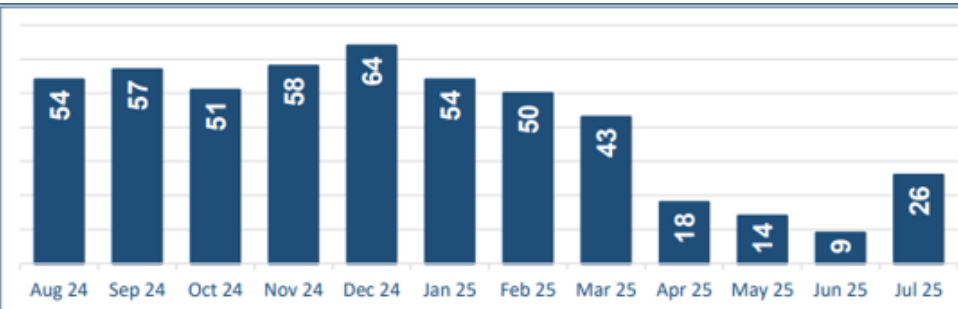
- ▲ CAMHS Part 1b Assessments within 28 Days of Referral: **50.3%** (Target 80%)
- ▼ Neurodevelopment Assessment within 26 weeks: **14.0%** (Target 95%)
- ▲ Adult Mental Health Part 1b Assessments within 28 Days of Referral: **79.6%** (Target 80%)
- ▲ Adult Psychological Assessment within 26 weeks: **75%** (Target 95%)
- ▲ Ambulance Handover Delays over 4 Hours: **422** (Target 0)
- ▼ Emergency Department waits over 12 Hours: **3,848** (Target 0)
- ▲ Emergency Department Waits over 24 Hours **1,669** (Target 0)
- ▲ Number of patients with Delayed Pathways of Care: **290** (Target 0)
- ▲ Percentage compliance with 62 Day Single Cancer Pathway: **54.9%** (Target 80%)
- ▼ Referral to Treatment waiting over 104 weeks: **5,477** (Target for end of Q2 2,800)
- ▲ Referral to Treatment waiting over 156 weeks: **384** (Target 0)
- ▼ Referral to Treatment waiting over 208 weeks: **1** (Target 0)
- ▼ Number of patients waiting over 8 weeks for Diagnostics: **15,055** (Target 0)
- ▼ Number of patients Over 100% due their clinical follow up: **97,820** (Target 0)

People & Organisational Development

- ▲ Personal Appraisal & Development Review (PADR): **81.8%** (Target 85%)
- ▼ Sickness & Absence: **6.0%** (Target Reduce)
- ▼ Agency Spend: **3.7%** (Target Reduce)
- ▼ Staff turnover less than 1 year service: **14%** (Target Reduce)

Quality: Escalated Performance Measures

Learning from Events Reports

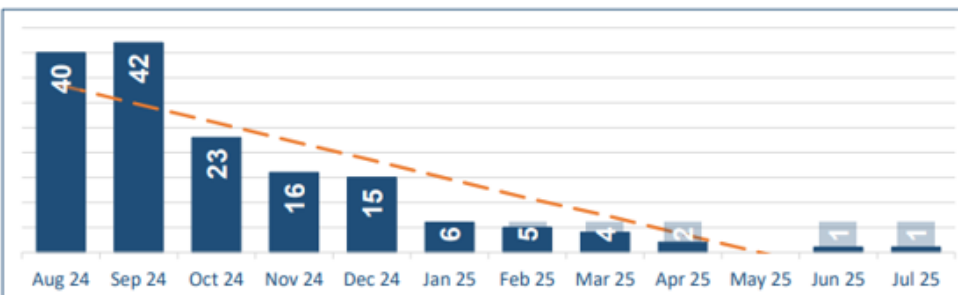


Learning From Events Reports (LFERs):

There had been a month on month decrease in number of overdue reports since December 2024. However, there were 26 outstanding LFERs at the end of July.

Overdue reports pose a Quality and Safety risk from the perspective that if we haven't completed the reports in a timely manner, how can we embed the learning to prevent future events. There is also the financial risk given that the Health Board can incur a penalty of £2,500 per overdue report. Continued focus is required to address the timely completion of LFERs and recovery of the overdue position. This measure will remain in escalation.

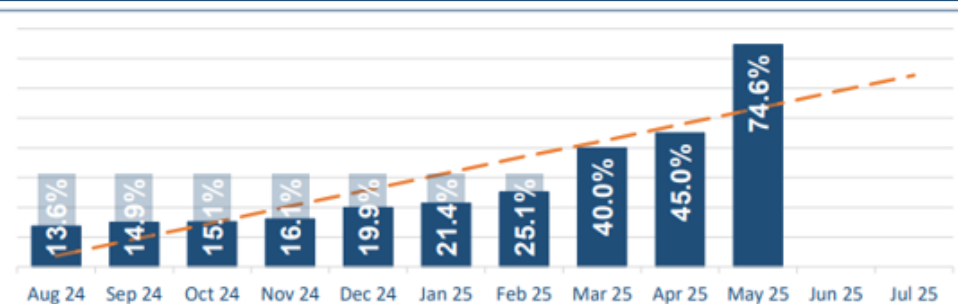
National Reportable Incidents overdue 90 Days



National Reportable Incidents Overdue 90 days:

Performance against this measure has improved significantly compared to the same period in 2024. However, there remains 11 NRIs overdue. As per the Integrated Performance Framework, this measure will remain in escalation until there have been 3 consecutive months of zero overdue NRIs.

Clinical Coding Compliance



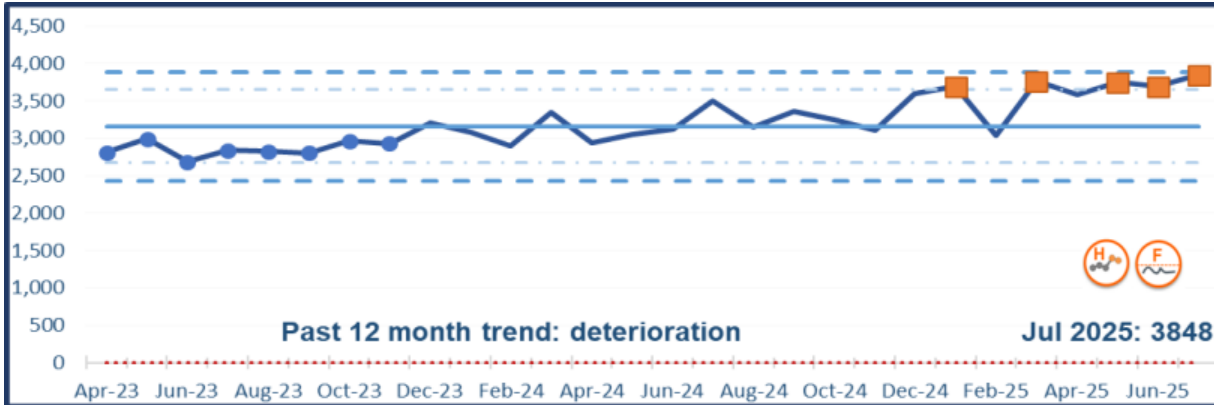
Clinical Coding Compliance:

Performance against this measure has improved significantly compared to the same period in 2024. The position for May 2025 was 74.6%, however, it is predicted that the figure for June 2025 will be above 90% and one of the best performing in Wales (*awaiting publication of the figures*). Once performance against this measure has achieved the 90% rate for 3 consecutive months, it will be recommended for de-escalation as per the Integrated Performance Framework.

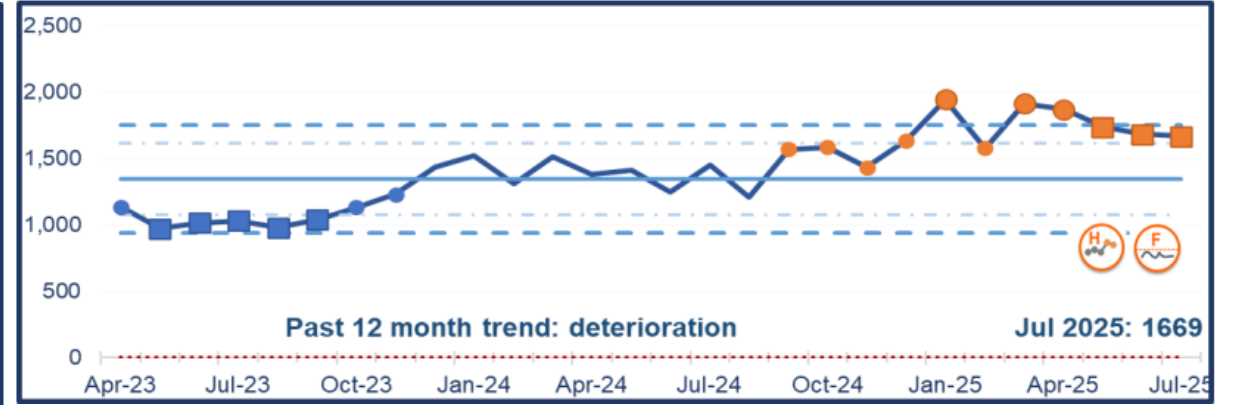
Access & Activity: Escalated Performance Measures Urgent & Emergency Care

There has been some improvement in performance with reductions seen in number of Delayed Transfers of Care, Ambulance handovers over 4 Hours and the number of patients waiting over 24 hours within our emergency departments. Focussing on process behind Double triaging, Rapid Access Triage (RATing) and re-visiting Consultant admitting rights to improve flow. Winter resilience planning commenced in line with self assessment and gap analysis being completed to support improving LoS by September 2025.

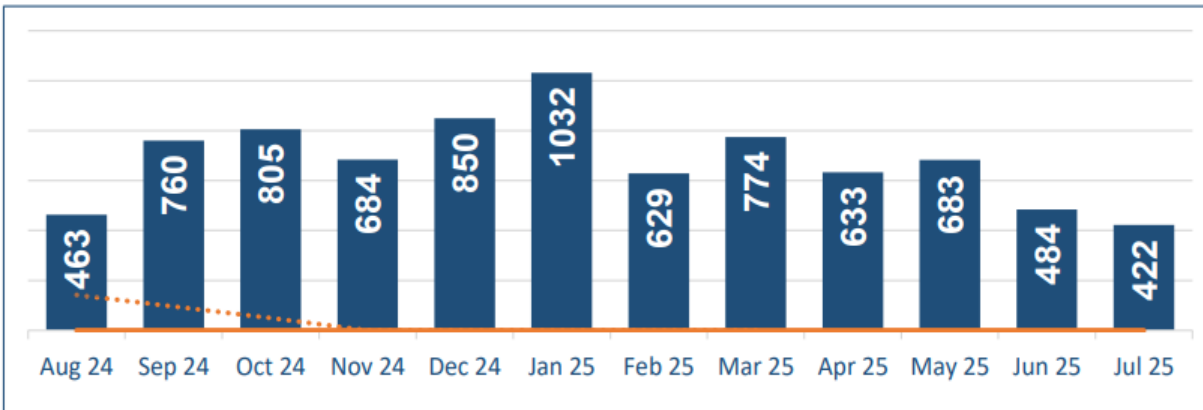
Number of 12 Hour Emergency Department Waits



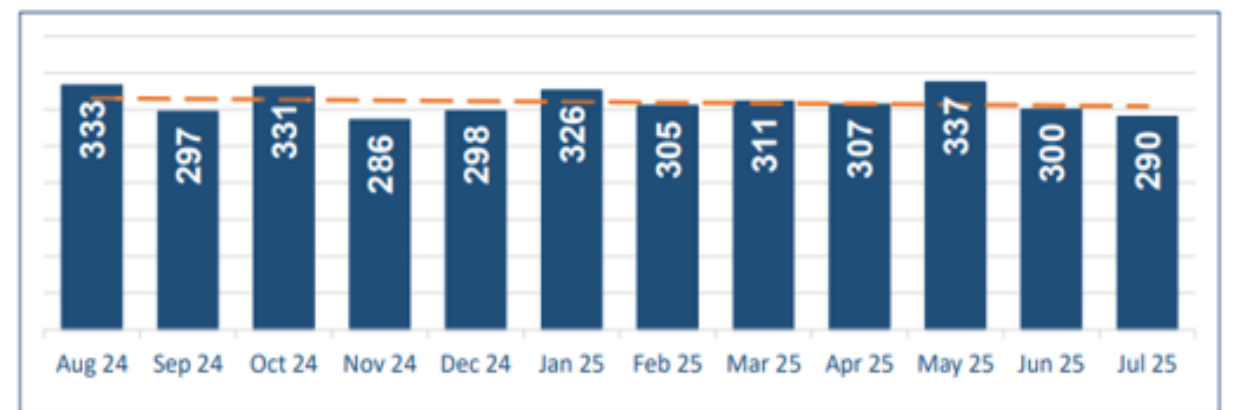
Number of 24+ Hour Emergency Department Waits



Number of 4+ Hour Ambulance Handover Breaches



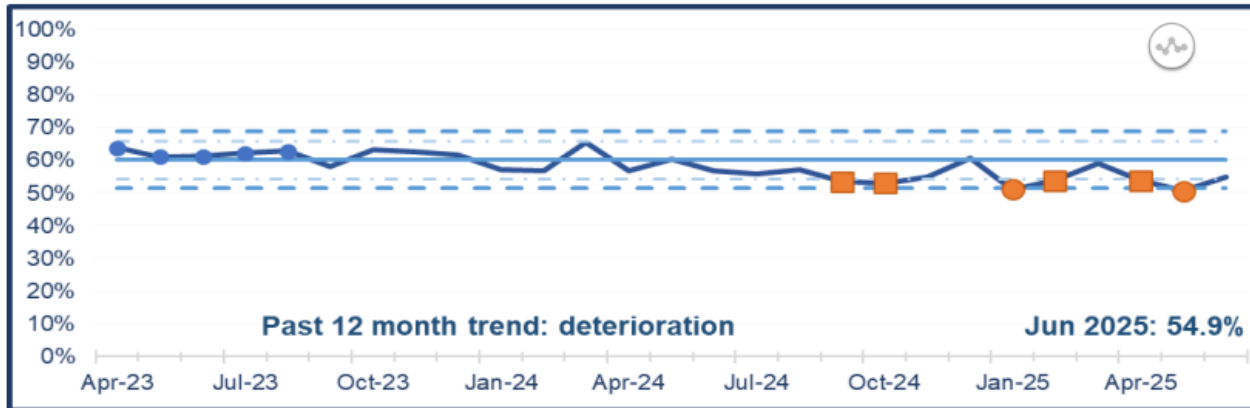
Number of Delayed Pathways of Care



Access & Activity: Escalated Performance Measures: Cancer



Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)



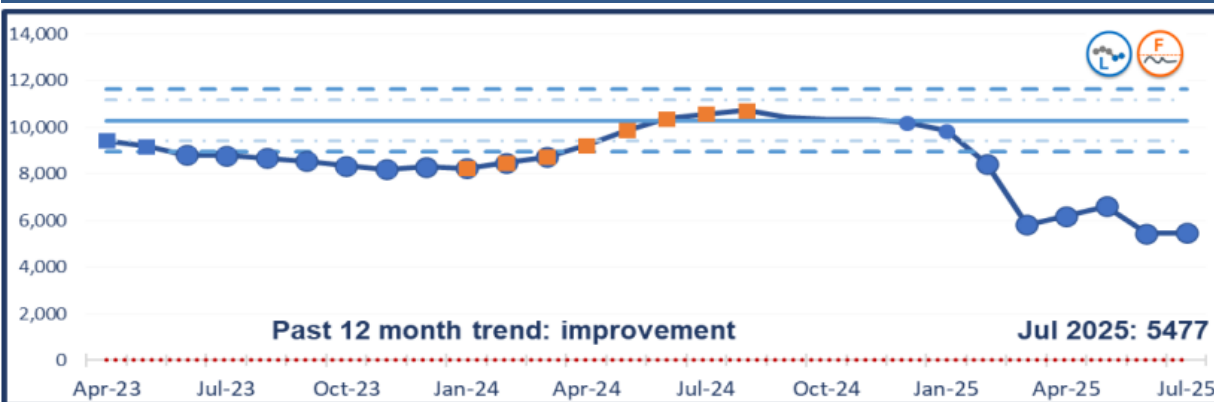
	BCUHB Total	West	Central	East
Haematology	76% (13/17) ↑	60% (3/5)	83% (5/6)	83% (5/6)
Skin	74% (70/95) ↑	65% (11/17)	71% (30/42)	81% (29/36)
Upper GI	64% (21/33) ↓	65% (11/17)	58% (7/12)	75% (3/4)
Breast	62% (26/42) ↓	63% (10/16)	56% (10/18)	75% (6/8)
Lung	60% (32/53) ↑	65% (13/20)	56% (10/18)	60% (9/15)
Gynaecology	44% (8/18) ↑	100% (1/1)	50% (5/10)	29% (2/7)
Colorectal	37% (17/46) ↓	50% (11/22)	15% (2/13)	36% (4/11)
Urology	36% (32/89) ↑	39% (12/31)	33% (10/30)	36% (10/28)
Head & Neck	17% (3/18) ↓	14% (1/7)	25% (2/8)	0% (0/3)
Total	55% (231/421) ↑	54% (74/137)	53% (86/162)	58% (71/122)

Colour coding: Above target ie 75% and above; 65-74%; below 65%; arrows reflect change from last month

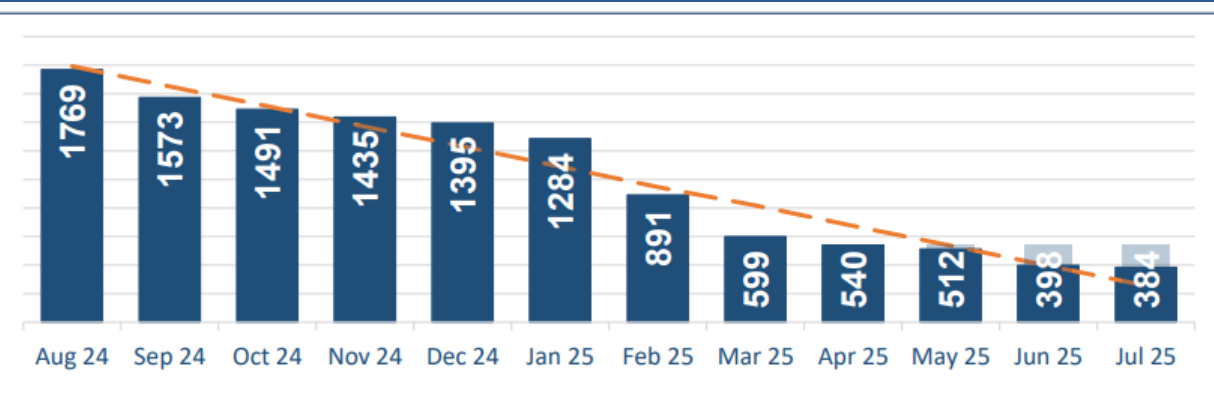
- In June 2025, cancer performance improved with BCUHB treating 54.9% (231 out of 421) of new cancer patients within target i.e. within 62 days of suspicion of cancer. Points to note are:
- Haematology met the 75% target
- Skin performance has improved but remains below target due to continued long waits for dermatology appointment
- Reduced performance in breast primarily due to the continued impact of the loss of clinic capacity in both screening and symptomatic services over the Easter period
- 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 delays to prostate biopsy (29). However, national funding has been secured to train 2 staff in undertaking Local Anaesthetic Transperineal (LATP) prostate biopsies.

Access & Activity: Escalated Performance Measures

Number 104+ Weeks RTT



Number 156+ Weeks RTT



New appointments over 52 weeks

Insourcing of capacity for over 15,000 new outpatient appointments will enable significant reduction in the number of patients waiting over 52 weeks for a first appointment.

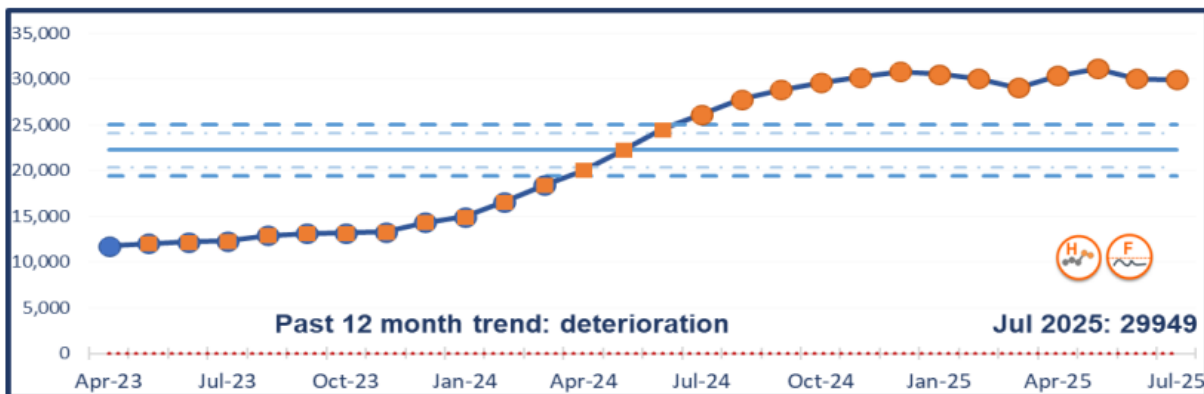
Referral to Treatment over 104 and 156 Weeks

- There was one orthopaedic breach of the 208 weeks in July. Patient booked into September so will show as a breach in August as well.
- Plans include element of enhancement for treat in turn, interventions not normally undertaken (INNU), screening and validation
- Outsourcing required to meet targeted Q2 delivery
- New Medica (Cataracts) ID Medical (Dermatology) Spire, Nuffield contracts in place and Wirral supportive of an LTA formation.
- Target is zero 104 weeks waits by 31.12.2025, some key specialities (Oral Surgery and Orthodontics examples) will require solutions to commence in Q2 for delivery to be assured (many of these also driving our 156 position).

Further Development:

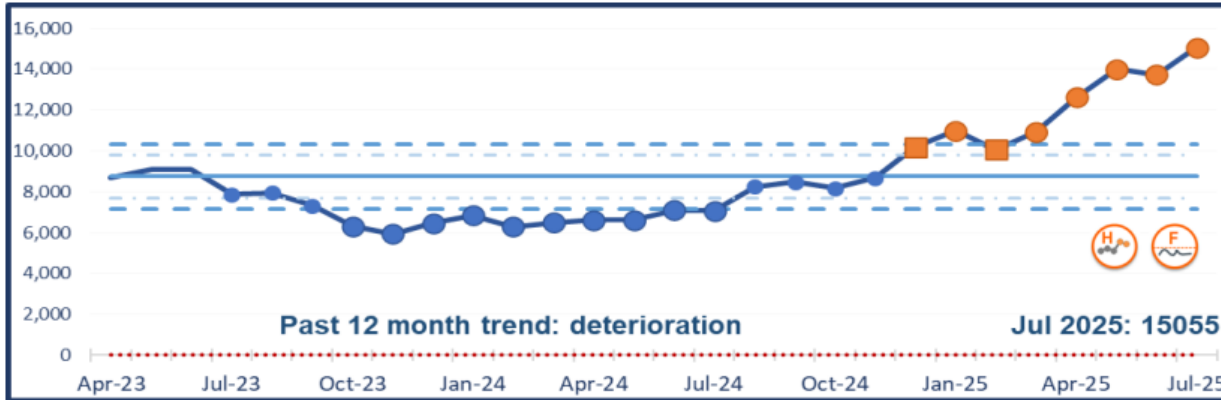
- Patient referral review (SOS & PIFU) with follow up reviewed and new appointments capacity maximised
- Utilisation – Theatres (start and finish times) & Outpatients (Booking to GIRFT standards)
- Cleansing of lists - Validation (clerical & clinical), INNU & Medically fit
- Strengthening of contractual delivery (oversight for commissioned activity)

Number waiting over 52 weeks for a new appointment



Access & Activity: Escalated Performance Measures Diagnostics and Therapy Waits

Number Diagnostic Waits over 8 Weeks



- 15,056 patients waiting in excess of 8 weeks at end of July which is c7,000 adverse of initial target
- Adverse performance within Endoscopy and Radiology linked to increased demand and GP direct access
- **Additional funding £3.6M allocated to HB to support reaching expected position of zero waits of 8 weeks at end of March 2026**

- Revised trajectory developed to improve performance to below 5,000 waiting Q2

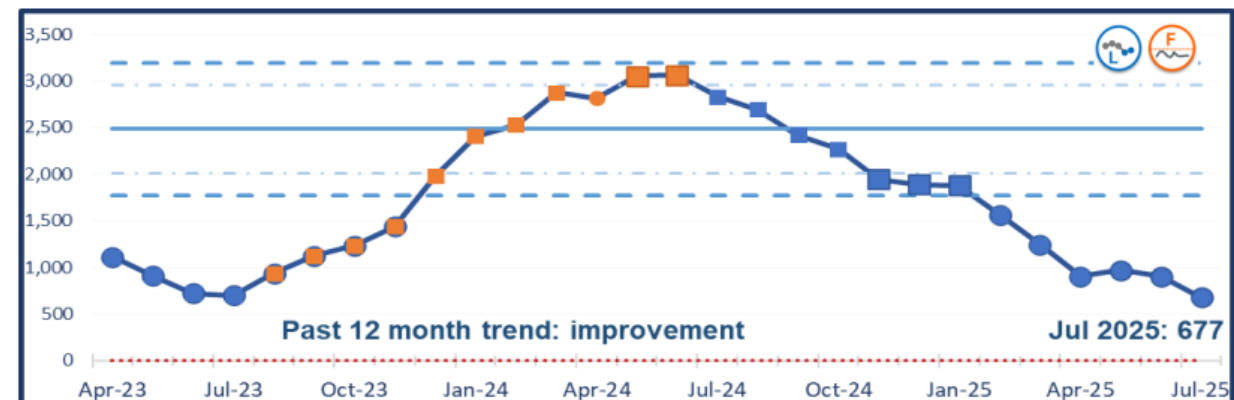
- Position to deteriorate in line with run rate whilst solutions implemented
- Radiology RISP implementation 8th September limiting capacity 2 weeks
- Internal monitoring to limit loss of capacity

Q3:

- Completion of procurements / Commencement of solutions
- Adoption of additional demand management measures
- Trajectory refinement in accordance with risks to delivery

- **Risk centres upon additional contracts to mitigate conversions to diagnostics from 45,000 outpatients insourcing and the 15,000 local delivery.**

Number Therapy Waits over 14 Weeks



- 12 month trend improvement in number of patients waiting in excess of target
- Backlog predominantly within physiotherapy 273 patients (41%) and dietetics 383 patients (57%)

Dietetics – (East IHC) Interim plan for 2 year fixed term post submitted for review to address current position whilst long term model is reviewed as part of the Gastroenterology Service Plan

Physiotherapy (East IHC) Executive Director of Estates has met with East IHC service – availability of Plas Gororau will enable more accurate trajectory of recovery and offer economies of scale, reduced waste and better clinical cover for absence.

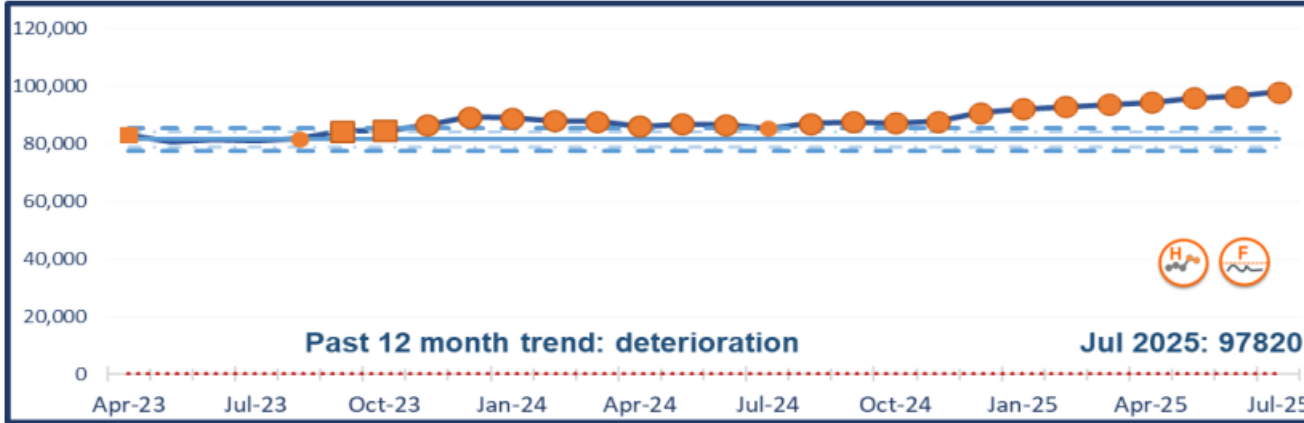
- Continuation of validation of waiting lists, group assessment days and remote activity

Physiotherapy (Central IHC) Proposal to continue to use additional locums until end of September and offer additional hours and weekend work (subject to uptake) to support reduction

Access & Activity: Escalated Performance Measures

Ophthalmology R1 and Follow-up Backlog

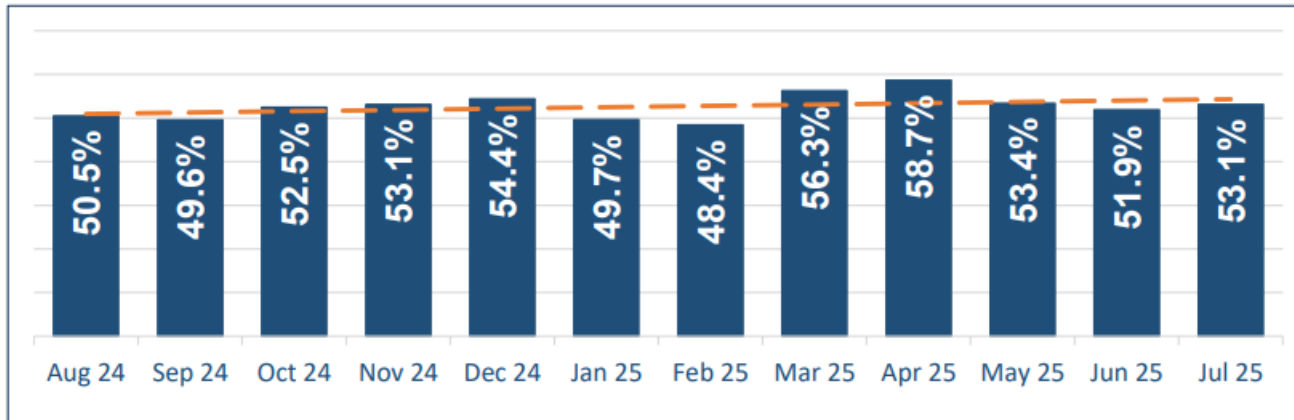
Follow-Up Backlog – Number over 100% of clinical due date



The backlog of patients awaiting a follow up appointments over 100% passed their clinically due date continues to grow. Efforts underway to reduce this backlog includes:

- Undertake a systematic approach to validating, data cleansing all Follow-up lists.
- Implement See on Symptoms (SoS) and Patient Initiated Follow-up (PIFU) on all priority specialties (linked to Optimisation Frameworks/GIRFT).
- Recalibrate capacity from follow-ups to new appointments in priority specialties, following assessment of opportunity.

Ophthalmology R1 – % seen within 25% of clinical target date



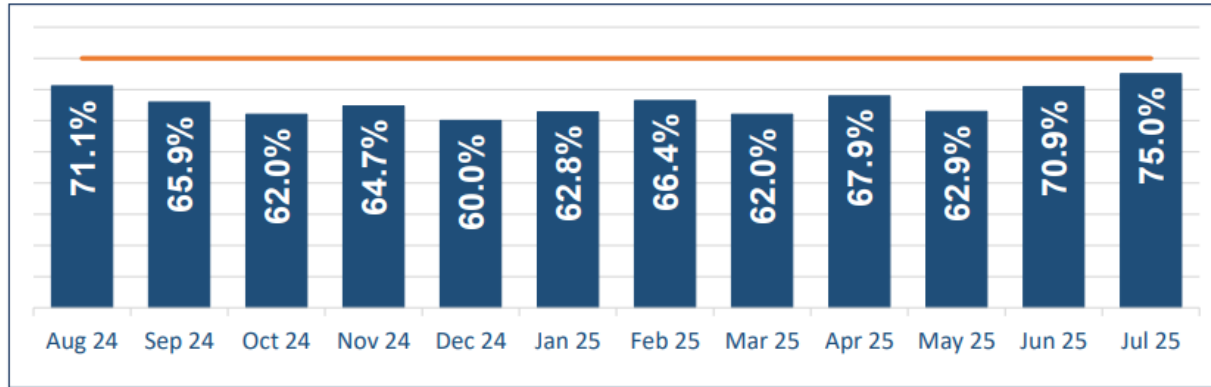
The Follow up backlog includes ophthalmology patients prioritised as urgent (R1), and are over their clinical target date. Just over half of these patients are seen within 25% over their clinical target date, which may result in irreversible harm for those waiting beyond the clinical target date. Actions to reduce the potential for harm and reduce the backlog include:

- Focussed harm reviews within an integrated concerns management approach (including investigation, learning identification and application, feedback).
- Outsourcing of over 4,600 of the longest waiting cataract patients
- Direct listing for cataracts
- Commenced new glaucoma and medical retina pathways through primary care practices

Access & Activity: Escalated Performance Measures

Adult Mental Health

Percentage of patients waiting less than 26 weeks for adult psychological therapy

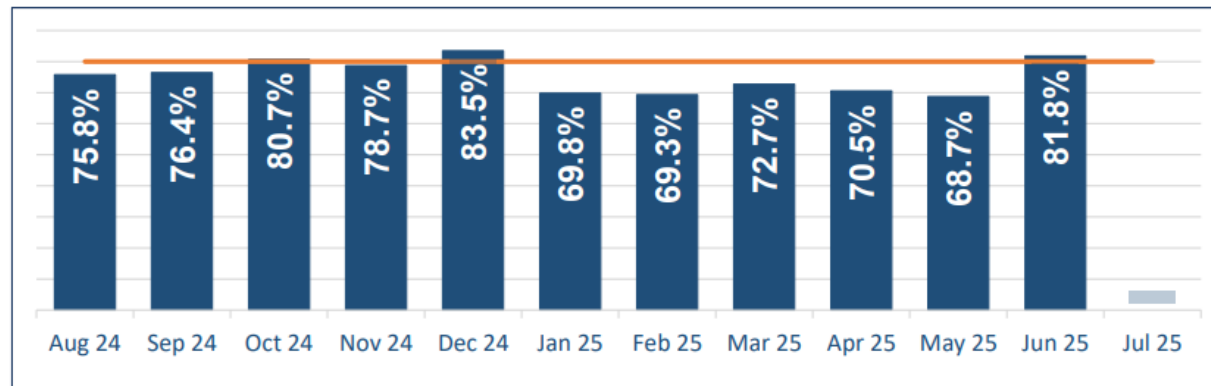


Psychological Therapies: Will see continued improvement into Quarter three as now appointed into several vacant posts across North Wales.

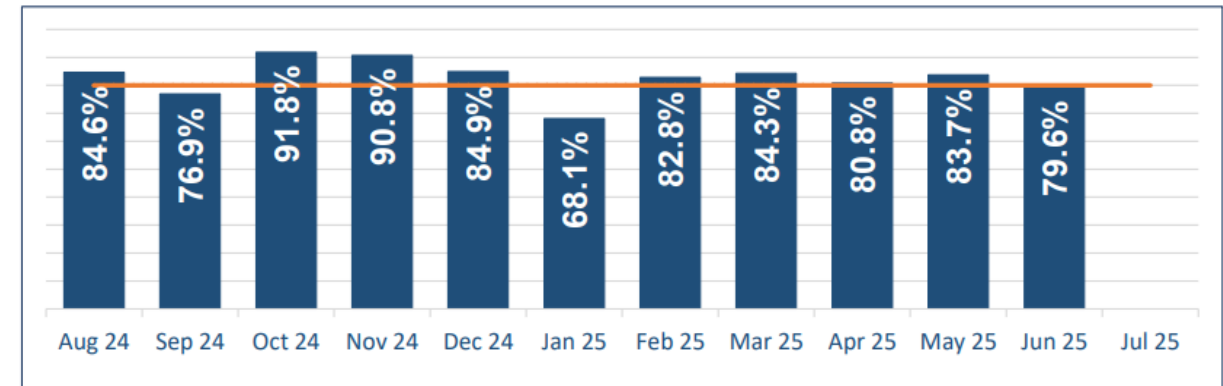
Part 1a: Compliant with predicted continued improvement. Focus remains on reducing the longest waits, from 396 in June down to 349 in July.

Part 1b: Just short of target rate but forecast is to achieve the target in July 2025 and continue above the 80% thereafter. For the first time since 2022/23, there are less patients waiting over 28 days than there are waiting less than 28 days.

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)

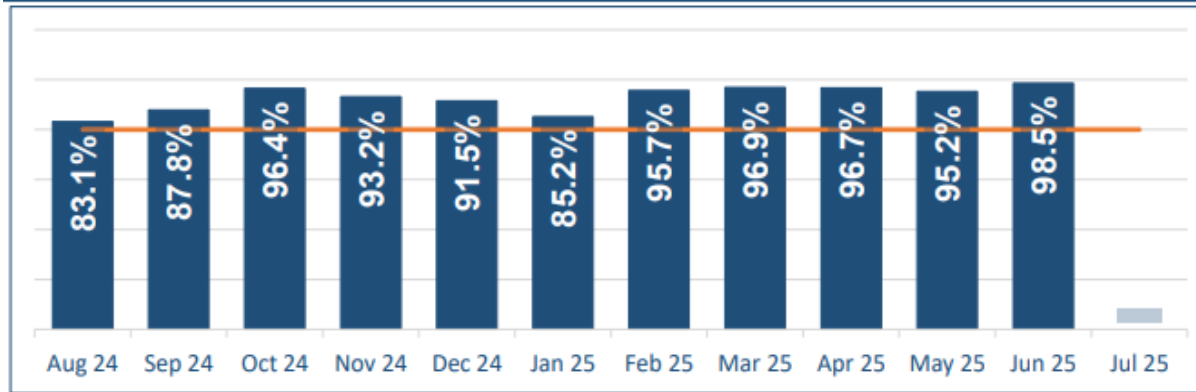


Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)



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)

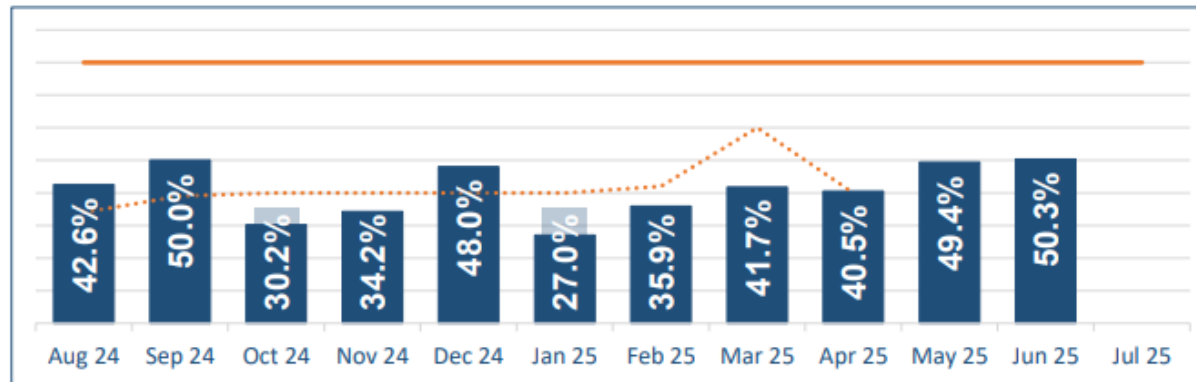


Neurodevelopment: Performance is starting to improve. Longest waits are down to 204 weeks with a plan to deliver zero patients waiting over 156 weeks by the end of quarter 4 of 2025/26. There were 6,462 patients waiting over 26 weeks in July, compared to 7,000 projected. A tender to commission outsourced capacity for assessments is being progressed.

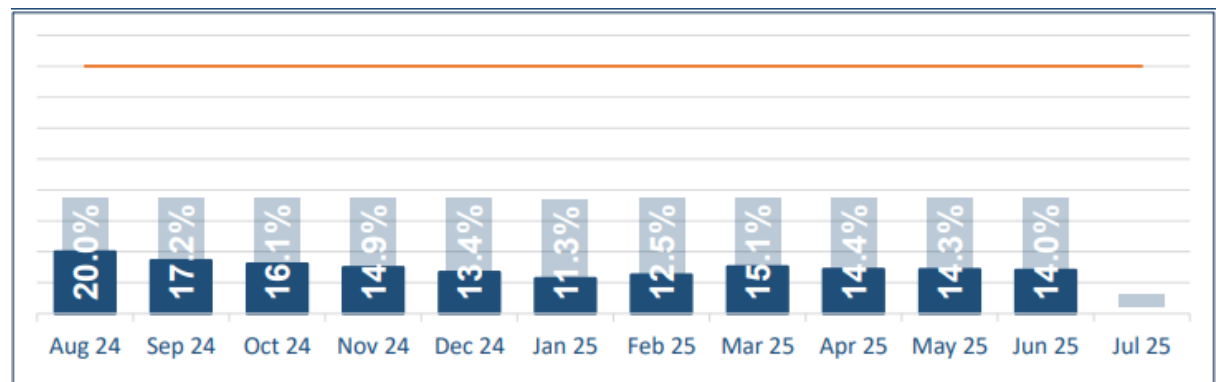
Part 1a: Continued and sustained performance above target rate.

Part 1b: Achieving sustained and continuous improvement in line with improvement trajectories.

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



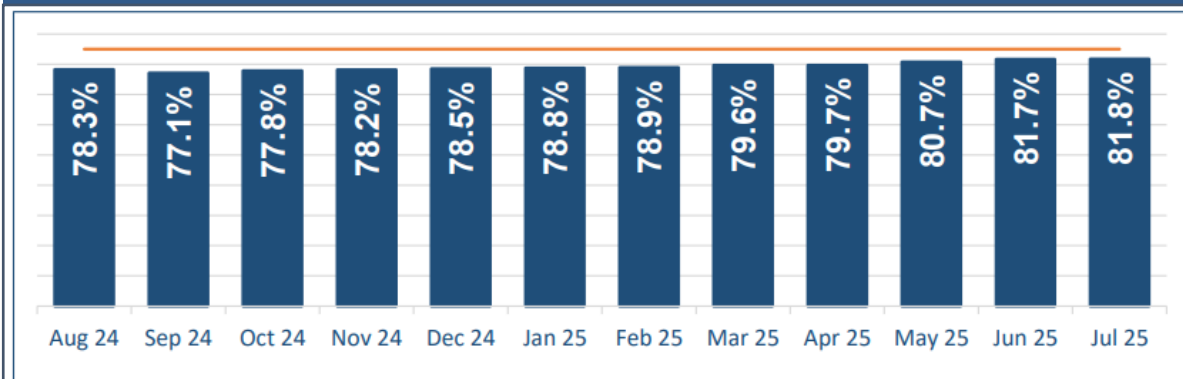
People & OD: Escalated Performance Measures



GIG
CYMRU
NHS
WALES

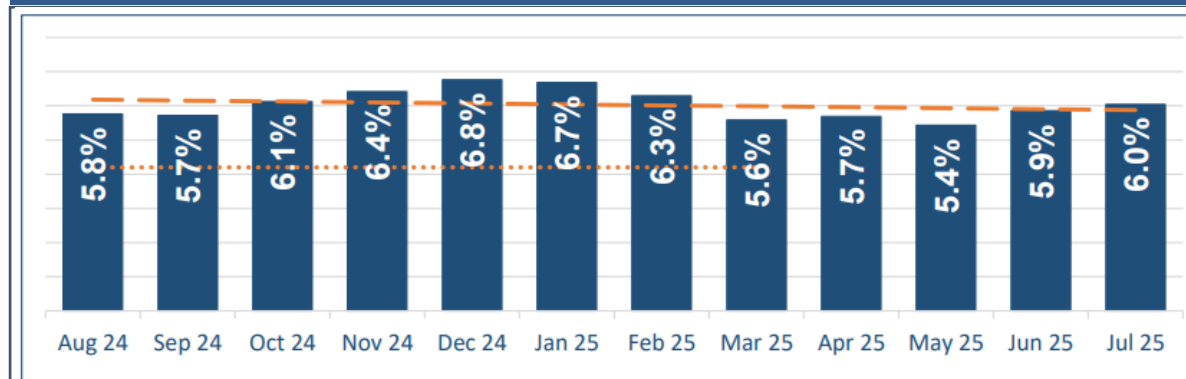
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

% of headcount who have had PADR in previous 12 months



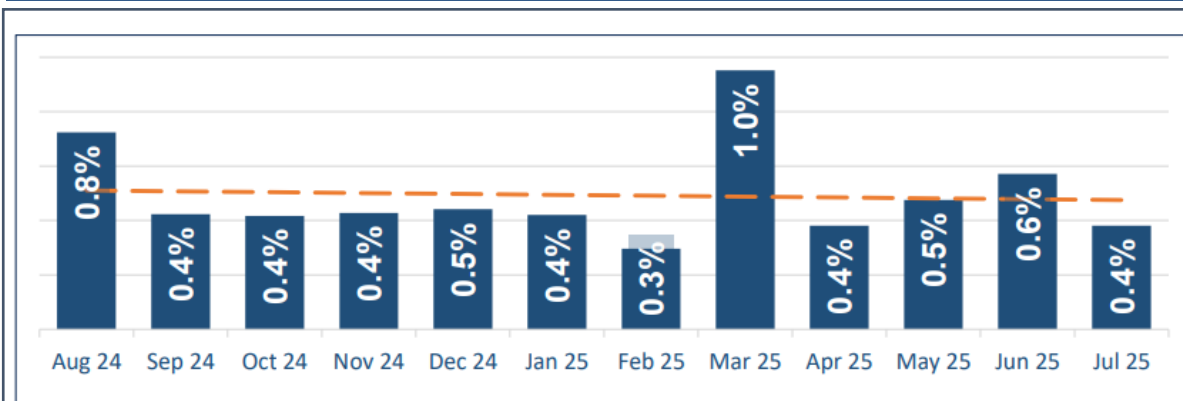
The PADR rate has been on an upward trend since September 2024. At 81.8%, just 3.2% off the 85% target, BCU has the second highest Appraisal Rate out of the 6 major Welsh Health Boards.

% of sickness absence rate of staff



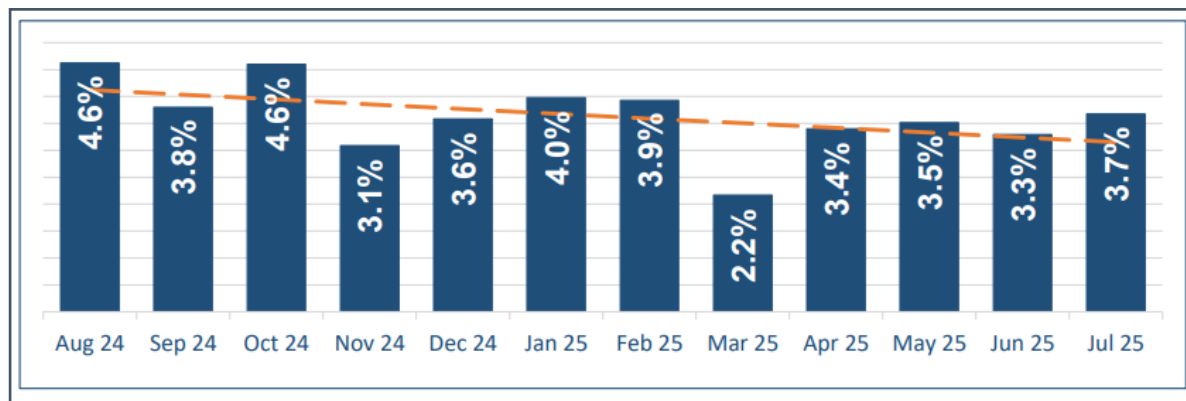
Whilst sickness rates remains higher than the same period in 2024, BCUHB maintains the lowest sickness rates out of the 6 major Welsh Health Boards..

Turnover rate for nurse and midwifery register staff leaving BCU HB



Despite a nurse vacancy rate of 475 Full Time Equivalent, turnover remains very low.

Agency Spend as % of pay bill



Whilst agency and locum spending rates has remained fairly static since April 2025, it is still lower than the same period of 2024.

Finance: Escalated Performance Measures

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.

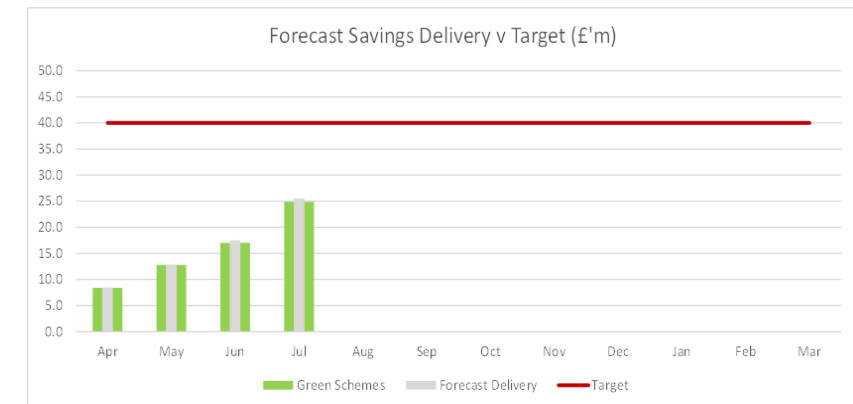
In-month position is reporting a deficit of £3.6m, a deterioration of £2.0m from the previous months position. Year to date position is a deficit of £11.4m, largely driven by the shortfall in National Insurance funding of £1.4m for the months of April to July 2025 (previously costs offset by anticipated allocations), pressures associated with Escalated Beds, Healthcare Services provided by other NHS Bodies Contracts and a substantial increase in Mental Health Out of Area referrals.

	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)	(3.6)	(2.0)	(0.5)	0.0	2.3	2.5	2.9	3.0	3.2	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. There has been a significant step up in the Savings Plan reported at end of July (Month 4) with the Health Board having identified £23.6m Green saving schemes, fortuitous Accountancy Gains of £1.9m, giving a combined total of £25.5m, an increase of £8.0m from previous month. Of these savings, £18.2m is recurring with a full year effect of £24.3m and £7.3m identified as non-recurring savings.

Further work is required to convert £12.6m red and pipeline opportunities into Green Schemes.

WG has issued a deadline for the Health Board to identify the full £40m savings requirement and all schemes must meet the ‘Green Schemes’ criteria prior to the Month 5 Monitoring Return submission deadline.



The Integrated Quality & Performance Report (IQPR)



Summary of Performance to Month 4



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Green

The *latest available data point* indicates that performance is at, or better than the target

Red

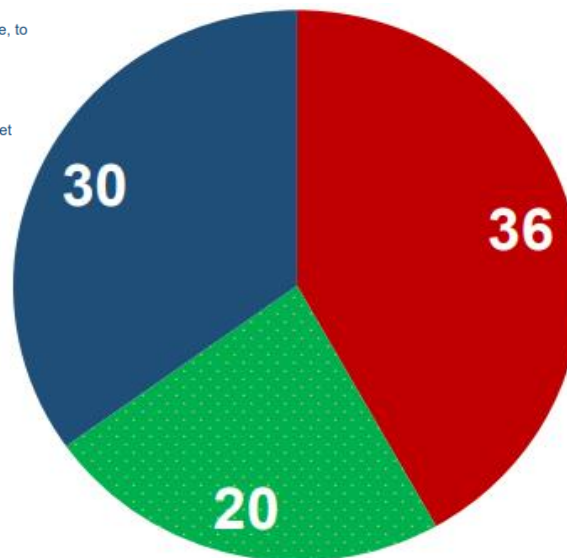
The *latest available data point* indicates that performance is worse than the target

Blue

It is inappropriate, or not possible, to rate available data against any available target

Grey

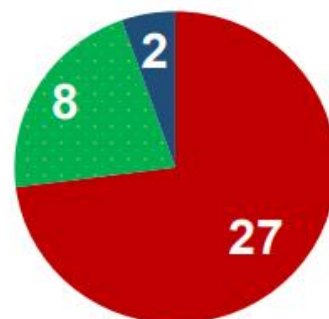
There is no / insufficient data available to rate against the target



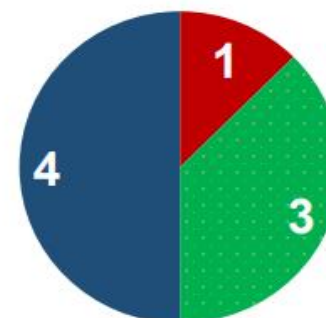
All Sections



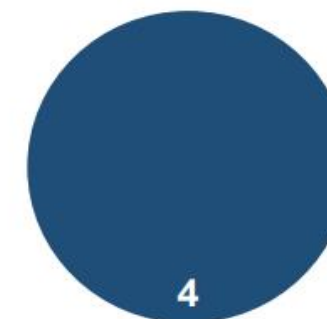
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance



Financial Performance

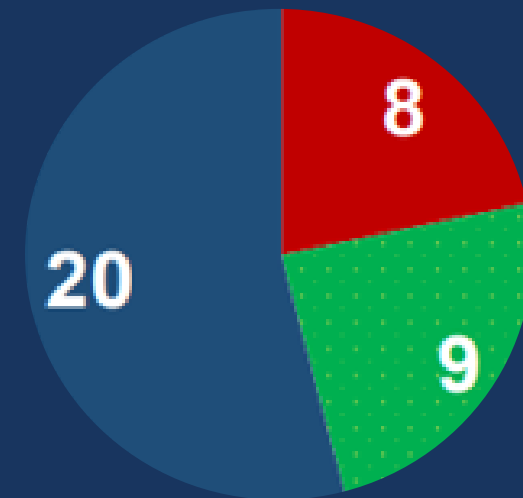


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Section 1

Quality, Safety, Effectiveness and Experience Performance



Quality: Performance



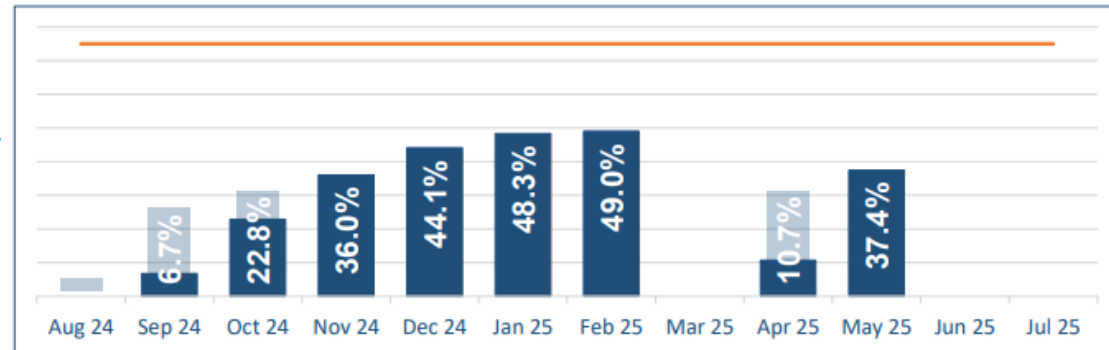
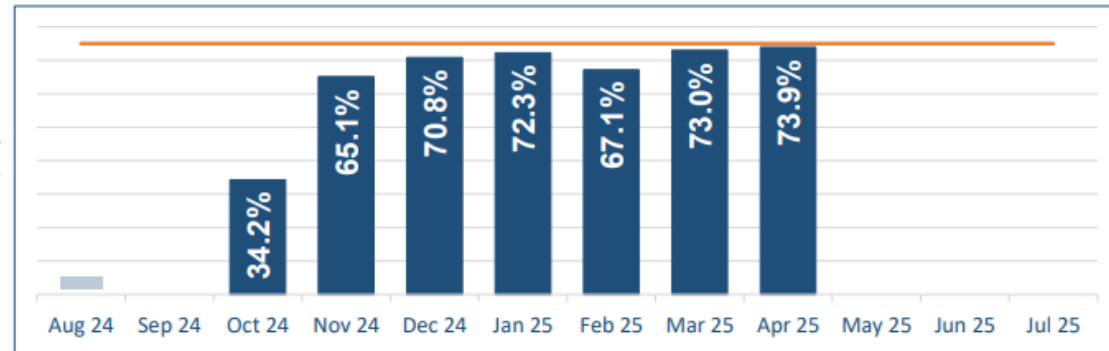
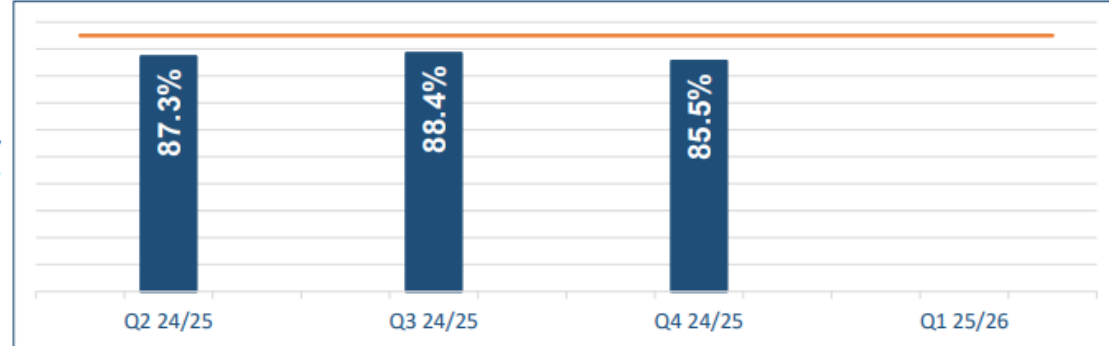
Quality: Performance



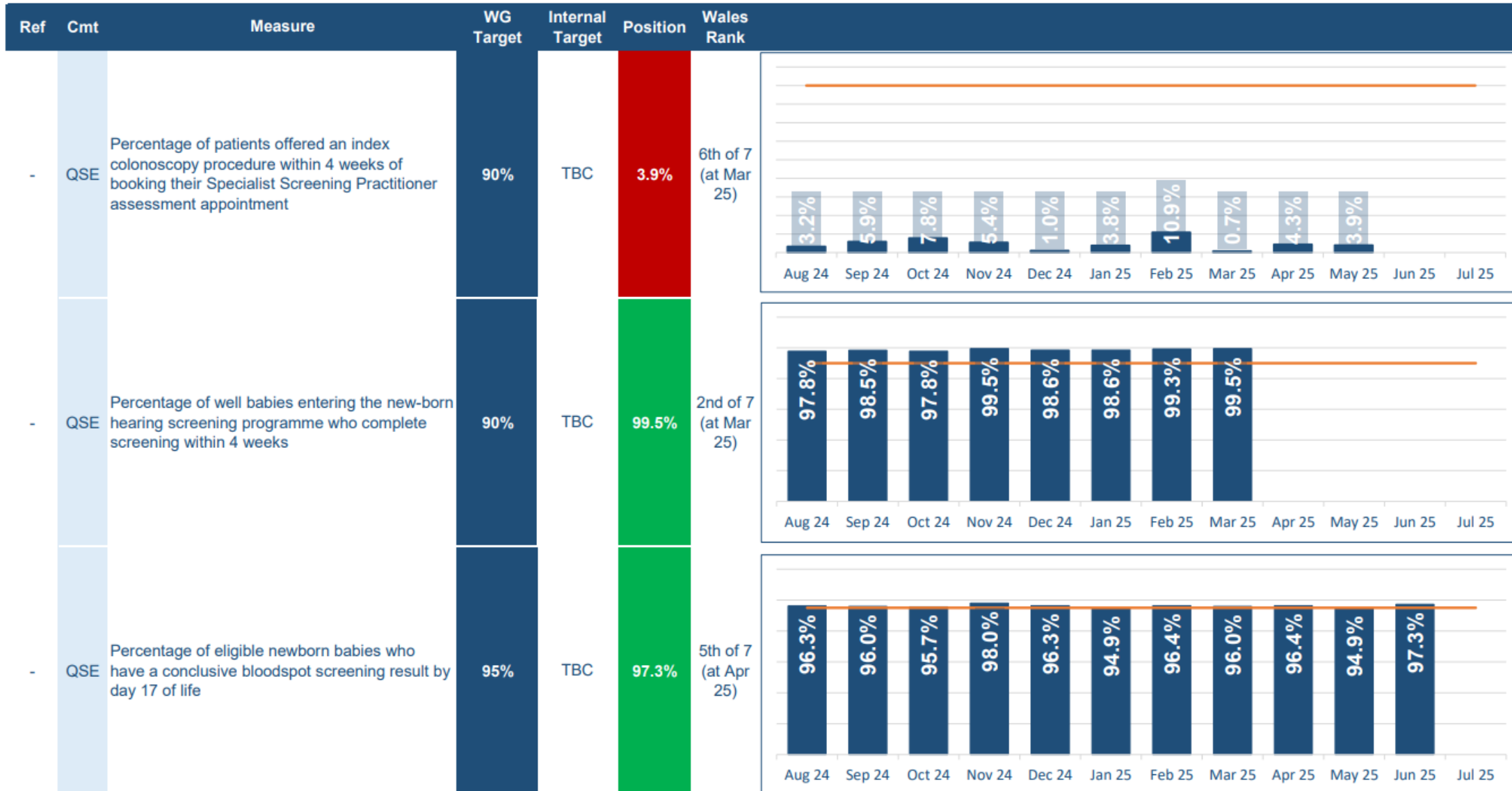
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

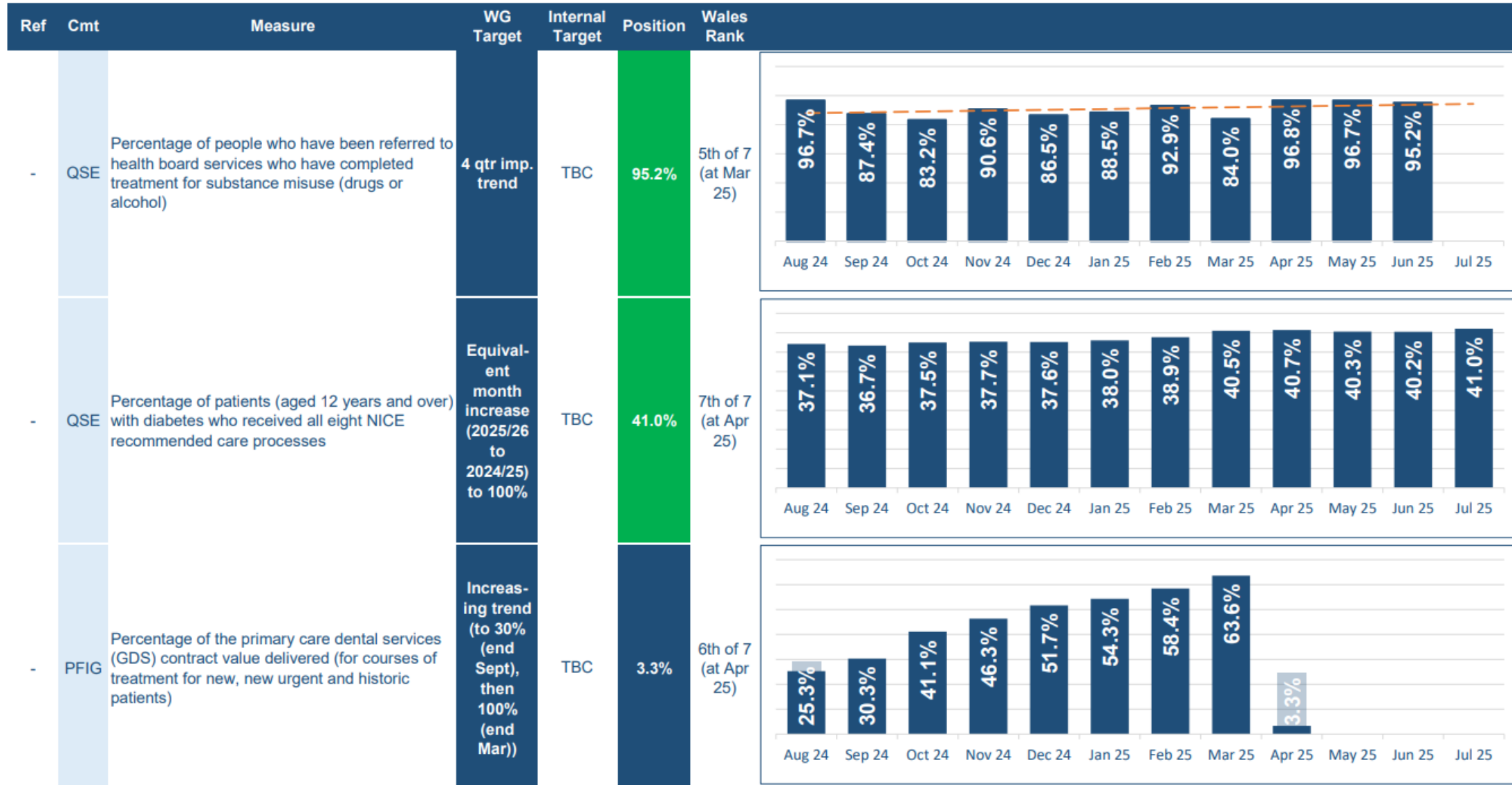
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	85.5%	3rd of 7 (at Mar 25)
-	QSE	Percentage uptake of the influenza 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 Apr 25)



Quality: Performance



Quality: Performance



Quality: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2025/26 to 2024/25)	TBC	3136	1st of 7 (at Apr 25)
-	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19 (>14 days after admission)	Equivalent month reduction (2024/25 to 2023/24)	TBC	46.8%	3rd of 6 (at Apr 25)
-	QSE	Number of service user feedback experience responses completed and recorded on CIVICA	Increasing trend	TBC	6619	2nd of 10 (at Apr 25)

Month	Value
Aug 24	2319
Sep 24	2090
Oct 24	2478
Nov 24	2661
Dec 24	3351
Jan 25	2996
Feb 25	3033
Mar 25	3046
Apr 25	2925
May 25	2676
Jun 25	2514
Jul 25	3136

Month	Value
Aug 24	23.6%
Sep 24	23.9%
Oct 24	47.2%
Nov 24	53.9%
Dec 24	34.7%
Jan 25	58.4%
Feb 25	57.1%
Mar 25	48.3%
Apr 25	50.0%
May 25	
Jun 25	47.8%
Jul 25	46.8%

Month	Value
Aug 24	4181
Sep 24	4240
Oct 24	5569
Nov 24	5401
Dec 24	5513
Jan 25	3157
Feb 25	5978
Mar 25	5680
Apr 25	5600
May 25	
Jun 25	6619
Jul 25	

Quality: Performance



Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	TBC	TBC	49	4th of 6 (at Apr 25)
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	27	TBC	9	3rd of 6 (at Apr 25)
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	67	TBC	73.1	4th of 6 (at Apr 25)

Month	Score
Aug 24	3
Sep 24	64
Oct 24	75
Nov 24	95
Dec 24	104
Jan 25	119
Feb 25	126
Mar 25	136
Apr 25	10
May 25	24
Jun 25	36
Jul 25	49

Month	Score
Aug 24	7
Sep 24	11
Oct 24	13
Nov 24	15
Dec 24	19
Jan 25	19
Feb 25	21
Mar 25	25
Apr 25	2
May 25	3
Jun 25	5
Jul 25	9

Month	Score
Aug 24	79.6
Sep 24	79.4
Oct 24	72.2
Nov 24	75.5
Dec 24	75.5
Jan 25	75.8
Feb 25	75.5
Mar 25	76.5
Apr 25	72.1
May 25	75.2
Jun 25	74.8
Jul 25	73.1

Quality: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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	29.8	6th of 6 (at Apr 25)
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	25	TBC	42.4	3rd of 6 (at Apr 25)
CRR: 24-04	QSE	Number of National reportable incidents that remain open 90 days or more	Decreasing trend	TBC	1	8th of 10 (at Apr 25)

Month	Value
Aug 24	24.8
Sep 24	24.7
Oct 24	25.5
Nov 24	26.2
Dec 24	25.3
Jan 25	25.6
Feb 25	25.3
Mar 25	25.7
Apr 25	35.2
May 25	29.4
Jun 25	30.1
Jul 25	29.8

Month	Value
Aug 24	54.6
Sep 24	54.7
Oct 24	53.1
Nov 24	51.3
Dec 24	51.5
Jan 25	50.4
Feb 25	49.3
Mar 25	50.6
Apr 25	40.4
May 25	44.1
Jun 25	42.3
Jul 25	42.4

Month	Value
Aug 24	40
Sep 24	42
Oct 24	23
Nov 24	16
Dec 24	15
Jan 25	6
Feb 25	5
Mar 25	4
Apr 25	2
May 25	1
Jun 25	1
Jul 25	1

Quality: Performance



Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of National reportable incidents (NRIs)	N/A	TBC	5	
-	QSE	Number of new never events	0	TBC	0	
-	QSE	Number of patient safety incidents	N/A	TBC	3018	

Quality: Performance



Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
-	QSE	Number of reported falls	N/A	TBC	360	<table border="1"> <caption>Number of reported falls (Monthly)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Aug 24</td><td>346</td></tr> <tr><td>Sep 24</td><td>326</td></tr> <tr><td>Oct 24</td><td>364</td></tr> <tr><td>Nov 24</td><td>327</td></tr> <tr><td>Dec 24</td><td>339</td></tr> <tr><td>Jan 25</td><td>365</td></tr> <tr><td>Feb 25</td><td>327</td></tr> <tr><td>Mar 25</td><td>332</td></tr> <tr><td>Apr 25</td><td>322</td></tr> <tr><td>May 25</td><td>360</td></tr> <tr><td>Jun 25</td><td>370</td></tr> <tr><td>Jul 25</td><td>360</td></tr> </tbody> </table>	Month	Value	Aug 24	346	Sep 24	326	Oct 24	364	Nov 24	327	Dec 24	339	Jan 25	365	Feb 25	327	Mar 25	332	Apr 25	322	May 25	360	Jun 25	370	Jul 25	360
Month	Value																															
Aug 24	346																															
Sep 24	326																															
Oct 24	364																															
Nov 24	327																															
Dec 24	339																															
Jan 25	365																															
Feb 25	327																															
Mar 25	332																															
Apr 25	322																															
May 25	360																															
Jun 25	370																															
Jul 25	360																															
-	QSE	Number of reported hospital acquired pressure ulcers (HAPU) (excluding new to caseload)	N/A	TBC	503	<table border="1"> <caption>Number of reported hospital acquired pressure ulcers (Monthly)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Aug 24</td><td>502</td></tr> <tr><td>Sep 24</td><td>464</td></tr> <tr><td>Oct 24</td><td>538</td></tr> <tr><td>Nov 24</td><td>529</td></tr> <tr><td>Dec 24</td><td>491</td></tr> <tr><td>Jan 25</td><td>605</td></tr> <tr><td>Feb 25</td><td>498</td></tr> <tr><td>Mar 25</td><td>539</td></tr> <tr><td>Apr 25</td><td>533</td></tr> <tr><td>May 25</td><td>525</td></tr> <tr><td>Jun 25</td><td>472</td></tr> <tr><td>Jul 25</td><td>503</td></tr> </tbody> </table>	Month	Value	Aug 24	502	Sep 24	464	Oct 24	538	Nov 24	529	Dec 24	491	Jan 25	605	Feb 25	498	Mar 25	539	Apr 25	533	May 25	525	Jun 25	472	Jul 25	503
Month	Value																															
Aug 24	502																															
Sep 24	464																															
Oct 24	538																															
Nov 24	529																															
Dec 24	491																															
Jan 25	605																															
Feb 25	498																															
Mar 25	539																															
Apr 25	533																															
May 25	525																															
Jun 25	472																															
Jul 25	503																															
-	QSE	Number of reported medication incidents	N/A	TBC	236	<table border="1"> <caption>Number of reported medication incidents (Monthly)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Aug 24</td><td>273</td></tr> <tr><td>Sep 24</td><td>240</td></tr> <tr><td>Oct 24</td><td>271</td></tr> <tr><td>Nov 24</td><td>237</td></tr> <tr><td>Dec 24</td><td>256</td></tr> <tr><td>Jan 25</td><td>266</td></tr> <tr><td>Feb 25</td><td>268</td></tr> <tr><td>Mar 25</td><td>291</td></tr> <tr><td>Apr 25</td><td>307</td></tr> <tr><td>May 25</td><td>259</td></tr> <tr><td>Jun 25</td><td>315</td></tr> <tr><td>Jul 25</td><td>236</td></tr> </tbody> </table>	Month	Value	Aug 24	273	Sep 24	240	Oct 24	271	Nov 24	237	Dec 24	256	Jan 25	266	Feb 25	268	Mar 25	291	Apr 25	307	May 25	259	Jun 25	315	Jul 25	236
Month	Value																															
Aug 24	273																															
Sep 24	240																															
Oct 24	271																															
Nov 24	237																															
Dec 24	256																															
Jan 25	266																															
Feb 25	268																															
Mar 25	291																															
Apr 25	307																															
May 25	259																															
Jun 25	315																															
Jul 25	236																															

Quality: Performance



Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
-	QSE	Number of 'Putting Things Right' (PTR) complaints	N/A	TBC	228	<table border="1"> <caption>Number of 'Putting Things Right' (PTR) complaints</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Aug 24</td><td>205</td></tr> <tr><td>Sep 24</td><td>216</td></tr> <tr><td>Oct 24</td><td>175</td></tr> <tr><td>Nov 24</td><td>189</td></tr> <tr><td>Dec 24</td><td>153</td></tr> <tr><td>Jan 25</td><td>210</td></tr> <tr><td>Feb 25</td><td>207</td></tr> <tr><td>Mar 25</td><td>206</td></tr> <tr><td>Apr 25</td><td>228</td></tr> <tr><td>May 25</td><td>219</td></tr> <tr><td>Jun 25</td><td>241</td></tr> <tr><td>Jul 25</td><td>228</td></tr> </tbody> </table>	Month	Value	Aug 24	205	Sep 24	216	Oct 24	175	Nov 24	189	Dec 24	153	Jan 25	210	Feb 25	207	Mar 25	206	Apr 25	228	May 25	219	Jun 25	241	Jul 25	228
Month	Value																															
Aug 24	205																															
Sep 24	216																															
Oct 24	175																															
Nov 24	189																															
Dec 24	153																															
Jan 25	210																															
Feb 25	207																															
Mar 25	206																															
Apr 25	228																															
May 25	219																															
Jun 25	241																															
Jul 25	228																															
-	QSE	Of the complaints closed, the percentage that were closed within 30 days	75%	TBC	76.3%	<table border="1"> <caption>Percentage of complaints closed within 30 days</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Aug 24</td><td>63.1%</td></tr> <tr><td>Sep 24</td><td>74.5%</td></tr> <tr><td>Oct 24</td><td>78.7%</td></tr> <tr><td>Nov 24</td><td>74.6%</td></tr> <tr><td>Dec 24</td><td>80.3%</td></tr> <tr><td>Jan 25</td><td>70.5%</td></tr> <tr><td>Feb 25</td><td>71.0%</td></tr> <tr><td>Mar 25</td><td>77.7%</td></tr> <tr><td>Apr 25</td><td>77.2%</td></tr> <tr><td>May 25</td><td>74.4%</td></tr> <tr><td>Jun 25</td><td>76.3%</td></tr> <tr><td>Jul 25</td><td>76.3%</td></tr> </tbody> </table>	Month	Value	Aug 24	63.1%	Sep 24	74.5%	Oct 24	78.7%	Nov 24	74.6%	Dec 24	80.3%	Jan 25	70.5%	Feb 25	71.0%	Mar 25	77.7%	Apr 25	77.2%	May 25	74.4%	Jun 25	76.3%	Jul 25	76.3%
Month	Value																															
Aug 24	63.1%																															
Sep 24	74.5%																															
Oct 24	78.7%																															
Nov 24	74.6%																															
Dec 24	80.3%																															
Jan 25	70.5%																															
Feb 25	71.0%																															
Mar 25	77.7%																															
Apr 25	77.2%																															
May 25	74.4%																															
Jun 25	76.3%																															
Jul 25	76.3%																															
-	QSE	Number of complaints closed as early resolutions	N/A	TBC	32	<table border="1"> <caption>Number of complaints closed as early resolutions</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Aug 24</td><td>25</td></tr> <tr><td>Sep 24</td><td>25</td></tr> <tr><td>Oct 24</td><td>19</td></tr> <tr><td>Nov 24</td><td>22</td></tr> <tr><td>Dec 24</td><td>15</td></tr> <tr><td>Jan 25</td><td>29</td></tr> <tr><td>Feb 25</td><td>26</td></tr> <tr><td>Mar 25</td><td>33</td></tr> <tr><td>Apr 25</td><td>29</td></tr> <tr><td>May 25</td><td>39</td></tr> <tr><td>Jun 25</td><td>20</td></tr> <tr><td>Jul 25</td><td>32</td></tr> </tbody> </table>	Month	Value	Aug 24	25	Sep 24	25	Oct 24	19	Nov 24	22	Dec 24	15	Jan 25	29	Feb 25	26	Mar 25	33	Apr 25	29	May 25	39	Jun 25	20	Jul 25	32
Month	Value																															
Aug 24	25																															
Sep 24	25																															
Oct 24	19																															
Nov 24	22																															
Dec 24	15																															
Jan 25	29																															
Feb 25	26																															
Mar 25	33																															
Apr 25	29																															
May 25	39																															
Jun 25	20																															
Jul 25	32																															

Quality: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

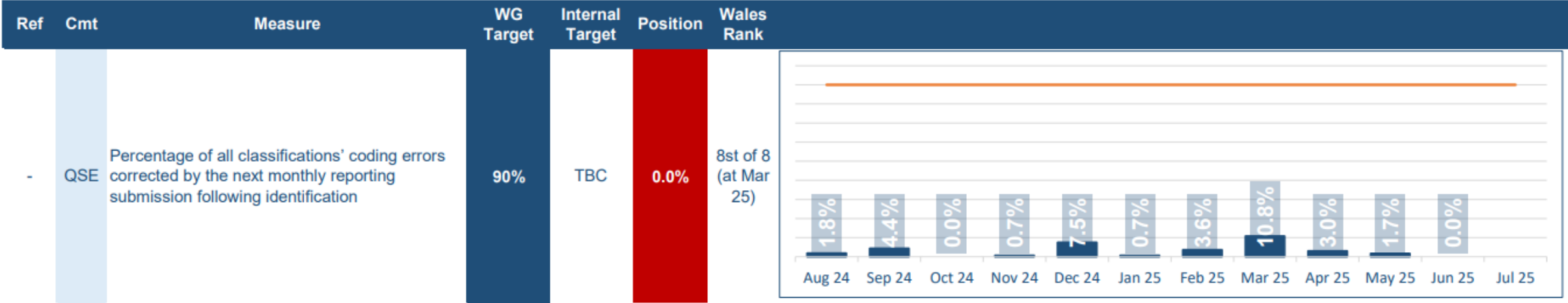
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of PALS (Patient Advice and Liason Service) contacts	N/A	TBC	796	
-	QSE	Number of new Ombudsman contacts	N/A	TBC	23	
-	QSE	Number of regulation 28 notices	N/A	TBC	0	

Quality: Performance



Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
-	QSE	Number of overdue 'Learning from Event Reports' (LFERs)	N/A	TBC	26	<table border="1"> <caption>Number of overdue 'Learning from Event Reports' (LFERs)</caption> <thead> <tr><th>Month</th><th>Count</th></tr> </thead> <tbody> <tr><td>Aug 24</td><td>54</td></tr> <tr><td>Sep 24</td><td>57</td></tr> <tr><td>Oct 24</td><td>51</td></tr> <tr><td>Nov 24</td><td>58</td></tr> <tr><td>Dec 24</td><td>64</td></tr> <tr><td>Jan 25</td><td>54</td></tr> <tr><td>Feb 25</td><td>50</td></tr> <tr><td>Mar 25</td><td>43</td></tr> <tr><td>Apr 25</td><td>18</td></tr> <tr><td>May 25</td><td>14</td></tr> <tr><td>Jun 25</td><td>9</td></tr> <tr><td>Jul 25</td><td>26</td></tr> </tbody> </table>	Month	Count	Aug 24	54	Sep 24	57	Oct 24	51	Nov 24	58	Dec 24	64	Jan 25	54	Feb 25	50	Mar 25	43	Apr 25	18	May 25	14	Jun 25	9	Jul 25	26
Month	Count																															
Aug 24	54																															
Sep 24	57																															
Oct 24	51																															
Nov 24	58																															
Dec 24	64																															
Jan 25	54																															
Feb 25	50																															
Mar 25	43																															
Apr 25	18																															
May 25	14																															
Jun 25	9																															
Jul 25	26																															
-	QSE	Number of Great-ix submissions	N/A	TBC	242	<table border="1"> <caption>Number of Great-ix submissions</caption> <thead> <tr><th>Month</th><th>Count</th></tr> </thead> <tbody> <tr><td>Aug 24</td><td>132</td></tr> <tr><td>Sep 24</td><td>141</td></tr> <tr><td>Oct 24</td><td>155</td></tr> <tr><td>Nov 24</td><td>153</td></tr> <tr><td>Dec 24</td><td>114</td></tr> <tr><td>Jan 25</td><td>146</td></tr> <tr><td>Feb 25</td><td>135</td></tr> <tr><td>Mar 25</td><td>161</td></tr> <tr><td>Apr 25</td><td>196</td></tr> <tr><td>May 25</td><td>143</td></tr> <tr><td>Jun 25</td><td>196</td></tr> <tr><td>Jul 25</td><td>242</td></tr> </tbody> </table>	Month	Count	Aug 24	132	Sep 24	141	Oct 24	155	Nov 24	153	Dec 24	114	Jan 25	146	Feb 25	135	Mar 25	161	Apr 25	196	May 25	143	Jun 25	196	Jul 25	242
Month	Count																															
Aug 24	132																															
Sep 24	141																															
Oct 24	155																															
Nov 24	153																															
Dec 24	114																															
Jan 25	146																															
Feb 25	135																															
Mar 25	161																															
Apr 25	196																															
May 25	143																															
Jun 25	196																															
Jul 25	242																															
-	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increasing trend (to 95%)	TBC	74.6%	8st of 8 (at Mar 25) <table border="1"> <caption>Percentage of episodes clinically coded within one reporting month post episode discharge end date</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Aug 24</td><td>13.6%</td></tr> <tr><td>Sep 24</td><td>14.9%</td></tr> <tr><td>Oct 24</td><td>15.1%</td></tr> <tr><td>Nov 24</td><td>16.1%</td></tr> <tr><td>Dec 24</td><td>19.9%</td></tr> <tr><td>Jan 25</td><td>21.4%</td></tr> <tr><td>Feb 25</td><td>25.1%</td></tr> <tr><td>Mar 25</td><td>40.0%</td></tr> <tr><td>Apr 25</td><td>45.0%</td></tr> <tr><td>May 25</td><td>74.6%</td></tr> </tbody> </table>	Month	Percentage	Aug 24	13.6%	Sep 24	14.9%	Oct 24	15.1%	Nov 24	16.1%	Dec 24	19.9%	Jan 25	21.4%	Feb 25	25.1%	Mar 25	40.0%	Apr 25	45.0%	May 25	74.6%				
Month	Percentage																															
Aug 24	13.6%																															
Sep 24	14.9%																															
Oct 24	15.1%																															
Nov 24	16.1%																															
Dec 24	19.9%																															
Jan 25	21.4%																															
Feb 25	25.1%																															
Mar 25	40.0%																															
Apr 25	45.0%																															
May 25	74.6%																															

Quality: Performance



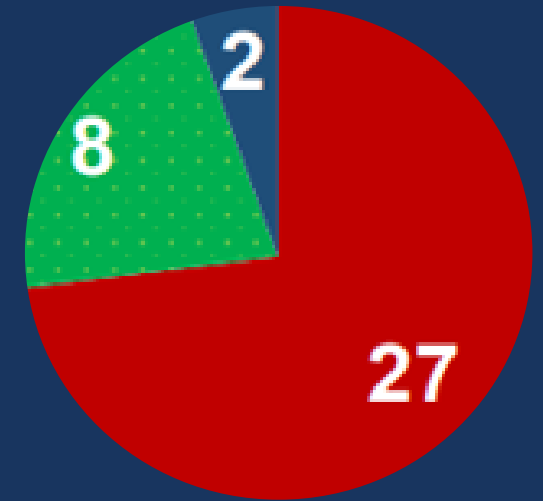


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Section 2

Access & Activity Performance

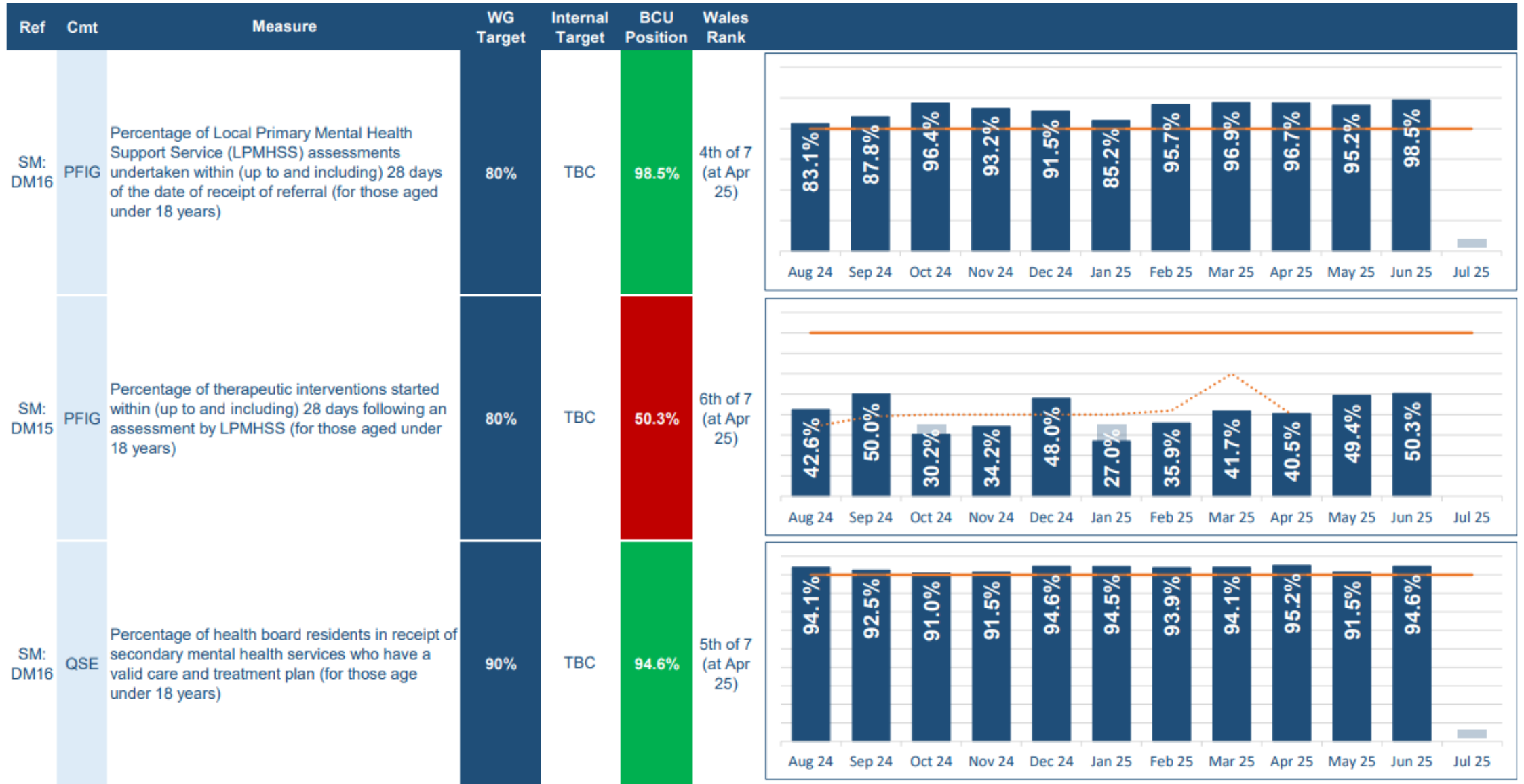


Access & Activity: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

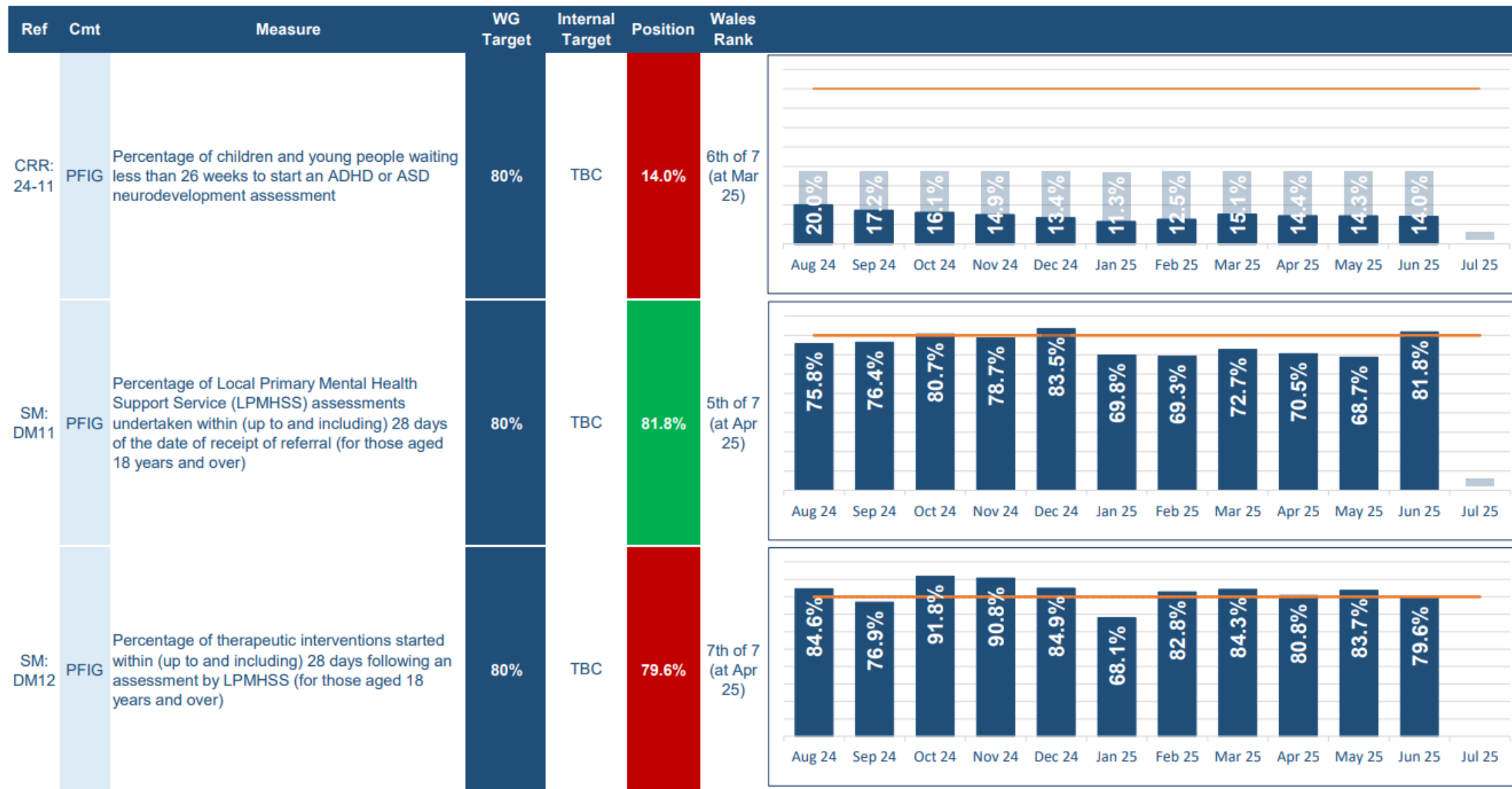


Access & Activity: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Access & Activity: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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	80.9%	5th of 7 (at Apr 25)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	75.0%	3rd of 7 (at Apr 25)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	96.9%	6th of 7 (at Mar 23)

Month	Percentage
Aug 24	86.0%
Sep 24	86.8%
Oct 24	86.5%
Nov 24	86.3%
Dec 24	86.0%
Jan 25	84.3%
Feb 25	83.4%
Mar 25	84.0%
Apr 25	82.2%
May 25	81.7%
Jun 25	80.9%
Jul 25	-

Month	Percentage
Aug 24	71.1%
Sep 24	65.9%
Oct 24	62.0%
Nov 24	64.7%
Dec 24	60.0%
Jan 25	62.8%
Feb 25	66.4%
Mar 25	62.0%
Apr 25	67.9%
May 25	62.9%
Jun 25	70.9%
Jul 25	75.0%

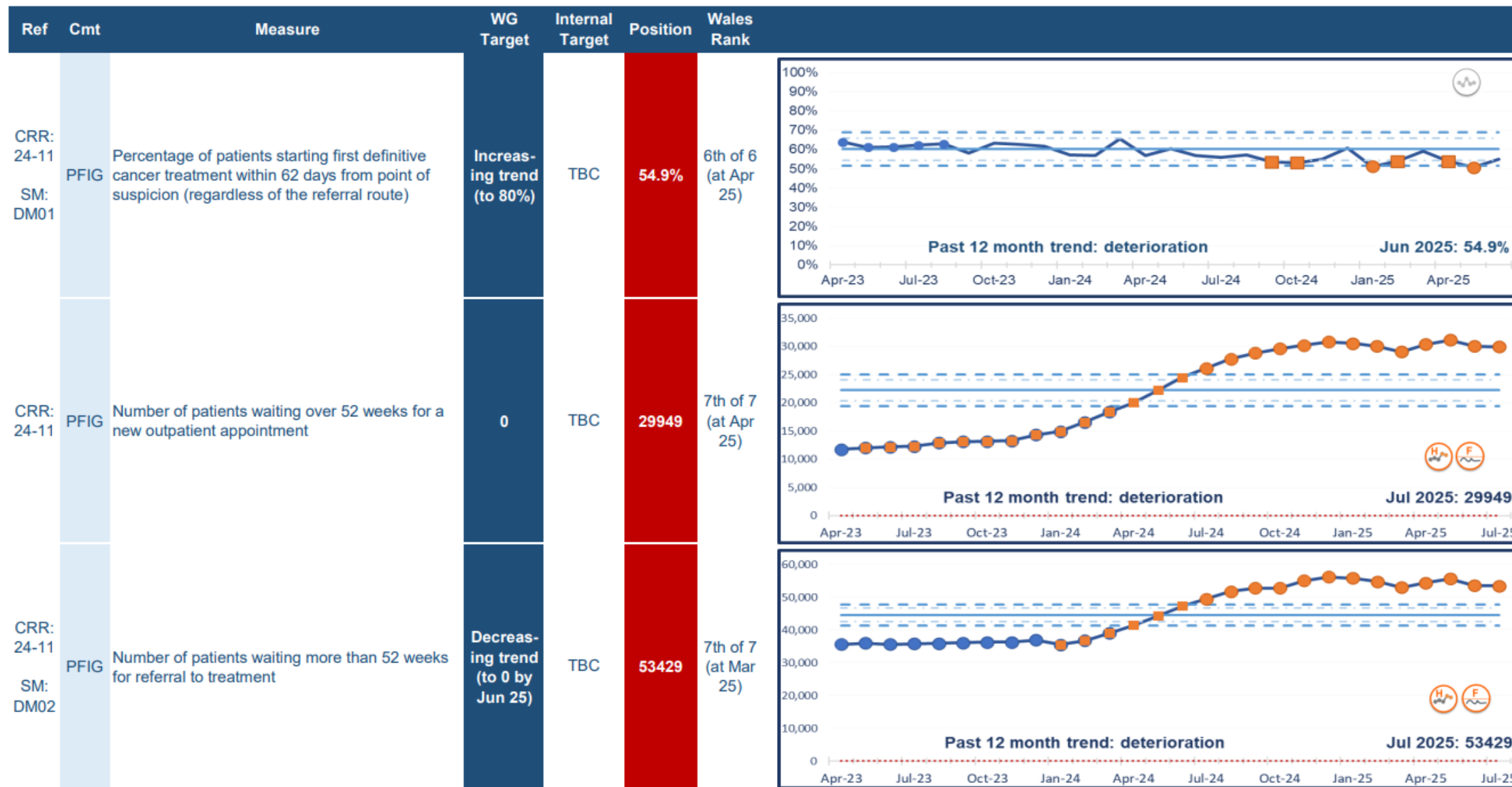
Quarter	Percentage
Q2 24/25	96.9%
Q3 24/25	96.9%
Q4 24/25	99.0%
Q1 25/26	96.9%

Access & Activity: Performance

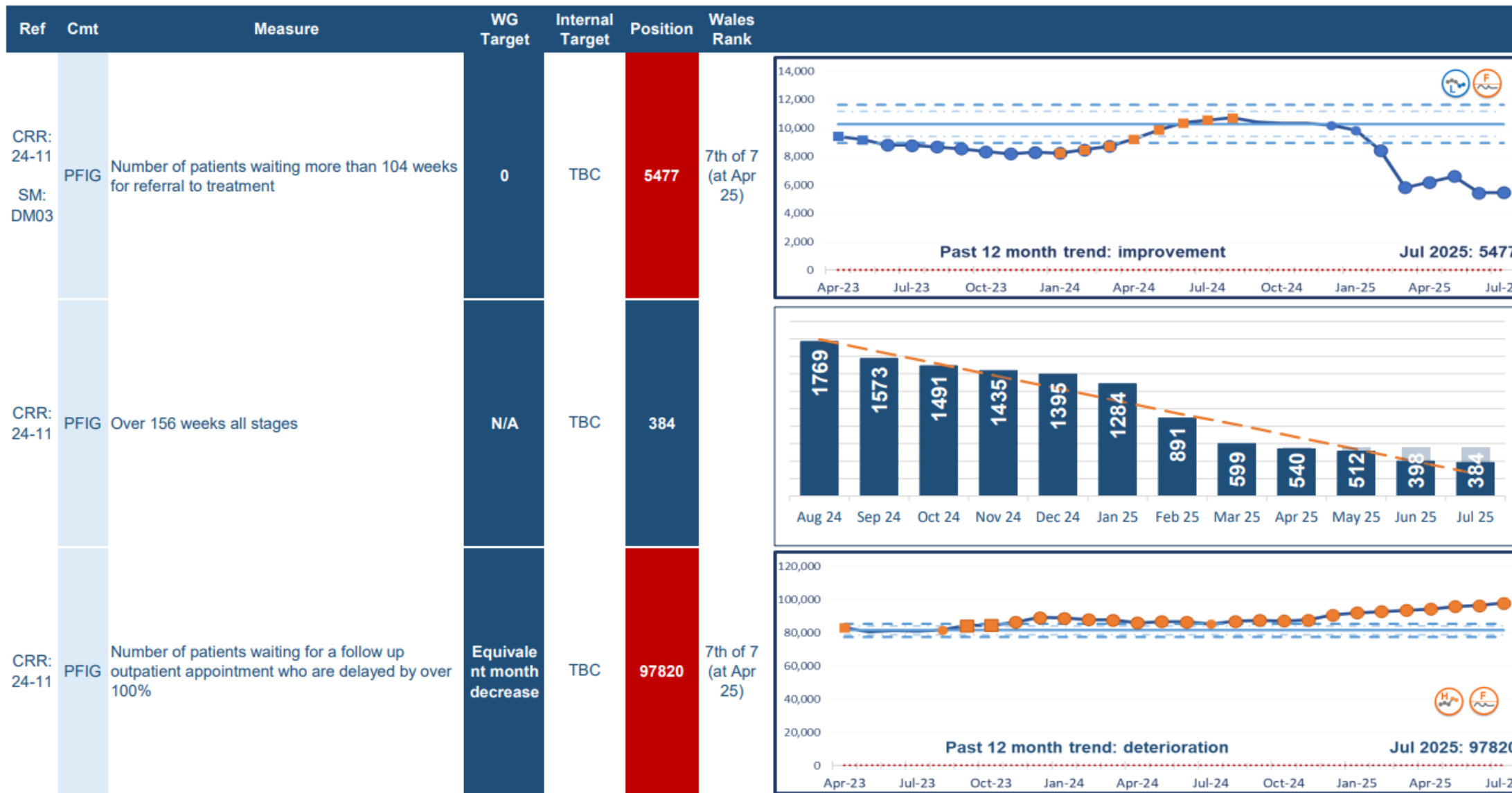


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Access & Activity: Performance

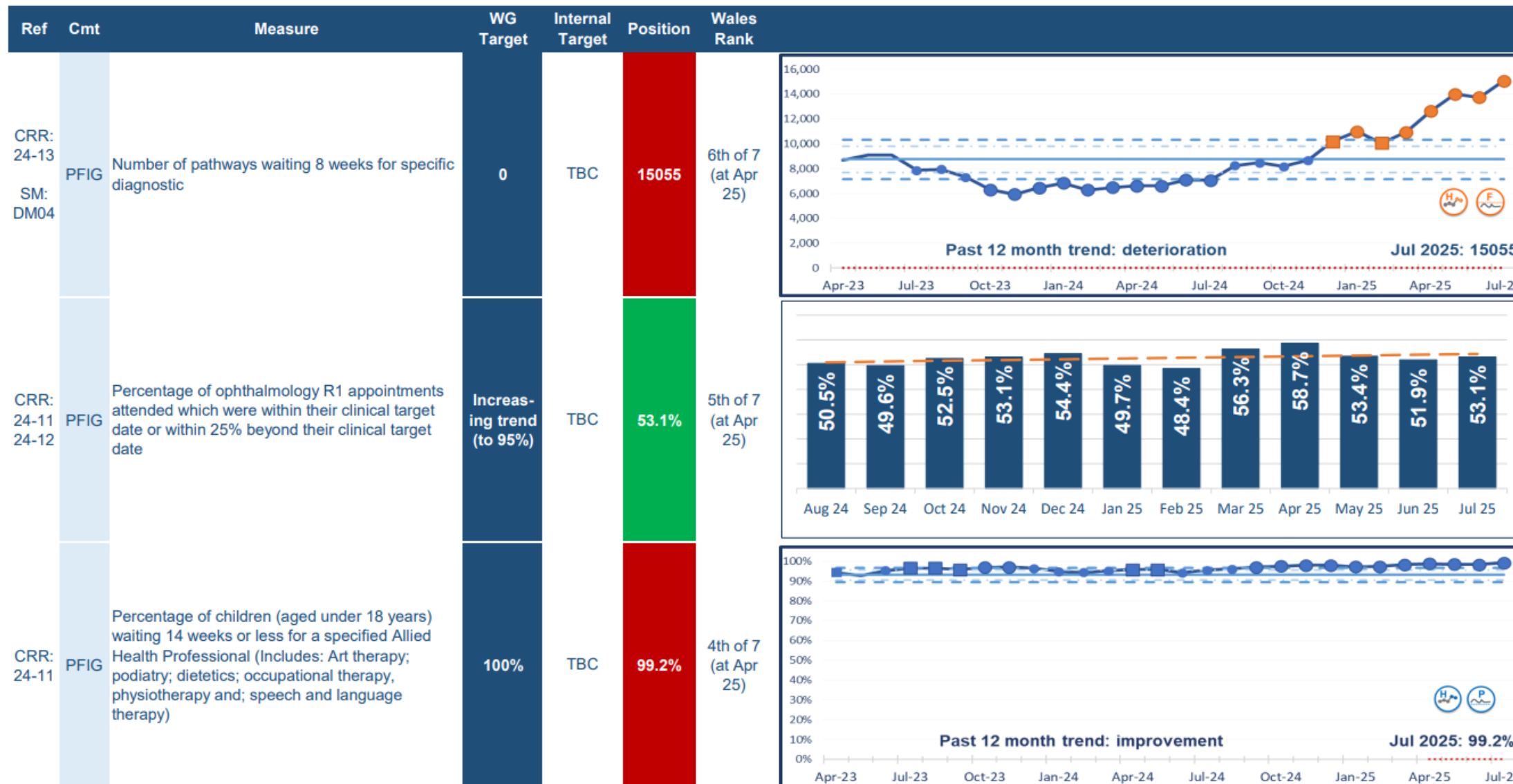


Access & Activity: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

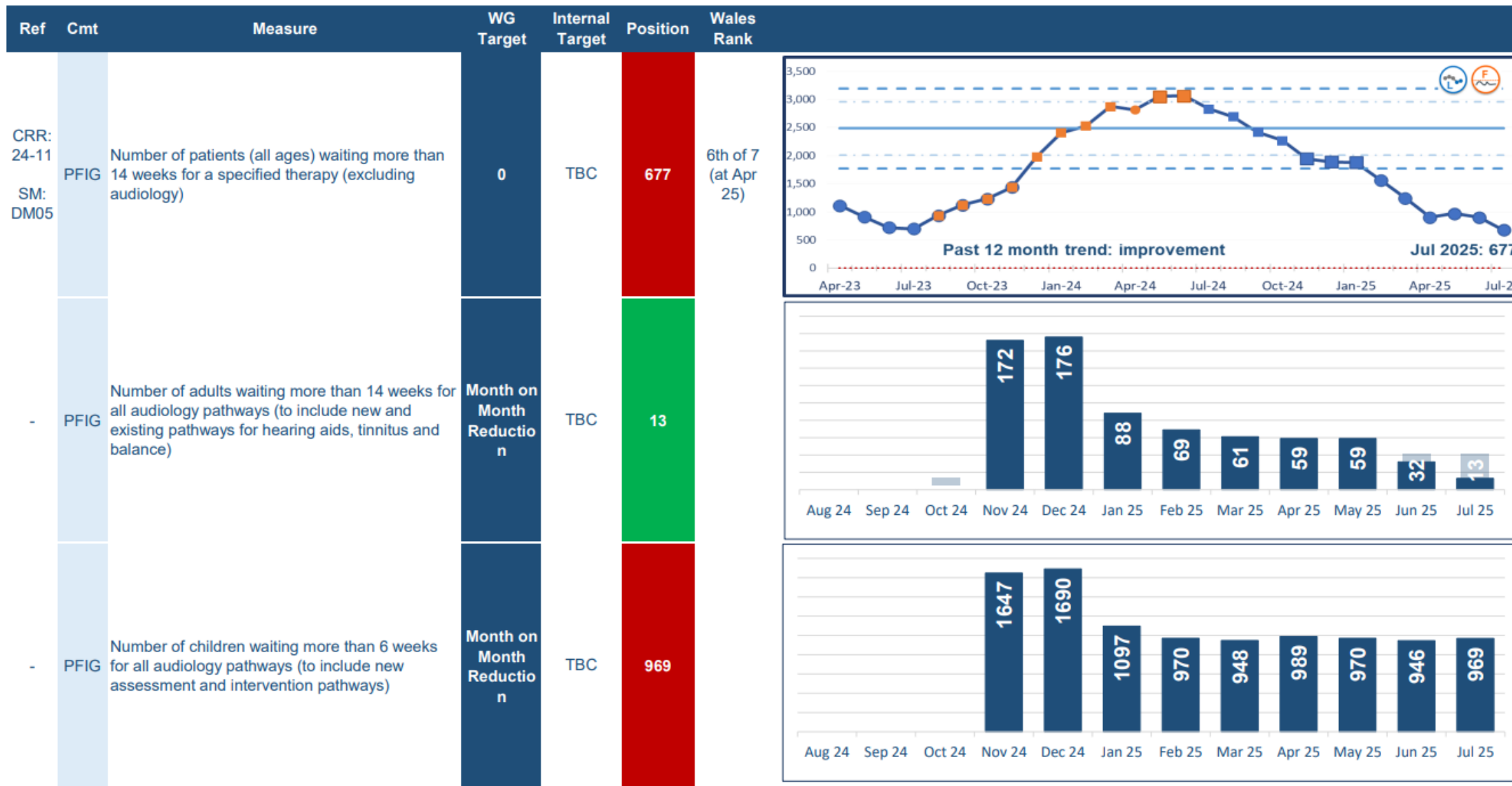


Access & Activity: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Access & Activity: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of cases per theatre session	2.5	TBC	2.1	
-	PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	41.2%	
-	PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	22.2%	

Month	Value
Aug 24	2.2
Sep 24	2.0
Oct 24	2.1
Nov 24	2.1
Dec 24	2.0
Jan 25	2.1
Feb 25	2.1
Mar 25	2.0
Apr 25	2.1
May 25	2.1
Jun 25	2.1
Jul 25	2.1

Month	Value
Aug 24	53.4%
Sep 24	51.2%
Oct 24	48.0%
Nov 24	49.1%
Dec 24	44.9%
Jan 25	50.0%
Feb 25	46.8%
Mar 25	46.4%
Apr 25	43.2%
May 25	46.4%
Jun 25	41.5%
Jul 25	41.2%

Month	Value
Aug 24	22.3%
Sep 24	23.8%
Oct 24	25.8%
Nov 24	22.7%
Dec 24	29.2%
Jan 25	26.2%
Feb 25	25.4%
Mar 25	25.2%
Apr 25	22.8%
May 25	27.6%
Jun 25	23.9%
Jul 25	22.2%

Access & Activity: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

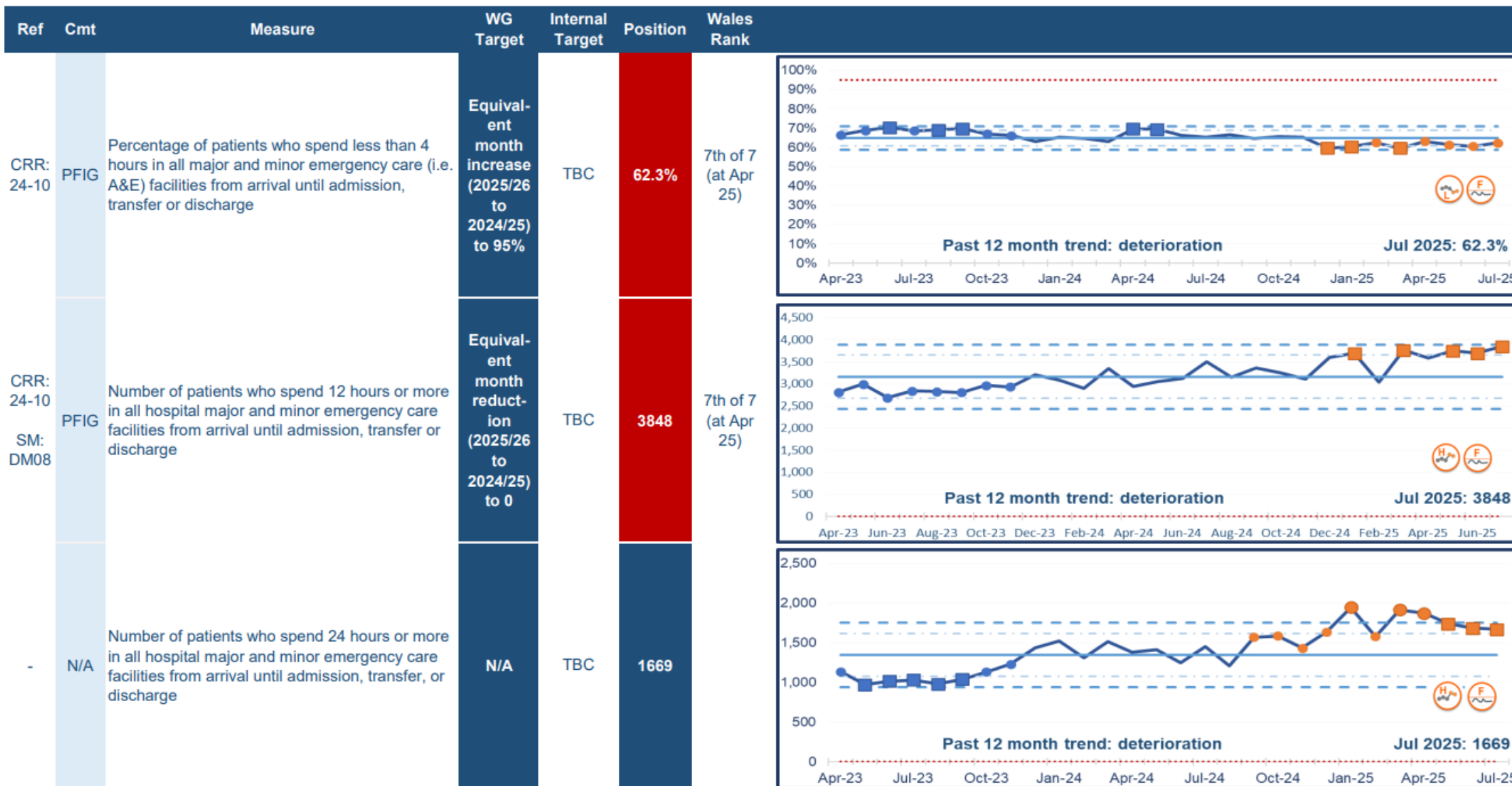
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	10.9%	N/A
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	8.2%	
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	290	8st of 8 (at Apr 25)

Month	Percentage
Aug 24	10.8%
Sep 24	9.7%
Oct 24	13.3%
Nov 24	12.5%
Dec 24	10.7%
Jan 25	12.3%
Feb 25	11.6%
Mar 25	10.6%
Apr 25	9.3%
May 25	9.6%
Jun 25	8.7%
Jul 25	10.9%

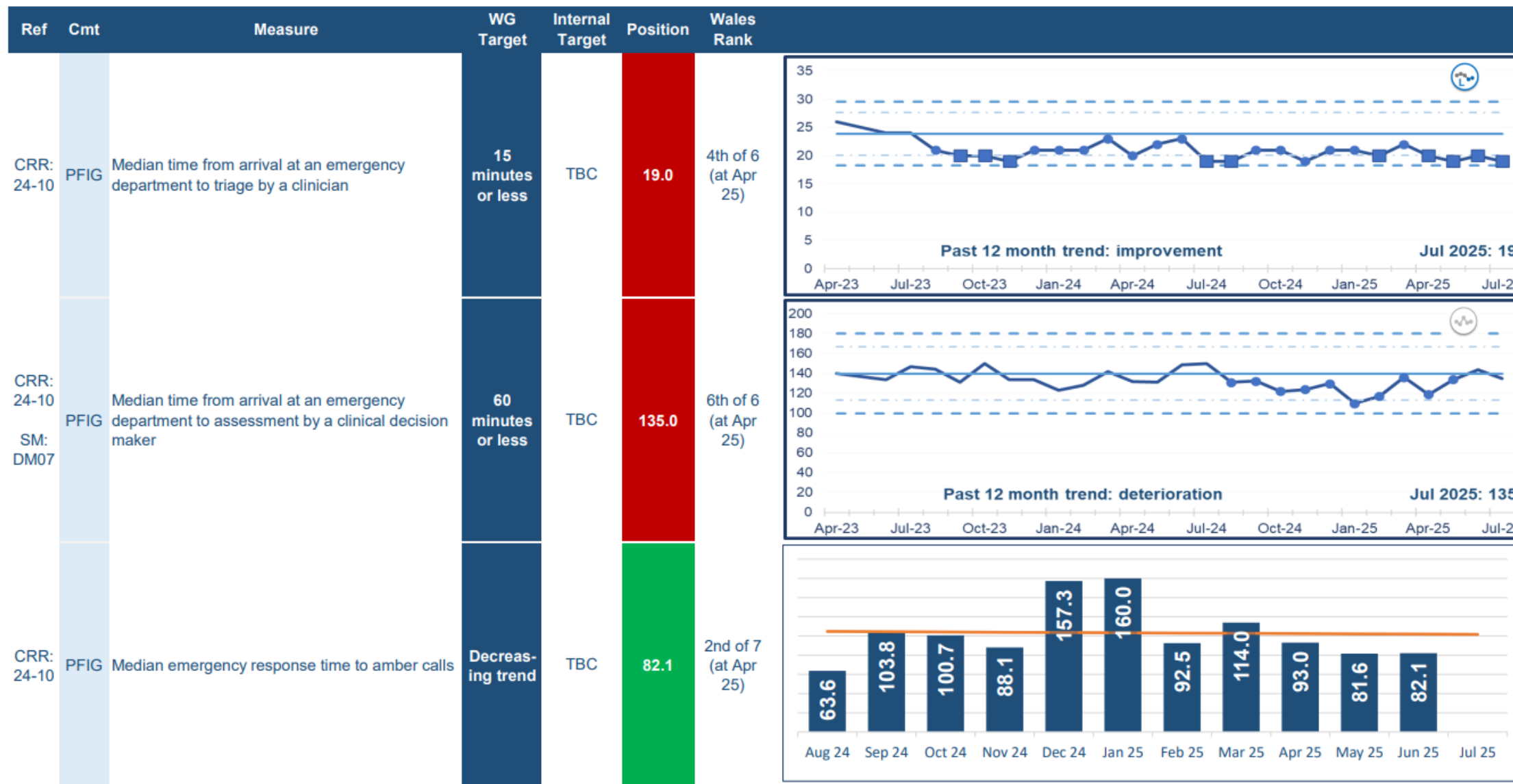
Month	Percentage
Aug 24	8.0%
Sep 24	7.8%
Oct 24	9.6%
Nov 24	10.0%
Dec 24	8.1%
Jan 25	8.6%
Feb 25	8.2%
Mar 25	8.2%
Apr 25	7.4%
May 25	8.4%
Jun 25	6.5%
Jul 25	8.2%

Month	Count
Aug 24	333
Sep 24	297
Oct 24	331
Nov 24	286
Dec 24	298
Jan 25	326
Feb 25	305
Mar 25	311
Apr 25	307
May 25	337
Jun 25	300
Jul 25	290

Access & Activity: Performance



Access & Activity: Performance



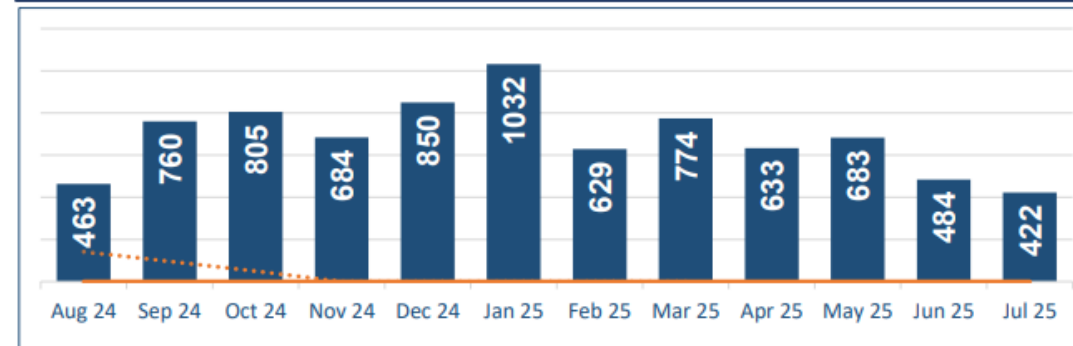
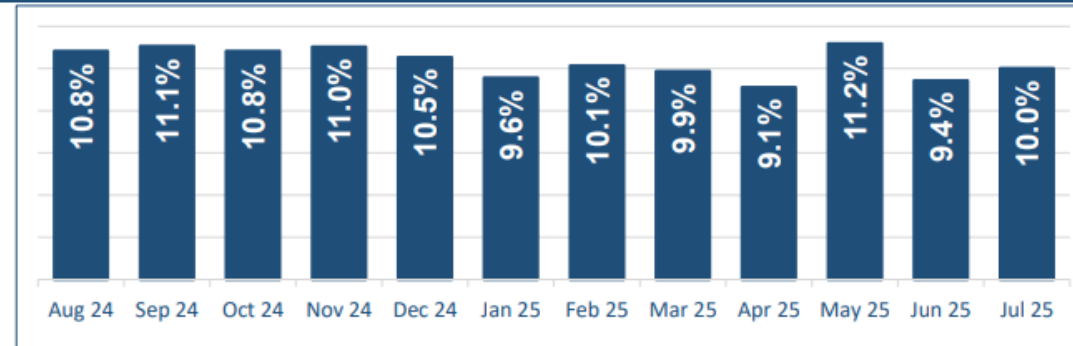
Access & Activity: Performance



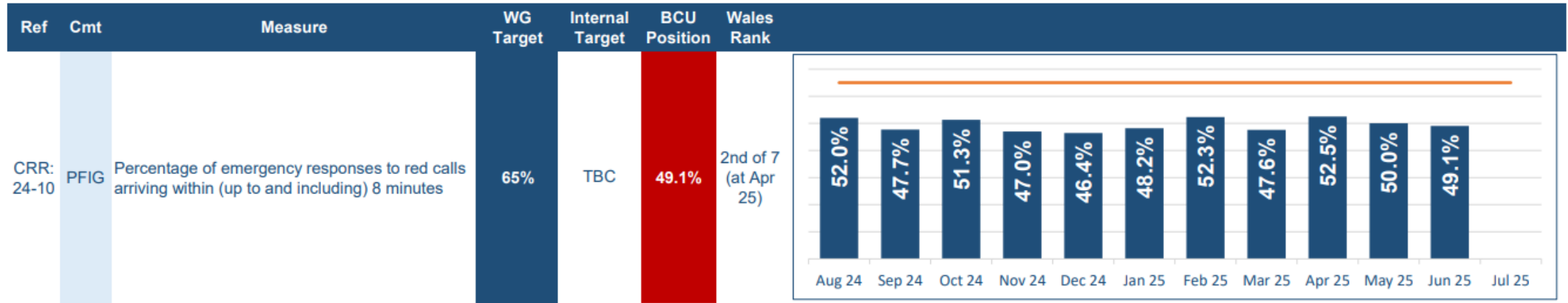
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2025/26 to 2024/25) to 100%	TBC	10.0%	N/A
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	TBC	1677	6th of 6 (at Apr 25)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	TBC	422	

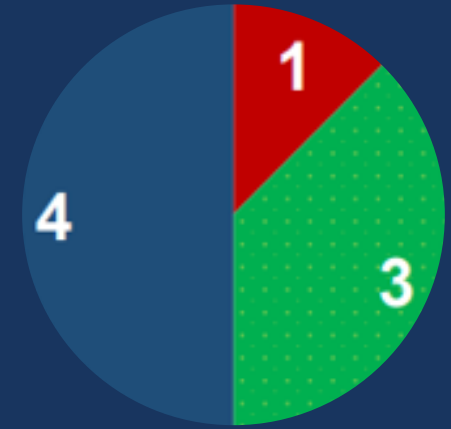


Access & Activity: Performance



Section 3

People & Organisational Development Performance



People: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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	81.8%	7th of 13 (at Mar 25)
-	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	TBC	6.0%	7th of 13 (at Mar 25)
CRR: 24-05	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	3.7%	9th of 12 (at Mar 25)

Month	Percentage
Aug 24	78.3%
Sep 24	77.1%
Oct 24	77.8%
Nov 24	78.2%
Dec 24	78.5%
Jan 25	78.8%
Feb 25	78.9%
Mar 25	79.6%
Apr 25	79.7%
May 25	80.7%
Jun 25	81.7%
Jul 25	81.8%

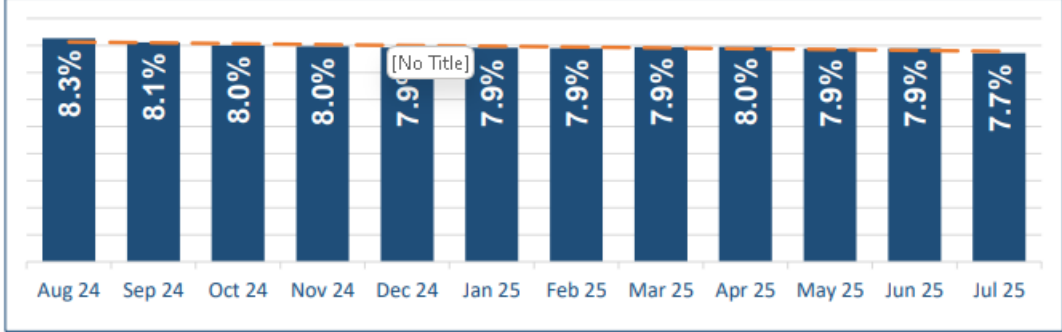
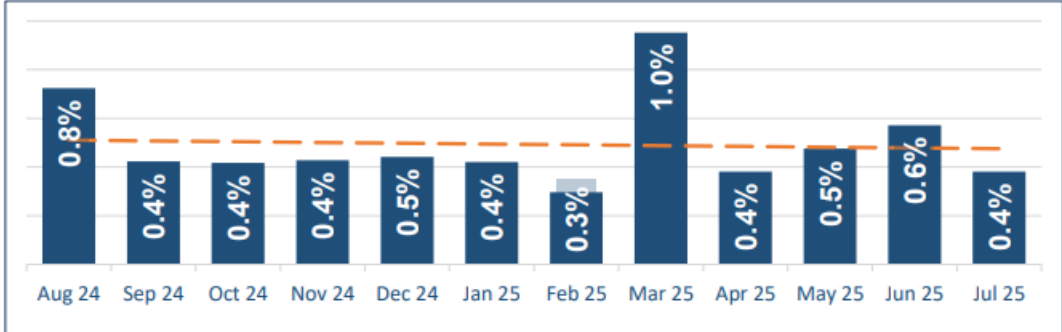
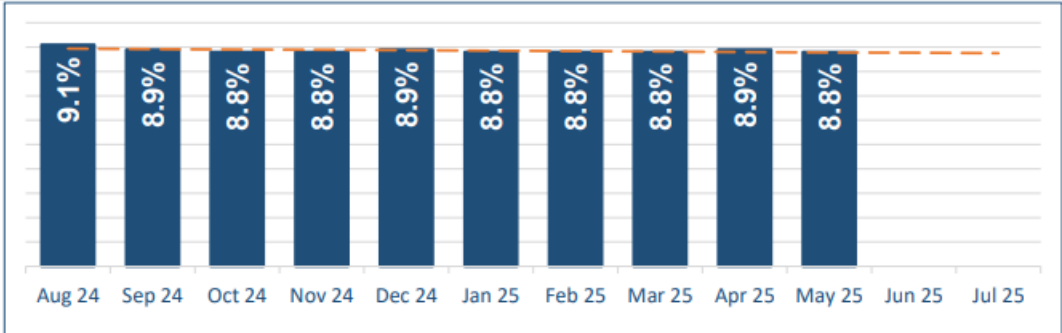
Month	Percentage
Aug 24	5.8%
Sep 24	5.7%
Oct 24	6.1%
Nov 24	6.4%
Dec 24	6.8%
Jan 25	6.7%
Feb 25	6.3%
Mar 25	5.6%
Apr 25	5.7%
May 25	5.4%
Jun 25	5.9%
Jul 25	6.0%

Month	Percentage
Aug 24	4.6%
Sep 24	3.8%
Oct 24	4.6%
Nov 24	3.1%
Dec 24	3.6%
Jan 25	4.0%
Feb 25	3.9%
Mar 25	2.2%
Apr 25	3.4%
May 25	3.5%
Jun 25	3.3%
Jul 25	3.7%

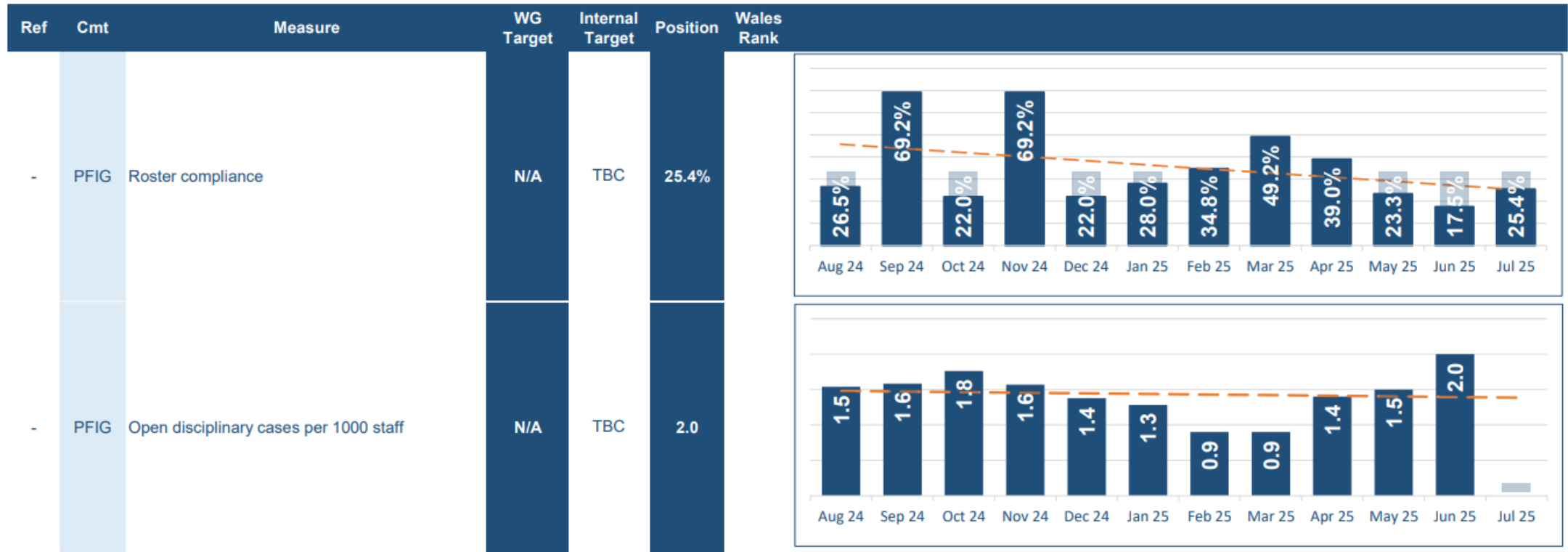
People: Performance



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	8.8%	
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	N/A	TBC	0.4%	
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	7.71%	



People: Performance





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Section 4

Financial Performance



Finance: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank																										
CRR: 24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	<table border="1"> <caption>Forecast outturn (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Nov 24</td><td>0.0</td></tr> <tr><td>Dec 24</td><td>0.0</td></tr> <tr><td>Jan 25</td><td>0.0</td></tr> <tr><td>Feb 25</td><td>0.0</td></tr> <tr><td>Mar 25</td><td>0.0</td></tr> <tr><td>Apr 25</td><td>0.0</td></tr> <tr><td>May 25</td><td>0.0</td></tr> <tr><td>Jun 25</td><td>0.0</td></tr> <tr><td>Jul 25</td><td>0.0</td></tr> </tbody> </table>	Month	Value	Nov 24	0.0	Dec 24	0.0	Jan 25	0.0	Feb 25	0.0	Mar 25	0.0	Apr 25	0.0	May 25	0.0	Jun 25	0.0	Jul 25	0.0						
Month	Value																															
Nov 24	0.0																															
Dec 24	0.0																															
Jan 25	0.0																															
Feb 25	0.0																															
Mar 25	0.0																															
Apr 25	0.0																															
May 25	0.0																															
Jun 25	0.0																															
Jul 25	0.0																															
CRR: 24-05	PFIG	In month variance to plan (£million)	N/A	TBC	3.6	<table border="1"> <caption>In month variance to plan (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Aug 24</td><td>1.6</td></tr> <tr><td>Sep 24</td><td>0.3</td></tr> <tr><td>Oct 24</td><td>1.0</td></tr> <tr><td>Nov 24</td><td>0.7</td></tr> <tr><td>Dec 24</td><td>-2.2</td></tr> <tr><td>Jan 25</td><td>-2.6</td></tr> <tr><td>Feb 25</td><td>-3.4</td></tr> <tr><td>Mar 25</td><td>-3.3</td></tr> <tr><td>Apr 25</td><td>3.7</td></tr> <tr><td>May 25</td><td>2.4</td></tr> <tr><td>Jun 25</td><td>1.6</td></tr> <tr><td>Jul 25</td><td>3.6</td></tr> </tbody> </table>	Month	Value	Aug 24	1.6	Sep 24	0.3	Oct 24	1.0	Nov 24	0.7	Dec 24	-2.2	Jan 25	-2.6	Feb 25	-3.4	Mar 25	-3.3	Apr 25	3.7	May 25	2.4	Jun 25	1.6	Jul 25	3.6
Month	Value																															
Aug 24	1.6																															
Sep 24	0.3																															
Oct 24	1.0																															
Nov 24	0.7																															
Dec 24	-2.2																															
Jan 25	-2.6																															
Feb 25	-3.4																															
Mar 25	-3.3																															
Apr 25	3.7																															
May 25	2.4																															
Jun 25	1.6																															
Jul 25	3.6																															
CRR: 24-05	PFIG	Forecast savings delivery against target (£million)	N/A	TBC	-16.4	<table border="1"> <caption>Forecast savings delivery against target (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Aug 24</td><td>-10.6</td></tr> <tr><td>Sep 24</td><td>-6.5</td></tr> <tr><td>Oct 24</td><td>-5.7</td></tr> <tr><td>Nov 24</td><td>-4.4</td></tr> <tr><td>Dec 24</td><td>-4.2</td></tr> <tr><td>Jan 25</td><td>-4.3</td></tr> <tr><td>Feb 25</td><td>-3.5</td></tr> <tr><td>Mar 25</td><td>-2.3</td></tr> <tr><td>Apr 25</td><td>-31.6</td></tr> <tr><td>May 25</td><td>-27.2</td></tr> <tr><td>Jun 25</td><td>-22.7</td></tr> <tr><td>Jul 25</td><td>-16.4</td></tr> </tbody> </table>	Month	Value	Aug 24	-10.6	Sep 24	-6.5	Oct 24	-5.7	Nov 24	-4.4	Dec 24	-4.2	Jan 25	-4.3	Feb 25	-3.5	Mar 25	-2.3	Apr 25	-31.6	May 25	-27.2	Jun 25	-22.7	Jul 25	-16.4
Month	Value																															
Aug 24	-10.6																															
Sep 24	-6.5																															
Oct 24	-5.7																															
Nov 24	-4.4																															
Dec 24	-4.2																															
Jan 25	-4.3																															
Feb 25	-3.5																															
Mar 25	-2.3																															
Apr 25	-31.6																															
May 25	-27.2																															
Jun 25	-22.7																															
Jul 25	-16.4																															

Finance: Performance



Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank																										
CRR: 24-05	PFIG	In year capital expenditure against plan (£million)	N/A	TBC	5.3	<table border="1"> <caption>Monthly Capital Expenditure (£million)</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Aug 24</td><td>1.6</td></tr> <tr><td>Sep 24</td><td>4.6</td></tr> <tr><td>Oct 24</td><td>5.9</td></tr> <tr><td>Nov 24</td><td>4.0</td></tr> <tr><td>Dec 24</td><td>1.2</td></tr> <tr><td>Jan 25</td><td>5.3</td></tr> <tr><td>Feb 25</td><td>9.1</td></tr> <tr><td>Mar 25</td><td>0.4</td></tr> <tr><td>Apr 25</td><td>0.0</td></tr> <tr><td>May 25</td><td>0.0</td></tr> <tr><td>Jun 25</td><td>0.8</td></tr> <tr><td>Jul 25</td><td>5.3</td></tr> </tbody> </table>	Month	Value	Aug 24	1.6	Sep 24	4.6	Oct 24	5.9	Nov 24	4.0	Dec 24	1.2	Jan 25	5.3	Feb 25	9.1	Mar 25	0.4	Apr 25	0.0	May 25	0.0	Jun 25	0.8	Jul 25	5.3
Month	Value																															
Aug 24	1.6																															
Sep 24	4.6																															
Oct 24	5.9																															
Nov 24	4.0																															
Dec 24	1.2																															
Jan 25	5.3																															
Feb 25	9.1																															
Mar 25	0.4																															
Apr 25	0.0																															
May 25	0.0																															
Jun 25	0.8																															
Jul 25	5.3																															

Finance: Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

BCU Wide and Divisional Positions (Red = overspend against plan)					
	April	May	June	July	YTD
	£m	£m	£m	£m	£m
West IHC	(2.0)	(2.2)	(2.1)	(2.6)	(8.9)
Central IHC	(3.4)	(2.3)	(2.6)	(3.0)	(11.3)
East IHC	(3.4)	(3.5)	(3.8)	(3.5)	(14.1)
Womens	(0.3)	(0.3)	(0.3)	(0.4)	(1.3)
MH & LD	(1.6)	(1.5)	(1.8)	(1.9)	(6.9)
Commissioning Contracts	(1.2)	(2.2)	0.2	(1.6)	(4.8)
ICD Primary Care	0.2	0.4	0.1	0.2	0.9
ICD Regional Services	(0.8)	(1.6)	(1.3)	(1.1)	(4.8)
Support Functions & Other Budgets	8.9	10.8	9.9	10.4	39.9
BCU Wide	(3.7)	(2.4)	(1.6)	(3.6)	(11.4)

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	4.4	3.5	6.0	2.6	1.4	1.2
Central Integrated Health Community	10.0	5.0	5.0	5.3	3.3	1.2	2.1
East Integrated Health Community	10.0	4.8	5.2	5.2	3.3	1.8	1.5
MHLD	3.9	4.2	-0.3	5.4	1.3	1.2	0.1
Womens Services	1.2	0.1	1.1	0.1	0.4	0.0	0.4
Diagnostic and Specialist Clinical Support	1.8	0.8	1.0	0.4	0.6	0.4	0.2
Cancer Services	1.5	1.4	0.1	1.7	0.5	0.4	0.1
Community Dental Services	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	1.2	1.1	0.1
Saving Total	40.0	23.6	16.4	24.3	13.3	7.6	5.7
Accountancy Gains		1.9	-1.9			1.9	-1.9
Total		25.5	14.5	24.3	13.3	9.5	3.8

Finance: Agency & Locum Spend



B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	49	62	81	70	69	72	95	105	13	115	75	93	899	899
2	Medical & Dental	1,489	1,597	1,428	1,766	1,672	1,410	1,900	1,601	1,390	1,573	1,811	1,817	19,454	19,454
3	Nursing & Midwifery Registered	1,912	1,985	1,902	1,904	1,889	1,768	1,765	1,667	1,528	1,693	1,363	1,226	20,602	20,602
4	Prof Scientific & Technical	10	10	12	10	23	14	14	17	7	12	8	0	137	137
5	Additional Clinical Services	19	23	32	9	27	16	27	21	12	3	26	(3)	212	212
6	Allied Health Professionals	467	449	378	396	485	428	400	454	447	539	591	454	5,488	5,488
7	Healthcare Scientists	25	15	3	9	11	10	12	20	9	7	0	12	133	133
8	Estates & Ancillary	(1)	9	8	1	5	16	0	4	6	(2)	6	4	56	56
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,970	4,150	3,844	4,165	4,181	3,734	4,213	3,889	3,412	3,940	3,880	3,603	46,981	46,981
11	Agency/Locum (premium) % of pay	4.4%	4.6%	4.3%	4.6%	4.6%	3.8%	4.6%	3.1%	3.6%	4.0%	3.9%	2.2%	4.1%	4.1%

Finance: Performance Month 4 (July 2025)

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.

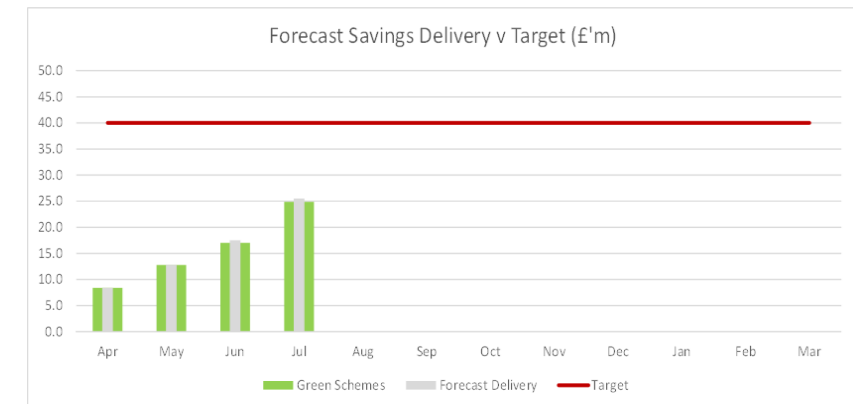
In-month position is reporting a deficit of £3.6m, a deterioration of £2.0m from the previous months position. Year to date position is a deficit of £11.4m, largely driven by the shortfall in National Insurance funding of £1.4m for the months of April to July 2025 (previously costs offset by anticipated allocations), pressures associated with Escalated Beds, Healthcare Services provided by other NHS Bodies Contracts and a substantial increase in Mental Health Out of Area referrals.

	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)	(3.6)	(2.0)	(0.5)	0.0	2.3	2.5	2.9	3.0	3.2	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. There has been a significant step up in the Savings Plan reported at end of July (Month 4) with the Health Board having identified £23.6m Green saving schemes, fortuitous Accountancy Gains of £1.9m, giving a combined total of £25.5m, an increase of £8.0m from previous month. Of these savings, £18.2m is recurring with a full year effect of £24.3m and £7.3m identified as non-recurring savings.

Further work is required to convert £12.6m red and pipeline opportunities into Green Schemes.

WG has issued a deadline for the Health Board to identify the full £40m savings requirement and all schemes must meet the 'Green Schemes' criteria prior to the Month 5 Monitoring Return submission deadline.





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

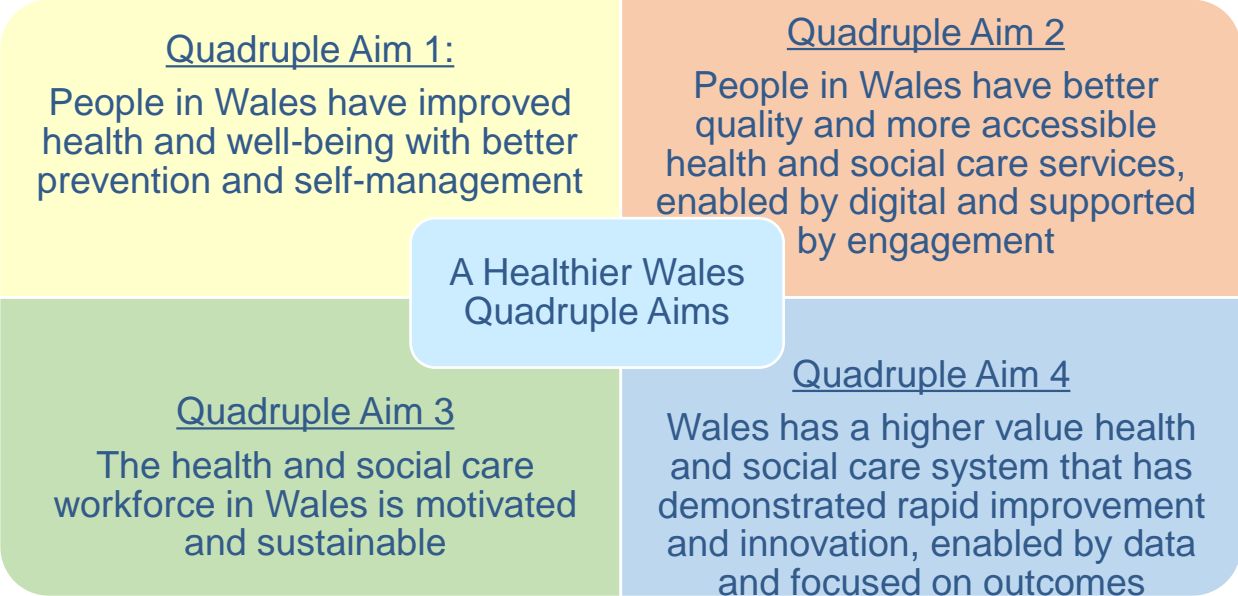
About the Integrated Quality & Performance Report



NHS Wales Performance Framework 2025-26

The NHS Performance Framework is a key measurement tool for “A Healthier Wales” outcomes, the 2025/26 revision now consists of 53 quantitative measures of which 9 are Ministerial Priorities and require Health Board submitted improvement trajectories.

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.



Our Integrated Quality & Performance Report

Our Quality, Safety, Effectiveness & Experience Performance

Our Access & Activity Performance

Our People & Organisational Development Performance

Our Financial Performance

The Integrated Performance Framework (IPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence of performance indicators gathered across key domains including quality, safety, access & activity, people, finance and outcomes.









Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Wales Performance measures, Special Measure metrics and Ministerial priority trajectories. In the Integrated Performance Review meetings we will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.

Red, Amber & Green (RAG) Rating System

Performance is monitored against our Annual Plan but is RAG rated against the Welsh Government targets.

Green	<p>Green = On track</p> <p>A stable, sustained or improving position that is consistently on or above the Welsh Government Target for at least 3 or more consecutive months</p>
Amber	<p>Amber = Early Warning or Off Track and in Exception – Short summary provided</p> <p>On or above Welsh Government Target, but a deteriorating position of 3 or more consecutive months or inconsistently above/on/below the Welsh Government Target</p>
Red	<p>Red = Off Track and in Escalation</p> <p>Consistently below Welsh Government Target and below BCU submitted improvement trajectories – Detailed Exception report provided</p>

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.

Variance			Assurance*		
	 	 			
Common cause. No significant change	Special cause for positive change or lower pressure due to Higher (H) or Lower (L) values	Special cause for negative change or higher pressure due to Higher (H) or Lower (L) values	Variance indicates inconsistent performance (not achieving, achieving or passing the target rate)	Variance indicates consistent positive (P) performance (achieving or surpassing the target on a regular and consistent basis)	Variance indicates consistent negative (N) performance (not achieving the target on a regular or consistent basis)
How to interpret variance results			How to interpret assurance results		
<ul style="list-style-type: none"> Variance results show the trends in performance over time Trends either show special cause variance or common cause variance Blue Icons indicate positive special cause variance Orange Icons indicate negative special cause variance requiring action Grey Icons indicate no significant change 			<ul style="list-style-type: none"> Assurance results demonstrate the likelihood of achieving a target and is based upon the trends over time Blue Icons indicate an expectation to consistently achieve the target Orange Icons indicate an expectation not to consistently achieve the target Grey Icons indicate an expectation for inconsistent performance, sometimes the target will be achieved and sometimes it will not be achieved. 		

* Assurance based upon observations of the data as presented in the SPC charts only.



What is an Integrated Quality & Performance Report (IQPR)?

The Integrated Quality & Performance Report (IQPR) combines the areas of Quality, Performance, People and Finance in one overarching report. It provides the reader with a balanced view of performance intelligence and assurances from across the organisation.

The Integrated Performance Framework (IPF)

The Integrated Performance Framework (IPF) for 2023-2027 was ratified by the Health Board on 28th September 2023. The Framework lays the foundations for an integrated approach to performance monitoring, intelligence, management, assurance and improvement. An integral element of the IPF is this new Integrated Performance Report and the governance structure wrapped around it.

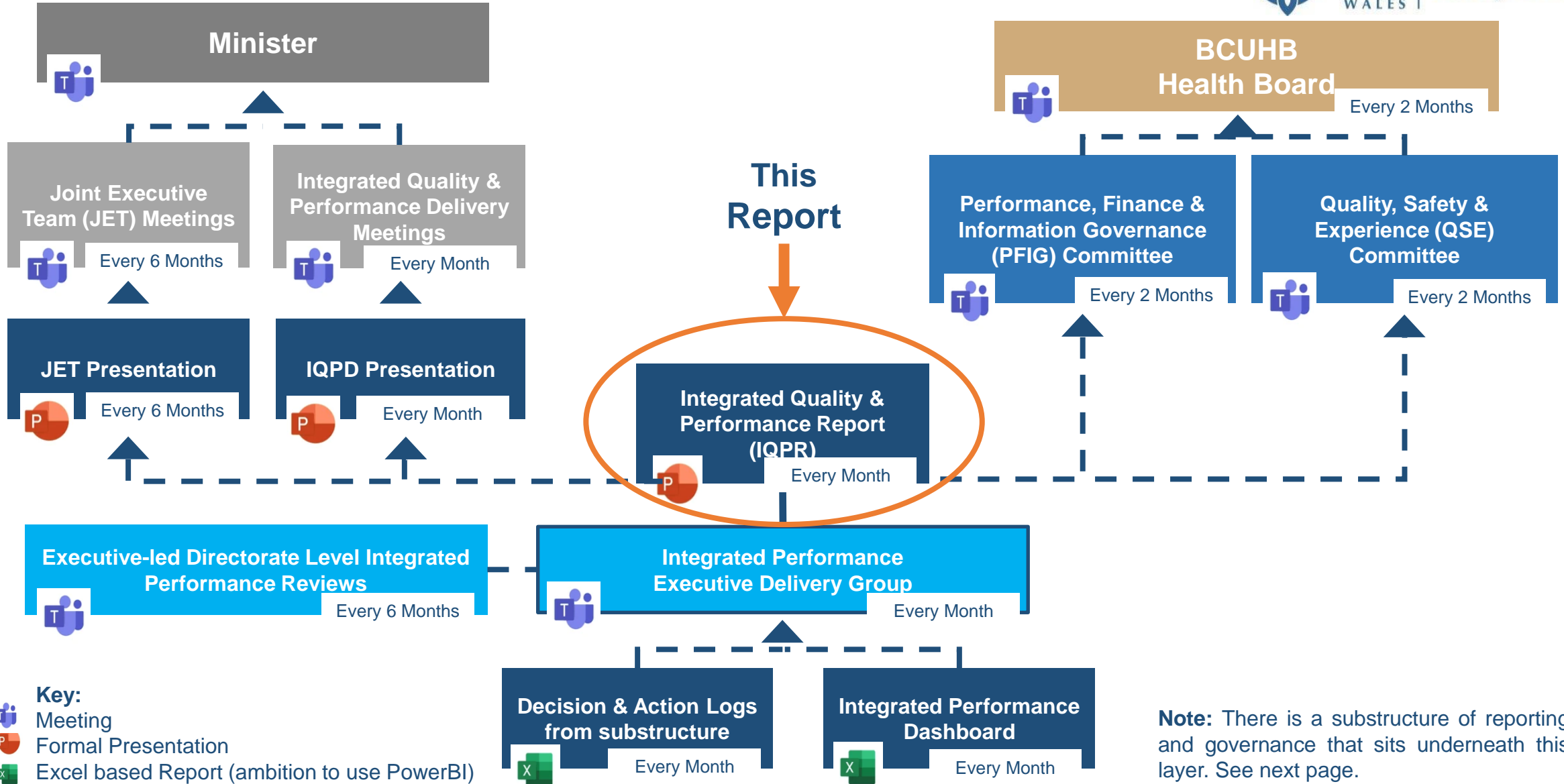
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the Health Board’s strategic objectives between now and April 2027. Work has also commenced with the corporate directorates working together on the development of an integrated approach to organisational quality surveillance mechanisms. Once this initial phase is complete, we will then begin our work with the services.

Where does the IQPR feature within the Performance Governance Structure




The Health Board’s business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IQPR as a function of the IPF contains information on all metrics, including those that are consistently achieving success however, the main focus is on metrics in exception or escalation.

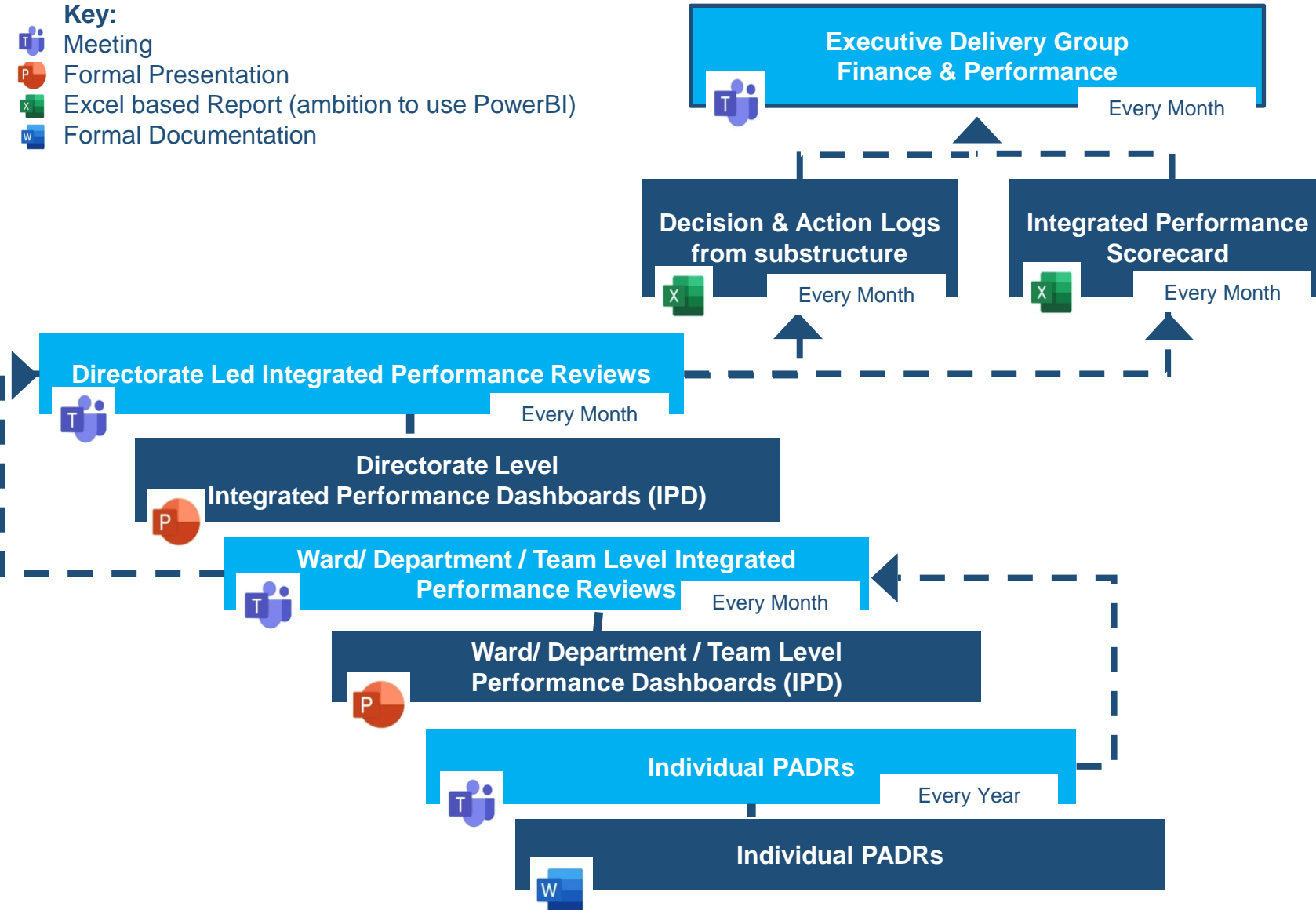
The IQPR will be embedded as the ‘single version of the truth’ and used to report on performance to the Health Board, it’s scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally to Welsh Government. Once published for each Committee/Health Board, the report will be shared across the organisation via BetsiNet (internally), published externally on Betsi Cadwaladr University Health Board’s (BCUHB) external facing website and shared in parts or as a whole on other channels such as social media via our partners in BCUHB’s Communications Team.

The Integrated Performance Reporting & Governance Superstructure



The Integrated Performance Reporting & Governance Substructure

- Key:**
-  Meeting
 -  Formal Presentation
 -  Excel based Report (ambition to use PowerBI)
 -  Formal Documentation



Note: For Directorate, please think IHC, Pan-BCU services etc. Includes Corporate Services.

Note: There is a superstructure of reporting and governance that sits above this layer. See previous page.

Performance Directorate Outputs

Integrated Performance Reports



Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD)(Welsh Government) and Joint Executive Team (JET).

Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

Integrated Performance Dashboards



Operational level performance dashboards with drill through capabilities. For end of month's submitted position. Ambition for production in PowerBI. – Produced by Digital, Data & Technology (DDAT) in partnership with the Performance Directorate(PI&AD)

Deep Dive Reports



Detailed Deep Dive reports used in accompaniment to Formal Reports, Scorecards and Dashboards to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary, I.e. to support escalation, de-escalation.

Ad-hoc Reports



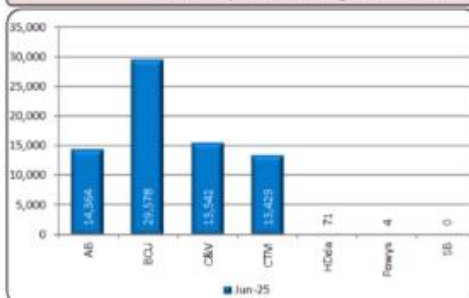
Ad-hoc reports used outside of the formal channels and for specific queries to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary to provide additional intelligence and assurances as required.



Additional Information

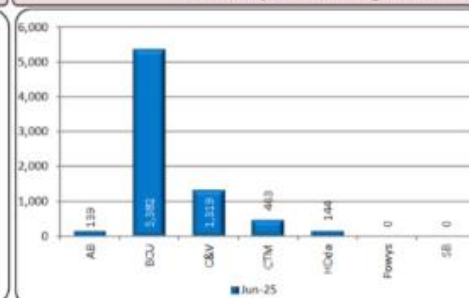
NHS Wales Performance Dashboard – part 1

Number of patients waiting more than 52 weeks for a new outpatient appointment



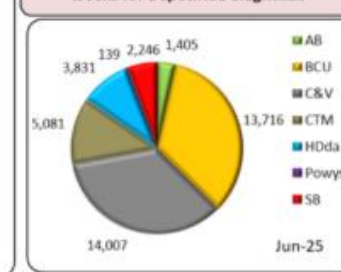
- In Jun-25, only SB achieved the target of zero for the number of patients waiting over 52 weeks for a new outpatient appointment.
- At an all Wales level, the number of over 52 week new outpatient waits has decreased in Jun-25, when compared to the previous month, by 2,540 to 72,988, a 3.4% decrease.
- All HBs, except Powys, saw an increase in Jun-25 compared to the previous month.
- SB had no over 52 week new outpatient waits in Jun-25 (7th month in a row), BCU had the highest number of waits at 29,578 (40.5% of the total).

Number of patients waiting more than 104 weeks for referral to treatment

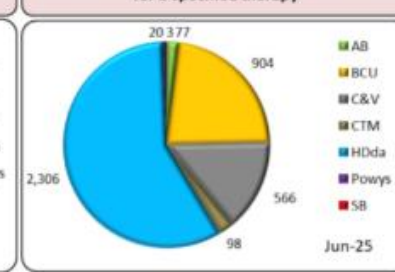


- In Jun-25, Powys and SB achieved the target of zero for the number of patients waiting over 104 weeks for referral to treatment.
- At an all Wales level, the number of over 104 week referral to treatment waits has decreased in Jun-25, when compared to the previous month, by 2,807 to 7,447, a 27.4% decrease.
- All HBs, saw a decrease in Jun-25 compared to the previous month.
- Powys and SB had no over 104 week referral to treatment waits in Jun-25, BCU had the highest number of waits at 5,382 (72.3% of the total).

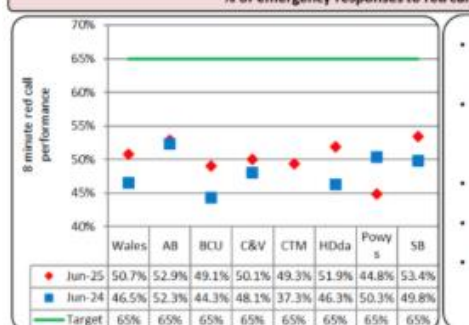
Number of patients waiting more than 8 weeks for a specified diagnostic



Number of patients waiting more than 14 weeks for a specified therapy

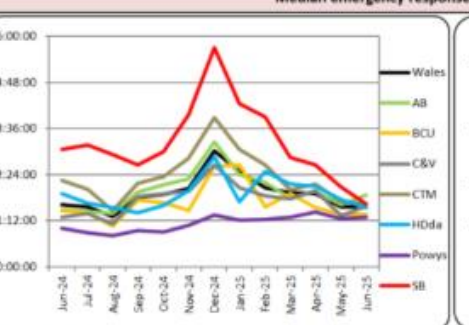


% of emergency responses to red calls arriving within 8 minutes



- 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%.

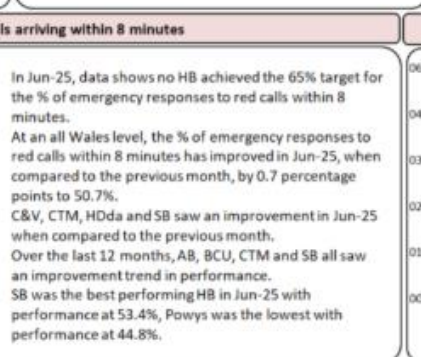
Median emergency response time to amber calls



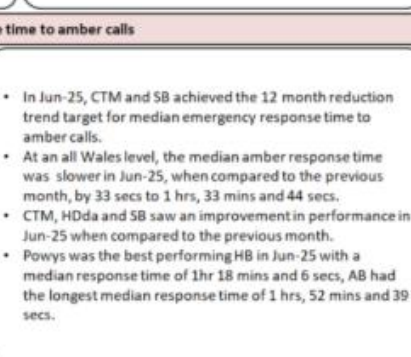
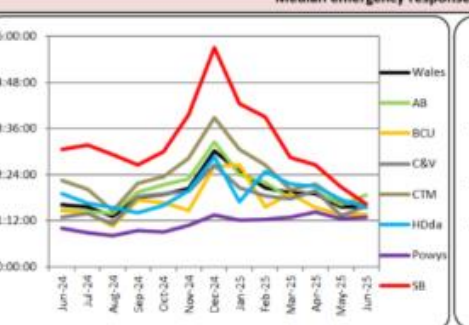
- In Jun-25, CTM and SB achieved the 12 month reduction trend target for median emergency response time to amber calls.
- At an all Wales level, the median amber response time was slower in Jun-25, when compared to the previous month, by 33 secs to 1 hr, 33 mins and 44 secs.
- CTM, HDda and SB saw an 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 6 secs, AB had the longest median response time of 1 hr, 52 mins and 39 secs.

% of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route)

- In Jun-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 deteriorated in Jun-25, when compared to the previous month, by 1.1 percentage points to 60.2%.
- BCU and CTM saw an improvement in performance in Jun-25 when compared to the previous month.
- The best performing HB in Jun-25 was C&V with performance at 67.0%, SB had the lowest performance at 51.9%.



4 hour and 12 hour A&E waiting times in all major and minor emergency care facilities - from arrival until admission, transfer or discharge



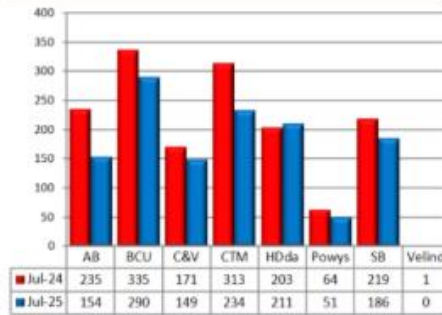
- In Jun-25, no HB achieved the target of zero for the number of patients waiting over 8 weeks for a specified diagnostic.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has decreased in Jun-25, when compared to the previous month, by 2,696 to 40,425, a 6.3% decrease.
- All HBs, except CTM and Powys, saw a decrease in Jun-25 when compared to the previous month.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Jun-25 at 139, C&V had the highest at 14,007 (34.6% of the total).

- In Jun-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 decreased in Jun-25, when compared to the previous month, by 216 to 3,974, a 5.2% decrease.
- All HBs, except CTM, saw a decrease in Jun-25 when compared to the previous month.
- SB had the lowest number of over 14 week waits for specific therapies in Jun-25 at 3, HDda had the highest at 2,306 (58.0% of the total).

NHS Wales Performance Dashboard- part 2

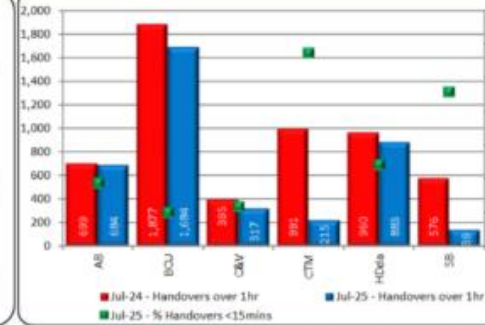
Number of Pathways of Care delayed discharges

- In Jul-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 Jul-25, when compared to the previous month, by 117 to 1,275, an 8.4% decrease.
- All HBs saw an improvement in performance in Jul-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 Jul-25 at 51, BCU had the highest at 290 (22.7% of the total).

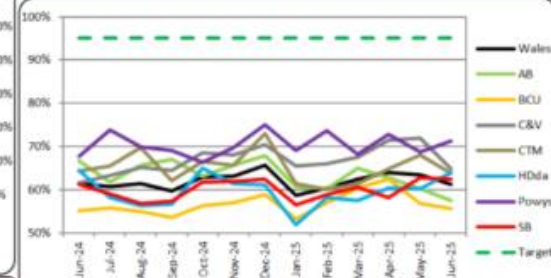


Number of ambulance patient handovers over 1 hour and % of ambulance patient handovers within 15 minutes

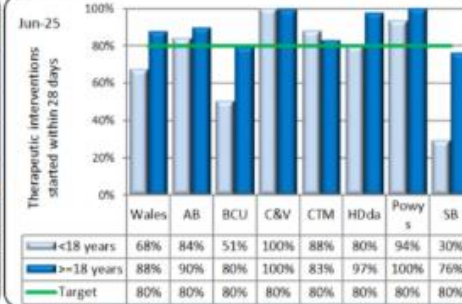
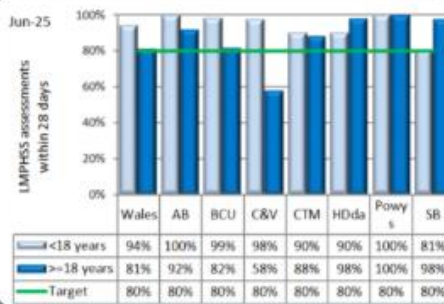
- In Jul-25, provisional data shows no HB achieved the zero target for handovers over 1 hour.
- At all Wales level, the number of over 1 hour handovers has decreased in Jul-25, when compared to the previous month, by 575 to 4,050, a 12.4% decrease.
- Over the last 12 months, all HBs, except HDda, saw an improvement trend in performance.
- SB had the lowest number of over 1 hour handovers in Jul-25 at 139, BCU had the highest at 1,684 (41.6% of the total).
- In Jul-25, provisional data shows AB, CTM, HDda 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 Jul-25, when compared to the previous month, by 4.4 percentage points to 25.2%.
- Over the last 12 months, AB, CTM and SB saw an improvement in performance.
- CTM had the best performance in Jul-25 at 57.4%, BCU had the lowest at 10.0%.



% 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



<18 years

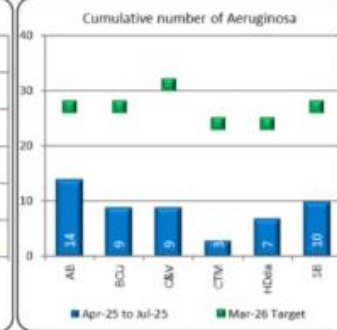
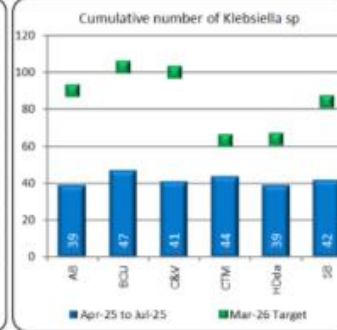
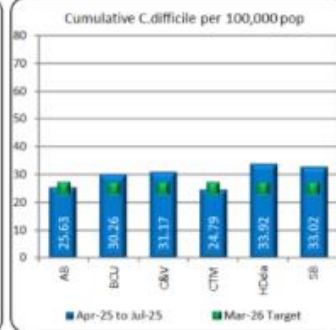
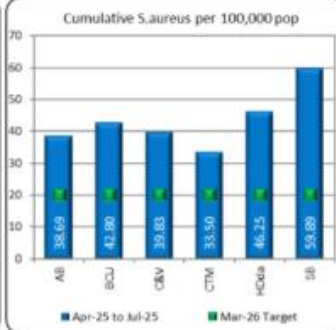
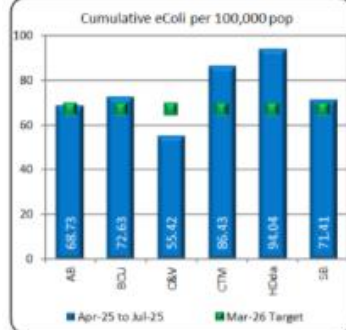
- In Jun-25, all HBs achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HBs were AB and Powys at 100%, SB had the lowest performance at 80.8%. Over the last 12 months, BCU, C&V, HDda and Powys all saw an improvement trend in performance.
- In Jun-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 29.7%. Over the last 12 months, all HBs, except Powys and SB, saw an improvement trend in performance.

>=18 years

- In Jun-25, all HBs, except C&V, achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was Powys at 100%, C&V had the lowest performance at 58.0%. Over the last 12 months, AB, C&V, Powys and SB all saw an improvement trend in performance.
- In Jun-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 Powys at 100%, SB had the lowest performance at 76.4%. Over the last 12 months, only AB and Powys saw an improvement trend in performance.

- In Jun-25, BCU, C&V, HDda, Powys and SB all 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 Jun-25, when compared to the previous month, by 2.2 percentage points to 61.3%.
- In Jun-25, HDda and Powys saw an improvement in performance compared to the previous month.
- Powys had the best performance in Jun-25 at 71.2%, BCU had the lowest at 55.6%.

Health Care Acquired Infections - HCAs (provisional data)



- For e.Coli, AB and C&V are provisionally achieving the 2025/26 cumulative target. In the Apr-25 to Jul-25 period, HDda had the highest rate of e.Coli at 94.04 per 100,000 population compared to C&V who had the lowest rate at 55.42 per 100,000 population.
- For S.aureus, none of the HBs are provisionally achieving the 2025/26 cumulative target. In the Apr-25 to Jul-25 period, HDda the highest rate of S.aureus at 33.92 per 100,000 population compared to CTM who had the lowest rate at 24.79 per 100,000 population.
- For C.difficile, none of the HBs are provisionally achieving 2025/26 cumulative target. In the Apr-25 to Jul-25 period, SB had the highest rate of C.difficile at 59.89 per 100,000 population compared to CTM who had the lowest rate at 33.50 per 100,000 population.
- For Klebsiella, all HBs are provisionally achieving the 2025/26 cumulative target. In the Apr-25 to Jul-25 period, BCU had the highest number of cases of Klebsiella at 47 compared to AB and HDda who had the lowest number at 39.
- For Aeruginosa, all HBs are provisionally achieving the 2025/26 cumulative target. In the Apr-25 to Jul-25 period, AB had the highest number of cases of Aeruginosa at 14 compared to CTM who had the lowest number at 3.

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 Ref	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	WAST	Welsh Ambulance Services NHS Trust
GP	General Practitioner	WG	Welsh Government
HDda	Hywel Dda University Health Board	YTD	year to date
HEIW	Health Education and Improvement Wales		
IHC	Integrated Health Community		

Our Partners

This report has been produced on behalf of the **Health Board** by the **Performance and Commissioning Directorate** in partnership with:

- Integrated Health Communities (West, Centre & East)
- Digital, Data & Technology Directorate (DDAT)
- People & Organisational Development Directorate (POD)
- Adult Mental Health & Learning Disabilities Directorate (AMH&LD)
- Children & Young Adolescent Mental Health Services Directorate (CAMHS)
- Women's Services Directorate (WS)
- Public Health
- Finance Directorate
- Office of the Medical Director (OMD)
- Quality & Patient Experience Directorate (Q&PE)
- Equal Opportunities Team
- Corporate Risk Management Team
- Corporate Communications Team

...and the following as Senior Responsible Officers for the measures within their respective Executive Portfolios.

- Chief Operations Officer
- Executive Director of Finance
- Executive Director for Public Health
- Executive Director for People & Organisational Development
- Executive Director of Mental Health & Learning Disabilities and of Therapies and Health Sciences
- Executive Director of Strategic Planning & Transformation (Acting)
- Executive Director of Nursing & Midwifery
- Executive Medical Director (Interim)

Benchmarking information has been sourced (as identified) from NHS Benchmarking Network, Welsh Government and CHKS



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Further Information on Our Integrated Quality & Performance Report

Further information is available from the office of the Director of Performance and Commissioning for further details regarding this report. And further information on our performance can be found online at:



Our website www.bcu.wales.nhs.uk

Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuwb



<http://www.facebook.com/bcuhealthboard>



Teitl adroddiad:	2025-26 Month 5 (August) Finance Report																																																							
Report title:																																																								
Adrodd i:	Health Board																																																							
Report to:																																																								
Dyddiad y Cyfarfod:	Thursday, 25 September 2025																																																							
Date of Meeting:																																																								
Crynodeb Gweithredol:	This report provides a briefing on the financial position of the Health Board as at the end of Month 5 (August 2025). In addition, the report includes an update on delivery of the approved Capital Programme and Savings delivery against target.																																																							
Executive Summary:	<p><u>Finance Report</u></p> <p>The Health Board is reporting a year to date deficit of £13.6m as at 31st August 2025, of which £2.8m is the shortfall in undelivered savings, £1.8m shortfall in Employers National Insurance Contributions funding and £2.3m shortfall for the English Tariff funding, with the remainder being Out of Area Mental Health placements, pressures associated with Escalated Beds and Contracts for Healthcare.</p> <p>The in-month (August 2025) position is reporting a deficit of £2.3m, an improvement of £1.3m compared to July's in-month position. The previous month's deficit was higher due to including the £1.4m backdated shortfall in National Insurance funding.</p> <p>The below table summarises actual and forecast monthly variance for 2025/26, and highlights the need to deliver surpluses in future reporting periods to offset the current adverse financial year to date performance:</p> <table border="1" data-bbox="391 1451 1524 1668"> <thead> <tr> <th rowspan="3"></th> <th colspan="13">2025/26</th> <th rowspan="3">Total Year to Date £m</th> <th rowspan="3">Forecast Outturn Position £m</th> </tr> <tr> <th colspan="5">Actual</th> <th colspan="7">Forecast</th> </tr> <tr> <th>April £m</th> <th>May £m</th> <th>June £m</th> <th>July £m</th> <th>August £m</th> <th>Sept £m</th> <th>Oct £m</th> <th>Nov £m</th> <th>Dec £m</th> <th>Jan £m</th> <th>Feb £m</th> <th>Mar £m</th> </tr> </thead> <tbody> <tr> <td>Total Monthly Surplus/ (Deficit)</td> <td>(3.7)</td> <td>(2.4)</td> <td>(1.6)</td> <td>(3.6)</td> <td>(2.3)</td> <td>(0.5)</td> <td>0.0</td> <td>2.4</td> <td>2.6</td> <td>2.9</td> <td>3.0</td> <td>3.2</td> <td>(13.6)</td> <td>0.0</td> </tr> </tbody> </table> <p>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 the remaining c.£10.4m current opportunities and further additional savings opportunities to green schemes prior to the Month 6 Monitoring Return submission.</p> <p>The Executives and IHC Directors were informed via the Integrated Performance and Executive Delivery Group (IP-EDG) of the WG requirements to fully identify the £40m Green savings requirements prior to the Month 5 MMR submission and provide assurances the plan to break-even will be delivered.</p>		2025/26													Total Year to Date £m	Forecast Outturn Position £m	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 Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(0.5)	0.0	2.4	2.6	2.9	3.0	3.2	(13.6)	0.0
	2025/26													Total Year to Date £m	Forecast Outturn Position £m																																									
	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 Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(0.5)	0.0	2.4	2.6	2.9	3.0	3.2	(13.6)	0.0																																										

There remains a risk to not attaining plan in that the £82m allocation received non-recurrently in 2025/26 could not be received in the following financial year (2026/27 and beyond). The conditions on retention of this funding centring upon attainment of the 2025/26 break-even plan being key first duty of the Health Board and de-escalation of special measures.

Focus will also need to continue on containing cost overruns, recovering the year-to-date deficit position and mitigation of the continuing external pressures. A number of Grip and Control actions implemented in 2024/25 have continued into 2025/26.

Additional actions are also required by Divisions to reduce spend by a minimum 1% in order for the Health Board to reduce the ongoing cost overruns and recover the cost overruns to date. These actions are in addition to the delivery of schemes required to meet savings targets.

Risks

Containment and reversal of cost overruns is now key, with the risk of attainment of the 2025/26 financial plan being assessed as circa £48.4m when additional pressures materialising in the financial year are taken into account.

Savings

The Health Board continues to make progress on identification of savings, the total at month 5 amounting to £33.2m. The Health Board identifying £30.3m Green saving schemes and Accountancy Gains of £2.9m, an increase of £7.7m from previous month. Recurring savings (those expected to continue into future accounting periods) total £20.1m with a full year effect of £27.8m, and £12.4m identified as non-recurring (one off) savings.

Full year plan value of Red Schemes totals £2.5m and full year plan value of further pipeline opportunities totals £7.9m with officers continuing to pursue further pipeline opportunities (supported through Value & Sustainability).

The Executives and IHC Directors were informed via the Integrated Performance and Executive Delivery Group (IPEDG) of the WG requirements to fully identify the £40m Green savings requirements prior to the Month 5 MMR submission. Progress is now required at pace to convert the opportunities and further additional savings opportunities to green schemes prior to the Month 6 Monitoring Return submission in attainment of the targeted £40m savings ask.

Capital Programme

The approved Capital Resource Limit (CRL) for 2025/26 is £57.3m (including £0.2m IFRS16 and £57.1m Capital). Year to Date expenditure is £9.0m and committing the resources in full prior to completion of the year remains a focus for the Estates and capital teams.

	The forecast outturn reflects the anticipated amendment of £3.9m which is contingency for the Orthopaedic Hub, the Health Board currently finalising the prioritisation of IRCF schemes which may impact on the timing of the Conwy & Llandudno Junction Health & Social Care Centre project.				
Argymhellion:	The Board is asked to:				
Recommendations:	<ul style="list-style-type: none"> • Receive, and scrutinise this report 				
Arweinydd Gweithredol:	Russell Caldicott, Interim Executive Director of Finance.				
Executive Lead:					
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 <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd:	Assurance level:	Arwyddocaol Significant <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>					
Cyswllt ag Amcan/Amcanion Strategol:	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.				
Link to Strategic Objective(s):					
Goblygiadau rheoleiddio a lleol:	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.				
Regulatory and legal implications:					
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	Naddo N Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.				

<p><i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></p>	<p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>BAF – Financial Stability</p> <p>From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The Health Board 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).</p> <p>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.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Appendix A BAF risks BAF SP14 – Estates & Capital <i>(There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</i></p> <p>Link to Corporate Risk Register: CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 25/26 Financial Plan</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>	<p>Amherthnasol</p>

Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: List of Appendices: A - 2025/26 Finance Report – August (Month 5)	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Finance Report – Health Board August - Month 5 2025/26

Russell Caldicott
Executive Director of Finance



Executive Summary

Objective	<ul style="list-style-type: none"> To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern. 	
Statutory Financial Duties	Revenue	<ul style="list-style-type: none"> The Health Board has a Year to Date deficit of £13.6m, of which £2.8m reflects a shortfall in savings delivery, £1.8m shortfall in Employers National Insurance Contribution (ENIC) funding and £2.3m funding below English National Tariff movements, the remainder being Out of Area Mental Health placements, pressures associated with Escalated Beds and Healthcare Services provided by other NHS Bodies. In-month deficit of £2.3m, an improvement of £1.3m compared to July's in month position. The previous month's deficit was higher due to including the £1.4m backdated shortfall in National Insurance funding. Forecast position is to deliver a balanced position, which is in line with the financial plan for the year noting the significant risks to delivery and substantial additional pressures that have materialised in year.
	Cash	<ul style="list-style-type: none"> Closing Cash Balance as at 31st August 2025 was £7.7m, including £4.2m for Revenue and £3.5m 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	<ul style="list-style-type: none"> 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. Savings delivered in Month 5 totals £6.2m, £2.9m over the in month target of £3.3m. Year to Date Savings are £12.8m, of which £7.3m is recurring. This includes Accountancy Gains of £2.9m, of which £1.0m were identified in month which contribute to the in month achievement. Full year savings forecast of Green Schemes total £33.2m (comprising of £29.1m Savings schemes, £0.5m Income Generation, £0.8m Cost Avoidance and Accountancy Gains of £2.9m). Of these, £20.8m are recurring savings, with a full year effect of £27.8m, and £12.4m non-recurring. Additional red schemes and opportunities of £10.4m are progressing.
	Capital	<ul style="list-style-type: none"> Approved Capital Resource Limit (CRL) for 2025/26 is £57.3m.
	PSPP	<ul style="list-style-type: none"> Quarter 1 PSPP for paying non-NHS invoices by number was 96.8% (Welsh Government target 95.0%). To be updated at end of Quarter 2.
Key Messages	<ul style="list-style-type: none"> ➤ Total Quantifiable risks to the Health Board's financial position is currently reported at £48.4m (See further detail in Slide 13), including £4.2m Employers National Insurance (ENIC) funding shortfall, potential £9.0m increased contribution to the Welsh Risk Pool share and c.£7.7m risk of Joint Commissioning Committee not being able to manage financial contractual performance. ➤ Total full year forecast value of Green Schemes is £33.2m, an increase of £7.7m from previous month. Further work is required to convert the remaining £2.5m Red Schemes and £7.9m pipeline opportunities to Green Schemes prior to the Month 6 (September) Monitoring Return submission. ➤ Additional actions are required by Divisions to reduce spend by a minimum 1% in order for the Health Board to reduce the ongoing cost overruns and recover the cost overruns to date. These actions are in addition to the delivery of schemes required to meet savings targets. ➤ From August 2025 recruitment to 8b and above has been restricted to prepare for the impact of the Foundations of the Future programme, which may also result in a financial saving. 	



Key Performance Indicators



Month 5 Position

In Month: £209.8m against plan of £207.5m
£2.3m adverse

Full Year: £982.0m against plan of £968.3m
£13.6m adverse



2025/26 Full Year Position

Forecast Balanced

(See Risks to delivering a forecast balanced position – Slide 13)

YTD Divisional Variance

West IHC	£10.2m adverse
Central IHC	£12.7m adverse
East IHC	£10.3m adverse
Wentworth	£1.5m adverse
MH & LD	£8.7m adverse
Commissioning Contracts	£6.5m adverse
ICD Primary Care	£1.4m favourable
ICD Regional Services	£0.3m adverse
Special Finance	£2m adverse
Other Budgets	£46.9m favourable



Savings

In-month: £6.2m against target of £3.3m
£2.9m favourable



Full Year Savings Delivery

£33.2m against target of £40.0m
£6.8m adverse (Additional red schemes and opportunities of £10.4m are under review)



COVID-19 Impact

£4.3m YTD Cost
£13.0m COVID funding allocation from WG



Year to Date Income

£69.5m against budget of £68.0m
£1.5m favourable



Year to Date Pay

£494.0m against budget of £468.9m
£25.1m adverse

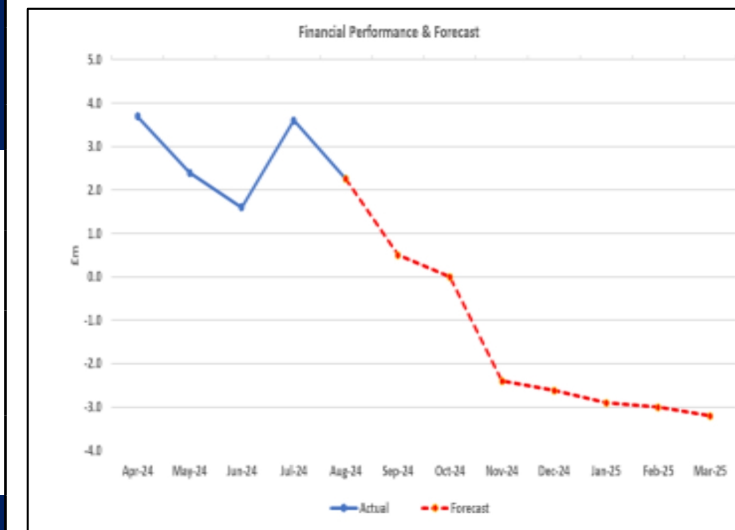


Year to Date Non-Pay

£557.5m against budget of £567.4m
£10.0m 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	%	
Revenue Resource Limit	(186.5)	(189.5)	(189.9)	(194.9)	(207.5)	(195.3)	(193.7)	(193.5)	(195.7)	(195.4)	(193.0)	(196.5)	(968.3)	(968.3)	0.0	0.0	(2,331.5)
Miscellaneous Income	(13.4)	(13.6)	(13.9)	(13.9)	(14.7)	(14.0)	(14.0)	(14.0)	(14.0)	(14.3)	(14.1)	(14.9)	(68.0)	(69.5)	(1.5)	2.2	(168.8)
Health Board Pay Expenditure	94.9	96.4	96.0	96.1	110.6	97.9	97.9	97.9	98.0	98.4	98.2	98.0	468.9	494.0	25.1	5.4	1,180.3
Non-Pay Expenditure	108.8	109.2	109.4	116.2	113.8	111.8	109.8	107.2	109.1	108.4	106.0	110.2	567.4	557.5	(10.0)	-1.8	1,320.0
Total Deficit / (Surplus)	3.7	2.4	1.6	3.6	2.3	0.5	0.0	(2.4)	(2.6)	(2.9)	(3.0)	(3.2)	0.0	13.6	13.6		0.0

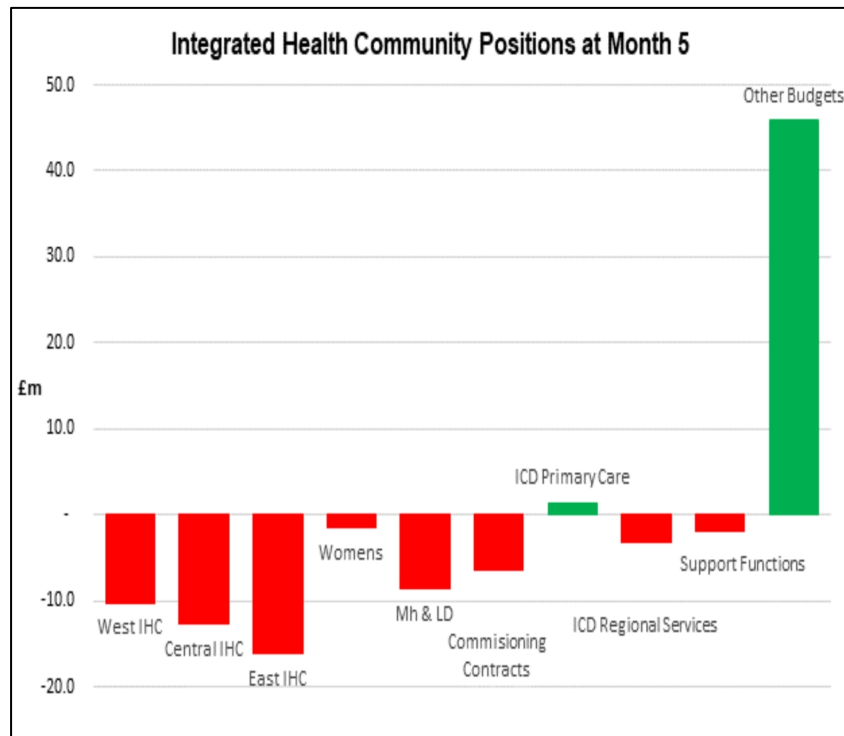


- The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Expenditure commitments will need to be prioritised to enable the key financial duty and the performance ask to be attained. Achieving the control target in 2024/25 has 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.
- Focus will need to continue on containing cost overruns and recovering the year to date deficit position and a number of Grip and Control actions implemented in 2024/25 have continued into 2025/26.
- The in-month position is reporting a deficit of £2.3m, an improvement of £1.3m from previous months in-month position and is £0.3m higher than the forecast deficit profiled for Month 5. Year to Date position is reporting a deficit of £13.6m, largely driven by the shortfall in National Insurance funding of £1.8m for the months of April to August 2025, pressures associated with Escalated Beds, Healthcare Services provided by other NHS Bodies Contracts and a substantial increase in Mental Health Out of Area referrals.



Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £m
	Budget	Actual	Variance to Plan	Variance to Plan	Budget	Actual	Variance to Plan	Variance to Plan	
	£m	£m	£m	%	£m	£m	£m	%	
WG RESOURCE ALLOCATION	(207.5)	(207.5)	0.0	0%	(968.3)	(968.3)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.6	0.6	0.0		0.0
West Area	18.3	18.8	(0.5)		85.7	89.5	(3.8)		(7.2)
Ysbyty Gwynedd	13.0	13.7	(0.7)		56.9	62.8	(5.8)		(15.0)
Facilities	1.2	1.3	(0.1)		5.7	6.3	(0.6)		(1.2)
Total West	32.6	33.9	(1.3)	-4%	148.9	159.1	(10.2)	-7%	(23.4)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.2	(0.1)		0.5	0.7	(0.1)		(0.2)
Central Area	24.6	25.1	(0.5)		113.8	116.8	(3.0)		(10.3)
Ysbyty Glan Clwyd	16.6	17.3	(0.7)		71.6	80.5	(8.9)		(22.0)
Facilities	1.4	1.5	(0.1)		6.7	7.4	(0.7)		(1.7)
Total Central	42.7	44.1	(1.4)	-3%	192.6	205.3	(12.7)	-7%	(34.1)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.5	0.5	0.0		0.0
East Area	26.7	28.4	(1.7)		124.5	133.5	(9.1)		(21.2)
Ysbyty Wrexham Maelor	14.4	14.7	(0.3)		61.4	67.7	(6.3)		(15.2)
Facilities	1.3	1.4	(0.2)		6.1	6.9	(0.8)		(1.9)
Total East	42.5	44.6	(2.1)	-5%	192.4	208.6	(16.2)	-8%	(38.3)
Total Midwifery and Women's Services	4.8	5.1	(0.3)	-5%	21.2	22.8	(1.5)	-7%	(4.3)
Total Mental Health and LDS	17.2	18.9	(1.8)	-10%	76.1	84.7	(8.7)	-11%	(17.3)
Total Commissioning Contracts	27.0	28.6	(1.7)	-6%	129.0	135.5	(6.5)	-5%	(13.6)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Dental North Wales	3.0	2.4	0.6		15.1	13.6	1.5		2.9
Community Dental Services	0.7	0.6	0.1		2.9	3.0	0.0		(0.2)
Other Primary Care	0.1	0.2	(0.1)		0.6	0.7	0.0		(0.5)
Total Integrated Clinical Delivery Primary Care	3.9	3.3	0.6	15%	18.6	17.2	1.4	8%	2.3
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(2.0)	(2.5)	0.5		(9.6)	(10.4)	0.8		1.9
Diagnostic and Specialist Clinical Support	8.0	8.5	(0.5)		36.0	38.6	(2.7)		(8.2)
Cancer Services	7.8	6.3	1.6		30.2	31.6	(1.4)		(4.6)
Total Integrated Clinical Delivery	13.9	12.3	1.6	11%	56.6	59.9	(3.3)	-6%	(10.9)
Total Service Support Functions	15.6	15.8	(0.2)	-1%	71.8	73.8	(2.0)	-3%	(4.6)
Total Other Budgets	7.4	3.1	4.3	58%	61.0	15.1	45.9	75%	144.2
Total Health Board Position	0.0	(2.3)	(2.3)		0.0	(13.6)	(13.6)		0.0



- In-month position is reporting a deficit of £2.3m, an improvement of £1.3m from July's 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 increased in August by £0.3m from July driven by an increase of £0.5m in Bank, offset by reductions in other specialities .
- 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	
Administrative & Clinical	13.2	13.3	13.3	13.3	15.2	14.1	14.1	14.1	14.2	14.2	14.2	14.2	70.2	68.2	2.0	170.5
Medical & Dental	22.3	22.7	22.2	23.0	26.7	21.8	21.8	21.8	21.9	21.9	21.9	21.9	105.1	117.0	(11.9)	263.2
Nursing & Midwifery Registered	28.8	29.1	29.2	28.9	33.6	30.3	30.3	30.3	30.3	30.4	30.3	30.3	141.8	149.6	(7.8)	364.7
Additional Clinical Services	14.2	14.7	14.6	14.4	16.2	15.0	15.0	15.0	15.0	15.0	15.0	15.0	67.7	74.2	(6.6)	180.5
Add Prof Scientific & Technical	3.9	3.9	3.9	3.9	4.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	21.5	20.5	1.1	46.1
Allied Health Professionals	6.4	6.3	6.4	6.5	7.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	31.6	33.0	(1.5)	78.3
Healthcare Scientists	1.7	1.7	1.7	1.7	2.0	1.6	1.6	1.6	1.6	1.6	1.6	1.6	8.9	8.9	(0.0)	19.6
Estates & Ancillary	4.3	4.4	4.5	4.3	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7	21.7	22.2	(0.5)	56.3
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	0.4	0.4	0.1	1.1
Health Board Total	94.9	96.3	95.9	96.1	110.7	97.9	97.9	97.9	98.0	98.4	98.2	98.0	468.9	494.0	(25.1)	1,180.3
Other Services (incl. Primary Care)	3.1	3.1	3.1	3.0	3.3	3.1	3.1	3.1	3.1	3.1	3.1	3.1	14.3	15.7	(1.4)	37.7
Total Pay	98.0	99.4	99.0	99.2	114.0	101.1	101.1	101.1	101.2	101.5	101.3	101.1	483.2	509.7	(26.5)	1,218.0

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	
Primary Care Contractor	20.8	20.5	21.1	20.6	20.5	20.8	21.0	20.8	21.0	21.0	20.9	21.0	103.2	103.5	(0.3)	249.9
Primary Care – Drugs and Appliances	10.9	10.9	10.8	11.5	11.6	11.1	11.6	10.1	11.6	11.1	10.1	11.1	49.7	55.7	(6.0)	132.3
Provider Services – Non Pay	18.6	18.3	18.2	21.1	18.6	17.8	17.9	17.7	17.7	18.1	17.7	17.8	130.0	94.9	35.1	219.5
Secondary Care - Drugs	8.4	9.4	8.8	9.3	8.4	9.2	8.9	8.8	8.6	8.7	8.7	8.9	41.5	44.3	(2.8)	106.0
Healthcare Services Provided by Other NHS Bodies	32.2	31.9	31.1	33.5	34.4	30.7	30.9	30.9	30.9	30.8	30.8	30.8	154.8	163.1	(8.3)	379.0
Continuing Care and Funded Nursing Care	11.5	11.6	11.7	11.7	12.0	11.2	11.2	10.9	11.1	11.1	10.3	11.1	55.3	58.4	(3.1)	135.3
Other Private & Voluntary Sector	2.7	2.8	2.5	3.5	3.5	6.4	3.7	3.4	3.4	2.9	2.9	2.8	11.5	15.0	(3.4)	40.6
Joint Financing and Other	0.3	0.3	0.3	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	1.1	1.6	(0.5)	3.9
Losses, Special Payments and Irrecoverable Dets	0.2	0.4	0.2	0.6	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	1.3	1.8	(0.5)	4.2
Non-Pay Costs	105.7	106.1	104.7	112.1	109.8	107.8	105.8	103.2	105.1	104.4	101.9	104.1	548.3	538.4	10.0	1,270.6
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	19.1	19.1	0.0	49.3
Total Non-Pay	108.8	109.2	109.4	116.2	113.8	111.8	109.8	107.2	109.1	108.4	106.0	110.2	567.4	557.4	10.0	1,320.0

Health Board Pay:

- Month 5 Provider Services Pay increased by £14.8m (13%) from previous month, of which c.£15.3m is the 2025/26 backdated pay award paid in August.
- Overall variable pay costs have increased in August with an upward trend in Bank .
- Further detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.

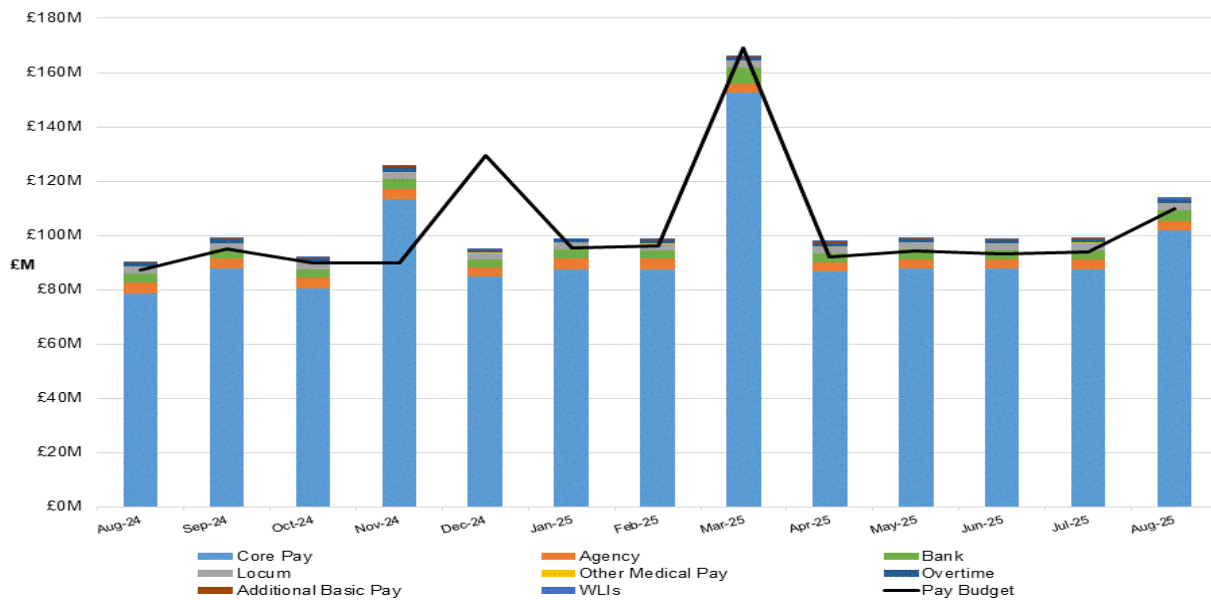
Non-Pay Expenditure (excluding Depreciation):

- Total Non-Pay expenditure (excluding AME/DEL Depreciation) decreased by £2.3m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

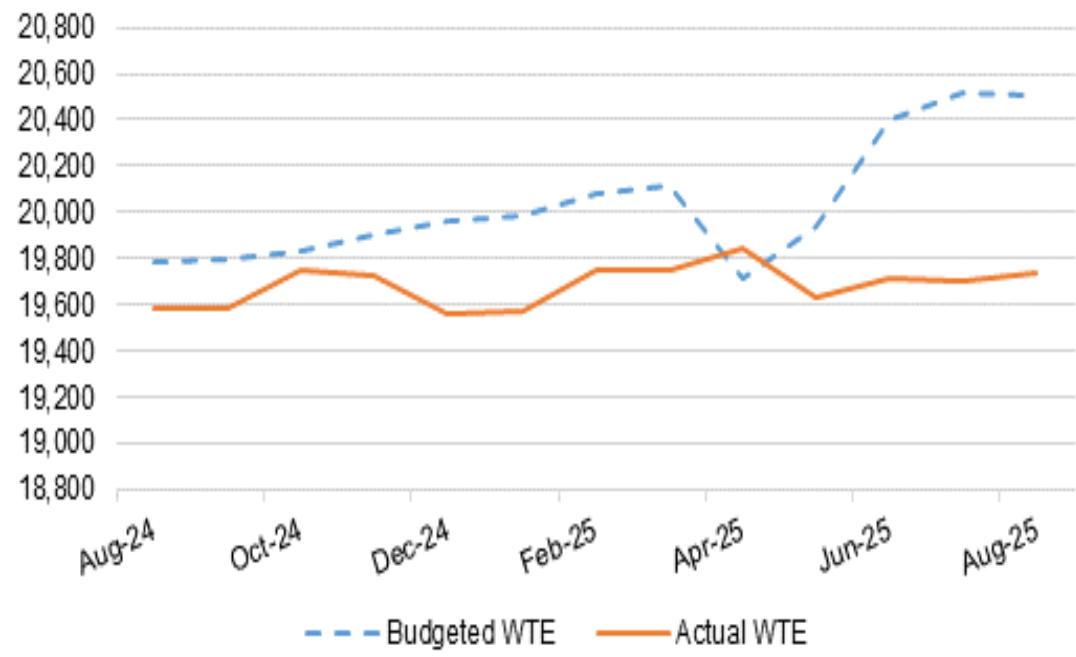


Expenditure – Pay

Pay Costs



Pay-WTE



Variable Pay	2024/25		2025/26					Total £m
	M11	M12	M01	M02	M03	M04	M05	
	£m	£m	£m	£m	£m	£m	£m	
Agency	3.9	3.6	3.3	3.5	3.3	3.6	3.4	17.1
Overtime	1.1	1.3	1.1	1.1	1.2	1.2	1.2	5.8
Locum	2.4	2.5	2.6	2.7	2.4	2.8	2.6	13.1
WLI's	0.3	0.3	0.4	0.4	0.5	0.4	0.5	2.1
Bank	3.0	5.6	3.2	3.5	3.6	3.4	3.9	17.7
Other Non Core	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.3
Additional Hours	0.4	0.4	0.4	0.3	0.4	0.4	0.4	1.9
Total	11.2	13.8	11.2	11.7	11.3	11.8	12.1	58.1

- August budgeted WTE decreased by 20WTE from July. See Slide 8 for further detail.
- Variable Pay totals £12.1m for August, an increase of £0.3m from previous month driven by increases of £0.5m in Bank due to the impact of the 25/26 pay award arrears and annual leave cover, partially offset by reductions in other variable pay areas.



Pay - WTE

	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Movement M5 V M4
Budgeted WTE	20,086	20,122	19,719	19,941	20,400	20,522	20,502	(20)
Actual WTE	19,745	19,745	19,839	19,635	19,720	19,708	19,741	33

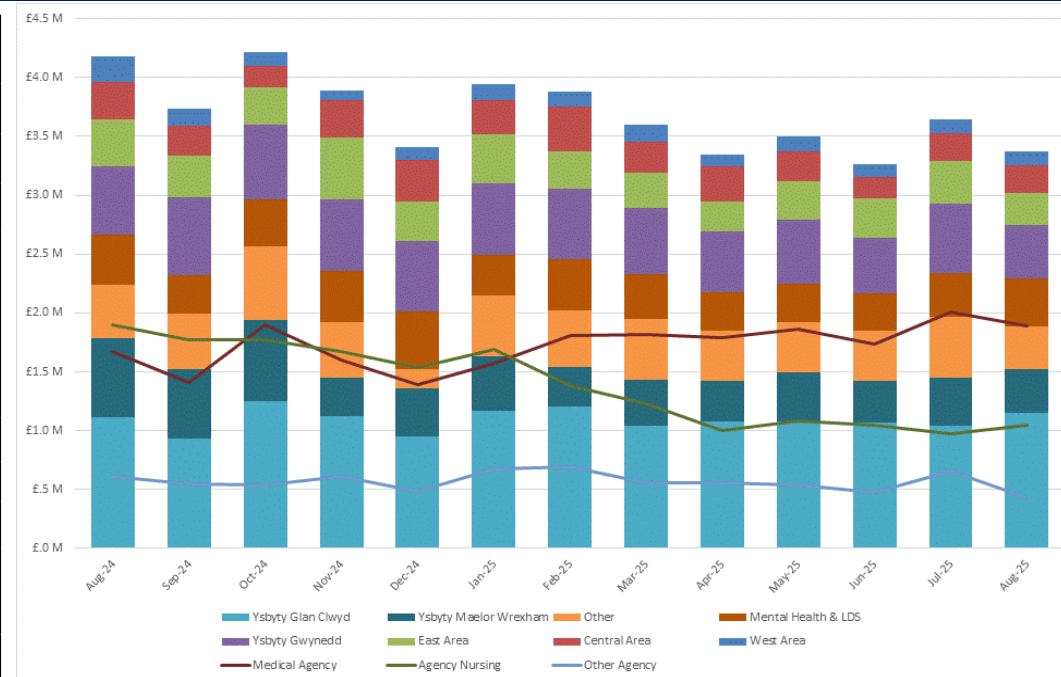
- Budgeted WTE reduced by 20 WTE in August from previous month, with the below table providing further detail on Budgeted WTE movements :-
- Actual worked in August is 19,741, an increase of 33 WTE from July.

BUDGETED WTE	Feb WTE	Mar WTE	Apr WTE	May WTE	Jun WTE	Jul WTE	Aug WTE	Movement M5 v M4	Explanation of Key movements
West IHC	3,715	3,724	3,570	3,610	3,771	3,776	3,771	-2	-2.0 WTE Removal of negative budgets offset by +1.0 WTE Planned Care funding allocation
Centre IHC	4,861	4,862	4,688	4,750	4,960	4,984	4,960	-13	Correction to recurrent budgets due to upload error
East IHC	4,674	4,674	4,673	4,706	4,675	4,734	4,675	2	
COVID Response	139	139	149	150	151	0	0	0	
Dental GDS	14	14	14	14	14	15	14	0	
Dental CDS	172	172	167	167	167	168	169	1	
Womens	697	693	687	693	694	694	694	0	
Diagnostics	980	980	982	1,008	1,010	1,014	1,016	2	
Cancer Services	417	417	416	416	423	423	425	2	
Mental Health & LDS	2,289	2,289	2,286	2,287	2,325	2,318	2,319	1	
Other Primary Care	15	15	15	15	15	15	15	0	
Corporate	2,116	2,025	1,958	2,009	2,079	2,265	2,250	-15	Informatics - Removal of 15 WTE fixed term Medical Records Clerks funded by All Ages MHL D project as project extension has come to an end.
Med Ed/R&D	0	118	115	116	116	117	119	2	
TOTAL	20,086	20,122	19,719	19,941	20,400	20,522	20,502	-20	



Pay Costs – Agency

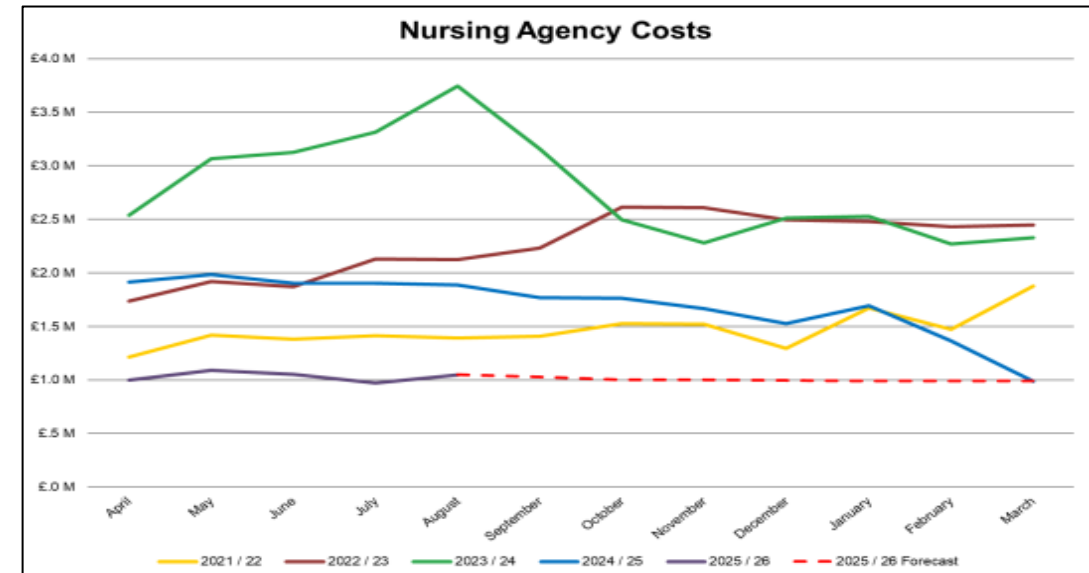
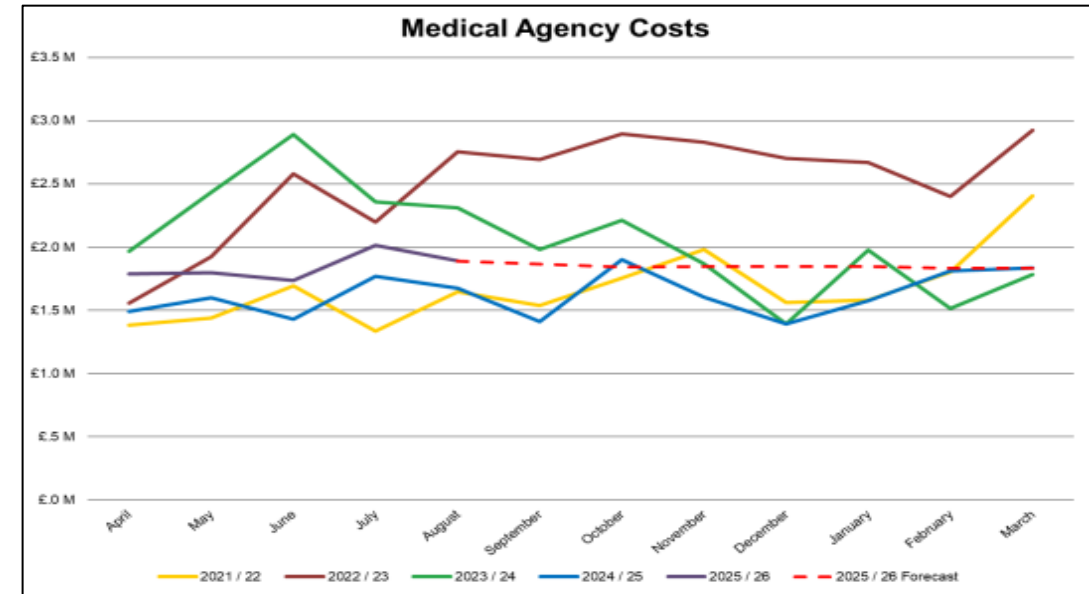
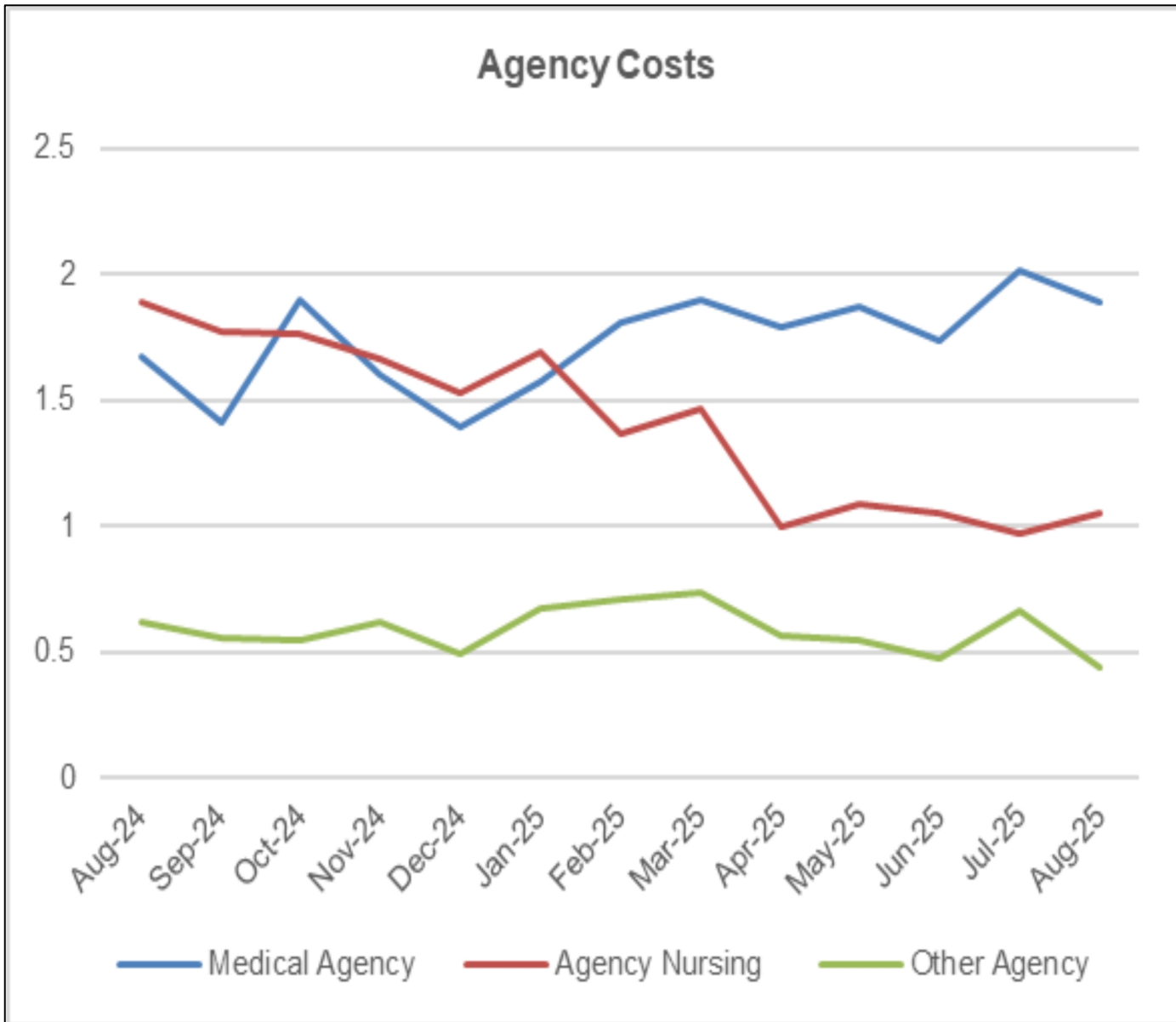
	2025-26 Agency Spend £m												Full Year Expenditure £m
	Actual					Forecast							
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.4
Central Area	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	2.8
East Area	0.3	0.3	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.5
Ysbyty Gwynedd	0.5	0.5	0.5	0.6	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4	5.7
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.0	1.2	1.1	1.1	1.1	1.1	1.1	1.1	1.1	12.9
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	4.6
Mental Health & LDS	0.3	0.3	0.3	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	4.1
Womens	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.2	2.0
Other inc pan BCU Cancer Services and Corporate	0.3	0.3	0.2	0.3	0.2	0.3	0.3	0.3	0.3	0.2	0.2	0.2	3.1
Total Agency	3.3	3.5	3.3	3.6	3.4	3.4	3.3	3.3	3.3	3.2	3.2	3.2	40.0



- Agency expenditure for August (Month 5) is £3.4m representing 3.0% of total pay, a reduction of £0.2m compared to previous months spend. Monthly average spend in 2024/25 was £3.9m. 2025/26 Agency annual forecast outturn is £40.0m, a £0.4m decrease compared to the £40.4m annual forecast outturn reported at Month 4.
- Month 5 Medical Agency expenditure is £1.9m, a reduction of £0.1m 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 (£0.8m), Ysbyty Gwynedd (£0.3m), Women's (£0.1m), Mental Health (£0.2m) and Ysbyty Maelor Wrexham (£0.2m), covering Medical vacancies and sickness.
- Nurse agency costs totalled £1.0m for the month, the same as previous month spend. Month 5 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 (£0.2m), 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 £0.4m in Month 5, a decrease of £0.3m from previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.4m) offset with reductions in other specialities.
- Work is ongoing to deliver the Cabinet Secretary workforce enabling action where the expectation is for non-clinical agency costs to reduce to Nil.

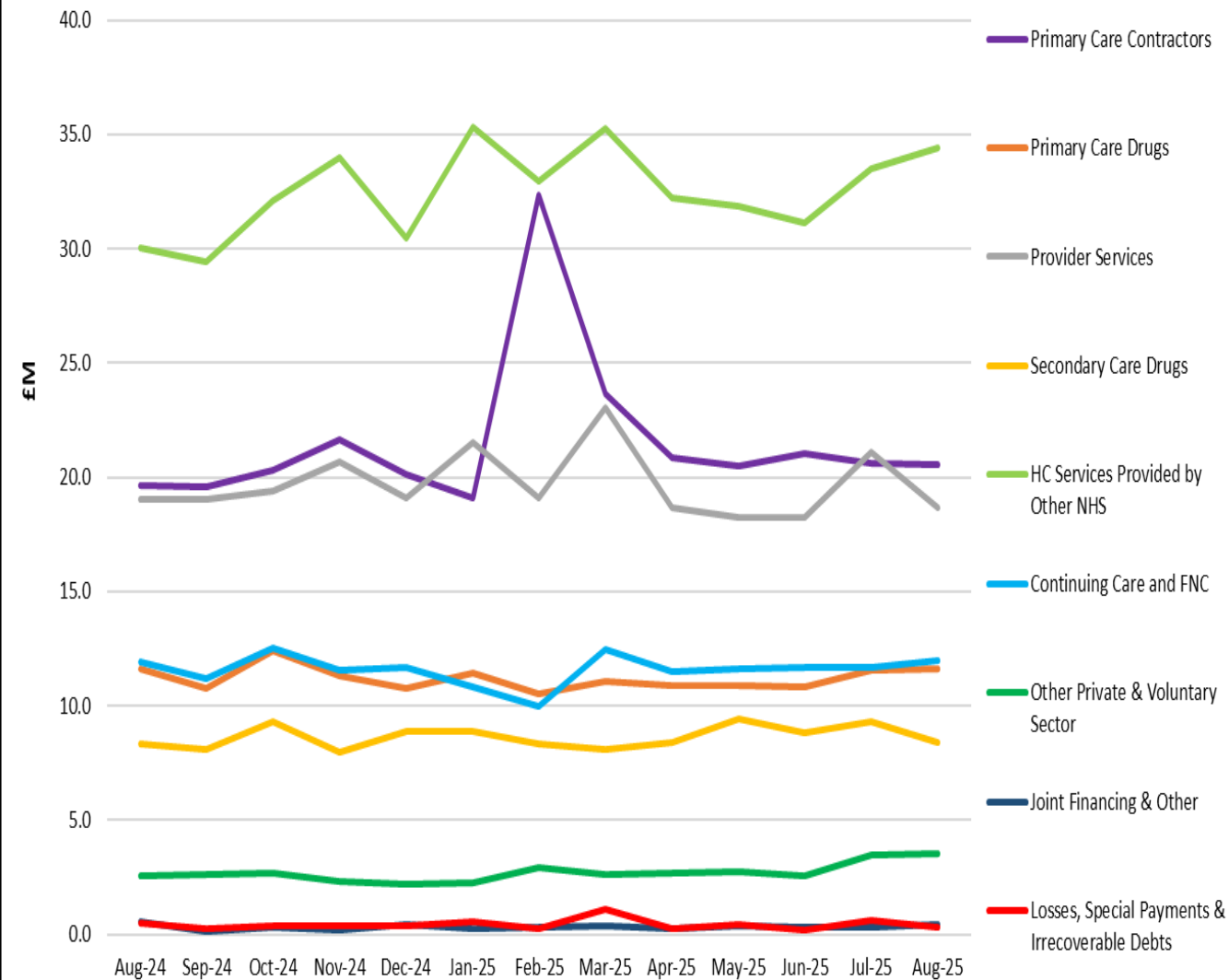


Pay Costs – Agency



Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** August expenditure is £0.1m (0.3%) less than previous month being mainly due to an Accountancy Gain reported in month.
- Primary Care Drugs:** Expenditure is £0.1m higher than previous month due to an under accrual, following receipt of the June prescribing data. Also, Average Cost per item increased by 1.8%; June was £7.87 per item compared to May's average of £7.74 per item.
- Provider Services Non-Pay:** Expenditure decreased by £2.5m, of which £2.0m reduction is reported against Clinical Services & Supplies (M&SE, patient appliances, implants and pacemakers), £0.2m reduction in External consultancy fees, £0.2m reduction in Establishment & Transport expenses and £0.1m reduction in Premises & Fixed Plan expenditure. However, when compared to the previous months monthly average, Month 5 is reporting a reduction of £0.4m.
- Secondary Care Drugs:** Expenditure decreased by £0.9m (9.2%) from previous month, of which £0.3m reduction is within Cancer Services and a £0.4m reduction within Secondary Care sites due to lower high cost Andexanet drugs in EQ and reduced IPFR drug than anticipated in Month 5 and a backdated correction for AMD drugs.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £0.9m (2.7%) higher than previous month, of which £0.4m increase is due to higher spend on major trauma in both Liverpool and UHNM contracts driven by both volume and price, plus the impact of the additional Vertex costs funded by Welsh Government.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £0.3m (2.3%) higher than previous month due to an increase in additional CHC packages and impact of changes to 1:1's.



Allocations

Description	£m
Allocations Received	2,253.9
Total Allocations Received	2,253.9

Description	£m
Allocations anticipated	
DEL Non Cash Depreciation	5.1
AME Non Cash Depreciation	3.7
Removal of Donated Assets / Government Grant Receipts	-0.8
Removal of IFRS-16 Leases (Revenue)	-4.4
Real Living Wage (Care Homes)	2.8
IM&T Refresh Programme	2.5
Six Goals	2.7
Real Living Wage funding	4.2
Prevention and Early Years fund allocation 2025/26	1.2
RTT Waiting Times	5.0
Planned Care additional funding 2025-26 Phase 3 Outpatient support costs	0.6
All Ages Mental Health Digital Solution 25/26	2.2
ePMA 25/26	3.2
WRP top slice for 25/26 as per IMTP	-6.8
RIF MAS Dementia NR Funding 25/26	0.7
Cataract funding 2025/26	6.3
RIF Dementia Action Plan	2.2
RIF Integration and Rebalancing Capital Fund (IRCF)	0.5
Planned Care additional funding 2025-26 Phase 4 Diagnostics	3.6
RIF Neurodevelopment Waiting Times 2025-26	2.8
Pay Award 25/26	37.8
Other	2.5
Total Allocations Anticipated	77.6

	£m
Total Allocations Received	2,253.9
Total Allocations Anticipated	77.6
Total Welsh Government Income	2,331.5

- 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 2,331.5m.
- Confirmed allocations to date are £2,253.9m. This includes £13.0m allocation for COVID-19, with £1.1m of COVID income profiled into August.
- Further anticipated allocations in year total £77.6m 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	5.8	Medium
2	Mitigation of cost – Additional bed capacity & drug costs	7.0	Medium
3	Inability to mitigate ENIC funding shortfall	4.2	High
4	Under delivery against remaining Savings Target	6.8	Low
5	Joint Commissioning Committee Performance - risk of JCC not managing the position	7.7	High
6	Dental Ring Fenced Allocation underspend potential clawback	2.9	Medium
7	Additional 25/26 WRP Risk Share Agreement (value above IMPT)	9.0	Medium
8	Workforce realignment	5.0	Medium
	Total Quantifiable Risks	48.4	
	Opportunities / Mitigations for the identified risks	£m	Level
1	In year VAT Opportunity (shown separate as requested by WG)	3.0	Low
2	Opportunity to retain any slippage on ringfenced funding (No planned slippage to date)	TBC	High
3	Funding inflation on BCU English Contracts, difference between 15% and funded 2.28%	5.5	Low
	Total Opportunities	8.5	



Balance Sheet

- The closing cash balance as at 31st August 2025 was £7.7m, which included £3.5m cash held for revenue expenditure and £4.2m 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.

	Opening Balance Beginning of Apr-25 £m	Closing Balance End of Aug-25 £m	Forecast Closing Balance End of Mar-25 £m
Non-Current Assets			
Property, plant and equipment	740.2	730.3	751.8
Intangible assets	0.8	0.6	0.8
Trade and other receivables	119.7	125.4	125.7
Non-Current Assets sub total	860.7	856.3	878.3
Current Assets			
Inventories	20.5	21.7	20.5
Trade and other receivables	128.7	165.9	175.7
Cash and cash equivalents	5.9	7.7	5.9
Non-current assets classified as held for sale	0.6	0.6	0.0
Current Assets sub total	155.6	195.8	202.1
Total Assets	1,016.3	1,052.2	1,080.3
Current Liabilities			
Trade and other payables	232.3	241.4	215.8
Provisions	53.9	100.7	100.9
Current Liabilities sub total	286.2	342.1	316.7
NET ASSETS LESS CURRENT LIABILITIES	730.1	710.1	763.6
Non-Current Liabilities			
Trade and other payables	23.9	23.9	24.0
Provisions	120.9	126.6	126.9
Non-Current Liabilities sub total	144.7	150.4	150.9
TOTAL ASSETS EMPLOYED	585.3	559.7	612.7
FINANCED BY:			
Taxpayers' Equity			
General Fund	367.2	341.5	394.5
Revaluation Fund	218.2	218.2	218.2
Total Taxpayers' Equity	585.4	559.7	612.7



Capital

- The approved Capital Resource Limit (CRL) for 2025/26 is £57.3m (which includes £0.2m IFRS16 and £57.1m Capital). Year to Date expenditure is £9.0m. The forecast outturn reflects the anticipated amendment of £3.9m which is contingency for the Orthopaedic Hub. The tender award for the Substance Misuse Building in Llandudno has been delayed which may impact on the anticipated cashflow. This has already been highlighted to Welsh Government.

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	42.9	
Total CRL	57.1	

CAPITAL PROGRAMME 2024/25	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	3.4	0.6	2.9	0.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	0.0	1.7	-	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	0.0	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	0.8	13.8	0.4	Under Commitment

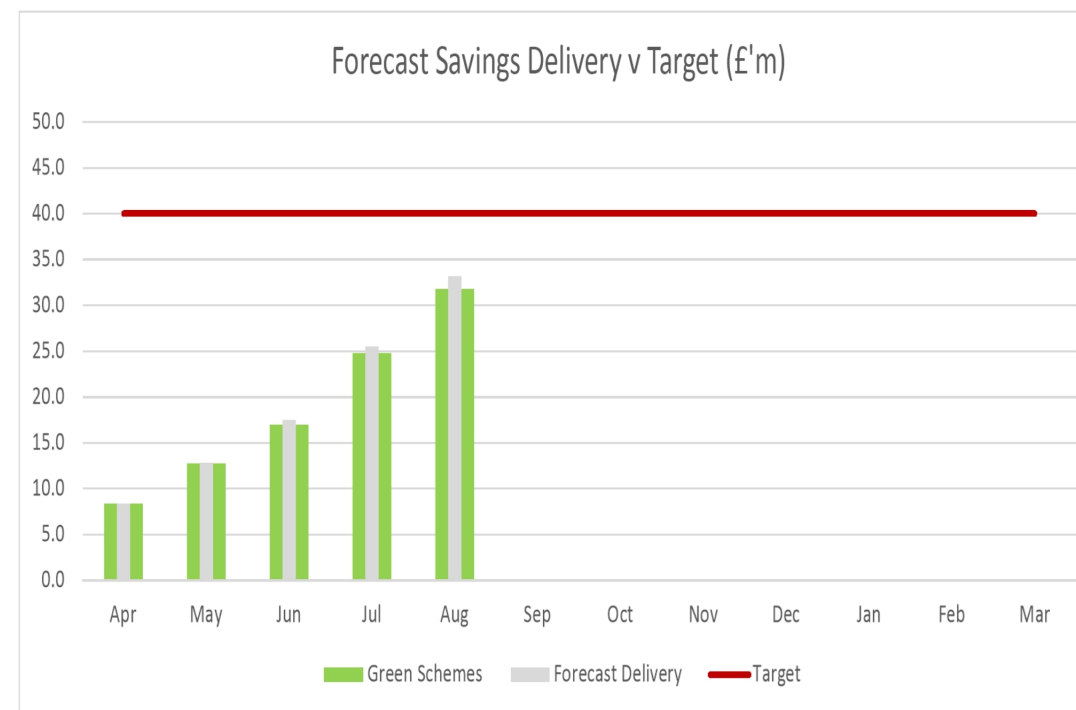
Capital

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	-	The forecast outturn reflect completion of the project in 2026/27. The contract tender award has been delayed and depending on the approval timeframe, there may be an impact on the in year cashflow. The issue has already been flagged with Welsh Government, however the impact will be formalised and reported as soon as final approval has been received.
Regional Orthopaedic Hub, Llandudno Hospital	11.7	3.5	15.9	-4.1	The project is progressing with completion forecasted early 2026. 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 Digital Radiology Rooms and Endoscopy. All projects will complete in year.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	2.9	0.0	2.9	-	The project is programmed over the next 2 years. The contractor is due to start in September, with a completion date in 27/28. The cashflow will update in response to the programme improvements.
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	0.2	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.	0.2	-	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 Care Centre	0.6	0.0	0.9	-0.2	The project is currently being reviewed within the overall IRCF project prioritisation. There is an indication that the scheme is to be deferred to 27/28. Welsh Government has been made aware of the potential deferment.
IRCF - Caledfryn, Denbigh Health and Wellbeing Hub – acquisition costs and related fees	0.3	0.1	0.3	-	The current CRL reflects the design costs which is profiled 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	0.1	0.7	-	The current CRL reflects the fees to progress 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 Gamma Camera CT (YG), all of which are profiled to be delivered in this financial year.
Non-Radiology Ultrasound Replacement	0.3	0.0	0.3	-	These medical devices will be procured in year.
Replacement Diagnostic and Treatment Equipment - Phase 2	4.4	0.0	4.4	-	The purchase of the equipment has already been instigated. The programme for enabling works to support the equipment will be realised in full within this financial year.
DPIF - RISP	0.2	0.0	0.2	-	The Health Board went live 5th September 2025. Payment will be due once stable operation has been reached, which is reflected in the cashflow.
All Wales Capital	38.3	4.3	42.6	-4.3	Over Commitment
Total Capital Funding Available	52.5	5.1	56.4	-3.9	

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.
- 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 £10.4m.
- The full year forecast value of Green Schemes is £33.2m (comprising of £29.1m Savings, £0.5m Income Generation, £0.8m Cost Avoidance and £2.9m Accountancy Gains). A forecast increase of £7.7m from month 4. Of these, £20.8m have been identified as recurring, with a full year effect of £27.8m, and £12.4m are non-recurring savings.
- In-month delivery includes Savings of £5.1m, £0.1m Income Generation, £0.1m Cost Avoidance and £1.0m of Accountancy Gains, against a £3.3m Target
- The combined year to date delivery is £15.7m, of which £7.3m is recurring, against a target of £16.7m.

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	6.5	1.4	7.3	3.3	2.5	0.8
Central Integrated Health Community	10.0	6.5	3.5	5.8	4.2	3.0	1.2
East Integrated Health Community	10.0	7.0	3.0	6.4	4.2	3.0	1.1
MHLD	3.9	4.2	-0.4	5.4	1.6	1.7	-0.1
Womens Services	1.2	0.4	0.8	0.3	0.5	0.2	0.3
Diagnostic and Specialist Clinical Support	1.8	0.8	1.0	0.4	0.8	0.5	0.3
Cancer Services	1.5	1.7	-0.2	2.0	0.6	0.5	0.1
Community Dental Services	0.1	0.0	0.1	0.0	0.1	0.0	0.0
Corporate & Support Services	3.6	3.2	0.5	0.2	1.5	1.5	0.0
Saving Total	40.0	30.3	9.7	27.8	16.7	12.8	3.9
Accountancy Gains		2.9	-2.9			2.9	-2.9
Total		33.2	6.8	27.8	16.7	15.7	1.0





**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	25/09/2025		
Date of Committee	19/08/2025	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: <ol style="list-style-type: none">1. The Compliance report was received and provided the Committee with an update on compliance activities. Concern was raised around the number of policies being delayed due to the dependence on All Wales guidance and noted that Betsi have agreed to have an interim policy until guidance is received.	
2b	Assurance	The Audit Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. The Fire Safety Annual Performance Report was received capturing a detailed explanation of the areas of concern and the risk based approach being adopted to address any concerns arising.2. The Conformance Report for Q4 2024-25 and Q1 2024-25 were received, the Committee noted improvements in all areas.3. The Committee noted that the Audit Wales Planned Care Report would now be monitored through PFIG and QSE for the relevant areas and an update will return to the next Audit Committee.	
2c	Advise	The Audit Committee wish to advise members of the Board that: <ol style="list-style-type: none">1. The Standing Orders, Scheme of Reserved Delegation and Standing Financial Instructions was reviewed, the Committee welcomed the clarity noting that there was some further work to be undertaken in relation to differentiating between delegations of the Chief Executive and Executive Director of Finance before this is received at the Board.2. In relation to the Internal Audit Report on the Orthopaedic Surgical Hub, Llandudno Hospital, the Committee have asked for a briefing the following week commencing 25 August 2025 outside of the meeting.3. The committee Received the External Audit Progress Report and the Structured Assessment Project Brief would be shared outside the meeting.	
2d	Review of Risks	A review of the Board Assurance Framework was received noting that significant work had been undertaken.	

2e	Sharing of learning	No specific areas of learning were highlighted.
3	Actions to be considered by the Executive Committee	The Committee was concerned around the delay in Management Responses and actions to Internal Audit and the Committee will refer their concerns to the Executive Committee.



Teitl adroddiad:	GOVERNANCE AND ACCOUNTABILITY FRAMEWORK
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 25 September 2025
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>This paper presents proposed updates to the Health Board's Governance and Accountability Framework, including revisions to the Scheme of Reservation and Delegation (SORD), Standing Orders, and Standing Financial Instructions (SFIs). The changes aim to improve clarity, consistency, and alignment with organisational structure and Welsh Government expectations, particularly in relation to procurement reforms.</p> <p>Key updates include:</p> <ul style="list-style-type: none">• A revised format of the SORD with clearer delegation provisions.• Updated job titles.• Introduction of a tiered financial delegation model.• Changes to approval thresholds for Continuing Health Care packages and business cases.• Strengthened decision-making protocols and escalation routes.• Changes to procurement proceedings following the new Procurement Act and the Health Services (Provider Selection Regime) Regulations <p>These revisions support the Health Board's strategic objectives and enhance governance arrangements to ensure robust, transparent, and accountable decision-making.</p>
Argymhellion: Recommendations:	<ul style="list-style-type: none">• NOTE the report and APPROVE the proposed changes to the Scheme of Reservation and Delegation; and• APPROVE the Standing Financial Instructions in line with Welsh Government direction to incorporate the changes to the procurement act; and• AGREE that further refinements to the Scheme of Delegation will be consideration by the Executive Committee and then approval brought back through to the Audit Committee and Board.
Arweinydd Gweithredol: Executive Lead:	Pam Wenger – Director of Corporate Governance Russell Caldicott, Executive Director of Finance
Awdur yr Adroddiad: Report Authors:	Pam Wenger – Director of Corporate Governance Russell Caldicott, Executive Director of Finance

Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	This is not applicable for this report.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	This is not applicable for this report.			

<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	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 <i>Workforce implications as a result of implementing the recommendations</i>	Failure to have effective Corporate Governance can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (<i>or links to the Corporate Risk Register</i>)	BAF24-01 Building an Effective and Accountable Organisation
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<i>Next Steps:</i> <ul style="list-style-type: none"> To implement the changes to the Governance and Accountability Framework 	
<i>List of Appendices:</i> None Supporting Pack <ul style="list-style-type: none"> Standing Orders Scheme of Reservation and Delegation Standing Financial Instructions 	

REVIEW OF THE GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

1. INTRODUCTION

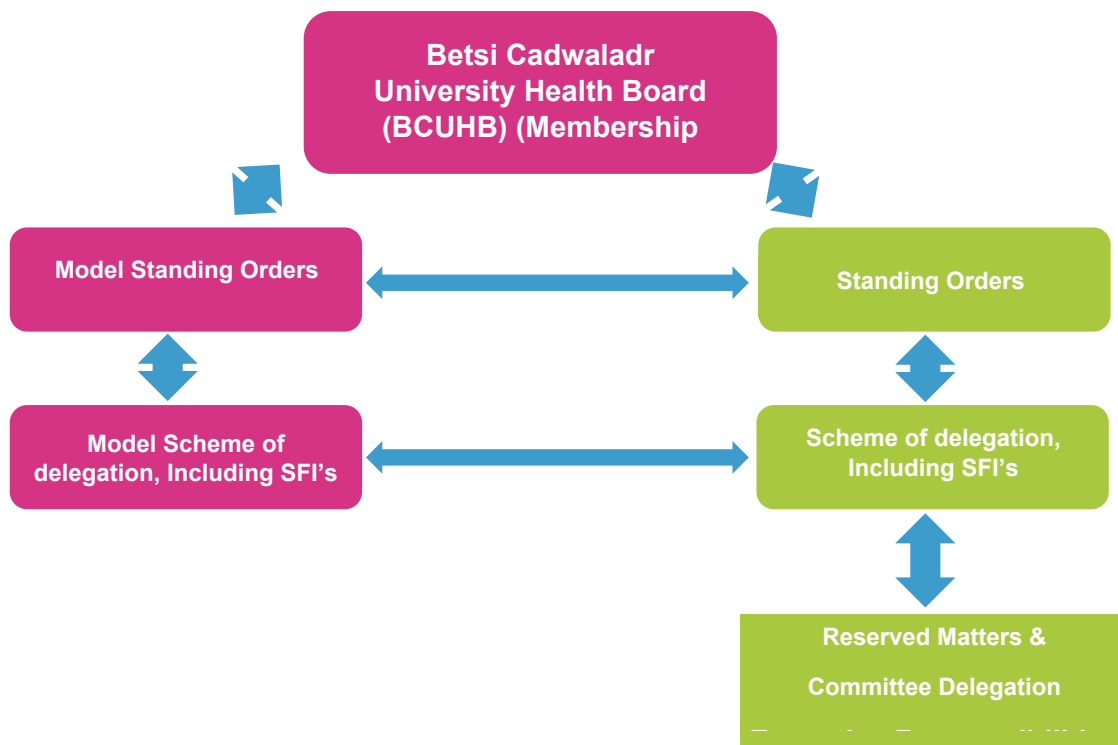
To seek Board approval for proposed updates to the Governance and Accountability Framework, including the Scheme of Reservation and Delegation (SORD), Standing Orders, and Standing Financial Instructions (SFIs), ensuring alignment with organisational needs and Welsh Government requirements.

2. BACKGROUND

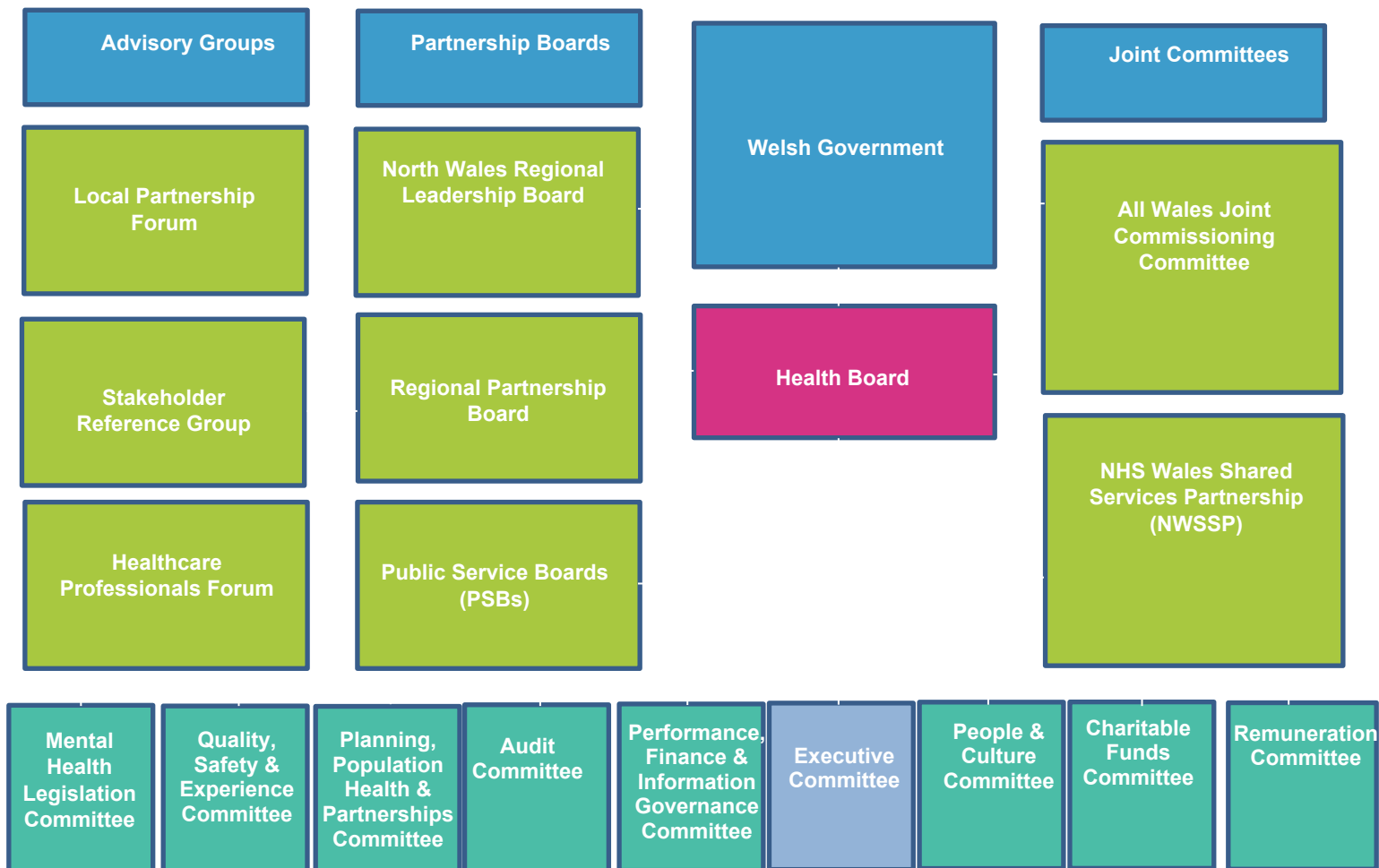
This report presents the updated **Scheme of Reservation and Delegation of Powers (SORD)** for Betsi Cadwaladr University Health Board, approved in **November 2024** and aligned with the revised **Standing Orders** (March 2025). The Scheme is a cornerstone of the Health Board's governance framework, ensuring that decision-making is transparent, accountable, and appropriately distributed across the organisation.

The Scheme of Delegation:

- **Defines decisions reserved to the Board**, including strategic direction, annual plans, budgets, and statutory compliance.
- **Delegates operational authority** to Executive Directors, Committees, and designated officers, enabling timely and effective management of services while maintaining oversight.



HEALTH BOARD GOVERNANCE FRAMEWORK



Certain Matters are Reserved for the Board (and therefore cannot be delegated); these include:

- **Strategic Direction:** Setting the overall strategic direction and approving the organisation's strategic plans.
- **Financial Oversight:** Approving budgets, financial plans, and major financial decisions.
- **Risk Management:** Overseeing risk management strategies and ensuring appropriate controls are in place.
- **Policy Approval:** Approving key policies and frameworks that guide the organisation's operations.
- **Performance Monitoring:** Monitoring organizational performance against strategic objectives and targets.
- **Major Contracts:** Approving significant contracts and agreements.
- **Governance:** Ensuring robust governance structures and processes are in place.

Key Delegated Authorities Include:

- **Chief Executive Officer (CEO):** Delegated authority for the overall management of the organisation, including implementation of Board-approved strategies, operational delivery, and performance management.

- **Executive Directors:** Delegated responsibilities aligned to their portfolios (e.g., Finance, Nursing, Medical, Workforce), including budgetary control, service delivery, and compliance with statutory duties.
- **Committees of the Board:** Such as the Audit Committee, Quality, Safety & Experience Committee, and Finance & Performance Committee, are delegated authority to scrutinise, monitor, and provide assurance on specific areas of governance.
- **Executive Director of Finance:** Delegated authority for financial stewardship, including approval of expenditure within defined limits, financial reporting, and compliance with Standing Financial Instructions (SFIs).
- **Director of Corporate Governance:** Delegated responsibility for maintaining the governance framework, ensuring compliance with Standing Orders, and supporting the Board and its Committees.
- **Operational Managers and Budget Holders:** Delegated authority for day-to-day decision-making within defined financial and operational thresholds, as set out in the SFIs and supporting policies.

The Scheme also includes:

- **Clear escalation protocols** for decisions exceeding delegated limits.
- **Regular review mechanisms** to ensure alignment with organisational priorities, regulatory changes, and risk appetite.
- **Integration with the Health Board's Values and Standards of Behaviour Framework**, reinforcing ethical and transparent conduct.

Decision Making Framework

The Health Board Integration Medium Term Plan (IMTP) committed to the development of a Decision-Making Framework and this will be developed alongside the review of the Governance and Accountability Framework.

3. CURRENT POSITION

3.1 Scheme of Reservation and Delegation (SORD)

The current Scheme of Reservation and Delegation has been in place since 2023 with minor amendments since that date.

A key theme through the Foundations for the Future Programme engagement sessions has been the lack of clarity on the decision-making processes and delegations in the Health Board. This review of the SORD is part of a wider programme of governance improvements which are being led through the 'Processes Workstream' led by the Director of Corporate Governance and Executive Director of Finance.

4. PROPOSALS FOR CONSIDERATION

4.1 Review of Standing Financial Instructions (SFIs)

The Standing Financial Instructions have been reviewed following the amended model SFIs being issued by Welsh Government to incorporate the changes to the **Procurement Act and the Health Services (Provider Selection Regime) Regulations**. The changes relate to section 11 of the Standing Financial Instructions.

A summary of the changes are:

Section 11 Changes as directed by Welsh Government	
11.3	Legislation Governing Public Procurement – amended to reflect the new legislation, the Procurement Act 2023 and the PSR (Provider Selection Regime) Wales Regulations. The PSR Wales Regulations apply to “In-Scope Health Services” and the Procurement Act 2023 applies to “Goods and Non-Health Services”.
11.4	Procurement Principles and Objectives – states the legal and governing principles guiding the procurement of “In-Scope Health Services” and “Goods and Non-Health Services”.
11.6	Notification to Welsh Government and consent from the Welsh Ministers – updated to refer to the new Schedule 1, General Consent to enter individual contracts, of the SFIs
11.7	Sustainable Procurement – provides more details of the requirements for the Health Board on meeting it’s well-being duty and adopting the principles of the Well-being of Future Generations (Wales) Act 2015.
11.10	Procurement Process – update thresholds for minimum competition requirements for tenders to the prevailing Procurement Act 2023 threshold.
11.11	Procurement Thresholds – details of difference in requirements for “In-Scope Health Services” and “Goods and Non-Health Services”.
11.12	Designing Competitions – details of difference in requirements for “In-Scope Health Services” and “Goods and Non-Health Services”.
11.13	Extending and Varying Contracts – details of difference in requirements for “In-Scope Health Services” and “Goods and Non-Health Services”.

Schedule 1 General Consent to Enter into Individual Contracts – updated guidance for Health Boards regarding entering into contracts and the requirements for consideration, authorisation and consent from the Director General, Health Social Care and Early Years.

In reviewing the SFIs a number of local modifications are proposed are detailed below:

SECTION 11 G (LOCAL MODIFICATIONS)
<p>In exceptional circumstances it may be necessary to secure goods/services/works from a single supplier. In these circumstances a Single Quote / Tender Application (Waiver) must be completed. The Executive Director of Finance must approve such applications up to £25,000; the Chief Executive or designated deputy, and Executive Director of Finance, are required to approve applications exceeding £25,000.</p> <p>This requirement for a Single Quote / Tender Application (Waiver) applies even if the award is a This requirement for a Single Quote / Tender Application (Waiver) applies even if the award is a Single Supplier Direct Award under a ‘procurement framework’.</p> <p>Direct Award under a ‘procurement framework’.</p>

The Standing Financial Instructions are included in the **supporting pack**.

4.2 Changes to the Scheme of Reservation and Delegation

The format of the document has been completely revised and the additional delegations have been included in the revised document as opposed to the Table A and B as this was considered to be overly complex. This has resulted in the delegation provisions within it outlined in more detail.

The following changes are proposed:

- 4.2.1 Changes to job titles to reflect the Executive Team structure and portfolios.
- 4.2.2 The introduction of a 'tier' for financial delegations, this is to ensure that there is consistency in terms of the levels of delegations across the organisation.
- 4.2.3 Requirement to commence procurement process will be in accordance with the levels of financial delegations (Table 1). Where the contract is anticipated to exceed £1m this will require Welsh Government approval and therefore approval is required in advance of the process commencing.
- 4.2.4 For all non NHS contracts above £1m these will require Board approval in accordance with the Matters Reserved for the Board. The Director of Corporate Governance and Executive Director of Finance will introduce a process that provides the appropriate justification before seeking approval by the Board.
- 4.2.5 The Executive Committee is currently reviewing the operating arrangements including the reporting groups, and delegations where appropriate. This will include reviewing the role and delegation of the sub groups to ensure clarity of decision making and governance pathways.
- 4.2.6 There will be no requirement to approve Primary Care Contracts at the Performance, Finance and Information Governance Committee (unless it is above the limit delegated to the Chief Executive Officer) in accordance with the Scheme of Reservation and Delegation.
- 4.2.7 For any Continuing Health Care packages above **£200k per annum** these will be reviewed by the Complex Care Panel and will follow the SORD. However, the Executive Committee will be reviewing this arrangement as part of the review of reporting groups and an update will reported to the Board via the Executive Committee report.

Financial Delegations.

The following principles will apply:

- i. Financial limits at the discretion of the Board;
- ii. Each cost centre must have a single approved budget holder who is accountable for ensuring budgets do no overspend and that expenditure is committed within the Health Boards delegated approved levels as detailed in the budget holder signed Accountability Agreement;

- iii. In an officer's absence, financial limits can be delegated in part or in total either generally or for specific items;
- iv. Directors can limit delegated budget holders to less than £150k at their discretion
- v. These limits apply to requisition authorisation, which is where the control lies;
- vi. In exceptional circumstances, the Chair may have delegated authority on behalf of the Board and the use of the delegated authority to the Chair must be included in the minutes of the next meeting of the Board;
- vii. Each Director has the responsibility of cascading the delegation within their area and ensuring that authorised signatories are in place, it may be appropriate for some areas of expenditure to be notified to the Board even if they are within the budget holders limits

The Chief Executive and each Director (Tiers 1, 2, 3 and 4) are responsible for delegation within their department. They shall produce a scheme of delegation for matters within their Directorate/or Department, which shall set out how the Directorate budget and procedures for approval of expenditure are delegated. The Chief Financial Officers will advise on the local scheme of delegation.

Table 1: Financial Delegations

Responsibility for **authorising** contracts for goods and services including capital and Service Level agreements and Memorandum of Understandings with non-NHS bodies are subject to the delegated level of authority as follows:

TIER	FINANCIAL DELEGATION	Authority Delegated to	Oracle Approvers
0	Board	Above £1,000,000	Chief Executive following approval by Board and Welsh Government
1	Chief Executive	Up to £1,000,000	Chief Executive
2	Executive Director of Finance	Up to £500,000	Executive Director of Finance
3	Executive Directors (excluding EDoF)	Up to £300,000	Executive Directors
4	Executive Team Members (<i>not included in level 3 including Chief Digital Information Officer, Director of Corporate Governance, Director of Performance and Commissioning, Director of Communications and Engagement and Director of Estates and Environment</i>)	Up to £250,000	Executive Team Members Service Directors
5	Assistant / Associate / Deputy Directors or Heads of Service	Up to £150,000	Assistant / Associate / Deputy Directors or Heads of Service
6	Nominated Budget Holder for specific cost centres	Up to £50,000	Nominated Budget Holder for specific cost centres
7	Service Lead or Site / General Manager	Up to £30,000	Service Lead or Site / General Manager
8	Contracts Manager or Head of Operations	Up to £25,000	Contracts Manager or Head of Operations

Where new contracts are above £1 million, these must be approved by the Welsh Government (except for those contracts let under Sections 33 and 192 of the NHS (Wales))

Act 2006 and those covered by guidance issued by the Welsh Government on “General Consent” (SFI 11.6.3).

Table 2 (Table 5B (1) in the SORD) - Authority to commit resources above expenditure baselines set within delegated budgets

Ref	Revenue Case Value	Approved by:
1	Up to £0.25m	Chief Executive and Executive Director of Finance All approvals retrospectively reported to Executive Committee in accordance with the Terms of Reference of the Executive Committee
2	Above £0.25m, up to £0.5m	Relevant Executive Director and Executive Director of Finance and then approval by Executive Committee.
3	Above £0.5m, up to £1.0m	Relevant Executive Director and Executive Director of Finance and then approval by Executive Committee plus the Performance, Finance & Information Governance Committee
4	Above £1.0m	Relevant Executive Director and Executive Director of Finance and then approval by Executive Committee plus the Performance, Finance & Information Governance Committee plus approval by Board and Welsh Government

4.3 In reviewing the Scheme of Reservation and Delegation, the following decisions will **require** Executive Committee approval (unless delegated) **(subject to discussion and agreement)**:

- a) Overall priorities and project mandates for capital schemes
- b) Authority to commit resources above expenditure baselines set within the financial plan
- c) Leases (above £250k)
- d) Health Care Agreements and Contracts with other NHS Bodies with an annual value above £250k (excluding annual renewal of long-term agreements / contracts)
- e) Approval to commission healthcare services from new organisations - NHS, third sector, primary care, private or independent sector – with a total contract value above £250k
- f) For contracts anticipated to be in excess of £1m, Welsh Government approval required in advance of contract planning
- g) Individual Continuing Healthcare Placements/Packages - Authorisation of individual placements/packages following recommendation from the Complex Care Panel (excluding ‘fast-track’ cases)
- h) Agreement of changes to contracts where this would place a cost pressure on the organisation which cannot be funded within existing budgets
- i) Individual Patient Commissioning Agreements – NHS Providers and non-NHS providers - with an annual value above £250k

4.5 Escalation

The following principles apply in terms of decision making:

- Tier 2, 3 and 4 have the authority to make decisions in line with their individual and personal accountabilities;
- Some decisions may have an impact wider than individual Directorates and, in these instances, where it relates to a Pan operational service or across more than one Integrated Health Community this should be escalated to the Operational Leadership Team (OLT);
- Some specific 'red' flags which the IHC cannot make decisions on relate to those matters which are Reserved for the Board, which include service change;
- Issues which are likely to have a reputational impact should also be escalated corporately;
- Proposals/business case which there is no budget and would be a change of direction from the IMTP should only be escalated if there is a serious quality concern and cannot be managed locally in accordance with the Health Board risk appetite; and
- Contractual issues that cannot be resolved and require a further corporate decision in accordance with the terms of reference of the Executive Committee.

4.6 Capital Schemes

Capital investment in NHS Wales is governed by the **All-Wales Capital Programme (AWCP)** and **Discretionary Capital Allocations**. There are no changes to the delegations however, the **additional tables are included on the sign off process for Capital Schemes (Section xx)**

5. COMMUNICATION PLAN

The Director of Corporate Governance and Executive Director of Finance will lead the communication of the revisions to the Scheme of Reservation and Delegation:

- Internal Communication to all Budget Holders
- Training and support in relation to the Scheme of Reservation and Delegation as part of the commitments under the IMTP in relation to the Governance Hub

6. RISK AND ASSURANCE

The review of the Scheme of Reservation and Delegation has been undertaken by the Director of Corporate Governance and the Executive Director of Finance. The detailed mapping of the revised scheme has been led by the Finance Team and Corporate Governance Team.

Consultation on the Scheme of Reservation and Delegation was undertaken at an informal executive team in April 2025, the Audit Committee and Executive Committee.

7. CONCLUSION

This paper presents the review of the Health Board's governance framework—encompassing the Standing Orders, Scheme of Reservation and Delegation (SORD). The Standing Financial Instructions (SFIs) are being reviewed in accordance with the changes directed by Welsh Government. The proposed revisions reflect current operational needs, incorporate feedback from key stakeholders, and align with Welsh Government expectations, particularly in relation to procurement reforms.

RECOMMENDATIONS

The Board is asked to:

- **NOTE** the report and **APPROVE** the proposed changes to the Scheme of Reservation and Delegation;
- **APPROVE** the Standing Financial Instructions in line with Welsh Government direction to incorporate the changes to the Procurement Act and the Health Services (Provider Selection Regime) Regulations; and
- **AGREE** that further refinements to the Scheme of Delegation will be consideration by the Executive Committee and then approval brought back through to the Audit Committee and Board.



Teitl adroddiad: <i>Report title:</i>	CORPORATE GOVERNANCE REPORT
Adrodd i: <i>Report to:</i>	Health Board
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 25 September 2025
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This Corporate Governance Report provides the Health Board with a comprehensive update on key governance matters since the last meeting. It includes:</p> <ul style="list-style-type: none">• Private Board Business: Summarises strategic decisions made during the private session on 31 July 2025, including approval of a business case for replacing two linear accelerators at the North Wales Cancer Treatment Centre, updates on Continuing NHS Health Care fee rates, the Integrated Medium Term Plan, and the National Outpatient Assessments Insource Project.• Committee Effectiveness: Committee Self-Assessments and Annual Reports have been completed and reviewed. Emerging themes include a shift towards strategic focus, enhanced use of private meetings, and development of Committee workshops. These will inform the Governance Improvement Plan.• Hywel Dda Consultation: The Board coordinated a comprehensive response to Hywel Dda University Health Board's Clinical Services Plan consultation, reflecting potential impacts on North Wales services. The final response is included in Appendix 1.• Legal Services Update: Continued efforts are underway to reduce overdue Learning from Events Reports (LFERs) and improve submission timeliness. A new gatekeeping process for legal advice and a revised Redress process will be implemented from 1 October 2025. A Quarterly Legal Report is also being developed.• Strategic Risk Register: One escalation was raised regarding digital risk mitigation under BAF24-02. Further review is planned in relation to funding constraints and reporting cycles.• Mental Health Act Approvals: The Board is asked to ratify the approvals of Approved Clinicians and Section 12(2) Doctors in line with national guidance.
Argymhellion: <i>Recommendations:</i>	<p>Members are asked to:</p> <ul style="list-style-type: none">• NOTE the content of the report;• NOTE the affixing of the common seal as outlined in this report;• RATIFY the response to the Hywel Dda Consultation as agreed by the Chair following discussion at the Informal Board in August 2025; and• RATIFY the approvals of Approved Clinicians and Section 12(2) Doctors in line with national guidance.
Arweinydd Gweithredol:	Pam Wenger – Director of Corporate Governance

Executive Lead:				
Awdur yr Adroddiad:	Philippa Peake-Jones – Head of Corporate Governance			
Report Authors:				
Pwrpas yr adroddiad: Purpose of report:	l'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: 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:	<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	This is not applicable for this report.			

<i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	This is not applicable for this report.
<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	There are new risks in relation to this report.
<i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	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
<i>Financial implications as a result of implementing the recommendations</i>	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	Failure to have effective Corporate Governance can impact adversely on the workforce.
<i>Workforce implications as a result of implementing the recommendations</i>	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	Not applicable
<i>Feedback, response, and follow up summary following consultation</i>	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	BAF24-01 Building an Effective and Accountable Organisation
<i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	CRR-16 – Leadership/Special Measures
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	
<i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Next Steps:	
<ul style="list-style-type: none"> To continue to improve and report on Corporate Governance 	
List of Appendices:	
Appendix 1 - The final response to the Hywel Dda University Health Board Clinical Services Plan Consultation	
Supporting Pack:	
<ul style="list-style-type: none"> Approved Clinicians and Section 12(2) Doctors 	

- All Committee Annual Reports

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 not been any Chair's Actions taken.

3. SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 31 JULY 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 31 July 2025:

Agenda Item	Subject (including narrative)	Board Resolution
25/153	Replacement of 2 Linear Accelerators at North Wales Cancer Treatment Centre, Single Stage Business Case	<ul style="list-style-type: none"> • NOTED the report and the appropriate scrutiny that has taken place in relation to the Business Case. • APPROVED the single stage business case for the replacement of 2 linear accelerators at the North Wales Cancer Treatment Centre, Ysbyty Glan Clwyd, with the intention of gaining Health Board approval for submission to Welsh Government.
25/154	Continuing NHS Health Care and Funded Nursing Care Annual Fee Rates 2025/26	<ul style="list-style-type: none"> • AGREED the Funded Nursing Care (FNC) Fee rate for NHS Contributions remain a National rate for Wales and await the final outcome of continued discussions before communicating the final FNC rate for 2025 / 2026. • AGREED to commission a full options appraisal of local, regional and/or cost methodologies or benchmarks and make recommendations to the Executive Team. • NOTED the requirements of the National Framework for the Commissioning of Care and Support in Wales: Code of Conduct and new ways of commissioning specialist care. • NOTED the Health Board's commitment to the sector and continued negotiations with providers and Care Forum Wales.
25/155	Integrated Medium Term Plan	<ul style="list-style-type: none"> • NOTED the update.
25/156	Private Quality Report	<ul style="list-style-type: none"> • NOTED the content of the report.

Agenda Item	Subject (including narrative)	Board Resolution
25/157	Executive Committee (Private Items)	<ul style="list-style-type: none"> • NOTED the report from the Executive Committee.
25/158	National Outpatient Assessments (OPA) Insource Project	<ul style="list-style-type: none"> • NOTED current progress in planning for local implementation of the national plan to reduce outpatient waiting list volumes across Wales by over 200,000 patients by March 2026. • APPROVED the award of a contract to deliver insourced first outpatient assessments to ID Medical Group Limited. • NOTED the actions being pursued to mitigate the additional cost pressures and AGREED for these to be determined by the Executive Committee. • DELEGATED authority for the Executive Committee to endorse utilisation of a further anticipated allocation to deliver an additional 15,000 outpatient appointments, the funding from Welsh Government yet to be confirmed but expected to total c£1.5m. • AGREED that the oversight of delivery is monitored by the Performance, Finance and Information Governance Committee.

4. COMMITTEE ANNUAL REPORTS AND SELF ASSESSMENTS

In March 2025, the Board received the results of its overarching self-assessment and agreed to undertake individual Committee self-assessments. These have now been completed, with outcomes reported to each respective Committee. The Committee Self-Assessment Presentations are available in the Committee Papers for each Committee.

Draft Annual Reports were also reviewed by Committees, and the finalised versions are included in the Supporting Pack. Key themes emerging from the self-assessments include a shift towards more strategic rather than operational focus, enhanced use of private meetings, and further development of Committee workshops.

These themes will be analysed and used to inform the Governance Improvement Plan.

5. HYWEL DDA UNIVERSITY HEALTH BOARD CLINICAL SERVICES PLAN CONSULTATION

Hywel Dda University Health Board (HDdUHB) serves nearly 400,000 residents across Carmarthenshire, Ceredigion, Pembrokeshire, and bordering communities. Its long-term strategy, '*A Healthier Mid and West Wales*', includes plans for a new Urgent and Planned Care Hospital, though delivery is at least a decade away due to funding constraints. In the interim, HDdUHB has launched a Clinical Services Plan (CSP) to address fragility in critical care and emergency surgery, improve stroke services, and enhance access to planned care and diagnostics. A 13-week public consultation on nine key services concluded on 31st August, with potential impacts on HDUHB's four acute hospitals and surrounding communities. Given the implications for North Wales residents

and Betsi Cadwaladr University Health Board (BCUHB) as both commissioner and provider of health services, BCUHB coordinated a comprehensive response to the consultation. The final response is included as **Appendix 1** to this report.

Ongoing collaboration between BCUHB and HDdUHB will continue to support the refinement and implementation of the Clinical Services Plan (CSP), following agreement of the preferred service options later in this financial year. This joint approach will help ensure alignment across both organisations and safeguard the interests of the North Wales population throughout the next phase of service transformation.

6. LEGAL SERVICES

The Health Board continues its efforts to reduce the number of overdue Learning from Events Reports (LFERs) and improve the timeliness of submissions. While the position remains dynamic, at the time of writing, 11 reports were overdue. Divisions facing the greatest challenges include IHC Central, IHC East, and Women’s Services. In contrast, divisions such as IHC West and Mental Health Learning Disabilities Division have demonstrated significant improvement. Alongside the reduction in overdue reports, the timeliness of initial submissions has markedly improved. The current focus is on addressing follow-up requests for learning evidence in the three identified divisions.

From 1 October 2025, the Legal Services Department will implement a new gatekeeping process. All requests for legal advice or litigation support will be routed through the corporate in-house team rather than directly to external providers. This change will enhance the Health Board’s oversight of legal matters and associated risks, streamline access for clinicians and managers, and support cost control.

Additionally, a revised Redress process will be introduced from 1 October 2025, aimed at simplifying and clarifying existing arrangements.

To further strengthen governance, a new Quarterly Legal Report is being developed to provide enhanced oversight of legal matters. This report will be shared with the Executive Team and other relevant committees, including Performance, Finance and Information Governance (PFIG) Committee.

7. AFFIXING THE COMMON SEAL

In-line with standing orders, a routine report on documents to which the common seal has been affixed is required. The Board is asked to note that the Health Board Seal has been affixed on the documents listed below.

No	Contract Name and Address	Approval Route	Date Signed and Sealed	Seal No
221	12 month lease renewal at Block 5 Carlton Court	Executive Committee	18/08/2025	708
222	Deed of Variation to the Collaboration Agreement - Wales Interpretation and Translation Service 'WITS'	Executive Committee	11/09/2025	709

8. APPROVED CLINICIANS AND SECTION 12(2) DOCTORS – SEPTEMBER 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).

9. STRATEGIC RISK REGISTERS

The Board Assurance Framework was updated in June 2025 and submitted to Committees throughout July 2025. One point of escalation was raised by Planning, Population Health & Partnership Committee (PPHP), on the lack of assurance on the progression of digital risk mitigation actions within ‘BAF24-02, Not Delivering Strategic Development and Digital Transformation’ and the actions will need to be reviewed within the IMTP in relation to funding constraints. This will be followed up with the Chief Executive in the absence of the Chief Digital Information Officer.

During the Annual review of the Strategic Risk Registers at the Informal Executive Committee, 16 July 2025 and 20 Aug 2025, the Committee suggested the Risk Scrutiny Group review the low scoring risks Board Assurance Framework for further recommendations on potential of closure and onward review of the recommendation by the Committees.

As per the cycle of reporting on strategic risk registers, approved by the Executive Committee, the Board Assurance Framework will be reviewed by Committees in Dec 2025 and submitted in full to the January 2026 Board meeting.

10. RECOMMENDATIONS

Members are asked to:

- **NOTE** the content of the report;
- **RATIFY** the response to the Hywel Dda Consultation as agreed by the Chair following discussion at the Informal Board in August 2025; and
- **RATIFY** the approvals of Approved Clinicians and Section 12(2) Doctors in line with national guidance.

Confidential when complete

*Forms will be independently processed
by Opinion Research Services (ORS)*



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Clinical Services Plan: Consultation Questionnaire

Hywel Dda University Health Board (the Health Board) provides health services for people across Carmarthenshire, Ceredigion, and Pembrokeshire and also for nearby communities. We are now consulting on possible changes to nine clinical services, and this may impact on which hospitals they are delivered from. The nine services are Critical Care, Dermatology, Emergency General Surgery, Endoscopy, Ophthalmology, Orthopaedics, Radiology, Stroke, and Urology. We welcome feedback from the public, our staff, stakeholders and groups impacted / affected by our proposals.

We have recognised for several years that some of our hospital services are fragile. This is mainly because our clinical teams are spread across multiple sites, and sometimes we rely on individual staff. Also, the impacts of the COVID-19 pandemic continue to affect us. It has left us with long waiting lists, gaps in staffing (made worse by shortages nationally for some healthcare staff), social care pressures, and more demand for health services. Some of our services have not been able to return to pre-pandemic activity levels. This means patients are waiting longer than we would like for some planned care.

Given the challenges, we have developed a Clinical Services Plan, with options to change nine services. This is in a timeframe of up to four years from decision and also considering what further changes could be made in more than four years. In summary, the plan seeks to:

- respond to the fragility of the critical care and emergency general surgery services
- improve standards and outcomes, and address staffing challenges in the stroke service
- improve access to and reduce waiting times for planned care patients (ophthalmology, dermatology, urology and orthopaedics) and diagnostics (endoscopy and radiology).

In this consultation, we want you to tell us:

- which proposed options you think are best able to address fragilities in our services, improve standards or reduce waiting times
- concerns you may have about any of the options, or impacts you think they may have
- thoughts you may have on the future role of our hospitals
- anything else you think we need to consider, including alternative options or ideas you may have.

For information about the consultation, please read our consultation document that accompanies this questionnaire and / or go online to: **[HDUHB.nhs.wales/clinical-services-consultation](https://www.hduhb.nhs.wales/clinical-services-consultation)**

If you wish to receive a paper copy or you need a more accessible format, please call us on 0300 303 8322 (local call rates) and select option 5 'other services'.

To give your feedback, please complete this questionnaire and return it to the FREEPOST address on the last page, to arrive by **Sunday 31 August 2025**; or answer the questions online (**[HDUHB.nhs.wales/clinical-services-consultation](https://www.hduhb.nhs.wales/clinical-services-consultation)**) by the same date.

The Health Board has appointed Opinion Research Services (ORS), an independent social research company, to manage and report upon the consultation responses. The views of people responding in a personal capacity will be anonymous. However, feedback from representatives of organisations or someone acting in an official capacity may identify the organisation or official.

We will use your views and new ideas, along with the supporting evidence we have gathered, to inform our decisions on how to change the nine clinical services and to understand the impact on our four main hospitals until our 'A Healthier Mid and West Wales' strategy is fully in place.

All the questions are optional and all information you provide will be processed by ORS in accordance with latest data protection legislation. ORS may utilise Artificial Intelligence (AI) or automated text processing services to assist in the review of responses, but only on data from which personal identifiers have been removed. You should not reveal any personally identifiable information about yourself within the free text boxes, just your views are needed. We will not ask for your name, date of birth, address or contact details in this questionnaire. At the end of the questionnaire, there are some questions which we need you to complete which will help us to understand how equal, diverse and inclusive our community is who complete the questionnaire. Information will only be used to inform this consultation and any personal information that could identify you will be kept for no more than one year after any decisions have been finalised. For further information, please see **[HDUHB.nhs.wales/about-us/governance-arrangements/your-information-your-rights/privacy-notice](https://www.hduhb.nhs.wales/about-us/governance-arrangements/your-information-your-rights/privacy-notice)** or **www.ors.org.uk/privacy**

Critical Care

Please read the Critical Care chapter of the consultation document for more information including travel, funding and timescales for options.

Critical care provides care for critically ill adult patients with life-threatening conditions, within intensive care units. Currently, it is available in Bronglais, Glangwili, Prince Philip and Withybush. At Prince Philip, some patients with higher needs are stabilised and then transferred to Glangwili for further care. Staffing critical care services in Carmarthenshire, Ceredigion and Pembrokeshire (Hywel Dda) is difficult, and none of our hospitals meet required quality and safety standards.

Having fewer intensive care units would make the service more sustainable, improve safety and help meet quality standards. Hospitals that are not proposed to have an intensive care unit, would instead have an enhanced care unit to treat patients with less critical conditions, and stabilise patients with higher levels of need, before transferring them to Glangwili intensive care unit.

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Intensive care unit	Intensive care unit	Intensive care unit (with transfer of sickest patients)	Intensive care unit
Option A	Intensive care unit	Intensive care unit and enhanced care unit	Enhanced care unit	Enhanced care unit
Option B	Intensive care unit	Intensive care unit	Enhanced care unit	Intensive care unit
Option C	Intensive care unit	Intensive care unit	Intensive care unit (with transfer of sickest patients)	Intensive care unit

- **Option A** - would maintain an intensive care unit in Bronglais and Glangwili. An enhanced care unit would be provided at Withybush and Prince Philip. An additional enhanced care unit would also be developed at Glangwili so that the intensive care unit can focus on the sickest patients. This would mean patients nearest Prince Philip and Withybush requiring an intensive care unit, would have longer journeys (transfer to Glangwili intensive care unit).
- **Option B** - would maintain an intensive care unit at Bronglais, Glangwili and Withybush. Prince Philip would have an enhanced care unit and patients requiring intensive care would be transferred to Glangwili intensive care unit. This would mean patients nearest Prince Philip requiring this level of care, would have longer journeys.
- **Option C** - would maintain an intensive care unit on all sites. The temporary arrangement at Prince Philip to transfer the very sickest patients to Glangwili intensive care unit, whilst continuing to care for some patients at Prince Philip, would be

maintained. This option is harder to staff sustainably but would minimise the number of patients facing longer journeys.

Which option for Critical Care services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes?

Please tick ✓ one box only

Option A <input type="checkbox"/>	Option B <input type="checkbox"/>	Option C <input type="checkbox"/>	No particular preference <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
---	---	---	--	---

Please share why you chose this option. How could we improve it or reduce any negative impacts? Do you have any alternative ideas that would meet the objectives? (Continue on a separate sheet if necessary)

No particular preference is selected as there are no changes proposed to the services provided at Bronglais.

It is noted that the effects will mostly be on the South Wales Health Boards and potentially the border regions of England. Transfers of patients from the south to the north of Wales due to a lack of critical care capacity do not generally happen, as a consequence of terrain and logistics. Betsi Cadwaladr University Health Board (BCUHB) as a provider and commissioner of services is therefore unlikely to be directly affected by any option.

It would be helpful to understand what total capacity of Level 2 or 3 critical care beds would be retained across Hywel Dda University Health Board (HDdUHB) under each option. Wales has less provision of critical care beds per head of population than the rest of the UK and any proposal to reduce the total number of staffed beds would have an impact across Wales.

Dermatology

Please read the Dermatology chapter of the consultation document for more information including travel, funding and timescales for options.

Dermatology services diagnose and treat diseases of the skin, hair, and nails in children, young people, and adults.

Since the COVID-19 pandemic, dermatology services have mainly been provided at Prince Philip, with a weekly outpatient clinic at Glangwili. In the community, nurse-led clinics run from Cardigan Integrated Care Centre and South Pembrokeshire Hospital. No dermatology services are currently provided at Bronglais or Withybush.

The service faces several ongoing challenges, including:

- an increase in referrals since the pandemic, especially urgent suspected cancer referrals, affecting waiting times for new and existing patients with non-urgent conditions
- a national shortage of consultant dermatologists – we have not had a permanent consultant dermatologist in the Health Board since 2016
- a high turnover rate of doctors, leading to appointment cancellations and longer patient waiting times.

We are proposing a permanent change to bring the service together at Prince Philip. This change aims to improve the service, retain and recruit staff, and attract consultant dermatologists to Hywel Dda.

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	No service	Outpatient clinic once per week Medical photography Phototherapy not running currently	Outpatient clinics and minor operations	No service currently due to Reinforced Autoclaved Aerated Concrete (RAAC) issues	Some nurse-led outpatient clinics at Cardigan Integrated Care Centre (including minor operations) and South Pembrokeshire Hospital
Option A	No service	No service	Consolidated service at Prince Philip	No service	Current service at Cardigan Integrated Care Centre Some nurse-led outpatient clinics at Amman Valley Hospital No community provision in Pembrokeshire

Option B	No service	No service	Consolidated service at Prince Philip	No service	Current service at South Pembrokeshire Hospital Some minor operations in GP practices No community provision in Ceredigion
Option C	No service	No service	Consolidated service at Prince Philip	No service	Current service at Cardigan Integrated Care Centre and South Pembrokeshire Hospital Some nurse-led paediatric clinics at Cross Hands Health Centre Some minor operations in GP practices
Option D	No service	No service	Consolidated service at Prince Philip	No service	Current service at Cardigan Integrated Care Centre and South Pembrokeshire Hospital Some nurse-led paediatric clinics at Cross Hands Health Centre

In all four options, no services will be provided from Glangwili, Bronglais or Withybush. The four options differ based on the proposed locations of the community provision.

- **Option A** - Main hospital services at Prince Philip. Nurse led clinics (including minor operations) stay at Cardigan Integrated Care Centre. Introduce some nurse-led clinics at Amman Valley Hospital. There would be no community provision in Pembrokeshire, so patients from this area would travel further.
- **Option B** - Main hospital services at Prince Philip. Nurse-led clinics stay at South Pembrokeshire Hospital. Some minor operations in participating GP practices. There would be no community provision in Ceredigion, aside from participating GPs, so patients from this area would travel further.

- **Option C** - Main hospital services at Prince Philip. Nurse-led clinics (inc. minor operations) at Cardigan Integrated Care Centre and nurse-led clinics at South Pembrokeshire Hospital kept. Some nurse-led paediatric clinics introduced at Cross Hands Health Centre. Some minor operations in participating GP practices. This option keeps some dermatology services in each of the counties of Carmarthenshire, Ceredigion and Pembrokeshire.
- **Option D** - Main hospital services at Prince Philip. Nurse-led clinics (inc. minor operations) at Cardigan Integrated Care Centre and nurse-led clinics at South Pembrokeshire Hospital kept. Some nurse-led paediatric clinics introduced at Cross Hands Health Centre. This option keeps some dermatology services in each of the counties of Carmarthenshire, Ceredigion and Pembrokeshire.

Which option for Dermatology services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes?

Please tick ✓ one box only

Option A	Option B	Option C	Option D	No particular preference	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please share why you chose this option. How could we improve it or reduce any negative impacts? Do you have any alternative ideas that would meet the objectives? (Continue on a separate sheet if necessary).

No particular preference is selected as there are no changes proposed to services provided at Bronglais or the community services that are likely to be accessed by North Wales patients.

BCUHB would welcome the opportunity to collaborate with HDdUHB in exploring alternative solutions to the sustainability challenges currently facing dermatology services across the Mid Wales region. The Health Board believes that joint working presents a valuable opportunity to develop more resilient and accessible services that better meet the needs of patients across both health board areas.

BCUHB is committed to contributing constructively to this process and ensuring that any future service models are shaped by shared learning, clinical expertise, and a strong focus on equitable access for all communities.

Emergency General Surgery

Please read the Emergency General Surgery chapter of the consultation document for more information including travel, funding and timescales for options.

Emergency general surgery is mostly for abdominal emergencies. Currently emergency general surgery services are provided at Glangwili, Bronglais and Withybush. It is difficult to safely staff these hospitals with consultant surgeons.

Under both options, the current emergency general surgery service will not change and will stay at Bronglais. Prince Philip would continue to not admit emergency general surgery patients and patients from this area would go to Glangwili for their surgery and recovery. Due to a shortage of emergency general surgery consultant surgeons to cover both Withybush and Glangwili, we propose to bring together our consultant surgeons into one team. This would make the service more sustainable and improve recruitment of consultant surgeons. Most patients who do not need surgery would stay at their nearest hospital site in both options.

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Full emergency general surgery, including surgical operations	Full emergency general surgery, including surgical operations	No emergency general surgery service	Full emergency general surgery, including surgical operations
Option A	Full emergency general surgery, including surgical operations	Full emergency general surgery, including surgical operations Strengthen same day emergency care*	No emergency general surgery service	No emergency general surgery operations taking place Strengthen same day emergency care*
Option B	Full emergency general surgery, including surgical operations	Emergency general surgery operations taking place on alternate weeks Strengthen same day emergency care*	No emergency general surgery service	Emergency general surgery operations taking place on alternate weeks Strengthen same day emergency care*

*Same day emergency care: where you can get urgent treatment and go home the same day. Strengthening same day emergency care would be through providing emergency general surgery input.

- **Option A** - would base consultant surgeons at Bronglais and Glangwili. Patients at Withybush needing surgery would be transported to Glangwili for their operation, before returning to Withybush to recover. This option is easier for hiring consultant surgeons and the public would be clear about where surgeries would take place. This option would affect patients nearer Withybush, needing emergency general surgery, who would have to travel to Glangwili instead.

- **Option B** - would base consultant surgeons at Bronglais, and at Glangwili and Withybush on alternate weeks. As a result, sometimes patients would have their operations closer to home and other times, they would be transferred to the hospital where surgery is being performed that week. This option is the least easy to run for staff, but it would reduce travel impacts for some patients. There is an additional need with this option for surgical cover to remain at Glangwili for children and young people on weeks when the service is operating in Withybush and therefore more risk in staffing this.

Which option for Emergency General Surgery services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? Please tick ✓ one box only

Option A	Option B	No particular preference	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please share why you chose this option. How could we improve it or reduce any negative impacts? Do you have any alternative ideas that would meet the objectives? (Continue on a separate sheet if necessary).

No particular preference is selected as there are no changes proposed to emergency general surgery services at Bronglais under either option.

It would however be helpful to understand whether there are opportunities to strengthen 'same day emergency care' services in Bronglais in addition to the proposals to strengthen services in Glangwili and Withybush under Options A and B.

Endoscopy

Please read the Endoscopy chapter of the consultation document for more information including travel, funding and timescales for options.

Endoscopy undertakes a procedure to look inside the body, examining hollow organs or cavities in patients over 16. Currently, endoscopy services are provided at Bronglais, Glangwili, Prince Philip and Withybush.

The main issue affecting our endoscopy service is the need to do more. If we do not increase activity, waiting lists for patients will get longer. In all options, some endoscopy procedures would continue to be delivered across the four main hospital sites. The options consider increasing activity in different ways, described below.

	Bronglais	Glangwili	Prince Philip	Withybush	Community sites
Current service	Bowel screening / gastro-intestinal / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal	No service
Option A	Bowel screening / gastro-intestinal	Bowel screening / gastro-intestinal	Capacity increased by additional procedure room. Bowel screening / gastro-intestinal and bring together respiratory and urology procedures	Bowel screening / gastro-intestinal	No service
Option B	Gastro-intestinal / urology	Gastro-intestinal / respiratory / urology	Gastro-intestinal / respiratory / urology	Gastro-intestinal	New site for bowel screening
Option C	Bowel screening / gastro-intestinal	Bowel screening Increased gastro-intestinal	Bowel screening / gastro-intestinal and bring together urology and respiratory procedures (extended hours)	Bowel screening / gastro-intestinal	No service

- **Option A** - gastrointestinal services would continue at all four main sites. At Prince Philip, the unit would expand from two to three procedure rooms to support bringing together respiratory and urology endoscopy procedures. Patients living outside of the Prince Philip areas would have further to travel for these services. There would be no changes to the current bowel screening service.
- **Option B** - gastrointestinal, respiratory and urology endoscopy procedures would continue at the same hospital sites as the current service. All bowel screening would

move to a new community site focussed to the service, which would allow for more appointments within the service. Some patients may need to travel further to access bowel screening, but others, dependent on the location of the new community site, may travel less distance.

- **Option C** - gastrointestinal services would continue at all four main sites. Service would increase by extended working hours (later into the evenings Monday-Friday, and on weekends) at Prince Philip. This would allow all urology and respiratory endoscopy procedures to be provided at Prince Philip. Patients living outside of the Prince Philip areas would have further to travel for these services, but there would be more appointments outside of working hours – evenings/weekends at Prince Philip. There would be no changes to the current bowel screening service.

Which option for Endoscopy services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes?

Please tick ✓ one box only

Option A <input type="checkbox"/>	Option B <input type="checkbox"/>	Option C <input type="checkbox"/>	No particular preference <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
---	---	---	--	---

Please share why you chose this option. How could we improve it or reduce any negative impacts? Do you have any alternative ideas that would meet the objectives? (Continue on a separate sheet if necessary).

Bowel screening, gastrointestinal and urology related endoscopy services are currently provided from Bronglais. Options A and C would result in the withdrawal of urology related endoscopy from Bronglais with other current services retained. Option B would result in the withdrawal of bowel screening services from Bronglais to be re-provided at a new build community facility, location to be confirmed, with other current services retained.

No particular preference is selected, however, travel for patients is to be the key factor especially for lower bowel procedures due to the need for bowel preparation. This would be a factor across all the patient cohorts covered by the proposals.

Without further detail it is not clear whether Option B would create sufficient additional endoscopy capacity to meet the demands on the service noting that it will only replace provision of the current bowel screening capacity.

If Option B is chosen the use of a mobile bowel screening unit(s) may provide mitigation.

Based on the information provided it is not felt that any of the options will impact on BCUHB services.

Ophthalmology

Please read the Ophthalmology chapter of the consultation document for more information including travel, funding and timescales for options.

Ophthalmology is the treatment of eye diseases and injuries, eye injections and surgical procedures, for children, young people and adults.

Currently ophthalmology hospital services are provided from Bronglais, Glangwili, Prince Philip and Withybush. In the community, outpatient clinics are provided at a number of locations (see table below).

In our options we would bring together most ophthalmology services at either Glangwili or Prince Philip to reduce the time patients spend on waiting lists, help with staff shortages, and make the service run better. In all options, Withybush would continue to provide some outpatient services; Amman Valley Hospital would be used for either day case for cataracts or eye injections only; Cardigan Integrated Care Centre and North Road Eye Clinic (Aberystwyth) would offer outpatient services, with no service provided from Aberaeron Integrated Care Centre. Regular eye injection services would be carried out at all sites providing outpatient services.

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	Amman Valley Day cases Diagnostics and outpatient service in Cardigan Integrated Care Centre, North Road Eye Clinic (Aberystwyth), and Aberaeron Integrated Care Centre
Option A	No service	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	Amman Valley Day cases (cataracts) but not outpatients (eye injections) Diagnostics and outpatient service in Cardigan Integrated Care Centre and North Road Eye Clinic (Aberystwyth)
Option B	Day cases and inpatients	No service	Main service including emergency eye care	Diagnostics and outpatients	Diagnostics and outpatient service in Cardigan Integrated Care Centre, North

					Road Eye Clinic (Aberystwyth) and Pembrokeshire (site to be confirmed) Amman Valley diagnostics, outpatients (eye injections) but not day cases (cataracts)
Option C	Day cases and inpatients	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	Amman Valley diagnostics, outpatients (eye injections), but not day cases (cataracts) Diagnostics and outpatient service in Cardigan Integrated Care Centre, and North Road Eye Clinic (Aberystwyth)

- **Option A** – Main hospital services, including emergency eye care, would be brought together at Glangwili. Bronglais and Prince Philip would no longer provide services. Amman Valley Hospital would provide day cases (for cataracts) but not outpatients (for eye injections). This would help reduce the time patients spend on waiting lists, and help with staff shortages, however, more patients would need to travel further for treatment.
- **Option B** - Main hospital services, including emergency eye care, would be brought together at Prince Philip. Glangwili would no longer provide services. Current services would remain at Bronglais. Amman Valley Hospital would retain outpatient services (for eye injections) but not day cases (for cataracts). Outpatients would be carried out at a community site (where is not yet confirmed) in Pembrokeshire. This would maintain more services closer to home for some patients but would not make as much difference in bringing down patient waiting times or helping with staff shortages as option A.
- **Option C** – Main hospital services, including emergency eye care, would be brought together at Glangwili. Prince Philip would no longer provide services. Current services would remain at Bronglais. Amman Valley Hospital would retain outpatient services (for eye injections) but not day cases (for cataracts). Some services would be closer to home for some patients but would not make as much difference in bringing down patient waiting times or helping with staff shortages as option A.

Which option for Ophthalmology services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes?

Please tick ✓ one box only

Option A <input type="checkbox"/>	Option B <input type="checkbox"/>	Option C <input type="checkbox"/>	No particular preference <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
---	---	---	--	---

Please share why you chose this option. How could we improve it or reduce any negative impacts? Do you have any alternative ideas that would meet the objectives? (Continue on a separate sheet if necessary).

BCUHB WOULD PREFER EITHER OPTION B OR C AND WOULD NOT SUPPORT OPTION A UNLESS MITIGATION IS PUT IN PLACE TO ADDRESS THE REDUCED ACCESSIBILITY THAT WOULD OCCUR IF SERVICES WERE REMOVED FROM BRONGLAIS. Please note no particular preference has been selected as it is not possible to select more than one option.

Day case and inpatient services are currently provided at Bronglais and would remain there under Options B and C. Implementation of Option A would result in ophthalmology services being withdrawn from Bronglais and re-provided from Glangwili. There are no changes proposed to community services currently provided at North Road Clinic Aberystwyth under any of the options.

BCUHB is keen to collaborate with HDdUHB to explore innovative and sustainable approaches to delivering eye care services across the Mid Wales region. Both organisations are currently facing significant workforce challenges within this specialty, and we believe that joint working presents an opportunity to address these pressures. As an example, the development of new centres for treatment and care that serve both North and West Wales could be an option for further consideration. Such centres could help optimise the use of available resources—including clinical staff, equipment, and estates—while improving timely access to services and delivering better outcomes for patients.

BCUHB would also welcome the opportunity to undertake further detailed analysis at a sub-specialty level with HDdUHB to better understand the potential impact of Option A on the North Wales population. This analysis could help identify opportunities for mitigation, particularly through the implementation of new models of care based around community optometry services.

Orthopaedics

Please read the Orthopaedics chapter of the consultation document for more information including travel, funding and timescales for options.

Orthopaedic services, also known as orthopaedic surgery, focus on the care of the musculoskeletal system and its parts (bones, joints, soft tissue). This consultation is about planned orthopaedics and not emergency (trauma) orthopaedics.

The main challenge in orthopaedic services is that we need to increase our activity to bring down long waiting times for patients.

Currently orthopaedic services are provided from Bronglais, Glangwili, Prince Philip and Withybush. As well as the main hospital services, we provide orthopaedic outpatient clinics in Cardigan Integrated Care Centre and Tenby Hospital, and our staff provide outpatient clinics at Tywyn Hospital, run by Betsi Cadwaladr University Health Board to reduce some travel for patients.

In all options, all sites will continue to provide outpatient services. Bronglais, Prince Philip, and Withybush will continue to provide day cases. Bronglais and Prince Philip will continue to provide inpatient surgery and community sites will retain their current services.

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases	Outpatients and day cases
Option A	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases including regional working	Outpatients and increased day cases
Option B	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients, and day cases including regional working	Outpatients, increased day cases & extended hours
Option C	Outpatients, inpatients, and day cases	Outpatients	Local outpatients, inpatients, and day case procedures and additional beds	Outpatients and increased day case procedures
Option D	Outpatients, increased inpatients, and day cases	Outpatients	Outpatients, inpatients, and day cases including regional working	Outpatients and increased day cases

- **Option A** - would support an increase in less complex day cases at Withybush, and Prince Philip would carry out more complex planned care for local and regional patients. By regional we mean working in partnership with Swansea Bay University Health Board for their patients who may need to access care in Prince Philip, or for our patients who may need to access care in Neath Port Talbot for certain procedures.

- **Option B** - would support an increase in less complex day cases at Wthybush, and Prince Philip would carry out more complex planned care for local and regional patients. The difference between Option A and Option B is that the service would be open for longer during the day at Wthybush, increasing the number of surgical operations overall.
- **Option C** – would see an increase in less complex day cases at Wthybush, increasing the number of procedures overall. This option does not fit as well with the regional working approach, because it prioritises higher need Hywel Dda patients, rather than regional patients, at Prince Philip.
- **Option D** – would see an increase in day cases at Wthybush. This option supports regional working at Prince Philip and an increased inpatient service at Bronglais.

Which option for Orthopaedic services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes?

Please tick ✓ one box only

Option A	Option B	Option C	Option D	No particular preference	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share why you chose this option. How could we improve it or reduce any negative impacts? Do you have any alternative ideas that would meet the objectives? (Continue on a separate sheet if necessary)

Option D has been selected as it would increase the inpatient services at Bronglais and may improve more local access for North Wales patients.

It is noted that none of the options include consolidation of delivery on fewer sites. Given the geographical size and population it is suggested that reducing the number of sites and concentrating the investment / experience / skill mix is an option which would be worth exploring if consideration could be given to support with transport and optimising local delivery of the elements of the pathway, for example, pre and post operative care.

Radiology

Please read the Radiology chapter of the consultation document for more information including travel, funding and timescales for options.

Radiology uses imaging techniques (such as x-rays) to diagnose, treat and monitor diseases and injuries identified within the body.

Diagnostic radiology services help make a diagnosis of a disease or condition. Emergency diagnostic radiology is provided 24/7; and planned diagnostic radiology is currently provided five days a week, during the daytime only. Interventional radiology services are more complex diagnostic procedures, including biopsies, and are provided for hospital inpatients or for planned day cases, currently provided five days a week during the daytime only.

Radiology has seen a large rise in activity across all sites. At the same time, staff shortages are stopping us from providing some services for longer hours. There are also difficulties maintaining up-to-date equipment across all sites.

Bringing some radiology services together on fewer sites, which is proposed in all our options, would allow us to see more patients and would address some staff shortages, but there is potential impact on where staff work from. None of the options would fully address hiring challenges for interventional radiology roles.

All options propose the removal of X-ray services at Llandovery and South Pembrokeshire hospitals, so patients living closer to these hospitals would have further to travel for their x-rays than they do now. X-ray services stay at Cardigan Integrated Care Centre and Tenby Hospital in all our options.

In all our options for radiology, we keep emergency diagnostic radiology 24/7 at all four main hospitals and this is not listed in the tables below as part of current services or options for change, due to limited space.

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Planned diagnostic / inpatient & day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient & day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient & day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient & day case interventional services (Mon-Fri, daytime)	X-ray services at Cardigan Integrated Care Centre, Llandovery, South Pembrokeshire and Tenby hospitals
Option A	Planned diagnostic / day case interventional services (Mon-Fri, daytime)	Inpatient interventional services (Mon-Fri, daytime)	Planned diagnostic / day case interventional services (Mon-Fri, daytime)	Planned diagnostic / day case interventional services (Mon-Fri, daytime)	X-ray services at Cardigan Integrated Care Centre and Tenby Hospital
Option B	Planned diagnostic services (7 days, daytime)	Planned diagnostic services (7 days, daytime)	Planned diagnostic services (7 days, daytime)	Planned diagnostic services (7 days, daytime)	X-ray services at Cardigan Integrated Care Centre

	Inpatient and day case interventional services (Mon-Fri, daytime)	days, daytime) Inpatient and day case interventional services (Mon-Fri, daytime)	Inpatient and day case interventional services (Mon-Fri, daytime) Cancer focus	Inpatient and day case interventional services (Mon-Fri, daytime) Cancer focus	and Tenby Hospital New regional hub for planned diagnostic radiology (site to be confirmed)
Option C	Planned diagnostic services (Mon-Fri, daytime) Inpatient and day case interventional (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime) Inpatient and day case interventional (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime)	X-ray services at Cardigan Integrated Care Centre and Tenby Hospital
Option D	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime)	Planned diagnostic services (7 days, daytime) Inpatient interventional services (24/7)	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime)	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime)	X-ray services at Cardigan Integrated Care Centre and Tenby Hospital

- **Option A** – would offer a planned diagnostic radiology and day case interventional service at Bronglais, Prince Philip and Withybush. Glangwili would provide inpatient interventional radiology for our whole area. Separating inpatient and day case interventional services would help reduce the risk of cancellation of day case procedures due to inpatient activity, which would help reduce waiting times.
- **Option B** – would offer an extended seven-day diagnostic radiology service and a five day, Monday to Friday, inpatient and day case interventional service at Bronglais, Glangwili, Prince Philip and Withybush. There would also be a diagnostic focus on cancer in Prince Philip and Withybush to allow patients that require multiple examinations to have them all on the same day on the same site. This option would also provide a regional radiology diagnostic hub and quicker diagnosis for patients. The option would require more staff.
- **Option C** – Planned diagnostic radiology would be at Bronglais, Glangwili, Prince Philip and Withybush, five days, Monday to Friday. The option would involve bringing together interventional services and staff, at Bronglais and Glangwili only. This would help with some safety concerns and would protect planned diagnostic services at Prince Philip and Withybush from cancellations due to inpatient interventional radiology.

- **Option D** - would offer an extended seven-day diagnostic radiology service at Bronglais, Glangwili, Prince Philip and Withybush. The option also proposes a five day, Monday to Friday, interventional service at Bronglais, Prince Philip and Withybush and a 24/7 interventional service at Glangwili. The option would require more staff.

Which option for Radiology services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes?

Please tick ✓ one box only

Option A	Option B	Option C	Option D	No particular preference	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please share why you chose this option. How could we improve it or reduce any negative impacts? Do you have any alternative ideas that would meet the objectives? (Continue on a separate sheet if necessary).

No particular preference selected. Current arrangements for radiology at Bronglais remain the same under all options with the exception of options B and D, which would result in inpatient interventional radiology no longer being provided at Bronglais.

Based on the information provided it is not envisaged that the changes proposed under any of the options will have a significant impact on BCUHB residents or the Health Board as a provider or commissioner of services.

Stroke

Please read the **Stroke** chapter of the consultation document for more information including travel, funding and timescales for options.

A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off.

Currently there are stroke units at all four hospitals: Bronglais, Glangwili, Prince Philip and Withybush. However, the service fails to meet clinical standards and there are not enough staff to support it. This leads to outcomes that are not as good as they could be. Evidence shows that outcomes and standards are better if services are brought together and delivered from fewer hospitals. Bringing services together would also help with hiring and keeping staff and making the service more sustainable.

We are looking at two different options for how stroke services could be delivered; either two stroke units with 12-hour specialist cover at Prince Philip and Withybush; or a stroke unit with 24/7 specialist cover at Prince Philip and a stroke unit with 12-hour specialist cover at Withybush. In both options an ambulance would take a suspected stroke patient to their nearest hospital where an initial assessment and appropriate treatment would take place. Patients at hospitals without a stroke unit, or with a stroke unit with less specialist cover than nearby units would be treated and transferred to their nearest stroke unit.

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Stroke unit	Stroke unit	Stroke unit	Stroke unit
Option A	Treat and transfer	Treat and transfer	Stroke unit (specialist cover 12-hours a day)	Stroke unit (specialist cover 12-hours a day)
Option B	Treat and transfer	Treat and transfer	Stroke unit (specialist cover 24-hours a day)	Treat and transfer and stroke unit (specialist cover 12-hours a day)

- **Option A** - Prince Philip and Withybush would have stroke units, with specialist cover 12-hours a day. This means, stroke patients from Bronglais and Glangwili would be transferred to Prince Philip or Withybush for their inpatient stroke care. This would help with staff shortages and would also allow for more treatments specialising in stroke because the service would be spread across fewer hospital sites than currently, which should raise clinical standards. There would be fewer patients and visitors travelling further for stroke care in this option than Option B, because Withybush stroke unit would provide inpatient treatment for stroke patients, as well as Prince Philip.
- **Option B** - Prince Philip would have a stroke unit with specialist cover 24-hours a day. This means, stroke patients from Bronglais and Glangwili, and from Withybush stroke unit, would be transferred to Prince Philip typically for 72-hours of inpatient care. Following this, patients' ongoing inpatient care would be provided either within Prince Philip, or at the stroke unit at Withybush. This would raise clinical standards and provide 24/7 consultant cover; as well as help with staff shortages. More patients and visitors would travel further for stroke care than Option A due to all patients (including those in Pembrokeshire) being transferred to Prince Philip.

Which option for Stroke services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes?

Please tick ✓ one box only

Option A <input type="checkbox"/>	Option B <input type="checkbox"/>	No particular preference <input type="checkbox"/>	Don't know <input checked="" type="checkbox"/>
---	---	---	--

Please share why you chose this option. How could we improve it or reduce any negative impacts? Do you have any alternative ideas that would meet the objectives? (Continue on a separate sheet if necessary).

Under both proposed options Stroke Unit services currently provided at Bronglais General Hospital would be withdrawn and replaced by a new 'Treat and Transfer' model. At this stage, BCUHB has selected 'Don't know' in response to this proposal, as further detail is required to fully understand the implications for North Wales patients, their families and carers, and for BCUHB as both a commissioner and provider of services.

To ensure that any future service model is safe, effective, and equitable, BCUHB proposes that a dedicated piece of work be undertaken in partnership with HDdUHB and the Welsh Ambulance Services NHS Trust (WAST). This work should focus on developing evidence-based pathways of care that support prompt diagnosis and treatment, optimise opportunities for Early Supported Discharge (ESD) and rehabilitation, and ensure that North Wales patients are repatriated to BCUHB for ongoing care and support as soon as clinically appropriate.

Additional areas for further consideration/discussion include:

There is a concern that either option could impact on both the Emergency Departments (ED) and Stroke wards in all three acute sites of BCUHB: Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital.

Although the options state that patients will be treated in Bronglais and transferred to either Prince Philip General Hospital or Withybush, patients living in areas closer to the three BCUHB acute hospitals i.e., North HDdUHB, North West Powys Teaching Health Board (PTHB) and North PTHB, may not wish to be transferred to Prince Philip General Hospital or Withybush due to the distance that their families/friends would need to travel and therefore may choose/request to be taken to one of BCUHB's EDs instead.

In addition, WAST staff may transport patients to one of the 3 acute hospitals in BCUHB if travel times are shorter than the sites in HDdUHB noting that WAST boundaries are different to the Health Board boundaries.

There could also be an impact from individual's who self-present/walk-in to ED whereby if patients are aware that there are no inpatient stroke beds in Bronglais hospital may they choose to attend one of the ED's in BCUHB. Of note, when 12 hours a day is mentioned, it is not clear whether this is 7 days a week or working week i.e., Monday to Friday not including bank holidays as this will have further impact in both models.

With regards to rehabilitation care, it is unclear as to where the inpatient element of this may occur and as rehabilitation often constitutes a significant period of a stroke survivor's time with the health care service, this could mean significant travel distances for family, friends etc. Again, this may impact on where patient's wish to receive care, which may increase referrals to the Stroke Specific Inpatient Rehabilitation centres (SSIRs) in BCUHB, based in Caernarfon, Llandudno and Deeside.

Furthermore, the CSP mentions ESD for those stroke survivors deemed appropriate for this level of rehabilitation, following discharge from inpatient care. However, it states that this is 'being developed in the HDdUHB area currently' but it is not clear what areas the service is being developed within; how long it will take to develop them; and what the plan is with regard to ESD until these services are in place. Clarity around this would be beneficial as patients living in North HDdUHB, North West PTHB and North PTHB may require support from the BCUHB ESD teams, something which will need to be considered. Consideration of the staffing arrangements for these teams will also be required if modelling suggests that the changes will create additional demand. Travel times to these patients would also be higher than for BCUHB patients which could impact on the time available for patient rehabilitation.

If patients are transferred to one of the BCUHB acute hospitals, the impact of increased travel times could reduce treatment windows for thrombolysis and thrombectomy. Also, if patients attend an ED in BCUHB not only is this likely to reduce their treatment and rehabilitation potential it could also increase their length of stay as well as adversely affecting the performance of BCUHB services.

It would be helpful to clarify whether the proposed service changes also apply to individuals who have suffered a Transient Ischemic Attack (TIA). Although some TIA patients are identified when they attend ED, referrals are also received from GPs. It would be helpful to understand where these patients will be managed. If TIA clinics currently undertaken in Bronglais are these set to continue, or is the expectation that patients will be referred to their nearest acute site that provide the service? As above, this could impact on demand and capacity for all three Stroke Teams in BCUHB.

Urology

Please read the Urology chapter of the consultation document for more information including travel, funding and timescales for options.

Urology cares for adult patients with conditions affecting the genitourinary tract system in both men and women (for example, kidneys, bladder) and the reproductive tract in men (such as testicles, penis, and prostate). Urology services are currently provided at all four main hospital sites. However, current staff shortages mean this model is not sustainable and is leading to longer patient waiting times. To help with this issue, we are proposing to create a dedicated urology unit at one hospital which would manage all inpatient cases. Prince Philip has been identified as the most suitable site because it allows for close working with endoscopy services at this hospital. It would also provide diagnostics for urgent suspected urology cancer for the whole Health Board area.

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, day case surgery and diagnostic procedures (inc. limited urgent suspected cancer)	Emergency, outpatients, day case surgery, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day case surgery, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day case surgery and diagnostic procedures (inc. urgent suspected cancer)
Proposed Option	Outpatients, day case surgery and diagnostic procedures	Emergency only	Outpatients, day case surgery, inpatients and diagnostic hub (inc. urgent suspected cancer)	Outpatients, day case surgery and diagnostic procedures

- Proposed Option** - Almost all urology services would be removed from Glangwili, with only the emergency pathway remaining in place, to care for patients with urology emergencies that come to the Emergency Department (A&E). Outpatient, diagnostic (other than urgent suspected cancer) and day case services would remain at Withybush and Bronglais to reduce travel times for patients needing these appointments. Prince Philip would provide diagnostics for urgent suspected cancer patients. Bringing services from Glangwili and Prince Philip together should result in fewer separate hospital visits for patients (as it is more likely that multiple appointments can take place at one location on the same day), although some patients would have further to travel on the day of their appointments.

To what extent do you agree or disagree with the proposal for Urology services?

Please tick ✓ one box only

Strongly agree <input type="checkbox"/>	Tend to agree <input checked="" type="checkbox"/>	Neither agree nor disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Don't know <input type="checkbox"/>
---	---	---	---	--	---

Please explain your reasoning, including how we could improve the proposed option or reduce any negative impacts? Do you have any alternative ideas that would meet the objectives? (Continue on a separate sheet if necessary).

Only one option is provided which would see the development of a urology diagnostic hub and consolidation of urology inpatients at Prince Philip General Hospital. Under this option services currently accessed by North Wales patients at Bronglais i.e., outpatient, day case and non-cancer related urology diagnostics would remain, with diagnostics for urgent suspected cancer transferring to Prince Philip General Hospital. As a consequence, BCU patients with urgent suspected urological cancers would have to travel to Prince Philip General Hospital for diagnostics.

'Tend to agree' has been selected as BCUHB recognises the benefits of consolidating services on one site, however, reduced accessibility to diagnostics for urgent suspected urological cancers as a consequence of increased distance, travel time and the availability of transport is of concern.

BCUHB is keen to work with HDdUHB as development of the urology plan continues, to explore what can be done to mitigate the impact of any changes to the cohort of North Wales patients who require diagnostics for urgent suspected urological cancers.

Future roles of our main hospital sites

Please read the chapter ‘What does this mean for our main hospitals?’ of the consultation document for more information.

This consultation is about nine clinical healthcare services and how they are delivered in hospitals and some community facilities within the counties of Carmarthenshire, Ceredigion, and Pembrokeshire. Changes to our nine clinical service areas as a result of the consultation, may impact on how they are organised at our four main hospitals.

The roles of our hospitals could look like this:

- Bronglais Hospital – providing services as it currently does, though some specialities may be provided from different Hywel Dda sites
- Glangwili Hospital – providing more acute and emergency care, with some planned care moved to other sites, either by service or health condition
- Prince Philip Hospital – providing more planned care, particularly across a wider region where services are delivered in partnership with Swansea Bay University Health Board
- Withybush Hospital – providing more planned care, particularly within the Hywel Dda area, with initial access to acute care remaining on site, but transfers to Glangwili Hospital for patients with the highest needs

To what extent do you agree or disagree with the roles of the hospital sites as described above, to support making services safer and sustainable for the future?

Please tick ✓ one box only

Strongly agree <input type="checkbox"/>	Tend to agree <input checked="" type="checkbox"/>	Neither agree nor disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Don't know <input type="checkbox"/>
---	---	---	---	--	---

What are your views on the proposals to improve the safety and sustainability of services for the future? Please explain your reasoning, including how the positive impacts of the proposals could be enhanced and any negative impacts reduced? (Please continue on a separate sheet if necessary).

The consultation document states that:

“Bronglais would continue to offer a range of services, both urgent and emergency care as well as planned care and outpatient activities.

For those requiring the most urgent care through critical care, emergency general surgery and stroke, there would be no change for people when they arrive to the hospital.

The options look to change how stroke care would be provided at Bronglais. It is proposed that once you have had your initial treatment, you would be transferred, if necessary, to a stroke unit where you would receive specialist medical and therapy support.

There may be an increase in the amount of ophthalmology and orthopaedic operations taking place in Bronglais. This would be dependent on the options chosen and the amount of theatre space available, but the ambition of the orthopaedic service is to have a dedicated space in the hospital to meet standards.”

BCUHB supports the need to improve the safety and sustainability of services in the HDdUHB area and recognises that in order to achieve this, changes to the configuration of certain hospital and community services will be required. It is therefore accepted that some services currently provided at Bronglais will be re-provided elsewhere and that in these cases North Wales patients are likely to have further to travel for some aspects of care. BCUHB is committed to working with HDdUHB and other partners across the Mid Wales region to identify and mitigate the impact of these changes on the communities of South Meirionnydd.

Agree in principle, however, further detail regarding the service models which will underpin the proposed changes is required to make a full assessment therefore 'Tend to agree' has been selected.

For further comments please see the 'Additional considerations' section below.

Additional considerations

If you have any further comments about any of the options for services, please share them below. For example, things that you think we have not considered, comments about the hospitals, transport and access, environmental impacts and opportunities, local facilities to support patients, visitors, staff and the wider community (please continue on a separate sheet if necessary).

Impact on North Wales residents

Changes to HDdUHB services currently provided in north Ceredigion i.e., the Aberystwyth area at Bronglais or North Road Clinic are most likely/likely to have the greatest impact on the North Wales population. Specifically, if the preferred options result in the withdrawal of services from the Aberystwyth area and re-provision at another HDdUHB site this is likely to result in North Wales patients, families and carers having further to travel for care and to visit/support relatives, exacerbating existing accessibility issues particularly for those individuals who live in more rural communities.

For options where services will be provided further south, some North Wales patients may elect to receive care within BCUHB rather than HDdUHB. This change could lead to North Wales patients choosing to access care within BCUHB rather than HDdUHB, particularly where travel become more onerous. Further modelling will be required to understand the potential impact of this shift on BCUHB services in terms of capacity, resource allocation and patient flow.

Additionally, there is a concern that some patients may choose not to access care at all due to the increased burden of travel. This raises important issues around equity of access and continuity of care especially for those living in rural or underserved areas.

It is noted that the information provided to support this consultation is presented at a specialty level, and that detailed work to develop new service models will follow once preferred options have been agreed. Given this, further analysis will be essential to understand and map the resulting changes to patient pathways for residents of North Wales. This analysis will be critical to ensuring that any service reconfiguration does not inadvertently disrupt access, continuity, or quality of care for the North Wales population. It will also help identify where mitigation may be required and where opportunities exist to align services more effectively across health board boundaries.

As the consultation primarily focuses on services delivered within the HDdUHB four main acute hospitals the potential impact on primary, community, and other supporting services—which are integral components of the patient care pathway—is not readily identifiable from the information currently provided. This lack of clarity presents challenges in assessing the full implications of proposed changes, particularly for patients in North Wales who may rely on a combination of acute, community, and primary care services. For some specialties, including ophthalmology, further analysis at a sub-specialty level will be essential to fully understand the impact on North Wales residents and to identify any potential issues for services provided by BCUHB.

Based on the information currently available and the service change options presented in the consultation document, BCUHB considers that the proposals most likely to impact North Wales residents relate to the following specialties:

- **Endoscopy (including bowel screening)**
- **Ophthalmology**
- **Stroke services**
- **Urology**

The primary concern across these areas is the potential effect on accessibility and travel times for patients, as well as for their families, friends, and carers who support them. Increased travel distances may pose significant challenges, particularly for individuals living in rural communities or those with limited access to transport. These changes could also affect continuity of care and place additional strain on support networks.

BCUHB urges that these impacts be carefully considered as part of the decision-making process and remains committed to working collaboratively with Hywel Dda University Health Board to ensure that any service changes are equitable, patient-centred, and responsive to the needs of all affected populations. To that end BCUHB proposes to convene a bi-lateral summit with HDdUHB in order to explore opportunities more fully.

Other feedback

- **Transport and accessibility**
Feedback from members of the public has highlighted major concern around accessibility should services currently provided in the Aberystwyth area be re-provided from other hospital or community sites further south. In particular it was noted that individuals reliant on public transport would be disproportionately disadvantaged and that attendance at appointments, which are scheduled early in the morning may necessitate travel the night before and incur the expense of overnight accommodation.
- **The impact of rurality**
Service reconfiguration which involves the consolidation of services has a disproportionate impact on rural communities, where accessibility to acute hospital services can be more challenging than in other locations. Mitigation is likely to be though enhanced, new and innovative provision in primary and community settings as well as harnessing the opportunities presented by new technology to support patients and facilitate care outside the acute hospital environment. Whilst this may

be addressed through the HDdUHB primary and community strategy without this detail it is not possible to fully assess the impact of the options on BCUHB's more rural communities in the South Meirionnydd area.

- **The impact on emergency care**

It is stated that 'in all the options, there are no changes to how people access emergency care, or minor injury care, at any of the sites.' As highlighted in the feedback on the proposed changes to stroke services, detailed in the stroke section above, changes to the provision of stroke services could have unintended consequences in relation to choices made by patients and other healthcare professionals as to how and where emergency services and resultant planned care are accessed by North Wales patients.

- **Exclusion of primary and community services**

Primary and community services are included in the HDdUHB CSP programme but have been excluded from the consultation. It is noted that a different approach, i.e., the development of a 'Primary and Community Strategy' for HDdUHB has been agreed instead.

New models of care which include enhancement of primary and community services have the potential to mitigate the impact of options that will reduce the range of services provided in the Aberystwyth area.

- **System level interdependencies**

While the consultation focusses on the nine identified clinical services there will inevitably be interdependencies and consequences for the wider health and care system. For example, changes to service models and pathways may have an impact on workforce, finances, estates etc in other services not covered by the CSP. It is therefore assumed that all current interdependencies have been identified and will be kept under review as the CSP develops and where necessary any resultant issues will be addressed through the appropriate processes recognising that this may require further engagement and consultation.

- **Timeframe - opportunities for transformation and future proofing**

Phased implementation of the preferred options is due to take place, subject to funding, over a two-to-four-year period. Options have been developed based on current levels of activity and models of care. Given the significant time and resource expended on the CSP programme it was felt that not extending the time horizon for the CSP to take account of future population health need, service transformation/modernisation and new models of care was a missed opportunity and may have resulted in different options.

- **Opportunity for collaborative solutions working at a supra regional level**

The consultation document states that HDdUHB are working regionally with Swansea Bay University Health Board to consider challenges and opportunities for joint working in several speciality areas.

Exploration of regional working with BCUHB could potentially unlock different options and opportunities to strengthen services and optimise the use of resources across Mid Wales. For example, opportunities may exist with regards to training, upskilling and shared posts as well as the development of new posts to address

skills gaps. Working collaboratively across the three Mid Wales Health Boards along with Health Education and Improvement Wales (HEIW), colleagues from Welsh Government, and Higher Education could bring benefits to the area as a whole and help to address national shared issues relating to recruitment and retention

Additionally, joint working between HDdUHB and BCUHB may also provide a means to mitigate any potentially adverse impacts of implementing the CSP on the North Wales population.

- **Costs to deliver/time taken to deliver**

An estimate of the cost to deliver has been included for each of the options outlined in the consultation. Recognising that these are estimates and will vary dependent on options selected it is noted that when aggregated the additional revenue and capital costs are significant particularly given the two-to-four-year time frame for implementation.

In the majority of options the time taken to deliver includes the caveat 'subject to the agreement of funding for staff', it would be helpful to understand the level of risk associated with securing the funding and any proposed mitigation should funding not be available. It is also noted that even where posts are funded national shortages of staff in certain specialties can be a major constraint and recruitment is not always successful.

- **Opportunities as an anchor institute working with partners and communities**

It is not clear to what extent this has been a consideration in the development of the CSP but may help to mitigate some of the impacts of service reconfiguration, for example, increased use of digital and mobile care and increased third sector community support.

- **Wider strategic context**

It is recognised that other organisational strategies, plans and service change extant and in development at a national and Health Board level, may have an impact on HDdUHB services creating additional complexities. For example, BCUHB is currently implementing a phase 1 CSP focussed on the stability of a number of 'challenged services' and will be embarking on a phase 2 CSP, which seeks to deliver accessible, safe, sustainable quality healthcare services for North Wales.

Ongoing communication and engagement are key and BCUHB is committed to ensuring that HDdUHB and other partners across the Mid Wales region are involved in the development of any plans initiated by BCUHB as well as working with partners to mitigate the impact of any changes to the provision of services arising from the HDdUHB CSP on the communities of South Meirionnydd.

- **Analysis and interpretation of the supporting information.**

The CSP Programme has undertaken a significant amount of very detailed work, which has been made publicly available through Board meetings and as supporting documentation linked to the consultation. Whilst the level of openness and transparency is welcomed the format and volume of material has proved difficult to analyse and interpret at Health Board level and consequently to identify the likely

impact of each option on the care received by North Wales patients in HDdUHB or on the services provided by BCUHB.

- **Commissioning and contractual arrangements**

BCUHB has a contract of circa £5 million with HDdUHB. BCUHB does not have a contract with any other Health Boards in the South Wales area. If the preferred options result in a change to patient flows rebasing of the BCUHB/HDdUHB contract would need to take place to ensure resources are appropriately aligned to where activity takes place.

Considering equalities and human rights

As a public body, NHS organisations have a duty to take into account the impact of their decisions on people with protected characteristics under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation), as well as the Human Rights Act, and comply with the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

Are there particular groups of people that you believe might be positively or negatively affected by any of the options being considered? If so, what groups are these and how might any positive impacts be improved or any negative impacts reduced? Please answer in the box below and continue on a separate sheet if necessary.

Individuals reliant on public or hospital transport, for example, those who are older, have a disability, with caring responsibilities and/or are socio-economically disadvantaged may be disproportionately impacted if services are reconfigured and consolidated on a smaller number of sites, as this may increase travel times and potentially restrict accessibility for service users, their families and carers.

Negative impacts in relation to accessibility are exacerbated for individuals living in rural communities. In order to meet the needs of these individuals in addition to providing mitigation to support access to treatment in an acute setting the CSP also provides an opportunity to consider how pathways can be changed to provide more care and support either at 'home' or in a local community setting.

Information about you

If you are responding **on behalf of an organisation**, which organisation do you represent?

Please give us the name of the organisation and any specific group or department. Please also tell us who the organisation represents, what area the organisation covers and how you gathered the views of members. Please continue on a separate sheet if necessary.

Betsi Cadwaladr University Health Board (BCUHB) is the largest health organisation in Wales, with a budget of £2.3 billion and a workforce of 21,100 as of the end of March 2025. The Health Board is an integrated health system that strives for excellent compassionate care delivered in partnership with the public and other statutory and third sector organisations.

BCUHB is responsible for the delivery of health care services to more than 700,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham). This includes the provision of primary, community and mental health, as well as general hospital services.

In primary care settings the Health Board delivers NHS care through a combination of independent contractors and directly delivered services across North Wales. This network of primary care services covers 95 medical practices ("GP practices"), 71 dental and orthodontic practices, 70 optometry/optician practices and 144 community pharmacies.

In order to produce a BCUHB response to the consultation the consultation documentation and questionnaire were sent to the following groups and individuals in the Health Board:

- The Strategic Planning and Service Change Group (SP&SCG)
- The Planning Huddle (fortnightly informal meeting for BCUHB managers used to share planning information)
- Clinical leads, network managers and service leads
- Programme Directors – Planned Care, Urgent and Emergency Care and Primary Care
- Integrated Health Community (IHC) Directors
- The Equalities Team
- Executive Directors not members of the SP&SCG
- Assistant Directors of Primary Care
- The Contracting Team

Those contacted were asked to complete the questionnaire with a focus on but not restricted to their particular areas of interest and to provide any additional comments - queries, concerns and potential opportunities to improve/develop BCUHB services to the Health Board Strategy Team by the 15th August. Members of the Strategy Team also met with individuals who wished to provide verbal feedback.

Additionally, the consultation was posted on the Health Board's intranet site 'Betsi net' with an invitation to all staff to contribute to the Health Board response.

Meetings also took place with members of the Planning and Engagement Teams from Powys Teaching Health Board (PTHB) and HDdUHB and with regional representatives

from Llais to receive feedback on the issues being raised by members of the public.

BCUHB staff also gathered feedback at a drop-in session arranged by HDdUHB for individuals living in the South Meirionnydd area, which took place in Tywyn on the 4th August.

The BCUHB response has been compiled from the contributions of those who provided feedback.

The proposed response was reviewed and approved at an informal meeting of the Board on the 28th August.

Hywel Dda University Health Board has a duty to promote equality and wants to make sure all parts of the community are included in this consultation, but these questions are optional. All responses will be taken fully into account when making decisions, regardless of whether you provide these details.

If you are responding as an **individual**...

What is your full postcode?

This will help us understand views in different areas

Please tick ✓ only one box for each question, except where specified

What was your age on your last birthday?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- Prefer not to say
- 45 to 54
- 55 to 64
- 65 to 74
- 75 and over

What best describes your gender?

- Male
- Female
- Prefer not to say
- Non-binary
- I use another term

Is this the same as the sex you were assigned at birth?

- Yes
- No
- Prefer not to say

Are you currently pregnant or have you given birth within the last year?

- Yes
- No
- Prefer not to say

Which race or ethnicity best describes you?

- White
- Mixed or multiple ethnic groups
- Asian or Asian British
- Black, African, Caribbean or Black British
- Any other ethnic group *(please specify)*

- Prefer not to say

Which of the following best describes your sexual orientation?

- Asexual
- Bisexual
- Gay or lesbian
- Heterosexual or straight
- Other *(please specify)*

- Prefer not to say

Do you have any physical or mental health conditions or illnesses lasting, or expected to last, 12 months or more, that limit your day-to-day activities?

- Yes
- No
- Prefer not to say

Do you provide unpaid care by looking after someone (a family member, friend or neighbour) who is older, disabled or seriously ill?

- Yes
- No
- Prefer not to say

What is your main language spoken / used at home?

- English
- Welsh
- Other *(please specify)*

- Prefer not to say

Thank you for your time

Please return the questionnaire by **Sunday 31 August 2025** to:
Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date		25/09/2025		
Date of Committee		14/08/2025	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: <ol style="list-style-type: none">1. The Committee reviewed the Social Partnership and Public Procurement Act and approved the Strengthening Social Partnership Annual Report 2024/25 for onward submission to Welsh Government (the documents are attached as appendices)2. The Committee reviewed the Health and Safety Annual Report 2024/25, Welsh Language Annual Report 2024/25 and the Strategic Equality Annual Report 2024/25 and recommended all reports for onward submission to the Board in September 2025.3. An update in relation to progress on Consultant Job Planning was received, the Committee agreed that there are areas of the system that need to be addressed and clarity is required to ensure this is resolved suggesting further discussion is required with colleagues across Wales. A Consultant Job Planning Report is due to go back to the Committee in December.		
2b	Assurance	The P&C Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. A deep dive report focusing on the current position in relation to sickness across the organisation was received and an action plan will come back to the Committee.2. The Committee received a detailed update in relation to the Foundations for the Future Programme noting that a briefing session for Independent Members will be arranged going into the Autumn period.		
2c	Advise	The P&C Committee wish to advise members of the Board that: <ol style="list-style-type: none">1. A Staff Story was heard in relation to an employee who provides caring responsibilities, the impact this has on staff members and the importance of supporting staff who face these challenges.2. The Committee reviewed the plans to implement a new Performance Appraisal and Development Review (PADR) process and provided feedback.		



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

2d	Review of Risks	The Committee received and considered the contents and assurance rating of the Board Assurance Framework.
2e	Sharing of learning	Noted the importance of learning from staff experience and providing support for staff and managers in terms of training and learning to align with the culture approach.
3	Actions to be considered by the	There were no items to be referred.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University Local Health Board

Strengthening Social Partnership Report

2024/25

Introduction

The Social Partnership and Public Procurement (Wales) Bill became law in August 2022. The Act focusses on how organisations can work together in Wales to deliver public services in a fair and responsible way. The law came into force in 2024. The Act sets up a Social Partnership Council for Welsh Ministers to talk with partners to meet social well-being goals. The council provides advice to the Welsh Ministers about the best ways social partnership can work. The council is made up of government, employers and workers including trade unions. Under the regulation public bodies, are required to talk to their workers with the aim of agreeing their well-being goals and how they will achieve them. Social partnership means workers and employees working together to solve problems. In March 2025 the Welsh Government published a User Handbook outlining the duties of public bodies in relation to the Act introducing the Self- Assessment Tool as a simple way of assessing the effectiveness of Partnership working. A base line assessment has been undertaken using the Self-Assessment Tool to inform this report.

The Self-Assessment Tool and Baseline Assessment

The self-assessment tool was sent out to the 73 members of the Workforce Partnership Group for completion and discussion at the meeting. The full results are contained in appendix a. The response rate was 15% and the results were tested and discussed at the Workforce Partnership Group on the 18th July 2025. The results clearly demonstrated a cohesion between the results of management and trade union colleagues. All parties agreed or strongly agreed with the statements in relation to partnership working in BCU. As the parties present covered all areas pan the organisation it was determined that on the whole the outcomes reflected the strength of partnership working within the Health Board. All parties were in agreement that the partnership is reasonably healthy across all areas. A dialogue will continue to ensure that the base line levels are maintained and improved when the audit is next undertaken.

The results of the Self Assessment Tool will be shared with the Local Partnership Forum to further test whether the results are agreed with at the most senior levels in the organisation.

Welsh Government Conference

Welsh Government held a conference to raise awareness of the duties and responsibilities for all North Wales public bodies on Friday 15th March 2024. Jan Tomlinson, Staff Side Chair and Kay Hannigan, Associate People Services Director were invited to speak at the event to share how social partnership operates within

BCU. Other key note speakers included Hannah Blythin, a local MS and the then Deputy Minister for Social Partnership. This was an excellent forum to spotlight BCU achievements in relation to working in partnership.

Social Partnership Working in Action

Within BCU Trade Unions work closely with managers to embed the principles of social partnership through partnership working. The Health Board's Trade Union Independent Member sits on the Board, which ensures that the partnership voice is heard at the most senior levels. As a Board Member the trade union independent member is expected to contribute fully to Board deliberations.

The BCUHB Local Partnership Forum is the formal mechanism through which management and trade unions and professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues. The forum has established a regular and formal dialogue between the Board's Executive and the staff organisations on matters relating to workforce and health service issues. The group meets quarterly and is jointly chaired by the Chair of Staff Side and the CEO.

The Workforce Partnership Group meets monthly to promote and deliver a regular dialogue between the People Services Directorate, senior managers and trade union partners on matters relating to the BCU workforce. The group enables managers and trade unions partners to put forward issues affecting the workforce for discussion and decision-making. All organisational changes and service reviews impacting upon the workforce are overseen by and consulted upon within the group before being released to the wider organisation for full consultation.

Formal consultation between the organisation and the British Medical Association takes place through the Local Negotiating Committee. This is the opportunity for BMA representatives to meet with senior Health Board leaders to discuss in partnership matters specifically relevant to the medical workforce.

Each of the health communities have people and culture groups with local trade union representatives invited to be core group members. The purpose of the group is to advise and assure the local Senior Leadership Team on the development, implementation and effectiveness of strategies in relation to the workforce, organisational development and culture of the health community. The group also provides advice and assurance in relation to the alignment of strategies to Living Healthier Staying Well and relevant national strategies. The group is also responsible for providing the central IHC Senior Leadership team with evidence of impact of the improvement when implementing strategies.

Facilities Arrangements

BCU is committed to ensuring trade union representatives are afforded reasonable paid time off to undertake trade union duties as outlined in WP15 Partnership and Recognition Agreement. The agreement identifies the framework for time off and facilities for accredited representatives of Trade Unions recognised by Betsi Cadwaladr University Health Board (BCUHB), in accordance with Agenda for Change Wales terms and conditions.

As part of the Health Board's commitment to the partnership working agenda, it recognises that investment in a Time off and Facilities Agreement is a key aspect of the management of the people who deliver health services to the population of North Wales and visitors to the area. The agreement takes cognisance of the relevant statutory framework.

BCUHB recognises that provision of time off and facilities to carry out trade union duties and activities will be of mutual benefit to the Health Board and the trade union organisations. BCUHB recognises the significant increase in demands made upon Trade Union organisations as the partnership agenda has and continues to develop. It is committed to supporting representatives to undertake their roles and responsibilities.

Conclusion

BCU is committed to working in partnership with its staff organisations and trade unions to ensure the delivery of services to the population of North Wales. The self assessment tool has demonstrated a cohesion across the organisation with all parties confirming that the partnership is reasonably healthy and should continue to be maintained and improved.

Social partnership is the mechanism by which key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues. This enables regular formal and informal dialogue to occur between Executives, managers and the staff organisations on matters relating to workforce and health service issues.

It is recognised that moving forwards there will be hard decisions to be made requiring robust discussions. However, continued dialogue does enable all parties to work together to find an acceptable solution. Better outcomes are achieved by listening to other opinions, exploring other points of view, and seeking alternative solutions. Social partnership involves colleagues at the early stages of project initiation not just consultation once the plan has been developed.

Forward Plan

Although acknowledging that social partnership is embedded within BCU the audit did demonstrate that there are areas for improvement and the challenge is to maintain the standards we are achieving and strive for improvement.

Social partnership will run as a core through all leadership development programmes. A review of the programmes will be undertaken to ensure that social partnership is embedded.

The organisation will support trade unions representatives to obtain release to undertake their social partnership responsibilities. BCU will support trade union members to gain accreditation to take on representative roles to work alongside current accredited representatives. Opportunities to become accredited representatives will be promoted.

Reports on social partnership activities will continue to be shared through the LPF and People and Culture Committee.



Llywodraeth Cymru
Welsh Government

Social Partnership The Welsh Way

March 2025

Social Partnership Self-Assessment Results

Jan Tomlinson – Chair of Staff Side and Joint Chair of the WPG

Kay Hannigan – Associate Director People Services (Central IHC) and Joint Chair of the WPG

Author: Emily Joyce – People Services Administrator (Central IHC)

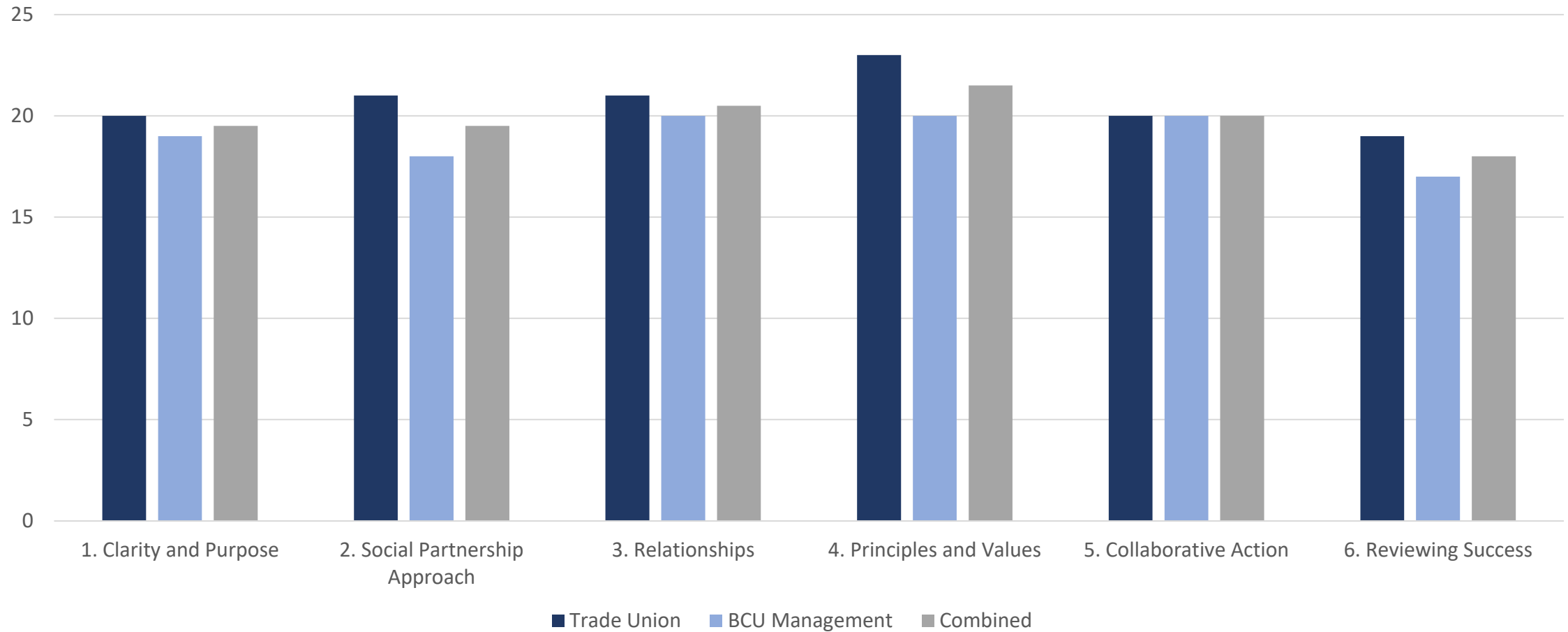
Reporting Period: 04/07/2025 – 17/07/2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Self-Assessment Scores by Characteristic Category



Understanding the results

In simple terms you can interpret the results as follows:



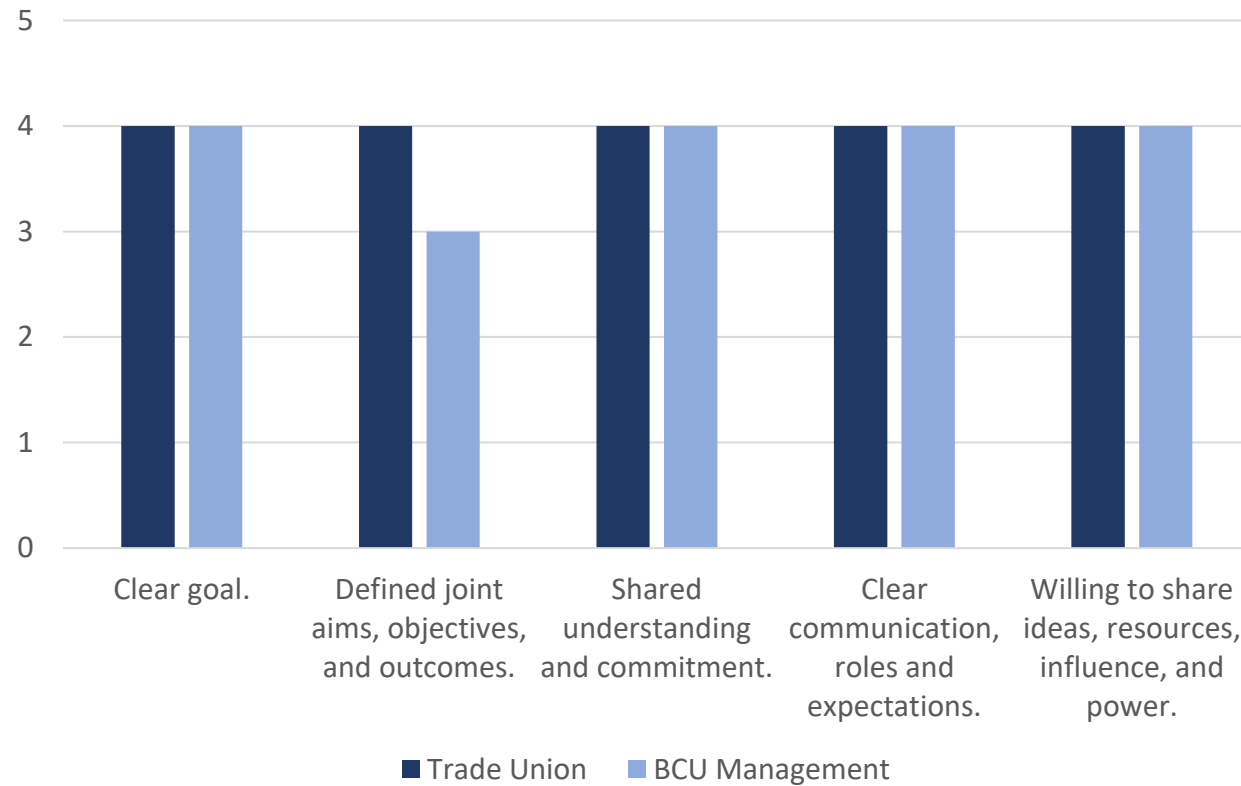
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Assessment Scores

	<10	11-15	16-20	21-25
Clarity and Purpose	The partnership lacks any clarity or sense of purpose.	Only limited clarity and purpose exists.	There is reasonable understanding of purpose.	The purpose of the partnership is very clear.
Social Partnership approach of the need for social partnership is minimal.	Recognition and acceptance of the need for social partnership is minimal.	Recognition and acceptance of the need for social partnership is limited in some areas.	The need for social partnership is recognised and accepted.	There is very high recognition and acceptance of the need for social partnership.
Relationships	Relationships amongst partners is poorly developed.	Relationships need building.	Good relationships are in place.	Relationships are very strong and based on mutual trust.
Principles and Values	Principles are not well understood and need development.	Work is needed to embed principles for social partnership working.	Principles are understood and show signs of embedding.	Principles are very well understood and embedded.
Collaborative Action	Partnership working arrangements are poor.	Partnership working arrangements are insufficiently clear and robust.	Arrangements for collaborative working are reasonably clear and robust.	Clear and robust arrangements lead to collaborative action.
Reviewing Success	Monitoring is poor in most respects or not at all.	The partnership could improve how it monitors and learns from its performance.	The partnership monitors, measures and learns from its performance reasonably well.	The partnership monitors, measures and learns from its performance very well.

1. Clarity and Purpose



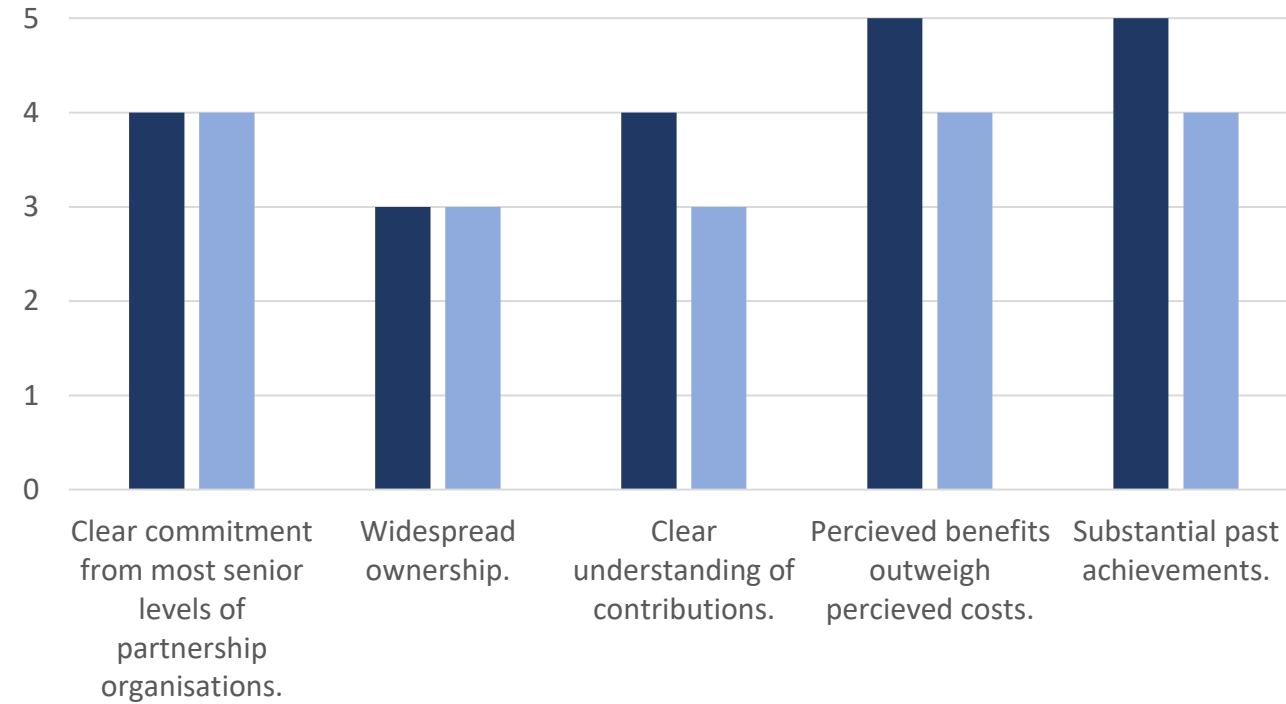
The partnership lacks any clarity or sense of purpose.

Only limited clarity and purpose exists.

There is reasonable understanding of purpose.

The purpose of the partnership is very clear.

2. Social Partnership Approach



Recognition and acceptance of the need for social partnership is minimal.

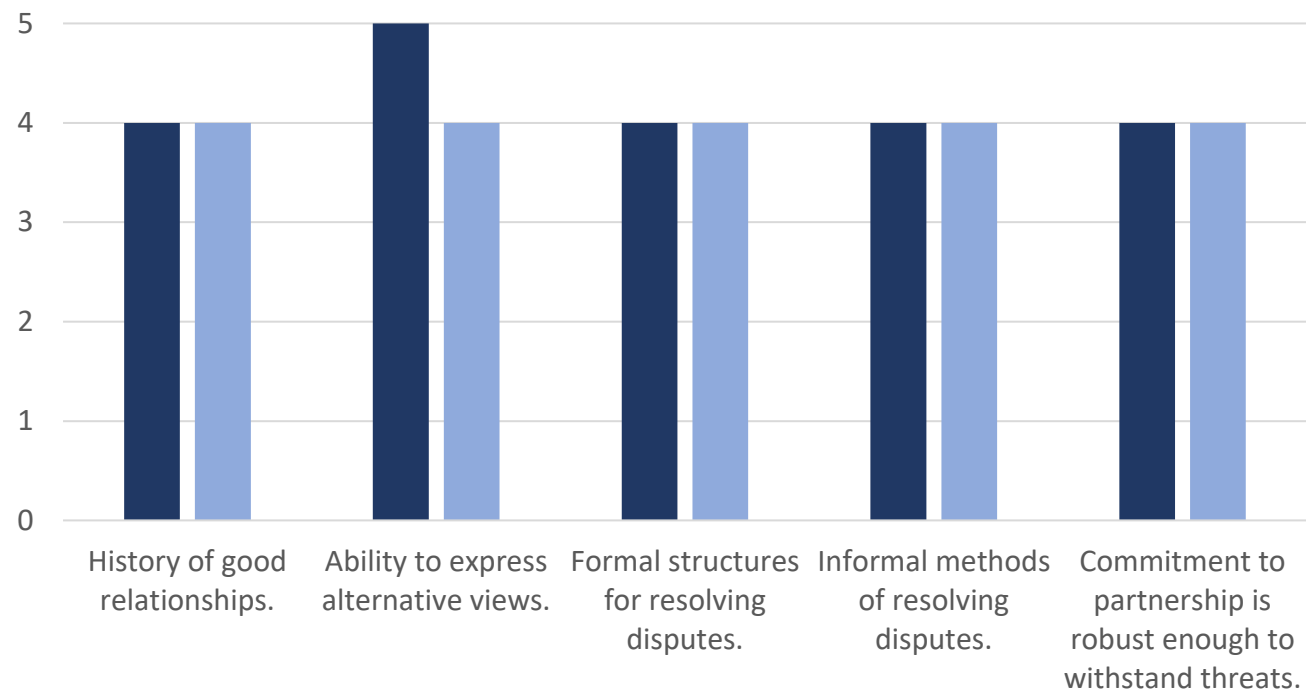
Recognition and acceptance of the need for social partnership is limited in some areas.

The need for social partnership is recognised and accepted.

There is very high recognition and acceptance of the need for social partnership.

Trade Union BCU Management

3. Relationships



Trade Union BCU Management

Relationships amongst partners is poorly developed.

Relationships need building.

Good relationships are in place.

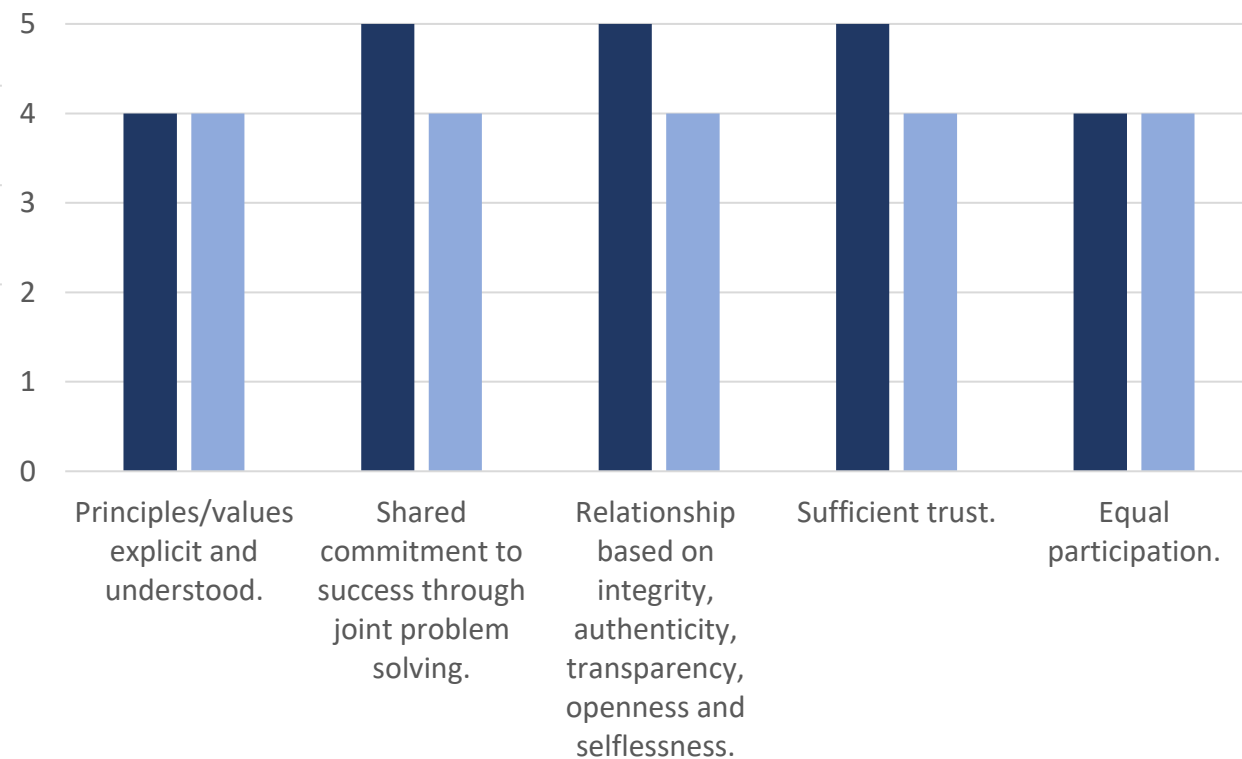
Relationships are very strong and based on mutual trust.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

4. Principles and Values



Trade Union BCU Management

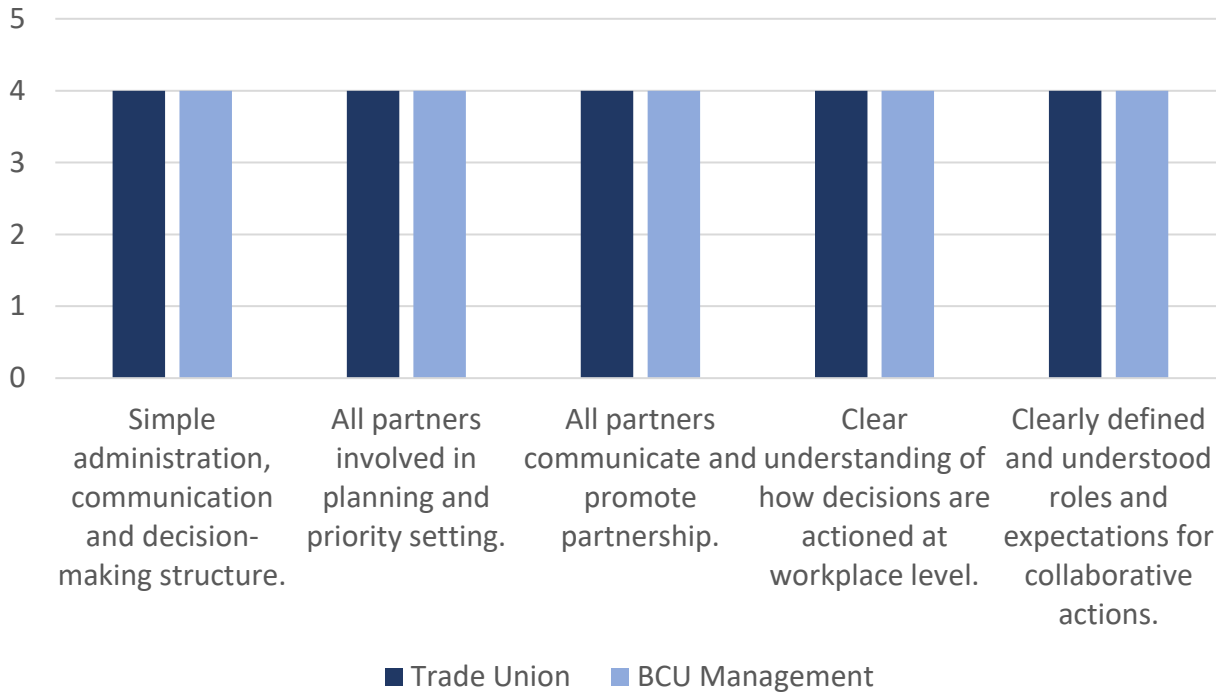
Principles are not well understood and need development.

Work is needed to embed principles for social partnership working.

Principles are understood and show signs of embedding.

Principles are very well understood and embedded.

5. Collaborative Action



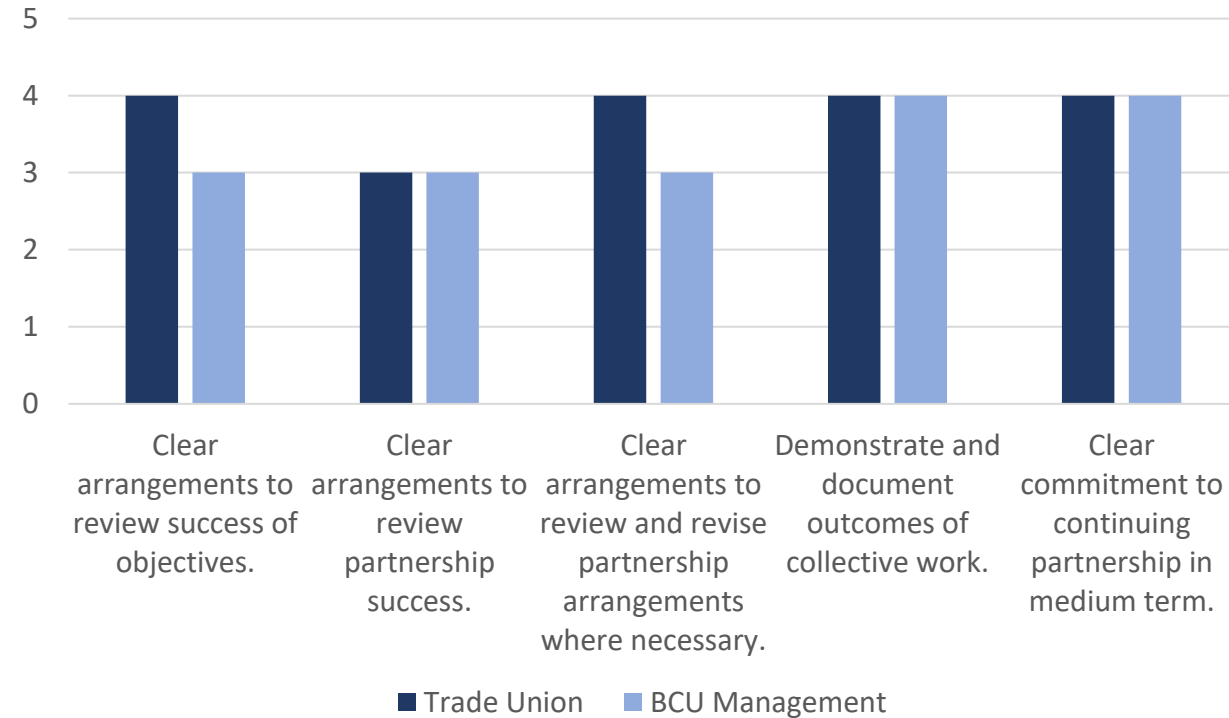
Partnership working arrangements are poor.

Partnership working arrangements are insufficiently clear and robust.

Arrangements for collaborative working are reasonably clear and robust.

Clear and robust arrangements lead to collaborative action.

6. Reviewing Success



Monitoring is poor in most respects or not at all.

The partnership could improve how it monitors and learns from its performance.

The partnership monitors, measures and learns from its performance reasonably well.

The partnership monitors, measures and learns from its performance very well.



Teitl adroddiad: <i>Report title:</i>	Health, Safety and Security Annual Performance Report 2024-25			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 25 September 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of the report is to provide the Health Board with a summary of principal activity and outcomes relating to the management of health and safety at work within Betsi Cadwaladr University Health Board during the financial year 2024-2025.</p> <p>The report summarises the prevailing legislative framework within which health and safety is managed and addressed, and outlines the local governance arrangements that underpin health and safety management within the Health Board.</p>			
Argymhellion: <i>Recommendations:</i>	The Board is asked to accept the ASSURANCE provided in the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Stuart Keen; Director of Environment and Estates			
Awdur yr Adroddiad: <i>Report Author:</i>	Lynne Bushell, Head of Health, Safety and Security with contributions from the Health, Safety and Security Team			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Objective 1: Building an effective organisation Objective 4: Improving Quality, Outcomes and Experience			

Goblygiadau rheoleiddio a lleol:	Stated in the report.
<i>Regulatory and legal implications:</i>	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	No
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	No
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	All risks associated with the subject and scope of this paper are already highlighted and managed through the current risk management structures within the organisation
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	There is no additional costs associated with this paper at this time.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	There are no direct implications associated with this paper at this time.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	CRR 24-15
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<i>Next Steps: Ongoing refinement of this report to support committee oversight</i>	
<i>List of Appendices: Health, Safety and Security Annual Performance Report</i>	

Teitl adroddiad:	Welsh Language Services Annual Monitoring Report 2024-2025
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	25 September 2025
Date of Meeting:	
Crynodeb Gweithredol:	This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account on the compliance with the Welsh Language Standards to the Welsh Language Commissioner (the Commissioner).
Executive Summary:	<p>The Health Board became subject to the Welsh Language Standards on 30 May 2019.</p> <p>Standard 120 which deals with Supplementary Matters stipulates that the Health Board must produce an annual report in relation to each financial year, which describes the compliance in the Health Board with the standards.</p> <p>The annual report must include the following information:</p> <ul style="list-style-type: none"> • The number of complaints received in relation to compliance with the standards • The Welsh language skills of employees • The number of new and vacant posts advertised during the year and the level of Welsh required • Training to improve the Welsh language skills of the workforce <p>This report provides both qualitative and quantitative information and data as required by the Commissioner. It also provides an overview of the strategic direction with regard to Welsh language, supported by quantitative information on the actions undertaken to mainstream and further progress Welsh language projects and initiatives.</p> <p>The Health Board's aim is to ensure that the language needs and preferences of patients influence the planning and delivery of services.</p> <p>This is aligned to the Health Board's overall objectives, aimed at creating a favourable environment where patients and the public are assured of the commitment to deliver language-appropriate care.</p> <p>The following areas have been a priority over the reporting year:</p> <ul style="list-style-type: none"> • Building an effective organisation by ensuring we have a robust self-regulatory framework in place to ensure we are operating in line with our statutory requirements • Developing strategy and long-lasting change by implementing our commitment to deliver on our commitment



within the Health Board's Integrated Medium-Term Plan 2025-2028

- **Creating compassionate culture, leadership and engagement** through organisational development through appropriate models of Welsh language training support to improve the language skills of the current workforce
- **Improving quality, outcomes and experience** by ensuring that staff are aware of the 'Active Offer', with a visible commitment in providing care-centered on language need
- **Establishing an effective environment for learning** through university partnerships, establishing the Welsh language as a beneficial skill when applying for posts within the health sector

In evaluating the current position against the objectives set during the reporting year, the Health Board has accomplished its goal.

Some of these key accomplishments include:

- Improved statutory compliance within the Integrated Health Communities through an intense and comprehensive self-assessment approach
- Improved overall compliance in creating a bilingual corporate identity and language visibility
- Increase in the uptake of Welsh language training, in addition to achieving all training targets established as part of the 'Work Welsh' Agreement for 2024-2025 with the National Centre for Learning Welsh to ensure continuation of funding support
- Awareness training and workshops delivered at the North Wales Medical School, Wrexham University and numerous second and higher educational settings, demonstrating how the Welsh language is used in the workplace
- Conducting a successful staff engagement campaign, 'Use your Welsh', raising awareness of the "Active Offer" sharing positive patient outcomes for improved learning

Information detailed within this report expands on how services have significantly advanced during 2024-2025, setting the platform for further involvement over the next reporting year.

An additional report is also presented as part of the Welsh Government's 'More than just words' Five-Year Plan reporting requirements. The 'More than just words' Update Report 2024-2025 provides an overview of actions achieved during the reporting year to address the objectives within the plan.

As the Welsh Government has somewhat aligned the objectives with the Welsh Language Standards, the Health Board's Welsh Language Services annual plan has been updated to incorporate these objectives.

Therefore, the content of both reports are aligned. The reporting formats differ slightly as reporting mechanisms are set by the Welsh Language Commissioner and the Welsh Government respectively.



Argymhellion: Recommendations:	<p>The Board is asked to approve the Welsh Language Services Annual Monitoring Report 2024 - 2025 for publication and submission to the Welsh Language Commissioner's Office.</p> <p>The Board is also asked to approve the 'More than just words' 2024 Update Report for submission to the Welsh Language Policy Unit at the Welsh Government's Health and Social Services Department.</p>			
Arweinydd Gweithredol: Executive Lead:	<p>Teresa Owen, Executive Director of Allied Health Professionals and Health Science</p>			
Awdur yr Adroddiad: Report Author:	<p>Eleri Hughes-Jones, Head of Welsh Language Services</p>			
Pwrpas yr adroddiad: Purpose of report:	<p>I'w Nodi <i>For Noting</i> <input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/></p>	
Lefel sicrwydd: Assurance level:	<p>Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	<p>All</p>			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	<p>The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011.</p> <p>This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales.</p> <p>The Measure also:</p>			



	<ul style="list-style-type: none">• created the procedure for placing duties on organisations in the form of Welsh Language Standards (“the Standards”)• established the role of the Welsh Language Commissioner (“the Commissioner”) to scrutinise compliance• gave the Commissioner power to investigate any allegations of interference with someone’s freedom to use the Welsh language
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	N/A
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	N/A
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>The potential of failure to comply with the statutory duties (Welsh Language) placed on the Health Board is recorded on the risk register. Welsh Language Services actions have been identified to control and mitigate any potential areas of concern.</p> <p>This matter is currently logged on the Welsh Language Services Risk Register and is at its target moderate risk level with a score of six. Actions have been identified to control and mitigate any potential areas of concern.</p> <p>The Risk Register is scrutinised quarterly and any issues of significance or concern are escalated to the Welsh Language Strategic Forum for consideration.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	There are no immediate financial implications.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	There are no immediate workforce implications.



Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (<i>or links to the Corporate Risk Register</i>)	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
<i>Next Steps:</i> <ul style="list-style-type: none">• Publish the Welsh Language Services Annual Monitoring Report 2024 – 2025 on the Health Board's website and submit to the Welsh Language Commissioner's Office• Submit the 'More than just words' 2024 – 2025 Update Report to the Welsh Language Policy Unit at the Welsh Government's Health and Social Services Department	
List of Appendices: Appendix 1 – Welsh Language Services Annual Monitoring Report 2024-2025 Supporting Papers: Appendix 2 – 'More than just words' Update Report 2024-2025	



Teitl adroddiad: <i>Report title:</i>	Strategic Equality Annual Report 2024-25
Adrodd i: <i>Report to:</i>	Health Board Meeting
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 25 September 2025
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This paper presents the Strategic Equality Annual Report to the Board for review and approval. As a public document, it provides assurance on the delivery of the Health Board's Equality Plan for the year ending 31 March 2025.</p> <p>The People and Culture Committee reviewed the Report at the last meeting in August 2025.</p> <p>In line with statutory requirements, Betsi Cadwaladr University Health Board (BCUHB) must publish an Equality Annual Report each year. This report outlines the equality-related activities and achievements undertaken between 1 April 2024 and 31 March 2025, demonstrating compliance with legal duties and progress against the first year of the Strategic Equality Action Plan 2024–2025.</p> <p>Progress Against Strategic Objectives</p> <p>During 2024/25, the Health Board agreed 30 Strategic Equality Plan (SEP) priorities aligned to the Health Board five strategic objectives:</p> <p>1. Building an Effective Organisation</p> <p>Key achievements include:</p> <ul style="list-style-type: none">• Development of an evidence-based engagement programme informed by Health Needs Assessments to reach underserved groups.• Implementation of the BCUHB LGBTQ+ Action Plan.• Enhancement of digital systems to record patient and workforce equality data.• Adoption of the Equality Outcomes Framework across directorates.• Embedding an equality and human rights-based framework for inclusive decision-making. <p>The education sessions for the Board over and above the mandatory training have not been delivered in 2024/25, discussions have taken place with the Chair and Director of</p>

Corporate Governance how best to deliver these. This is being addressed as part of the development sessions.

2. Developing Strategy and Long-Lasting Change

Progress includes:

- Supporting the Regional Partnership Board with an equality function to improve health outcomes.
- Implementing the BCUHB Code of Practice for Autism Services.
- Reviewing findings from the Welsh Government Disability Rights Taskforce.
- Ensuring accessible information in line with the Accessible Communication Standards, BSL Charter, and Welsh Language Standards.
- Embedding Children's Rights principles across transformation programmes.
- Initiating rollout of the **My Health Passport – All About Me** across Primary and Secondary Care.

3. Creating Compassionate Culture, Leadership and Engagement

Highlights:

- Visibility of cultural celebrations and inclusion campaigns supported by Staff Equality Networks.
- Co-production initiatives with clinical teams and external stakeholders.
- Continued engagement with the Wales NHS Equality Leadership Group.
- Integration of equality principles into the BCUHB culture change programme.
- Expansion of the Equality and Inclusion Champions network.

Additionally, the Health Board reviewed its **Organisational Values and Behaviours**, aligning them with the Three-Year Plan and Strategic Equality Objectives.

4. Improving Quality, Outcomes and Experience

Equality and human rights compliance directly impacts patient, carer, and staff experiences. Key actions include:

- Advancing the 8 priority areas of the NHS Wales Women's Health Plan 2025–2035.
- Collaborating through the Well North Wales programme to reduce health inequalities.
- Launching the North Wales Accessibility Panel project.
- Delivering the Digital Inclusion Programme.

	<ul style="list-style-type: none"> • Promoting equality campaigns aligned to strategic priorities. • Targeting health inequalities in vulnerable groups. <p>5. Establishing an Effective Environment for Learning</p> <p>Innovative projects have supported the SEP and Welsh Government equality plans. Strong partnerships with Bangor University and Wrexham Glyndŵr University have enabled:</p> <ul style="list-style-type: none"> • Equality and inclusion training for student nurses. • Collaborative research projects. <p>Key priorities include:</p> <ul style="list-style-type: none"> • Delivering regular equality education sessions to the Board. • Increasing awareness of equality campaigns. • Reducing health inequalities in vulnerable groups. <p>In 2024/25, BCUHB focused on embedding Equality, Diversity, and Inclusion across workforce and service delivery. Staff efforts have strengthened compliance with the Equality Act 2010, building on previous progress. The Health Board will continue into Year 2 of the four-year Equality Plan, guided by best practice and innovation.</p> <p>Key Priorities for 2025/26</p> <ol style="list-style-type: none"> 1. Review inclusive recruitment, progression, and retention practices. 2. Improve baseline equalities data and analysis. 3. Analyse equality-based pay gap data. 4. Enhance engagement with underrepresented groups. 		
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve the content of the Annual Equality Report for 2024/25; and • Agree the priorities for 2025/26 		
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Georgina Roberts, Interim Executive Director of People Services & Organisational Development</p>		
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Ceri Harris – Head of Equality and Human Rights</p>		
<p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>

Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	<ol style="list-style-type: none"> 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 			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	<p>Equality Act 2010 Including the Public Sector Duty and Socio-economic Duty Human Rights Act 1998 Wellbeing of Future Generations Wales Act 2015</p>			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	<p>Yes</p>			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	<p>Yes</p>			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	<p>The risks associated with this paper are:</p> <p>1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011</p> <p>4986</p>			

	Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	The Strategic Equality Annual Report contains activities for the past financial year, therefore there are no implications regarding the current report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Ongoing links between Workforce, via People Plan, Culture and Values Behaviours, Foundations for the Future alongside the Health Boards Strategic Equality Objectives and Plan 2024-28, Welsh Government strategic documents such as Anti-racist Action Plan, including the Workforce Race Equality Standards, LGBTQ+ Action Plan, Women's Plan etc
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	<p>The draft Strategic Equality Annual Report 2024-25, has been presented to Executive Team and People and Culture Committee, with feedback provided.</p> <p>There has been a revision of the Public Health information in the report. Agreement to work over the next 12 months with key areas on development of baseline data, analysis of inequalities and measurable outcomes.</p>
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Risks identified above.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Amherthnasol Not applicable
Next Steps: Following approval from the Board, the report will be published.	
Rhestr o Atodiadau: Dim List of Appendices: None	

Teitl adroddiad: Report title:	Annual Reports 2024-25 - Duty of Candour Report - Putting Things Right Report			
Adrodd i: Report to:	Health Board			
Dyddiad y Cyfarfod: Date of Meeting:	25 th September 2025			
Crynodeb Gweithredol: Executive Summary:	<p>As part of The Health and Social Care (Quality and Engagement) (Wales) Act 2020, The Health and Social Care (Community Health and Standards) Act 2003 and The Duty of Quality Statutory Guidance 2023 the Health Care Quality Standards 2023 sets out the requirements of NHS bodies to publish an annual report on the steps they have taken to comply with the Duty of Quality – Annual Duty of Candour Report and Putting Things Right Report</p> <p>The Health Board is also required under the same act, to report annually on compliance with the Duty of Candour. The Duty of Candour guidance recommends that this is included alongside the Putting Things Right Report which is published each year.</p> <p>In terms of what needs to be included within the report, the duty outlines the following:</p> <ul style="list-style-type: none"> • A look back at what has been achieved, including where things may not have gone well. • A look forward about the organisation’s 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. 			
Argymhellion: Recommendations:	The Board is asked to provide feedback on the contents in order to finalise the Annual Reports 2024-25, Duty of Candour Report, Putting Things Right Report and the Board is asked to approve the annual reports.			
Arweinydd Gweithredol: Executive Lead:	Angela Wood, Executive Director of Nursing and Midwifery			
Awdur yr Adroddiad: Report Author:	Joanne Kendrick, Head of Quality Erika Dennis, Lead Quality Manager Leon Marsh, Head of Patient Experience <i>With contributions from across the Health Board</i>			
Pwrpas yr adroddiad: Purpose of report:	I’w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/ tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>			
N/A			
<p>Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):</p>		<p>Outcome 4 - Improved access, outcomes and experience for citizens</p> <p>Outcome 5 - Recognition of BCU as a learning and self-improving organisation</p>	
<p>Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:</p>		<p>The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020.</p> <p>The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards.</p> <p>Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.</p>	
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>		N/A	
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?</p>		N/A	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>		<p>BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement</p> <p>Local Risk - 5634</p>	
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations</p>		N/A	
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations</p>		N/A	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation</p>		N/A	

<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)</p>	<p>Information intended for future publication, currently in draft format and not at the stage for sharing more widely.</p>
<p>Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations N/A</p>	
<p>Rhestr o Atodiadau: List of Appendices:</p> <ol style="list-style-type: none"> 1. Duty of Candour Report Annual Report 2. Putting Things Right Report Annual Report 	



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date		25/09/2025	
Date of Committee		07/08/2025	Report of: Mental Health Legislation Committee
Quoracy met:		Yes	
1	Agenda	The Mental Health Legislation Committee (MHLC) continues to meet quarterly. The Committee considered an agenda which is attached: MHL Committee – BCUHB	
2a	Alert	The MHL Committee wish to alert members of the Board that: <ul style="list-style-type: none">• It has emerged that a number of extensions of detentions under Section 3 of the Mental Health Act (MHA) were legally flawed. There is no evidence of harm to patients and all of the patients were subsequently given new MHA Assessments with Sections confirmed. The mistake has been disclosed to patients and their relatives and to the Mental Health Tribunal and action has been taken to prevent similar occurrences in future.• The number of out of area placements of patients detained under the MHA has again increased, though still below the very high levels seen last autumn. This is of concern because we do not have the same level of assurance that all the provisions of the Act are being appropriately observed.	
2b	Assurance	The MHL Committee wish to assure members of the Board that: <ul style="list-style-type: none">• There continue to be improvements with regard to the uptake of training in respect of the Mental Capacity Act (MCA), the proportion of Deprivation of Liberty Safeguards (DoLS) assessments with errors identified when checked, and the number of trained Best Interest Assessors (BIA) within the Health Board.• Staffing within the MHA Legislation Management team is now back to acceptable levels, though the longer-term issue of how to ensure cover for highly specialised staff roles remains.• The Associate Hospital Managers continue to play a crucial role in ensuring MHA compliance (and identified the issue referred to above). The Board owes a significant debt of gratitude to the unpaid individuals who undertake this role, and it is essential we address administrative issues which make recruitment to these positions difficult.	
2c	Advise	The MHL Committee wish to advise members of the Board that: <ul style="list-style-type: none">• The Committee had a discussion over the average length of detentions under the MHA, noting that in some particularly difficult cases such detentions could be of considerable length	

		<p>(more than a year)., It agreed to have a workshop session to understand more about the circumstances in which lengthy Sections are necessary.</p> <ul style="list-style-type: none"> • The Committee considered the current 'easy read' materials (produced by the Welsh Government/NHS Executive) made available to patients outlining their rights and will offer to contribute to a redrafting of them which we think is overdue.
2d	Review of Risks	<ul style="list-style-type: none"> • The Committee was made aware of a risk arising from the difficulty in staffing the CAMHS out of hours clinical rota. While this is an operational matter, the Committee suggested a further avenue to explore and asked to be updated on the issue. • The Committee is concerned about the risk to the Independent Mental Capacity Act Advisory service as a result of procurement challenges and would encourage the Executive Committee to resolve these issues as soon as possible.
2e	Sharing of learning	N/A
3	Actions to be considered by the Board/Other Committee	<ul style="list-style-type: none"> • To consider inviting the Associate Hospital Managers to a planned Informal Board session on mental health legislative requirements. • The Committee wishes to seek assurances from the Executive Committee regarding the CAMHS out of hours clinical rota.



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	25/09/2025		
Date of Committee	02/09/2025	Report of:	Charitable Funds Committee
Quoracy met:	Yes		
1	Agenda	The Charitable Funds Committee continues to meet quarterly. The Committee considered an agenda which is attached: Charitable Funds Committee - BCUHB	
2a	Alert	The Charitable Funds Committee wish to alert members of the Board that: <ol style="list-style-type: none">1. The recruitment process is underway to replace the recently vacant posts within the team.2. The tender exercise had been completed with Brewin Dolphin successfully achieving the Investment Manager contract.	
2b	Assurance	The Charitable Funds Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. The Committee received a detailed update from the Investment Managers and understood the overseas political impact on the Market.2. The Finance Report for Quarter 1 was received without concern.	
2c	Advise	The Charitable Funds Committee wish to advise members of the Board that: <ol style="list-style-type: none">1. A Committee workshop is due to take place in November 2025.	
2d	Review of Risks	The Committee reviewed Investment Managers Report including the approach to market risks.	
2e	Sharing of learning	No specific areas of learning were highlighted.	
3	Actions to be considered by the	There were no items to be referred.	



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	25/09/2025		
Date of Committee	01/09/2025	Report of:	Stakeholder Reference Group
Quoracy met:	Yes		
1	Agenda	The Stakeholder Reference Group (SRG) continues to meet quarterly and the Group considered the agenda below: SRG - BCUHB	
2a	Alert	There were no items that the SRG wish to alert to members of the Board.	
2b	Assurance	The SRG wish to assure members of the Board that: <ul style="list-style-type: none">• The SRG felt assured by the high-level Special Measures update.	
2c	Advise	The SRG wish to advise members of the Board that: <ul style="list-style-type: none">• Members requested direct evidence of improvements for areas not in Special Measures.	
2d	Review of Risks	The SRG reviewed the risks and wished to advise the Board that representation from both children and homeless organisations were missing from the SRG membership and that work was underway to rectify this.	
2e	Sharing of learning	No specific areas of learning were asked to be shared.	
3	Actions to be considered by the People & Culture Committee	There were no actions to be considered or referred to another Committee.	



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	25/09/2025		
Date of Committee	05/08/2025	Report of:	Local Partnership Forum
Quoracy met:	Yes		
1	Agenda	The Local Partnership Forum (LPF) continues to meet quarterly. The Forum considered an agenda which is attached: LPF - BCUHB	
2a	Alert	The LPF wish to alert members of the Board that: 1. A review of meeting formats to be held to ensure meetings are not hampered by being hybrid.	
2b	Assurance	The LPF wish to assure members of the Board that: 1. To increase staff participation with the Staff Survey, Directors and managers will be held formally accountable for achieving a minimum participation rate of 23% within their respective areas of responsibility	
2c	Advise	The LPF wish to advise members of the Board that: 1. Workforce will be doing a deep dive into the ECR process with a view to streamlining processes	
2d	Review of Risks	There were no risks shared.	
2e	Sharing of learning	There was nothing to be shared.	
3	Actions to be considered by the People & Culture Committee	There were no actions to be considered or to be referred to another Committee.	

Teitl adroddiad: <i>Report title:</i>	EXECUTIVE COMMITTEE			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 25 September 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>Since the last Executive Committee report to Board in July, the Executive Committee has convened on 23rd July, 6th August, 27th August.</p> <p>These meetings have focused on strategic service developments, governance enhancements, and financial oversight aligned with the Health Board's priorities.</p> <p>Members are asked to note the report and the progress made across key areas of transformation and governance</p>			
Argymhellion: <i>Recommendations:</i>	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE the report from the Executive Committee. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive Officer			
Awdur yr Adroddiad: <i>Report Authors:</i>	Catrin Williams, Head of Corporate Office			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence /</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

	<i>evidence in delivery of existing mechanisms / objectives</i>	<i>delivery of existing mechanisms / objectives</i>	
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>			
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This work links to all strategic objectives of the Health Board.</p>		
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>		
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>This is not applicable for this report.</p>		
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This is not applicable for this report.</p>		
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>This content of the report aligns work relating to, amongst other elements, corporate risks and board assurance framework, as the Committee oversees delivery of the healthboard strategic objectives and management of the organisation.</p>		
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The effective management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste</p>		

<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to have effective leadership Corporate Governance can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>None</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Next Steps:</p> <ul style="list-style-type: none"> To continue to improve and report on the leadership, management and oversight of delivering the organisations strategic objectives. 	
<p>List of Appendices:</p> <p>None</p>	

EXECUTIVE COMMITTEE REPORT

Since the last Executive Committee report to Board in July, the Executive Committee has convened on 23rd July, 6th August and 27th August.

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.

1.0 Meeting held on 23rd July 2025

1.1 Contracts & Capital Approvals

1.1.1 Social Prescribing Funding Allocation

The Committee endorsed a new initiative in Anglesey to expand social prescribing services, developed in partnership with local authorities and community organisations.

1.1.2 Social Prescribing Contracts 2025/26

The initiative will extend services to children and young people. Members emphasised the need for equitable distribution across North Wales.

The Committee approved commissioning approach and noted alignment with strategic objectives.

1.1.3 Ty Croes Atti Residential Home

Proposal to increase bed capacity from 31 to 56 was supported. The facility aligns with reablement and intermediate care priorities.

The Committee supported expansion, confirmed funding from existing delegated budget and endorsed financial accountability principles.

1.2 Emergency Preparedness Resilience and Response Annual Report (EPPR)

The Executive Committee received a report on the progress in relation to emergency preparedness noting that whilst progress has been made there were still risks that were being managed. The Committee discussed the need for clearer reporting and alignment with English EPPR standards and to provide an assessment where the Health Board was against these standards. It was noted that the report would then be considered by the Planning, Partnership and Population Health Committee prior to approval by the Board.

1.3 Governance and Risk

The Executive Committee received the following reports:

- Compliance against the Freedom of Information Act and Subject Access Request along with the report from the Information Governance Group;
- Draft response to the Staff Survey 2024 The Committee reviewed the draft organisational response. Members called for a more strategic and inclusive

approach, moving away from “You Said, We Did” language. Concerns were raised about low response rates and the need for cultural change.

- Findings from the **winter debrief** were discussed. Members emphasised the need for clearer recommendations and integration into the 2024/25 winter plan

1.4 GP Salary Scale

The Committee approved implementation of the national GP salary scale for Health Board-managed services.

2.0 Meeting held on 6th August 2025

2.1 Governance and Risk

The Executive Committee received:

- A proposal to establish a **Discovery & Learning Group** to support organisational learning from external reports and inquiries was approved. The group will convene as needed and will produce a report to the Executive Committee (or relevant group).
- Report from the **Chief Pharmacist** on regulatory risks and supported the action taken. It was agreed that oversight will be report through the Quality Delivery Group, and a Chief Pharmacist report will be developed.
- Members received an update on the progress made against the recommendations outlined in the **Job Planning** Internal Audit Report. It was noted that further development is required before the report is presented to the People and Culture Committee. This will ensure that it provides appropriate assurance and robust evidence of delivery against the agreed recommendations.

2.2 Scheme of Reservation and Delegation (SORD)

The Executive Committee received the updated SORD and Standing Financial Instructions (SFIs) as part the annual review; noting the changes that had been made include the financial delegations to align with the oracle approval. Members discussed in detail and supporting the changes for onward consideration by Audit Committee.

3.0 Meeting held on 27th August 2025

Governance and Risk

- Terms of Reference for the **Executive Policy Oversight Group** were approved. The group will oversee policy development and impact assessments, with plans to evolve into a strategic governance function.
- Proposals for changes to the **Redress Process** were agreed which included the digitisation, standardised forms, and a matrix to resolve backlog cases.
- The **Legal Services Quarterly Report** was received which aims to improve visibility of legal matters and will evolve with better governance and financial tracking.

- The Committee reviewed the expired **Section 33 agreement** and supported strengthening it to ensure financial safeguards and compliance. A summary of all Section 33 agreements will be compiled.
- Report from the Risk Scrutiny Group highlighted risks in gastroenterology, diagnostics, and vascular services. The Committee supported continued deep dives and refinement of escalation thresholds.
- Report from the **Strategic Planning & Service Change Group** noted in engagement and agenda delivery. The Committee supported refining delivery confidence ratings and aligning reporting with strategic intent.
- Terms of Reference for the **Tywyn & Penley Oversight Group** were reviewed and agreed some amendments to ensure that the scope was in accordance with the governance arrangements agreed by the **Strategic Planning and Service Change Group**. The group will not hold delegated powers and will focus on learning from service change processes.

3.9 Annual Delivery Plan Q1 Report

The Q1 report was reviewed. Members supported a more strategic and integrated approach to performance reporting.

3.10 Partnership, Engagement & Communication (PEC) Report

The monthly PEC report was received. Members welcomed the update and invited feedback for future iterations.

3.11 Llais Report & BCUHB Maternity Services Update

Following the Llais report into Swansea Bay maternity services, BCUHB developed an action plan and shared it nationally. The report contributes to assurance mechanisms.

3.14 Women's Health Plan

Final draft approved for submission to Welsh Government. Clarified that the plan does not imply funding commitment within the current IMTP. It was noted that progress against the Women's Health Board will be overseen by the Quality and Safety Committee.