

## **Bundle Health Board 27 March 2025**

- 1 PRELIMINARY MATTERS
  - 1.1 09:30 - 25/41 - Welcome, introductions and apologies for absence  
*Chair*
  - 1.2 09:35 - 25/42 - Declarations of interest relating to agenda  
*Chair*
  - 1.3 09:37 - 25/43 - Minutes of the previous meeting held on 30 January 2025  
*Chair*  
25.43 - Minutes of the previous meeting held on 30 January 2025
  - 1.4 09:42 - 25/44 - Action Log  
*Chair*  
Summary Action Log Health Board (Updated 19.03.25) Public
  - 1.5 09:44 - 25/45 - Experience Item  
*Verbal Item*
  - 1.6 09:59 - 25/46 - Chair's Report  
*Chair*  
25.46 - Chair's Report
  - 1.7 10:09 - 25/47 - Chief Executive's Report  
*Chief Executive*  
25.47 - Chief Executive's Report
  - 1.8 10:19 - 25/48 - Vice Chair's Report  
*Vice Chair*  
25.48 - Vice Chair's Report
- 2 STRATEGIC DIRECTION
  - 2.1 25/49 - Progress of the Health Board  
*Chief Executive*
    - 2.1.1 10:29 - 25/50 - Special Measures Progress Report  
*Chief Executive*  
25.50 - Special Measures Progress Report
    - 2.1.2 10:44 - 25/51 - Annual Audit Letter  
*Audit Wales*  
25.51 - Annual Audit Letter  
25.51 - Annual Audit Letter Appendix 1 Annual Audit Report  
25.51 - Annual Audit Letter Appendix 2 Structured Assessment 2024
    - 2.1.3 10:59 - 25/52 - Board Effectiveness  
25.52 - Board Effectiveness
  - 2.2 11:09 - Comfort Break
  - 2.3 11:19 - 25/53 - Integrated Medium Term Plan (IMTP)  
*Chief Executive*  
FINAL - 2025-03-27 - Health Board Paper - 3-Year Plan Cover Sheet  
2025-28 Three Year Plan v3 5 (Board Version 2025-03-27)  
Appendix 1 - A Healthier Wales refreshed actions  
Appendix 2 - Cabinet Secretary Enabling Actions baseline assessment  
Appendix 3 - Cabinet Secretary Delivery Expectations trajectories  
Appendix 4 - Special Measures De-escalation Criteria
  - 2.4 12:04 - 25/54 - North Wales Medical School  
*Interim Executive Medical Director*  
25.54 - North Wales Medical School (2)

- 2.5 12:19 - 25/55 - Equality Annual Report  
*Deputy Director of People/Associate Director of People Services*  
25.55 - Equality Annual Report
- 3 IMPROVING QUALITY
- 3.1 12:34 - 25/56 - Chair's Assurance Report : Quality, Safety and Experience Committee  
25.56 - Chair's Assurance Report Quality, Safety and Experience Committee
- 3.2 12:44 - 25/57 - Improving Quality Report  
*Executive Director of Nursing and Midwifery*  
25.57 - Improving Quality Report
- 4 12:59 - Lunch
- 5 INTEGRATED PERFORMANCE AND FINANCE
- 5.1 13:19 - 25/58 - Chair's Assurance Report : Performance, Finance and Information Governance Committee  
*Vice Chair*  
25.58 - Chair's Assurance Report Performance, Finance and Information Governance Committee
- 5.2 13:29 - 25/59 - Financial Performance 2024/25 monthly report  
*Executive Director of Finance*  
25.59 - Financial Performance 2024-25 monthly report  
25.59 - a Financial Performance 2024-25 monthly report
- 5.3 13:44 - 25/60 - Integrated Performance Report  
*Director of Performance and Commissioning*  
25.60 - Integrated Performance Report  
25.60 - Integrated Performance Report
- 5.4 13:59 - 25/61 - Capital Update and Programme for 2025 - 2030  
*Director of Environment and Estates*  
25.61 - Capital Update and Programme for 2025 - 2030
- 6 GOVERNANCE & ASSURANCE
- 6.1 14:09 - 25/63 - Chair's Assurance Report : Audit Committee  
25.63 - Chair's Assurance Report Audit Committee
- 6.2 14:19 - 25/64 - Corporate Governance Report  
*Director of Corporate Governance*  
*Standing Orders & Standing Financial Instructions*  
*Terms of Reference*  
25.64 - Corporate Governance Report
- 6.3 14:29 - 25/65 - Corporate Risk Register  
*Director of Corporate Governance*  
25.65 - Corporate Risk Register
- 6.4 14:39 - 25/66 - Chair Reports of Committees and Advisory Groups  
*Remuneration Committee*  
*Mental Health Legislation Committee*  
*People and Culture Committee*  
*Planning, Public Health and Partnerships Committee*  
*Local Partnership Forum*  
*Healthcare Professionals Forum*  
*Stakeholder Reference Group*  
*Executive Committee*  
25.66 - 1 - Chair Reports of Committees and Advisory Groups - Remuneration Committee  
25.66 - 2 - Chair Reports of Committees and Advisory Groups - MHL Committee

25.66 - 3 - Chair Reports of Committees and Advisory Groups - P&C Committee  
25.66 - 4 - Chair Reports of Committees and Advisory Groups - PPHP Committee.  
25.66 - 5 - Chair Reports of Committees and Advisory Groups - LPF  
25.66 - 6 - Chair Reports of Committees and Advisory Groups - HPF  
25.66 - 7- Chair Reports of Committees and Advisory Groups - SRG  
25.66 - 8- Chair Reports of Committees and Advisory Groups - Executive Committee

7 14:49 - OTHER MATTERS

7.1 25/67 - Any other business  
*Chair*

7.2 25/68 - Review of Meeting Effectiveness  
*Chair*

7.3 25/69 - Date of next meeting - 29 May 2025  
*Chair*

7.4 25/70 - Resolution to Exclude the Press and Public  
*"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."*

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Unconfirmed Minutes of the Health Board**  
**held in Public on 30<sup>th</sup> January 2025**  
**at Venue Cymru**

<b>Board Members present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Edwards	Chair
Dr Sreeman Andole	Interim Executive Medical Director
Karen Balmer	Independent Member
Clare Budden	Independent Member
Russell Caldicott	Interim Executive Director of Finance
Imran Devji	Interim Chief Operating Officer
Urtha Felda	Independent Member
Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Chris Lothian-Field	Independent Member
Dr Jane Moore	Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Mike Parry	Associate Member (Chair of Stakeholder Reference Group)
Fôn Roberts	Associate Member (Representing Directors of Social Services)
Carol Shillabeer	Chief Executive
Dr Chris Stockport	Executive Director Transformation & Strategic Planning
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Jane Wild	Associate Member (Chair of Healthcare Professionals Forum)
Gareth Williams	Vice Chair
<b>In Attendance</b>	
Philippa Peake-Jones	Head of Corporate Affairs
Steve Powell	Director Performance and Commissioning
Dylan Roberts	Chief Digital and Information Officer
Georgina Roberts	Associate Director - People Services
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Leon March	Head of Patient Experience
Chris Lynes	Deputy Executive Director of Nursing
Ros Alstead	Expert Advisor
Dr Jim McGuigan	Deputy Medical Director
Paolo Tardivel	Director of Transformation & Improvement
Nesta Collingridge	Head of Risk Management
Llinos Roberts	Executive Business Manager (Chair's Office)
Laura Jones	Project Support Manager (Corporate Governance)

<b>Agenda Item</b>
<b>PRELIMINARY MATTERS</b>
<p><b>25/01 Welcome, Introductions and Apologies for Absence</b></p> <p>The Chair welcomed members, observers and members of the public to the meeting.</p> <p>Apologies were received from Jason Brannan, Deputy Director of People (Georgina Roberts deputising), Pam Wenger, Director of Corporate Governance (Philippa Peake Jones and Nesta Collingridge deputising), and Angela Wood, Executive Director of Nursing and Midwifery (Chris Lynes deputising).</p>
<p><b>25/02 Declarations of Interest Relating to the Agenda</b></p> <p>No declarations of interest for items on the agenda were received.</p>
<p><b>25/03 Unconfirmed Minutes of the Health Board meeting held on 28th November 2024.</b></p> <p>It was resolved that the Board:</p> <ul style="list-style-type: none"> <li>• <b>AGREED</b> that the minutes of the Health Board meeting held on 28th November 2024 were a true and accurate record.</li> </ul>
<p><b>25/04 Matters Arising and Action Log</b></p> <p>Members received the action log and noted the progress against the actions.</p> <p>It was resolved that the Board:</p> <ul style="list-style-type: none"> <li>• <b>AGREED</b> the updates provided.</li> </ul>
<p><b>25/05 Patient Experience Story – Mike’s Story</b></p> <p>The Deputy Executive Director of Nursing introduced the Patient Experience video presentation based on Mike’s patient pathway and the impact on himself and his family.</p> <p>Members welcomed the presentation and <b>noted</b>:</p> <ul style="list-style-type: none"> <li>• The importance of joining the organ donation register to provide life changing support for others.</li> <li>• The positive experience and excellent care provided within the hospital and home setting for the patient as well as the need to ensure family and friends are also supported during this time.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>25/05.1</b> Executive Director of Allied Health Professions and Health Sciences to provide feedback on the video presentation and discussion to the Organ Donation Committee.</li> </ul> <p>It was resolved that the Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report.</li> </ul>

## 25/06 Chair's Report

The Board received the report and the Chair highlighted:

- Regular meetings continue to be held with the Cabinet Secretary and Welsh Government around performance, and the need to improve productivity.
- Attendance at the Clinical Leadership Conference and Orthopaedic Workshop. These were key events in the Health Board's diary and stressed the importance of leadership and learning across the organisation.
- Attendance at an Arts and Minds event at Ty Llywelyn around supporting individuals and acknowledging the importance of arts as a central role in the care and treatment for our patients.
- Visited Ysbyty Gwynedd on Christmas Day to thank staff on behalf of the Board for their work over the course of the year and their ongoing support at what remained a difficult time due to pressures on services. The Chair thanked members of the public also for their patience in accessing services.

It was resolved that the Board:

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

## 25/07 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

- The request to approve the Terms of Reference for the newly established Executive Committee. The establishment of the Committee would demonstrate how the Executive would be taking work forward aligned to the Annual Plan and linking in with Groups that feed in to the Executive Committees.
- Following the bi-annual meeting of the BCU/WG Joint Executive Team (JET) meeting a summary of progress made against the Special Measure milestones was shared.
- The formal appointment of Dr Jane Moore as Executive Director of Public Health.
- The departure of Dr Chris Stockport, Executive Director Transformation & Strategic Planning to take up a new post with Manx Care.
- The significant challenges that had been faced following disruption caused by the recent storms and water / electricity outage. It was noted that the Major Incident Plan had been instigated to manage this and significant work had been undertaken in strengthening emergency preparedness. A report focusing on this area would be brought to a future Board meeting prior to submission to WG.
- The progress of work on the Electronic Health Record programme with an Outline Business Case being prepared for March 2025.
- The recognition of Trystan Lewis, Senior Business Support Manager (Estates) in the King's Honours and being awarded with a BEM.
- The continuation of performance and winter pressures and extended thanks to the staff for their continued work and support.

In discussing the report the Board:

- Referred to the Executive Committee noting the revised approval levels included in the Scheme of Delegation (SORD) would be reviewed further in three months' time to ensure the correct controls were in place. With regard to the Individual Patient Commissioning Arrangements, it was noted that this process was in place for specialist treatment by exception only.

- Highlighted the Major Incident Plan / Emergency Preparedness and noted that following the disruptions and implementation of the plan, the process is being reviewed and an assessment would come back to the Board in due course.
- Suggested Trystan Lewis attend a future meeting of the Board / appropriate Committee to share the exceptional work completed in relation to environmental issues.
- Referred to the issues of reinforced autoclaved aerated concrete (RAAC) within the Pathology Department at the Wrexham Maelor Hospital. Members were assured that measures had been put in place to ensure the space was safe to operate in. A specialist external contractor had undertaken a full structural review to ensure a more permanent solution and it was noted that WG had been involved with this work.

**Action:**

- **25/07.1** Invite Trystan Lewis to attend a future meeting of the Board / appropriate Committee to share the work completed in relation to environmental issues.

It was resolved that the Board:

- **DISCUSSED** and **NOTED** the report.
- **APPROVED** the Terms of Reference for the Executive Committee and minor changes to the Scheme of Delegation, pending further review of the Scheme of Delegation.

**25/08 Vice Chair's Report**

The Board received the report and the Vice Chair highlighted:

- The need to review alternatives to hospital admissions by identifying systems in place in other organisations and working closely in partnership.
- The Mental Health Bill was currently progressing via Parliament which would make significant changes to mental health services in England and Wales. It was noted that WG had inputted into this work. This Bill would improve the rights of patients sectioned under the Mental Health Act, and the Vice Chair had agreed to represent the All Wales Vice Chair's on the NHS Executive Acute and Crisis Care Task and Finish Group who are reviewing the introduction of a system-wide reform of mental health crisis support.
- The Welsh NHS Executive have been addressing the importance of access to talking therapies in primary care, prior to referral to secondary care. Consideration to be given to BCU to become an early adopter of this approach.
- The issue of NHS dental contracts being handed back noting that this was not within the control of the Health Board given the independent contractor status of dental practitioners. Consideration would need to be given as to how the Health Board could support dental practitioners to stay within the NHS and improve access for patients.

In discussing the report, the Board:

- Referred to Dental Services and the discussions taking place in partnership with universities and the Health Board in relation to the Business Case for the North and Mid Wales Dental School. It was noted that Bangor University would commence dental therapy training in the autumn 2025.
- Highlighted the significant work taking place to support care homes to reduce the number of transfers to hospital care. A review of the data would need to be undertaken to identify any issues.
- Suggested a Deep Dive session be arranged for the Board to review a strategic approach to access to care as part of the Clinical Services Plan. A considerable amount of work was

currently being undertaken and a recent away day has taken place focussing on services across primary and community care to identify a range of schemes currently in place.

- Noted that in order to deliver greater impact in relation to minor injuries and promote the service further, there was a need to ensure availability of clinical staff and a consistency of offer to deliver the service required.
- Acknowledged thanks from the Vice Chair to all staff who had welcomed him as part of his site visits. It was noted that the Director of Corporate Governance would be arranging a programme of visits for all Board Members and this would be shared in due course.

Action:

- **25/08.1** The Board to review access to care at a future Board session.
- **25/08.2** The Director of Corporate Governance to arrange a programme of visits for all Board Members and share in due course.

It was resolved that the Board

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

## 25/09 Citizens Engagement Report

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

- The report provides a look-back over the past year highlighting the main themes identified.
- This aligns to the work taking place on the Annual Plan and demonstrates that feedback received from the public and Llais was being considered and actioned.

In discussing the report, the Board:

- Recognised the amount of work completed by the Team and the successful partnership working with Llais.
- Highlighted the importance of accessing feedback outside of patient care settings, addressing issues raised and sharing progress more widely.
- Identified the need to link themes into the relevant reports such as the Quality Report that is presented to QSE Committee and the Board.
- Recognised the work completed externally reviewing our engagement approach and noted that discussions would be held with the Nursing Team to progress this further.
- Acknowledged the importance of patient feedback in relation to access to primary and secondary care, which is a fundamental issue across the NHS. It was noted that poor patient experience is responsible for almost half of the concerns received and extensive work is being undertaken to address these trends to ensure the safety and well-being of patients waiting well.
- Noted that engaging with patients and voluntary groups in the co-design of services to enable transformation of care is key.

Leon March, Head of Patient Experience, provided an update to the Board on the Integrated Concerns Policy highlighting:

- The work of the Integrated Hub in the management of mortality, complaints, concerns and incidents to ensure rapid review and responses are produced in a timely.
- New legislation that is due to be issued around 'Spiritual Care Standards, new Putting Things Right guidance', and Accessible Healthcare Standards' noting that work is on-going to prepare for this legislation.

- The importance of linking in with the QSE Committee on this work and requested that a briefing be arranged for a future Committee meeting.

**Action:**

- **25/09.1** Patient Experience to be discussed at a QSE Committee Development Session.
- **25/09.2** Discussions to be held around how the themes and trends from Patient Experience link though to the Quality Report.
- **25/09.3** A briefing on the new legislation highlighted to be discussed at a future QSE Committee

It was resolved that the Board

- **NOTED** the report.

## STRATEGIC DIRECTION

### 25/10 Mental Health Update

The Chair welcomed Ros Alstead, Expert Advisor to Health Board's Royal College of Psychiatrists Services Review to provide an update on progress to the Board. A comprehensive report was presented and highlighted:

- Progress reports have been routinely submitted through the QSE Committee to monitor progress against the action plan and reaffirm the work in relation to patient experience for the families.
- Work is progressing in detail looking at developing an outward focussed action plan. This is in line with recommendations from the Royal College of Psychiatrist's (RCP) plan and would be measurable.
- The outcomes focus would be based on how the Health Board engage and work with service users and their carers in order to demonstrate real sustainable change and how this could be adapted across other services.
- The Expert Advisory Group (EAG) will continue to look at evidence and other sources of assurance to ensure this is translating through to good practice.
- Families and services users continue to engage and support this work.
- The work is around one-third completed and at the end of the 12-month period, outcomes will have been produced and assurance provided around mental health services being fit for purpose for service users and staff.
- The governance framework for reporting through to the Board was provided to ensure appropriate oversight. Work for the forthcoming 6 months will detail the progress of improvements and the measures to demonstrate sustained progress. This will feed through to the QSE Committee, along with details of the work programme for the Expert Advisory Group. Any escalated matters will be brought through the executive / governance structures.
- The governance framework reflects meaningful engagement with service users and carers and this work had been supported by Llais.
- Improvements in digital transformation will ensure that any incidents reported will be able to be translated into front line improvements.
- It was noted that some of the original recommendations may no longer be applicable and that there is a need for clarity around this.
- Procurement of the mental health Electronic Health Record system is close to tender stage. Work is being undertaken internally to prepare for the implementation of this system and it is anticipated that this system will become live within the next 12 to 18 months.

- Geoff Ryall Harvey, Llais advised that families have shared their appreciation of being involved in this work, and it was requested that, in addition to service users and carers, the Board consider widening the invitation to involve other representatives from the wider sector.

It was resolved that the Board

- **NOTED** the contents of the report.
- **RECEIVED ASSURANCE** on the progress of the Health Board response to the RCPsych Invited Services Review.

## 25/11 Patient Access to Planned Care Policy

The Board received the report and the Interim Chief Operating Officer highlighted:

- The policy will play a key role in ensuring that learning and sustainability of services are strengthened.
- A rigorous process has been undertaken in developing the policy which included consultation at clinical and operational level. The policy has been approved by the Executive Oversight Policy Group and has also been considered by the Patient Experience and Care Group to ensure input from a patient perspective.
- As part of the process, a number of patients had been identified to develop an information leaflet appropriate for the public and, since the publication of the Board papers the North Wales Gypsy, Roma, Traveller Health Needs Assessment is now available.

In discussing the report, the Board:

- Raised concern around the Referral to Treatment (RTT) standard of 26 weeks noting that BCU along with the rest of Wales are significantly below this target. It was acknowledged that work is being undertaken to address this and that improvements are being made in this area.
- Requested that reference be included to Veterans and their families to ensure that they are not disadvantaged in terms of accessing services and to ensure compliance with the covenant on the Veterans Charter.
- Recognised that further work is required in relation to the patient booking and cancellations process.
- Noted that whilst outputs were referenced in the policy, a request was made for targeted outcomes to be included.
- Acknowledged that training in the roll out of the policy would be key to its success and requested that this be included as part of the local induction process for staff, with learning and development resources in place to support training and form part of the revised planned care programme going forward.
- Highlighted that access to neurodevelopmental services is crucial and was requested that this is considered as part of the planned care ring fenced budget in order to secure additional funding to improve the service.
- Noted that equity of access to services for the population is key and that work is on-going with colleagues in terms of data collection and population profile looking at deprivation levels of patients on the waiting list to manage and understand patient needs.
- Highlighted issues regarding referral queries being directed to GP practices, it was confirmed that compliance and audit work is being undertaken to ensure that services are consistent in the management of patients.
- Noted that centralised booking processes are in place however improvements are needed in terms of pre-operative assessment clinics. Digital solutions are being sought and a FAQ document would be shared with Members outside the meeting.

- Acknowledged that an all Wales policy around access is being developed and the Planned Care Policy Group, as part of a consultation process, will review the changes required to national rules.

It was resolved that the Board:

- **APPROVED** the adoption of version 1.3 of the BCUHB Patient Access to Planned Care Policy.

## 25/12 Organisational Design Principles

The Board received the report and the Chief Executive highlighted:

- The principles will assist the Health Board in being clear around the way in which it develops policies, services, makes decisions and will also be key in the development of an organisational approach.
- The documentation will also assist in the delivery of the previously agreed core purpose of the Health Board and its strategic objectives which will be reported back to the Board at its next meeting as part of the IMTP.
- The principles have been developed through a process of consultation via the Stakeholder Reference Group as well as with staff and there is now a need to ensure that these principles are embedded within the organisation and adhered to in all decision making.
- The principles will be key to underpinning the business planning framework in terms of benefits realisation, quantification and undertaking post project implementation reviews as well as assisting in the evaluation of successful implementation of Business Cases being taken through Committees.

In discussing the report the Board:

- Requested reference to and recognition of volunteers to be included within the principles.
- Suggested the report refers to how the feedback received has been used to influence the final document.

It was resolved that the Board:

- **APPROVED** the Organisational Design Principles.

## IMPROVING QUALITY

### 25/13 Vascular Services Update: Abdominal Aortic Aneurism Repair

Following a request at the previous Board meeting, the Chief Executive welcomed Dr Jim McGuigan, Deputy Medical Director to the meeting to present the report. Members were advised that Dr McGuigan, is leading on this work along with the Vascular Leadership Team and external experts who have been supporting the Health Board.

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

- Vascular services was an area that has previously drawn significant focus and has also been an area of escalation with Healthcare Inspectorate Wales, however this had now been de-escalated due to the progress that had been made.
- Improvements have been made in the services over previous years with external validation from Healthcare Inspectorate Wales. The national lead has been supportive of the progress made by the Health Board.
- The Open Abdominal Aortic Aneurism Repair service has been paused with services being transferred across to the Royal Stoke University Hospital following the advice of the clinical

team and support from national leads. This decision was made due to an adverse event in late 2024 and in order to ensure patient safety, the vascular leadership team requested a pause in services to allow time to reflect and review the elective and urgent service requirement.

- The priority of the Health Board was to ensure the best outcomes for patients and the Board recognised the mature approach and openness of the leadership team in recognising the need to take this action. This reflected the collaborative working relationships in place with partners across Wales and England.
- Following completion of the reviews, these would need to be considered and discussions held with the University Hospital North Midlands (Stoke) and others to identify opportunities for continued partnership working.

The Chair requested that the Board's thanks be extended to the vascular team for their management of the situation and looked forward to seeing the service continue to progress.

It was resolved that the Board:

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

#### **25/14 Chair's Assurance Report: Quality, Safety and Experience Committee**

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

- A request from the Committee that the profile of Organ Donation is raised and discussed at a future Board meeting.
- Concerns around poor performance in colonoscopy where the Health Board has been a significant outlier with performance of 7.8% against the WG target of 90% of offering patients an index colonoscopy procedure within 4 weeks of booking their specialist screening appointment. This issue has previously been discussed by the Committee and a request has been made for an early update..

#### **Action:**

- **25/14.1** The QSE Committee have requested that Organ Donation is discussed at a future Board meeting.

It was resolved that the Board:

- **NOTED** the report.

#### **25/15 Improving Quality Report**

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

- The importance of quality and the need to focus on safety, effectiveness and patient experience to ensure we maximise the outcomes for the patients of North Wales.
- An improvement in the number of nationally reported incidents that have been completed within the required timescale.
- There have been no never events recorded during October and November 2024.
- Previous issues highlighted around oxygen cylinder safety are being addressed. An improvement plan has been developed and is currently being implemented with staff.

- Work is taking place with North Wales Police around missing patients and the feedback received highlights an improved position in relation to staff having a better understanding of when they need to report patients as missing.
- Work is also taking place with Local Authority colleagues around discharge reviews to replicate good practice across North Wales.
- Focused work has been taking place in relation to complaints and the current position has significantly improved therefore a recommendation will go to the QSE Committee proposing this is de-escalated as a risk due to a sustained improvement in this area.
- In relation to Clinical Effectiveness and the Mortality Review, work is taking place to review how the teams work with the Medical Examiners around death certification.
- The team are fully engaged with Local Authority partners around Safeguarding Reviews as the findings have implications for the organisation.
- In relation to Infection Prevention and Control, there are currently issues around C-Diff and the need to improve health care procedures to address this which is also an issue across Wales. The National Infection Prevention Team and Public Health colleagues have been invited to visit the Health Board to review current practice and advise of any areas where prevention can be strengthened.
- The number of patients in areas such as Emergency Departments make it difficult to decant for cleaning. This is being addressed by a decant process across all sites and will be reviewed against the National Cleaning Standards as part of the Director of Environment and Estates portfolio.
- There have been a number of unannounced visits including a visit to Heddfan by HIW. An area of additional assurance was identified in terms of restraint and physical intervention and that assurance has now been provided.

In discussing the report, the Board:

- Queried why pace of learning remains a reason for partial assurance and the need to move forward with embedding lessons learnt to deliver improvements to prevent this justification being used in the future. It was confirmed that further work is required in this area in terms of culture, system and process and the need to learn from and adopt best practice in a timely manner.
- Enquired about the volume of vulnerable adults who are admitted and then discharged either home or to a care setting in relation to quality of care.
- Referred to the improved position in terms of complaints and stated the need to maintain a position of dealing with complaints in a timely manner and embedding the changes required to ensure the issues addressed are not raised as recurring complaints.
- Highlighted patient feedback data and the lower levels of satisfaction being recorded in Emergency Departments than other areas. It was suggested that further work is required to address longer term solutions that will make a difference to patients and this should be addressed more broadly by the QSE Committee in terms of improving overall performance.

**Action:**

- **25/15.1** QSE Committee to review patient feedback data and discuss how this can be addressed to provide longer term solutions to improve performance.

It was resolved that the Board:

- **NOTED** the report

## MONITORING PERFORMANCE AND FINANCE

### 25/16 Chair's Assurance Report: Planning, Public Health and Partnerships Committee

The Board received the report and the Chair of the Planning, Public Health and Partnerships Committee highlighted:

- A workshop session was held as part of the last meeting to focus on the draft Annual Plan. The Plan builds on the work completed last year and will go to the Board in March 2025.
- A report on the Primary Care Board was received and going forward the Committee would like to see the priorities and work being completed to receive assurance on improvements in health and well-being for our population.
- There has been a focus on prevention and the Prevention Plan will form part of the Annual Plan to establish an approach to embedding prevention.
- The Committee received an update on the North Wales Gypsy, Roma, Traveller Health Needs Assessment and this will help to gain an understanding of the health needs of minority groups and how to deliver services in this area.

It was resolved that the Board:

- **NOTED** the report

### 25/17 Annual Plan Quarter 3 Report

The Board received the report and the Director of Transformation & Improvement highlighted:

- 121 deliverables were due for completion in Quarter 3 and this is being reviewed to try and reduce the volume of deliverables going forward.
- Progress has been made in the prevention space in areas including smoking cessation, healthy weight, physical activity and alcohol as well as in Primary Care including the same day primary care offer.
- A number of objectives in Women's Services have been achieved in relation to menopause as well as implementing some of the GIRFT recommendations which highlights a focus on embedding best practice.
- Progress is being made on the Electronic Healthcare Records system which will enable overarching service transformation.
- A number of areas did not deliver during this quarter therefore the delivery rate was 61% which highlights a decrease on last quarter. The majority of these areas were part of the improved quality outcomes and experience objective and relate to areas such as workforce and investment. Improving delivery in these areas remains a high priority.
- The Special Measures response plan has now been integrated into this report.

In discussing the report, the Board:

- Enquired about the development of the green wards and whether this is proving effective as a reablement tool. It was confirmed that this issue is being discussed further around case management and how to ensure patients are being cared for in the correct setting.
- Questioned the confidence of the Executive to achieve completion by the end of Quarter 4, in those areas that are currently behind target. It was confirmed that there may be some areas that will need to be transferred over to next year's plan. However, the majority of work has begun in these areas.
- Highlighted that our capability does not always meet our ambition in some areas.
- Emphasised the volume of deliverables relating to challenged services, acknowledged the information that is being shared in relation to the Clinical Services Plan and highlighted an understanding of the issues and priorities required to deliver in this area.

- Recognised that this report has developed well to ensure focus on delivery and improved outcomes for the people we serve within our communities.

It was resolved that the Board:

- **RECEIVED ASSURANCE** on the progress made during Q3 along with the challenges highlighted.
- **APPROVED** the change control outlined within the paper.

### **25/18 Chair's Assurance Report: Performance, Finance and Information Governance Committee**

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

- The Committee held a Development Session relating to the financial envelope for the IMTP and feedback from the Auditors confirmed the session had been valuable.

It was resolved that the Board:

- **NOTED** the report

### **25/19 Financial Performance 2024/25 Monthly Report**

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

- The current financial climate is challenging and other Health Boards are also under pressure to deliver.
- BCU was a £2.3b organisation, a 1% deviation from that position results in £23m and the Board were sighted on how marginal movement resulted in a significant figure.
- The last recorded deficit plan was £19.8m. Since then we have received £11.15m current allocation in-year. The deficit position has now moved and we are targeting an £8.6m deficit at the end of the financial year.
- The planned deficit outturn position does not attain the key duty of the Health Board to have a balanced financial position and this would be noted in the Audit Wales Audited Report as a potential regulatory breach.
- We have a £14.8m deficit position year to-date and a financial challenge to reach our control targets. This is being managed through the Integrated Performance Executive Delivery Group (IPEDG) and the Executive, who had issued an expenditure control targeting a 1.4% reduction on spend profiles.
- We currently have a circa £15m to £16m residual risk and this is being managed continually to deliver our control targets.
- We may look to implement additional control measures including temporary workforce and areas of non-pay to help the Integrated Health Communities and other Directorates to target reductions in areas that will provide benefits and have limited impact on patient care. These measures do not relate to Planned Care.
- We will be held to account by our regulator to reach the £8.6m target and have also received resource allocations therefore there is a need to reach our control target to secure this additional allocation.
- The total cost of the pay award was calculated as £72.5m. This is being discussed with Welsh Government to ensure the final funding allocation is received.
- In relation to Capital, the year-to-date expenditure is circa £15.2m and further work is required in this area.

- The Health Board have identified savings above the planned savings requirements however this will need to be managed to reach the minimum requirement of 2% as part of the 2025/26 financial plans.

In discussing the report, the Board:

- Queried the £21m additional expenditure risks highlighted in the report for this financial year. It was confirmed that this figure could come down to circa £10m to £15m as a risk profile as we move forward.
- Enquired about the current position since the report was produced. It was confirmed that with additional controls there would be confidence in closing the gap further.
- Questioned the plans going forward into the new financial year in relation to duplication and rationalisation. It was confirmed that value and sustainability will be a key element and a paper on this will be discussed at the next PFIG Committee.
- Acknowledged that any significant, strategic issues the organisation intend to make in relation to the financial position would require a Board decision.

It was resolved that the Board:

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

## 25/20 Integrated Quality and Performance Report

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

- From a quality perspective, a positive position was reported in terms of no never events taking place and this position has remained since the end of **July 2024**.
- The number of complaints responded to within the set timescale has been achieved for three consecutive months.
- The organisation may receive a potential fine in relation to the late submission of Learning from Event Reports (LFERs) which currently amounts to approximately £196k. If the current position of late responses remains at this level, there is a risk that this figure will increase. Action is being taken to try and mitigate this.
- Infection rates remain above predicted trajectories for MRSA and C.difficile.
- There has been some improvement in-month in relation to clinical coding compliance. However, we remain below the 95% target. This is an area of focus as it relates to the mortality work being undertaken.
- Nursing & Midwifery turnover rates remain low. However, there is a slight increase in sickness with the contributing factors for ongoing sickness relating to stress and mental health.
- There has been an increase in the use of agency staff at approximately 3.6% of the pay bill.
- In terms of access, we are reporting against all-Wales criteria that many Health Boards are also finding difficult to achieve.
- Adult access to Mental Health continues to perform well however performance against the referral to treatment target for children requiring assessment for neurodivergence continues to deteriorate.
- In relation to Urgent and Emergency Care, during December 2024, 3,598 patients experienced waits of over 12 hours, and 1,852 patients experienced waits of over 24 hours in our Emergency Departments which is the highest number recorded.
- Performance against the cancer pathway remains fragile with only 52% of patients being seen within target. Further work is required to improve access in this area.

- The Referral to Treatment target remains stable. However, validation work is required to address the volume of patients waiting for follow up appointments.

In discussing the report, the Board:

- Recognised the difficulty of the current position and the need to try and attain the targets set where possible.
- Highlighted the issue of patients not receiving physiotherapy due to lack of accommodation available. The Chief Executive recognised this along with similar examples that need to be resolved promptly and agreed to address this issue. It was noted that this could be linked to cultural and leadership issues in terms of standards and approach and these issues are important to highlight.
- Acknowledged an improvement in the quality of reporting with the addition of narrative to highlight what is being done to help improve the position.
- Recognised the work being completed by Pharmacies which has resulted in specific patients not presenting in Emergency Departments.
- Referred to the escalation of LFERs and the importance of addressing this issue. Assurance was provided that the Audit Committee have discussed this at length and are due to have a Development Session focussing on this issue. The Committee also raised concerns relating to recovering the backlog whilst dealing with any additional reports. Confirmation was provided that a new process is now in place, a recovery plan is being developed to address the backlog, and an update would be reported back through the Conformance Report on a quarterly basis.
- Queried performance in relation to Planned Care and the number of patients waiting to be seen. It was confirmed that over 4000 patients are due to be seen in the next few months due to insourcing and outsourcing capacity which will help address some of the backlog. There is a need to ensure the report focusses on how these issues are being addressed.
- Highlighted low theatre utilisation and how this is being challenged. It was confirmed that this needs to be addressed along with other areas to improve access with the resource available.
- Referred to the long waiting lists with Dermatology being highlighted as a example where 94 out of 100 patients reviewed did not present with cancer. The Health Board has some of the lowest figures in this area. However, further work is required to address this in more detail.
- Emphasised the high level of planning and efforts from staff to maintain level of resilience in relation to Urgent and Emergency Care.
- Recognised the need to focus on cancer performance to achieve the access targets.
- Acknowledged pathway care delays and provided assurance that we are currently on trajectory however further work is required. A two week process is taking place during February 2025 with clear leadership and support from Directors of Social Services to try and start to reduce pathway of care delays.
- Referred to an update received by the QSE Committee on clinical coding and agreed to share this with Board members.

**Action:**

- **25/20.1** The Chief Executive to address accommodation issues in the Physiotherapy Team.
- **25/20.2** Head of Corporate Affairs to share the report from QSE Committee on clinical coding with Board members outside of the meeting.

It was resolved that the Board:

- **REVIEWED** the contents of the report and proposed actions arising from the report.

## GOVERNANCE & ASSURANCE

### 25/21 Chair's Assurance Report: Audit Committee

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

- The results from the rapid review on Consultant Job Planning which received an unsatisfactory opinion. It was confirmed that out of 1200 medics, two thirds still required a review of their job plan and the aspiration is to have 90% of job plans completed by the end of the year. It was also highlighted that the majority of objectives were not in line with the current strategic objectives of the organisation and suggested this area needs to be addressed as a matter of urgency to help shape the requirement of services going forward.
- The Audit Committee are holding a Fraud Awareness session on 20<sup>th</sup> February 2025 and Board members were invited to attend.

It was resolved that the Board:

- **NOTED** the report

### 25/22 Corporate Governance Report

The Board received the report and the Head of Corporate Affairs highlighted:

- The requirement to approve the Terms of Reference for the two sub-committees of the Joint Committee noting the change that there is no longer a need for a staff representative.

In discussing the report, the Board:

- Referred to the use of the seal and the need for further efficiency in signing and sealing contracts. It was confirmed that seal management is being reviewed.

It was resolved that the Board:

- **NOTED** the contents of the report.
- **NOTED** the affixing of the common seal, as outlined in this report.
- **RATIFIED** the Chair's Action, dated 10<sup>th</sup> January 2025.
- **NOTED** the matters considered in the Private Board meeting on 28<sup>th</sup> November 2024.
- **APPROVED** the Terms of Reference for the two sub-committees of the Joint Committee.
- **RATIFIED** the approved Clinicians and Section 12(2) Doctors across Wales.

### 25/23 Board Assurance Framework (BAF)

The Board received the report and the Head of Risk Management highlighted:

- This is the first iteration of the BAF following approval of the Three-Year Plan. This was a live document and will evolve as work on the Plan continues.
- It is important for the Health Board understand the risks relating to the strategy and the plans in place to ensure resilience.
- The BAF has been developed by the Executive Team and reviewed by Committees and Internal Audit.
- The framework defines the eight risks which require approval by the Board and the next stage will be for Committees to review the risks and the level of assurance required.

In discussing the report, the Board:

- Recognised the work completed and the improvements made in this area including setting out the risk controls and gaps.

- Suggested timelines and the use of language may need to be revised, it was confirmed that this is an area that will be reviewed.
- Queried the role of the Board and Committees in relation to the BAF. It was confirmed that areas will only need to be reviewed by exception if there are any changes.

It was resolved that the Board

- **RECEIVED** and **CONSIDERED** the contents of the BAF for approval.

## 25/24 Chair Reports of Committees and Advisory Groups

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

- People and Culture Committee
- Remuneration Committee
- Local Partnership Forum
- Healthcare Professionals Forum
- Stakeholder Reference Group (SRG)
- Mental Health Legislation Committee (MHLC)

In discussing the report, the following was highlighted:

- The Chair referred to the recent Remuneration Committee noting that the Committee approved the permanent appointment of Russell Caldicott as Executive Director of Finance.
- The Chair of SRG reported an increase in membership, improved attendance and thanked to the Board for recognising the value of consultation with the Group on a regular basis.
- The Chair thanked Mike Parry for his leadership in developing the SRG.

It was resolved that the Board:

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

## OTHER MATTERS

### 25/25 Any other Business (previously agreed with Chair)

The Chair confirmed that this would be the last Board meeting for Dr Chris Stockport, Executive Director of Transformation & Strategic Planning and thanked him for all his work over the years and wished him well in his new post.

### 25/26 Review of Meeting Effectiveness

It was agreed that the Board spent valuable time discussing some important issues.

### 25/27 Date of Next Meeting:

Thursday 27<sup>th</sup> March 2025, 9.30am

### 25/28 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 19.03.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
<b>REMAIN OPEN</b>						
1	25/08.2	30.01.25	<b>Vice Chair's Report</b> 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 May 25	<b>Remain Open</b> <b>12.03.25</b> An effective way for a Programme of visits for Board Members is being taken forward with the Chief Executive and Director of Corporate Governance.
2	25/20.1	30.01.25	<b>Integrated Quality and Performance Report</b> The Chief Executive to address the accommodation issue in the Physiotherapy Team.	Carol Shillabeer	March 25	
3	24/227	28.11.24	<b>Patient Experience Story</b> Write to government drawing attention to the success of the PIPYN project and invite Ministers to review and support it substantively.	Teresa Owen	Dec-24  Revised timeline May 25	<b>Remain Open</b> <b>19.03.25</b> The letter has been drafted and sent to Welsh Government and a copy will be circulated to Board members for information. <b>16.01.25</b> A letter is being drafted and will be shared with Board members.
4	24/236.1	28.11.24	<b>Improving Quality Report</b>	Sreeman Andole Pam Wenger	Dec-24	<b>Remain Open</b>



			Commission a briefing on the changes to the medical certification and the role of Medical Examiners		Revised timeline May 25	<p><b>19.03.25</b> 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><b>16.01.25</b> A briefing is being commissioned from NHS Wales Shared Services and will be shared with the Board once received.</p>
<b>ACTIONS PROPOSED FOR CLOSURE</b>						
1	25/05.1	30.01.25	<p><b>Patient Experience Story – Mike’s Story</b> Executive Director of Allied Health Professions and Health Sciences to provide feedback on the video presentation and discussion to the Organ Donation Committee.</p>	Teresa Owen	March 25	<p><b>Action proposed for closure</b> <b>19.03.25</b> Feedback was provided to the Organ Donation Committee on 31.01.25. The support of the Board was welcomed and gratefully received.</p>
2	25/07.1	30.01.25	<p><b>Chief Executive’s Report</b> Invite Trystan Lewis to attend a future meeting of the Board / appropriate Committee to share the work completed in relation to environmental issues.</p>	Pam Wenger Philippa Peake-Jones	March 25	<p><b>Action proposed for closure</b> <b>12.03.25</b> This has been included on the Board forward workplan.</p>



3	25/08.1	30.01.25	<b>Vice Chair's Report</b> The Board to review access to care at a future Board session.	Pam Wenger Philippa Peake-Jones	March 25	<b>Action proposed for closure 12.03.25</b> This has been included on the Board forward workplan.
4	25/09.1	30.01.25	<b>Citizens Engagement Report</b> Patient Experience to be discussed at a QSE Committee Development Session.	Pam Wenger Philippa Peake-Jones	March 25	<b>Action proposed for closure 12.03.25</b> This has been included on the QSE Committee forward workplan and also included on the transfer log.
5	25/09.2	30.01.25	<b>Citizens Engagement Report</b> Discussions to be held around how the themes and trends from Patient Experience link though to the Quality Report.	Pam Wenger Angela Wood	March 25	<b>Action proposed for closure 20.03.25</b> The Patient Experience Team are reviewing the Citizen feedback to inform future patient stories and PALs activity in order to provide updates that triangulate in the Quality Report going forward.
6	25/09.3	30.01.25	<b>Citizens Engagement Report</b> A briefing on the new legislation due to be issued to be discussed at a future QSE Committee.	Philippa Peake-Jones	March 25	<b>Action proposed for closure 12.03.25</b> This has been included on the QSE Committee forward workplan and also included on the transfer log.
7	25/14.1	30.01.25	<b>Chair's Assurance Report: QSE Committee</b> The Committee have requested that Organ Donation is discussed at a future Board meeting.	Philippa Peake-Jones	March 25	<b>Action proposed for closure 12.03.25</b> This has been included on the Board forward workplan.
8	25/15.1	30.01.25	<b>Improving Quality Report</b> QSE Committee to review patient feedback data and discuss how this	Philippa Peake-Jones	March 25	<b>Action proposed for closure 12.03.25</b> This has been included on the QSE



			can be addressed to provide longer term solutions to improve performance.			Committee forward workplan and also included on the transfer log.
9	25/20.2	30.01.25	<b>Integrated Quality and Performance Report</b> Head of Corporate Affairs to share the report from QSE Committee on clinical coding with Board members outside of the meeting.	Philippa Peake-Jones	March 25	<b>Action proposed for closure</b> This was shared with Board Members on 31.01.25.
10	24/104.3	30.05.24	<b>Integrated Quality Management System (QMS) Framework</b> Arrange a demonstration of the developing Quality Management System for Board members.	Angela Wood Pam Wenger	Dec 24	<b>Action proposed for closure</b> <b>19.03.25</b> The QSE Committee were given a detailed demonstration of how the QMS works in February 25, once the next stage of testing has been completed the Board will receive a demonstration at a future Board Development. This has been included on the transfer log. <b>16.01.25</b> This action has been delayed due to the absence of the former Medical Director and the data available on the 2 services being piloted. An update will be provided to the QSE in February and a further update to be scheduled to the Board in March.
11	24/236.2	28.11.24	<b>Improving Quality Report</b> Improve the visibility of primary care reporting through the Integrated Performance Report.	Stephen Powell	March 25	<b>Action proposed for closure</b> <b>19.03.25</b> Task and Finish Groups with regards to Primary Care data have been held and

						Primary Care metrics have been identified for reporting into all Committee and Board reports from April 25. <b>16.01.25</b> This is still on track to deliver and an update will be provided ahead of the next meeting.
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**Closed Actions (as agreed at meeting on 30.01.25)**

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	24/233.1	28.11.24	Invite all Board Members to the PPHP Development Session on 10.12.24.	Pam Wenger	31.12.24	Board Members were invited to the Session.
2	24/233.2	28.11.24	Include the Board Development session in February on the Annual Plan timetable.	Chris Stockport/Pam Wenger	27.02.25	Action completed as scheduled for the Informal Board on 27 February. An update was also provided to the Board on 16 <sup>th</sup> January 2025.
3	24/237	28.11.24	Amend the Ombudsman letter to include contemporary figures and update the date on page 6.	Angela Wood	31.12.24	Letter sent to the Ombudsman by the Chair.
4	24/243	28.11.24	Further paper for the Board in January to consider the position in relation to Planned Care.	Russell Caldicott Stephen Powell	31.01.25	Board Development session held 16 January 2025.
5	24/243	28.11.24	With regard to Neurodevelopment Services, circulate the report published by Care Inspectorate Wales and Estyn around Services.	Teresa Owen	31.12.24	Report circulated 23 January 2025.



<b>Teitl yr adroddiad:</b> <i>Report title:</i>	Chair's Report			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	27 March 2025			
<b>Crynodeb Gweithredol:</b> <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"> <li>• Meetings with Elected Representatives</li> <li>• Appointments</li> <li>• Details of visits and meetings</li> </ul>			
<b>Argymhellion:</b> <i>Recommendations:</i>	That the Board discusses and notes the content of the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Chair			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Chair			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in Delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><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></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			

<p><b>Goblygiadau rheoleiddio a lleol:</b></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><b>Next Steps:</b> <i>Implementation of recommendations</i> Not applicable to this report.</p>	

## Report of Chair to Betsi Cadwaladr University Health Board March 27, 2025

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

### Board and Committees

Committees and individual members have supported the work in developing the **Integrated Medium Term Plan**, which is for our consideration today. If we are able to adopt the plan and receive the support of government, then this key strategy will inform our work for the next 3 years. The Board will have oversight of progress and committees will be able to support and scrutinise developments in areas related to their particular field.

In our continued efforts to improve as a Board, we have recently completed a **Self-Assessment** which gives us insight into important aspects of our work. This item will feature in detail on our agenda today. This report, together with others, will support our ambition of continuous development and an intention to shape the Board in a way that will support the Health Board to deliver the best possible services for our population.

The role of **Board Champions** is one that allows Independent Members to work closely with others in specific areas. I am grateful that Mike Larvin has now been confirmed as Board Champion for research.

### Developing the Organisation

Regular meetings with the Cabinet Secretary and Government continue and the recent **Special Measures Forum**, which involved all Board members, was the last of its kind. These quarterly meetings will now focus on specific areas and attendance will reflect the issues to be addressed in each particular meeting.

Recent months has seen accelerated activity in order for us to further improve our performance, particularly around **Planned Care**. There has been much concerted effort and I am grateful to those that have worked effortlessly in an attempt to reach targets set by government. Our regular performance report will give us detailed insight into the current position and future prospects. Similarly, there has been a concentrated effort to ensure that we reach our **financial targets** for this year. Again, reports today will confirm the current position and I wish to acknowledge the efforts of many across the organisation in supporting the approach that has been adopted. I am very hopeful that all of this work will provide us with firm foundations for improvement and development in the coming period.

### Engaging with others

As we note 2 years of the Special Measures programme, we have undertaken a series of **engagement events** in order to share our progress as a Health Board. We have held online sessions with the public, Health Board staff and partners from Local Government and the Third Sector. Carol and I also shared a Special Measures progress presentation with Members of the Senedd in Cardiff Bay followed by questions and discussion.

Carol and I have recently added our signatures to the **Hillsborough Charter**, the Health Board committing its support in 2022. This Charter for Families Bereaved by Public Tragedy references the tragedies at Manchester, Hillsborough, Aberfan and Grenfell. The guiding principle of the Charter is a commitment for organisations to think about victims rather than our own reputations. As an organisation that sometimes finds itself in difficult circumstances, it is important that we adhere to and promote this important principle in our work.

Date	Meeting / Visit
27 January 2025	Chair's Briefing, NHW Wales Joint Committee
27 January 2025	BCUHB CEO Senior Leadership Briefing
27 January 2025	Planned Care weekly touchpoint
29 January 2025	Dyffryn Nantlle Wellbeing Session
29 January 2025	Board Development
29 January 2025	Remuneration Committee
30 January 2025	Health Board
30 January 2025	Cabinet Secretary/CEO NHS Wales & BCUHB CEO
3 February 2025	Planned Care weekly touchpoint
4 February 2025	Naming ceremony for The Nick Nelhans Resuscitation Training Centre at Ysbyty Glan Clwyd
5 February 2025	Local Partnership Forum
6 February 2025	District Family Judges, Caernarfon Justice Centre
10 February 2025	Olivia Shorrocks, Welsh Government
10 February 2025	Introductory meeting with Stuart Keen, Director of Environment and Estates
10 February 2025	BCUHB Graduate Presentations
10 February 2025	Planned Care weekly touchpoint
11 February 2025	Briefing for Senedd Members, Tŷ Hywel, Cardiff Bay
13 February 2025	Audit Wales re 2025 Plan
13 February 2025	St David's Hospice
14 February 2025	Interviews for Interim Executive Director of Transformation and Strategic Planning
14 February 2025	Interviews for Integrated Health Care Director West
17 February 2025	Monthly Meeting with the Cabinet Secretary for Health and Social Care
17 February 2025	BCUHB Welsh Language Strategic Forum
17 February 2025	Planned Care weekly touchpoint
18 February 2025	Planning, Population Health & Partnership Committee
18 February 2025	Nightingale House Hospice, Wrexham
20 February 2025	Cyngor Gwynedd Care Scrutiny Committee
24 February 2025	Planned Care weekly touchpoint
25 February 2025	All Wales Chairs Peer Group
27 February 2025	Board Development, Venue Cymru
27 February 2025	Llais, David Graves re Royal College Psychiatrists report
3 March 2025	Stakeholder Reference Group, Llandudno Junction
4 March 2025	Audit Committee
5 March 2025	Penrhos Programme Board
5 March 2025	Special Measures Forum with Cabinet Secretary
7 March 2025	Sioned Williams, Economy and Community Cyngor Gwynedd, Caernarfon
10 March 2025	Pippa Britton, Chair Public Health Wales
10 March 2025	Planned Care weekly touchpoint
10 March 2025	Staff Briefing – 2 years of Special Measures

12 March 2025	Public Briefing – 2 years of Special Measures
13 March 2025	Independent Member Appraisal
17 March 2025	Monthly meeting with Cabinet Secretary for Health and Social Care
17 March 2025	Stakeholder Briefing Session – 2 years of Special Measures
17 March 2025	Planned Care weekly touchpoint
18 March 2025	Performance Finance and Information Governance Committee to discuss IMTP



<b>Teitl adroddiad:</b> <i>Report title:</i>	Chief Executive Report			
<b>Adrodd i:</b> <i>Report to:</i>	BCUHB Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 27 March 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>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 January to 21<sup>st</sup> March 2025. Some of the content is further expanded in other reports on the Board agenda.</p> <p>The report outlines some of the key engagement activities undertaken both within the health board and more broadly with partners and the public.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Board is asked to <b>DISCUSS</b> and <b>NOTE</b> the report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Chief Executive			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Chief Executive			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><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></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Relates to all objectives			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>				
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	N/A			

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

## Introduction

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive which may or may not be subject of other more detailed reports. It covers the period end of January to 20th March 2025.

## 2.0 Key Developments/Updates

### 2.1 Special Measure Progress Report (March 2025)

The [Welsh Government Progress Report](#) reflects on two years since Betsi Cadwaladr University Health Board was put into special measures. The report states that the Health Board has stabilised and started to put in place the building blocks to become a sustainable organisation over the course of the last 2 years under the current level 5 (special measures) arrangements. Progress has been made in relation to corporate governance, financial control and governance, leadership, culture and quality.

The report recognises that there are still challenges, especially in relation to planned care performance and timely access to urgent and emergency care, as well as drawing out some encouraging signs of improvement including:

- the number of people waiting more than two years for orthopaedic treatment has fallen by two-thirds since February 2023
- mental health performance for adults and young people has improved
- the health board has the highest number of consultations carried out under the pharmacist independent prescribing service in Wales
- new NHS dental contracts worth more than £5 million have been agreed

A series of new developments in North Wales were highlighted in the report:

- the new North Wales Medical School has opened
- the community audiology van is the first of its kind in Wales
- Ysbyty Glan Clwyd has been chosen as one of eight sites across the UK to take part in a new STEPS II Parkinson's trial
- surgeons in Abergele Hospital trialling augmented reality technology for knee surgery
- Ysbyty Gwynedd's emergency department ranked best place to train in Wales

The health board will continue to be assessed at regular intervals within the Escalation and Intervention Arrangements of Welsh Government.

### 2.2 Executive Team Recruitment update

There are a number of developments to report in relation to the Executive Team, all of which are overseen by the Remuneration Committee of the Board.

#### Executive Director of Finance

Russell Caldicott has been appointed as the Executive Director of Finance. Russell has been in the role as interim Executive Director of Finance since July 2023 and will now continue in the role on a substantive basis.

#### Interim Executive Director of Transformation and Strategic Planning

Paolo Tardivel has been appointed as the interim Executive Director of Transformation and Strategic Planning. Paolo will take on the role until the end of the year while recruitment for a substantive post-holder takes place.

## **Interim Chief Operating Officer**

Imran Devji, Interim Chief Operating Officer leaves the Health Board at the end of March 2025 to take up post as Chief Operating Officer at North Cumbria Integrated Care NHS Foundation Trust.

Tehmeena Ajmal has been appointed as the Chief Operating Officer for the Health Board and takes up post on 1<sup>st</sup> April 2025. Tehmeena joins the organisation from Berkshire Healthcare NHS Foundation Trust where she has been Chief Operating Officer.

## **Director of Environment and Estates**

Stuart Keen has now joined the Health Board and is welcomed to his first meeting of the Board. Stuart joins the organisation from The Christie NHS Foundation Trust where he was Director of Capital.

### **2.3 Delivering key commitments – Planned care**

Given the significant challenges relating to access to planned care (outpatients, diagnostics and surgery), a key focus has been on accelerating access has been in place particularly over the last 6 months, with intensive deployment over the last 12 weeks.

At the beginning of January 2025 approximately 16,000 people had extended waits of over 2 years for either a first outpatient appointment or an intervention. A goal of treating approximately 11,000 people by the end of March 2025 was set, although recognising the stretch this would bring. Additional activity was commissioned from external providers particularly in the specialties of dermatology and ophthalmology, where high volumes of patients have been waiting for routine appointments. Good progress is being made and the Board will be updated on progress during the meeting.

Progressing planned care improvements into 2025/26 will be a critical priority.

### **2.4 Education Steering Group**

The first meeting of a newly formed Education Steering Group has been held. This marks a key step forward is a focus on developing the education and training approach in the health board. A 'Discovery' report has been commissioned by the Steering Group to fully understand all aspects for the current position in relation to education and training. Following receipt of the draft in may an organisational Education Strategic Plan will be developed. The scope of the work will cover all staff groups and presents an opportunity to progress learning and career opportunities for all. The work will connect to the People and Culture Committee workplan.

### **3.0 Meeting/Visits/Events**

#### **3.1 Ministerial Advisory Group**

On 20 January the health board was pleased to host a visit from the Ministerial Advisory Group commissioned to provide external assurance on the effectiveness of current arrangements which aim to improve performance and productivity in NHS Wales and observe how current arrangements could be strengthened to further improve performance and productivity. This was an opportunity for the health board to discuss areas of progress and excellence as well as areas of challenge, and to set out what could make the NHS in Wales more effective and productive to ultimately improve performance. We were please to take part in this visit and look forward to reading their report due with the Cabinet Secretary for Health and Social Services at the end of March.

### **3.2 Llandudno Hospital**

During February I visited the external structure of the new £29m Elective Planned Care Hub at Llandudno Hospital which is really starting to take shape. This hub will transform elective orthopaedic services for the people of north Wales by increasing annual surgical activity and delivering a planned 1,900 procedures a year.

I look forward to seeing the next steps involving internal works, with decorating already underway inside Aberconwy Ward with the floors, cladding and roofing installed within the next month. It's an exciting development and I'd like to thank staff at Llandudno Hospital and the neighbours nearby for their patience during these works.

While I was in Llandudno I also met with colleagues from cardiology who have received national recognition for taking a lead in delivering their services closer to people's homes. The heart failure team have set up a mobile cardiology clinic in a purpose-built van, thanks to support from Awyr Las, our North Wales NHS charity. The van allows them to bring clinics to rural locations, improving patients' access to services. It's a fantastic example of the sort of innovation which comes direct from staff who lead their services and know their patients, and I know is being looked at as a potential way to support rural residents with access to other services

### **3.3 Meeting with Her Honour Judge Wendy Owen and District Judge Dylan Jones**

Together with the Chair and the Deputy Director for Legal Services we met with a local Circuit Court Judge and District Judge in the West to discuss improvements to way the Health Board engages with the Family Court including improved information sharing and timely health records disclosure. A further meeting will be arranged in six months to review progress and to maintain strong relationships with the Court.

### **3.4 Visit to West End Medical Centre**

On my recent visit to West End Medical Centre with local politician Darren Miller MS, it was fantastic to hear first-hand the hard work from the team which have led to significant improvements made at the clinic. Darren Miller MS was pleased to note a substantial reduction in patient complaints to his office, related to the surgery.

We heard from the staff that such were the improvements the Medical Centre was now a training practice they are also developing a research profile for the practice.

The practice has 3 GP trainers and have taken on their first GP registrar (ST2). They have also welcomed their first intake of 1st year medical students from North Wales Medical School, they will visit the practice on 5 afternoons, each afternoon covering a specific system to learn consultation and examination skills. It was good to hear that the patients have been very enthusiastic and happy to help, their involvement is key in shaping future doctors and improving patient care. The practice has also applied for foundation doctors, Year 3 and 5 Cardiff Medical and Pharmacy students.

The Academy and WEMC are also working to develop the research profile of the practice. The practice is looking to recruit for 9 research studies covering a variety of subjects, patients again are keen to engage and will hopefully benefit from this.

Teaching and research are key for the future of Primary Care, and as well as providing high quality care for our patients, the practice is working hard to build a practice to support the future and growth of future medical professionals. The collaboration with the Academy, the welcoming of medical students, and the recruitment for research studies are all excellent ways to contribute to a strong foundation for primary care in the future.

### **3.5 Visit to the North Wales Adolescent Centre (NWAS)**

Last week I visited the North Wales Adolescent Centre (NWAS) in Abergele, which is part of the Children and Adolescent Mental Health Services (CAMHS). NWAS supports young people 12 to 18 years old who need specialist mental health support either in hospital or at home. There has been significant investment recently to upgrade the bedrooms to make sure they are safe and to make them as 'homely' as possible. I also had the opportunity to meet some of the staff from the Specialist Eating Disorder team and at the KITE centre at NWAS which provides young people with intensive community Child and Adolescent Mental Health support with a number of specialist staff including nurses, clinical psychologists, psychiatrists and a teacher. They work closely with education staff to support young people with their education and training needs. It is always inspiring to visit facilities like this and see first-hand the tremendous work our staff do to support our young people.

### **3.6 Working with Partners**

A range of meetings have been held with key stakeholders including:

- Meetings with Politicians  
Darren Miller  
Mabon ap Gwynfor  
Rhun ap Iorwerth  
Sam Rowlands  
MS Briefing of Progress of the Health Board at 2 years post Special Measures escalation
- Public Briefing session on Special Measures
- Staff Briefing session on Special Measures

### **4.0 Conclusion**

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

### **5.0 Recommendations**

Members of the Board are asked to note.

- **NOTE** the updates provided in this report;



<b>Teitl yr adroddiad:</b> <i>Report title:</i>	Vice Chair's Report			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	27 March 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This report provides information on key areas of engagement undertaken since the last Board meeting.			
<b>Argymhellion:</b> <i>Recommendations:</i>	That the Board discusses and notes the content of the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Vice Chair			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Vice Chair			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><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></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>	Meetings cover a range of strategic priorities.			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	There are no specific implications arising from this report.			
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>	Not applicable at this stage.			

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

## Report of the Vice-Chair to the Betsi Cadwaladr University Health Board, 27 March 2025

The last couple of months have clearly been busy from the point of view of the Performance, Finance and Information Governance (PFIG) Committee which I chair, not least in terms of contributing to the thinking about the development of the Integrated Medium Term Plan (IMTP) which we will be discussing later in the meeting. Along with the Chair, I have also been closely engaged with our progress on reducing long waits in planned care, including weekly meetings with the Chief Executive, Executive Director of Finance and Director of Performance and Commissioning.

While superficially it might seem that being drawn into this work might be a distraction from my specific role as Vice-Chair to speak up for primary and community care and for Mental Health, in reality I have become increasingly convinced that addressing some of our planned care issues is essential to achieving the 'shift left' into a health and care system more focused on prevention and early intervention, in providing care closer to home.

Not only will senior leaders in the Health Board not be able to devote the 'headspace' to system-wide change for as long as we are understandably judged principally on our ability to provide timely interventions for those who need more specialised services: it is also the case that we can free up financial resources to invest in primary and community care and prevention, without impacting negatively on patient experience if we can successfully modernise our clinical practice in secondary care and thus improve our productivity, drawing on well-established good practice elsewhere. The potential rewards of addressing these entrenched issues, in terms both of finances and quality of patient experience, were strongly underlined by the recent visit and report of the Ministerial Advisory Group.

At the same time, it is only by investing significantly more in prevention and early intervention that we can hope to reduce pressure on acute services in the longer-term, as the reality of significant demographic change start to hit home.

While engaging in this critical part of the 'long game' to improve our performance and bring about a 'system shift', I have also continued to undertake programme of engagement with our staff and partners both in Primary and Community Care and the Mental Health and Learning Disability (MHL) Division.

### Primary and Community Care

In terms of Primary and Community Care, I was able to visit the **Craig y Don Medical Practice**, where I had a very helpful discussion with a range of staff. They flagged up a number of issues, perhaps most importantly the view that there appeared to be a lack of clear strategic direction from the Health Board on primary care. At the same time, while the issue of providing support to patients on waiting lists remained a significant concern, I was told that there had been a considerable improvement in the last year or so in terms of the Health Board providing information directly to those waiting. Worryingly, however, two of the GP Registrars present flagged up an issue with the difficulty of finding work once they completed their training: it certainly appears that policy changes in England leading to a reduction of work for locums have led to a significant increase in availability of potential GPs looking for salaried posts, and, combined with financial pressures on GP practices, this has significantly increased the competition for those newly qualified.

I also attended the monthly meeting of the **Local Medical Committee**, where I was pleased to note that there was generally a positive view of the recently concluded contract negotiations between GPs and the Welsh Government, albeit accompanied by concerns about the

(un)timeliness of negotiations and the continued financial pressure on General Medical Services (GMS) practices.

Building on the opportunity I had in the autumn to learn more about the work of the Wales Ambulance Service Trust (WAST), I also had the opportunity to increase my understanding of the role of the **GP Out of Hours (OoH) Service**. I met Helen Alefounder, the Clinical Director (also a partner at Craig y Don) and Sefton Brennan, the Service Manager for an introductory discussion and subsequently spent an evening shift with the team based at Ysbyty Glan Clwyd.

I was very impressed by what appeared to be a very well-managed and calm operation, and the integration into the OoH Multi-Disciplinary Team of both District Nurses and palliative nursing staff from Marie Curie Cancer. It was interesting that – in contrast to both WAST and secondary care services – the OoH had some access to primary care patient electronic records which was clearly advantageous.

I have also kept in close touch with Ffion Johnstone, who of course relinquishes her role in respect of primary care (and the West IHC) at the end of the month and with Rachael Page, Associate Director for Primary Care Strategy (who has largely been preoccupied with work relating to dentistry since taking up this post).

I also had a very useful discussion with Nia Boughton who is the only Consultant Nurse working in Primary Care in the whole of Wales. Nia is based at our Managed Practice in West End, Colwyn Bay and we discussed the potential for using our Managed Practices as a test bed for delivering different models of multi-disciplinary work.

More recently, I was able to discuss with Stuart Tunnicliffe, Head of **Physiotherapy** in the East IHC about the potential for closer working with primary care and the importance of, at a minimum, not retreating from the successful model(s) of **First Contact Physio** which have been developed with non-recurrent funding in different IHCs. I was also able to discuss with Stuart the service's major problem with accommodation for outpatient work, and was able to reassure him that Phase 2 of the Plas Gororau fit-out was (subject to final decision at the Board) included in our list of capital priorities for next year.

A recurrent theme in conversations, particularly outside the Health Board itself, is what is widely seen as a lack of clear strategy from the Health Board on the future direction of primary care and the proliferation of valuable, but piecemeal initiatives e.g. arising from the six goals work in Urgent and Emergency Care.

I share the view that we need to rapidly undertake some focused work, in particular, to (re)define our approach to making best use of our managed practices and have put forward some suggestions on this to the Executive. We also need to build on the positive examples of audiology and First Contact Physio to explore how we can deliver more services which have traditionally been provided through outpatient departments in primary care, and to understand better why the very many pilot projects which have been funded through Primary Cluster funds appear to have failed to 'take root'. I am looking forward to discussing this at the Advanced Cluster Development Conference which is taking place on Tuesday 25 March.

It is also worth once again drawing the attention of the Board to the significant issues with **dentistry**. As members will be aware, there has been a rash of cases of dentists handing back their contracts, a matter over which, as the First Minister has recognised, we have no real control. While we have been successful in letting some significant new contracts, the exercise resembles filling a bucket with a leaky bottom. We urgently have to identify innovative ways in which we can deliver NHS dental services to those who most need them, moving beyond the current binary choice of General Dental Service (GDS) contracts and the Community Dental Service.

In February, I also visited **Tywyn and Dolgellau** for discussions with managers and staff at the two Community Hospitals and more recently had the opportunity to visit **Mold Community Hospital**. While I understand the disappointment of local residents that the excellent in-patient wards at Tywyn are currently closed, I was really encouraged to learn of the great work which is being done in terms of providing a range of treatments and post-operative check-ups, which in most cases saves patients from making the long journey to Ysbyty Bronglais (or the even longer journey to the Maelor in Wrexham). This seemed to me a great example of the sort of cross-regional working that the Cabinet Secretary is so keen to see, particularly as (if I understood this right), any of the activity undertaken on behalf of Bronglais does not get recorded as 'output' from BCUHB.

More generally, I continued to be impressed by the work of our Community Hospitals and the Minor Injuries Units within them and remain convinced we can and should be making fuller use of the latter.

## **Mental Health**

In terms of **Mental Health and Learning Disabilities (MHL D)**, I have now visited most, though not all, of our Community Mental Health Teams (CMHT) and in-patient wards, but I was able to add two more to the list during recent weeks! I briefly met the **South Gwynedd Older People's Team** during my visit to Dolgellau and also visited the **Flintshire CMHT at Pwll Glas** in Mold. I made a return visit to our **Medium Secure unit at Ty Llywelyn** and was glad to hear that staffing issues, while still problematic, have eased, with placement opportunities being offered to nursing students.

I also made a further visit to the **Ablett Unit** at Ysbyty Glan Clwyd where staff remain concerned about the uncertainty surrounding the planned new build which is one of the top priority capital projects for the Health Board. I am pleased that our new Director of Environment and Estates is taking a close interest in this. The visit also gave me the opportunity to discuss more generally current issues in Conwy and Denbighshire, where there are serious issues in terms of vacant posts in the CMHTs.

I also have begun regular meetings with the MHL D Senior Management Team, in addition to my frequent meetings with Teresa Owen as the responsible Executive Director. I am glad that the very major efforts to reduce the unprecedented level of **out of area placements** have had considerable success, even if this remains a challenge, both in terms of finances and patient care. The more general progress in terms of our mental health services was recognised in the most recent of our quarterly meetings with the Mental Health Minister.

However, I remain seriously concerned about the relatively 'hidden' issue of our lack of capacity in terms of **care coordinators** for patients who have been accepted as open to secondary mental health services. Statutory guidance on the Mental Health Measure suggests that this should happen as soon as possible after patients have been accepted and only in exceptional circumstances more than 14 days after this. But in some of our CMHTs there are significantly longer delays than this as managers try to protect staff from unmanageable case-loads: while, in others, care coordinators are allocated more less immediately but have case-loads which means they struggle to provide continuity of care for patients. While I am surprised that there is such variety across what is a pan-Betsi service, both situations give cause for concern and are the result of the post-Covid surge of referrals and staff shortages, significantly exacerbated by the withdrawal of local authority social workers, who previously worked alongside Health Board colleagues as care coordinators in joint CMHTs. It is probable that these problems are shared by other Welsh Health Boards, but I have asked colleagues in the **Vice-Chairs' Peer Group** to try to clarify this.

I am also concerned at what is reported as a significant under-provision of psychologists and psychological therapies, particularly in community mental health settings. This often means that care coordinators have only one ‘tool in the toolbox’ – namely pharmaceutical interventions. It seems to me that it is unfortunate that in Wales, and more particularly in our Health Board, we have very limited deployment of Clinical Associates in Applied Psychology (CAAPs).

More positively, as I reported at the last meeting, the NHS Executive, with strong support from the Welsh Government, is pressing ahead with its plans to pilot an ‘**open access, single session talking therapy**’ offer, which international evidence suggests can help significantly in preventing the escalation into crisis of low level mental health issues and anxiety. After a very positive meeting with the Strategic Programme for Mental Health in January, it has now been confirmed that BCUHB is likely to be home to the first pilot of this.

One area where problems faced by our Health Board are certainly shared across the whole of Wales (and indeed the UK) is **Neuro-Diversity (ND)**, where the in-flow of new referrals far exceeds the capacity of Health-Board based teams to undertake these complex, multi-disciplinary assessments. I was briefed on this by Liz Fletcher, Associate Director of Children’s Services who leads on this for the Health Board. There is widespread recognition that there needs to be a systemic change of approach and work on this is regarded as a top priority for the Children’s Regional Partnership Board.

In terms of **Children and Adolescents’ Mental Health Services (CAMHS)** I continue to have regular meetings with Louise Bell, Assistant Director for CAMHS and also recently visited the new Central IHC ‘**Alternatives to Admission**’ crisis hub at the Royal Alex and met the **CAMHS Crisis team**. The Hub is welcoming and brilliantly designed on the basis of input from CAMHS clients, and initial experience suggests it is succeeding well in keeping young people out of Emergency Departments. The challenge now is to develop similar facilities in the other two IHCs.

## **Public Health and the Prevention Agenda**

While there is some ambiguity about the extent to which Vice-Chairs’ Primary and Community care remit extends to the public health and prevention agenda, I have taken the view that it is an essential complement to my focus on early intervention and primary care.

I have continued to have regular meetings with Jane Moore, as the Executive Director and am participating in the ‘Well North Wales’ Task and Finish Group which is working under the aegis of the Regional Partnership Board to develop a system-wide approach to promoting healthier lifestyles and well-being in general. The current scoping work is challenging and ideally would benefit from broader participation, although there is a core of highly committed health board and local authority staff and elected members. The intention is to report back to the RPB and the Health board in June with recommendations on how to drive this forward.

*Gareth S. Williams*  
*Vice-Chair*

*March 2025*

Teitl adroddiad: <i>Report title:</i>	Health Board Special Measures Progress Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	27 <sup>th</sup> March 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to provide an overview of progress against the Special Measures Framework over the course of the last 2 years. During this time the Health Board has stabilised and put in place several building blocks towards building an effective organisation for the long term.</p> <p>The report outlines progress against all 6 domains of the escalation and intervention framework with notable progress against governance, including financial governance, and with processes for managing Quality of Care.</p> <p>It is however acknowledged that there is a long way to go to fully meet our objectives to improve health and deliver excellent care for the people of North Wales. The challenge for the Health Board now is to translate the foundational work to date into consistently improved outcomes for patients, ensuring that 2025/26 is a year where we make a difference.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> <li><b>RECEIVE ASSURANCE</b> on the progress made during the first 2 years of Special Measures, along with the challenges highlighted and the focus going forward.</li> </ul>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive (Accountable Officer)			
Awdur yr Adroddiad: <i>Report Author:</i>	Paolo Tardivel, Executive Director of Transformation & Strategic 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 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>	
<p>Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i></p>	<p>To support the Annual Plan and Special Measures</p>
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<p>Not applicable</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Not applicable</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	<p>Not applicable</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>Not applicable</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf / <i>Next Steps:</i> Progress of agreed priorities for 2025/26</p>	
<p>Rhestr o Atodiadau / <b>List of Appendices:</b> N/A</p>	

# Progress against Special Measures De-escalation Framework

The purpose of this document is to provide an update on progress made by BCUHB against Special Measure priorities and de-escalation criteria over the last 12 months (2024/25) and the areas of focus looking ahead.

## Context

In February 2023 Welsh Government placed Betsi Cadwaladr University Health Board into Level 5 escalation status 'Special Measures'. This was due to serious concerns about performance, governance and board effectiveness, leadership and culture, quality and safety, and financial governance and management. Many of these were highlighted in the Audit Wales Board Effectiveness review published in February 2023, after which the Health Board was placed into Level 5 escalation status on all six of the NHS Oversight and Escalation Framework domains shown below.



The initial challenge for the Health Board was the appointment and induction of a new Board, initially on an interim basis, and then substantively. This determined the initial focus and priorities. Since then, the Health Board has worked hard on the priorities set by Welsh Government, making progress against the associated de-escalation criteria that sit beneath each domain. This has been supported by ten Welsh Government commissioned independent reviews in areas requiring particular focus, the recommendations from which were included in an outcome focused Special Measures response plan in 2023/24. This response plan was structured around five outcomes and these reflected the nature of the some of the initial priorities, for example developing a well-functioning Board and a clear and deliverable plan for 2023/24.

In 2024/25 the Special Measures actions were incorporated into the Health Board's Annual Delivery Plan in order to have a single plan for the organisation that encompassed all of its priorities. This plan is shaped around the five Strategic Objectives below that evolved from the five Special Measures Outcomes from the 2023/24 response plan. This evolution saw the maturing nature of the Board take shape with a well-functioning Board turning into longer-term ambitions to build an effective organisation.



Building an effective organisation

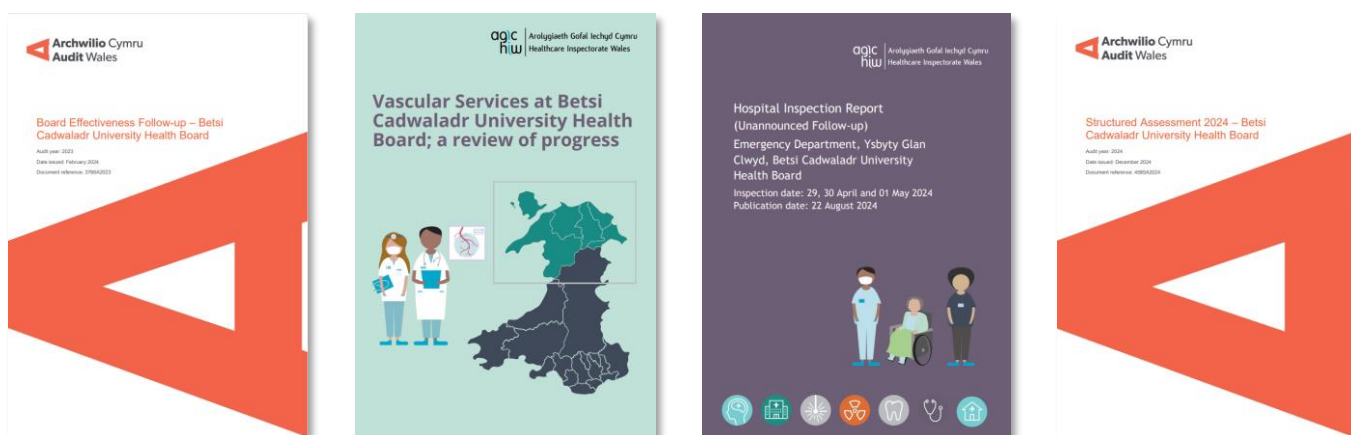
Developing strategy & long lasting change

Creating compassionate culture, leadership and engagement

Improving quality, outcomes & experience

Establishing an effective environment for learning

In 2024 there have been a number of external sources of insight that support the progress being made across the Health Board. Of particular note; the follow up Audit Wales review of Board Effectiveness, Health Inspectorate Wales de-escalation of Vascular and Ysbyty Glan Clwyd Emergency Department and Audit Wales annual Structured Assessment. These reports support the progress the Health Board has made in areas of Governance and Quality of Care. Whilst there is demonstrable progress in a number of areas, progress against Performance and Outcomes and Fragile Services domains has not been at the pace required and is the absolute focus of the organisation going forward.



The new Board identified early the importance of the Leadership, Capability and Culture domain, prioritising a number of key interventions in this space and really leading by example. Whilst this is one of the areas that will take some time to turn around, important work on the Leadership Development Framework and Organisational Values and Behaviours has been prioritised early and progress is being made.

The table below provides an overview of the national context in relation to the escalation status across Wales. All Health Boards are in some form of escalation, everyone is in escalation for Finance, Strategy and Planning and five out of seven Health Boards are in escalation for Performance and Outcomes.

	Level 1	Level 2	Level 3	Level 4	Level 5
Betsi Cadwaladr UHB					Full Health Board
Hywel Dda UHB				Full Health Board	
Aneurin Bevan UHB			Performance & Outcomes of UEC at the Grange UH	Finance, Strategy & Planning	
Cwm Taf Morgannwg UHB			Finance, Strategy & Planning. Performance & Outcomes (CAMHS)	Performance & Outcomes for UEC, Cancer & Planned Care	
Swansea Bay UHB			Maternity & Neonatal	Finance, Strategy & Planning. Performance & Outcomes	
Cardiff and Vale UHB			Finance, Strategy & Planning		
Powys THB				Finance, Strategy & Planning	

This report steps through each of the escalation domains in detail and provides a summary of progress against the de-escalation criteria for Level 5, accompanied by the de-escalation criteria for Level 4 that will inform the focus going forward.

## ■ C1: Finance, Strategy and Planning

In an area of escalation for all Health Boards, BCUHB has moved forward in a number of areas within the Finance, Strategy and Planning domain.

### Finance de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) Demonstrated improvement and evidence of robust financial governance and a robust financial control environment.</li> <li>2) Substantial progress to be made in delivering the SM action plan including actions to improve the organisation's understanding of the existing deficit and key drivers, development and realisation of opportunities.</li> <li>3) Annual Plan developed with Board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum, the target control total.</li> </ol>	<ol style="list-style-type: none"> <li>1) The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.</li> <li>2) Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.</li> <li>3) Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum, the target control total.</li> </ol>

## Summary of progress

Despite a challenging inherited starting position for the revised Board, there has been demonstrable improvement and evidence of strengthened financial governance and financial control environment, with:

- Enhanced Financial Governance Environment through additional oversight by specialist groups, the Executive Team, and Committees of the Board.
- Improved reporting is presented quarterly to the Audit Committee for scrutiny and challenge.
- A revised Scheme of Reservation and Delegation.
- Standing Financial Instructions endorsed.
- Head of Financial Governance role created within the Finance Structure to support sustainable improvements in Financial Governance, addressing issues identified in the Ernst Young report and leading to an unqualified opinion on the latest annual accounts
- A clear understanding of the underlying deficit position, incorporated into the Three-Year Plan.
- Positive engagement in the national Value and Sustainability Board, in particular in relation to Medicines Management.
- Implementation of the recommendations from the Contract Procurement Management Independent Review, including rolling out procurement and governance training to over 500 staff members.
- Enhanced controls to capture any breaches in procurement requirements.
- Exceeding delivery against the 2024/25 Financial Savings target of £48m.

## Strategy and Planning de-escalation criteria

Level 5 > 4	Level 4 > 3
1) Submission of an approvable annual plan in line with the NHS Wales planning framework 2024 to 2027.	1) Submission of an acceptable annual plan in line with the current planning framework.
2) Evidence of improving integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.	2) Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.
3) Board clarity on the strategic vision for the organisation.	3) Board clarity on the strategic vision for the organisation.
4) Evidence of a clear roadmap and implementation of the health board's multi-professional clinical services plan.	4) Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.
5) Deliver commitments set out within the annual plan, particularly in relation to the ministerial priorities.	5) Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities.
6) Sustained improvements in delivery of the plan throughout the year.	6) Significant progress on a clinical services plan.
7) Welsh Government's confidence in delivery based on the health board self-assessment against the planning maturity matrix.	7) Sustained improvements in delivery of the plan throughout the year.
	8) Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.
	9) Establishment of a Joint Committee and demonstrate improved regional collaboration where required to ensure continued safety, quality and ongoing viability and sustainability of regional services; including orthopaedics and ophthalmology.

## Summary of progress

Following the independent review of Planning and taking on learning and feedback from previous years, BCUHB has made a number of improvements to its integrated strategy and planning approach. Some of the key developments include:

- A Board approved Three-Year Plan that incorporated the Special Measures response plan.
- Development of five Strategic Objectives, evolved from the five Special Measures Outcomes, to ensure the organisation had a high-level strategic direction whilst the Ten-Year Strategy is developed.
- An agreed approach to the development of the Health Board's Ten-Year Strategy and Clinical Services Plan, including creation of a Clinical Services Planning Framework.
- A focus on working with the organisation's challenged services as early implementors of both the Quality Management System and Clinical Services Planning approaches.
- Development of an Integrated Planning Framework, informed by the independent review of Planning.
- Improved Annual Plan delivery rate for 2024/25 as compared to 2023/24.

## Focus going forward

Achieving a financially balanced plan and an approvable IMTP

Review of Finance Team capacity now substantive Executive Director of Finance is in post

Address clinical variation and unlock financial savings

Improvements to demand and capacity modelling and service planning

Mobilisation of Ten-Year Strategy

Enhancing the organisation wide capability in planning

Improved delivery against ministerial priorities

Health Board self-assessment against the Planning Maturity Matrix

## ■ C2: Performance and Outcomes

In an area of escalation for five out of seven Health Boards, is an area of particular challenge for BCUHB. Whilst progress has been made in some areas, much more is needed to deliver the level of service required for the population of North Wales.

### Planned Care and Cancer de-escalation criteria

Level 5 > 4	Level 4 > 3
1) 55% performance maintained for 4 months against the SCP target.	1) 60% performance maintained for 3 months against the SCP target.
2) 98% of open outpatient pathways are waiting less than 52 weeks and maintained for 4 months	2) 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.
3) Continuous improvement to ensure that 97% of open pathways are waiting less than 104 weeks and maintained/improved for 4 months.	3) 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.
4) Continuous reduction in the number of patients delayed by 100% for their follow up appointment.	4) 80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.
5) 75% of patients waiting for a diagnostic test to be waiting less than 8 weeks maintained for 4 months.	5) 15% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)
6) 80% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 4 months.	6) 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.
	7) 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.
	8) 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.
	9) 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.
	10) 85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.
	11) Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.

### Summary of progress

Planned care remains in heightened internal escalation with intense executive support. Following an initial prioritisation of the most extreme waits focus is now on reducing the larger backlog volumes. Additional Welsh Government funding is being utilised to eradicate 156-week breaches and to halve the number of 104-week breaches by 31<sup>st</sup> March. There is a significant focus on a weekly basis down to patient level which looks at booking rates, treat in turn, activity profiles and a forward look, alongside efficiency and productivity measures. In parallel the necessary insourcing and outsourcing arrangements are being mobilised to bring additional capacity online. Cancer performance remains below target whilst the treatment of patients who have already breached takes place. Upon completion of this work the focus will then switch towards meeting the 70% target.

Planned Care performance does continue to be a challenge across a number of the Health Board's challenged services. Whilst progress is not at the pace required, a much deeper understanding of the root cause issues is being gained, through weekly executive oversight of progress in this space.

BCUHB continues to work with national programme and respond to external reviews with progress against the implementation of GIRFT recommendations monitored through the Integrated Performance Executive Delivery Group.

The North Wales Women’s Planned Care and Cancer Recovery Plan is well underway, in line with GIRFT recommendations, through actions such as validation exercises, recruitment drives and capacity reviews. Performance monitoring mechanisms are also in place to ensure regular oversight of progress. It has also been agreed to implement the national Maternity Early Warning Score (MEWS) observations chart which is being led by an Expert Reference group with Health Board representatives across Wales.

### Urgent and Emergency Care de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) Continuous reduction of ambulance handovers over one hour of at least 17% maintained over 4 consecutive months.</li> <li>2) Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.</li> <li>3) Continuous improvement towards no more than 10% of patients waiting over 12 hours at each individual site and across the health board.</li> <li>4) Continuous reduction of 5% in pathways of care delays for 3 consecutive months and then maintained for 4 months.</li> <li>5) Evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.</li> </ol>	<ol style="list-style-type: none"> <li>1) A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).</li> <li>2) Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.</li> <li>3) Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.</li> <li>4) A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline).</li> <li>5) Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.</li> </ol>

### Summary of progress

There is a continued and evidenced use of data captured from patient interactions (Datix and CIVICA) to inform quality improvement processes and the experience of patients, families and carers. All three of the Emergency Departments across north Wales are testing changes to incorporate patient feedback with Patient Advice & Liaison Service (PALS) working closely with the Communications Team to promote feedback and changes made to demonstrate how feedback is heard and actioned.

Whilst there has been small pockets of improvement in ambulance handover times at points in the year, this remains a significant area of challenge. Through the Urgent and Emergency Care major change programme, BCUHB is working closely with colleagues across the health and care system, Welsh Government, the national Six Goals programme and the NHS Executive to improve the operational delivery of urgent and emergency care services for the safety and experience of patients.

The main workstreams within the UEC major change programme are:

- **Support at the individual’s front door** – Development of 24/7 Urgent Care Model to provide rapid access to diagnostics and safe alternatives to admission. Offering advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present.

- **Hospital front door** - Ensuring patients access safe, timely and clinically effective services at the Hospital Front Door. Reducing overcrowding in the Emergency Departments, waiting times, delays through streaming individuals to the right place first time.
- **Hospital flow** - Improving patient flow within our hospital sites, acute and community, ensuring safe, timely and effective processes leading to improvements in discharge practice and reducing delays and improving length of stay.
- **Discharge from hospital** – Reducing the number of clinically optimised patients within hospitals (Acute, Community, Mental Health and Learning disabilities) through consistent delivery of the discharge pathway and developing a North Wales alternative care provision model.

### Adult Mental Health and CAMHS de-escalation criteria

Level 5 > 4	Level 4 > 3
<p><b>Adult Mental Health</b></p> <ol style="list-style-type: none"> <li>1) 65% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral for 4 months (Part 1a).</li> <li>2) 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS for 4 months (Part 1b).</li> <li>3) 65% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan for 4 months (Part 2).</li> </ol> <p><b>CAMHS</b></p> <ol style="list-style-type: none"> <li>4) 75% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral for 4 months (Part 1a).</li> <li>5) 60% of therapeutic interventions started within 28 days following an assessment by LPMHSS for 4 months (Part 1b).</li> <li>6) 75% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan for 4 months (Part 2).</li> </ol>	<p><b>Adult Mental Health</b></p> <p>Not covered in the Hywel Dda de-escalation criteria.</p> <p><b>CAMHS</b></p> <ol style="list-style-type: none"> <li>1) 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.</li> <li>2) 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.</li> <li>3) 80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.</li> </ol>

### Summary of progress

Adult Mental Health services continue to perform above target, consistently providing assessments, interventions and treatments plans within 28 days over 80% of the time to those who need them. The initial assessments for those accessing CAMHS services have also been above target since May 2024, meeting the special measures target of 75% seen within 28 days of referral. There is still work to do however to ensure CAMHS therapeutic assessments are within target, some improvements in month-on-month performance have been seen over the year but need to ensure progress is consistently maintained.

## Primary and Community Care de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"><li>1) Primary and community care is supported by strong clinical leadership, at Board and Executive level, an effective integrated improvement plan, project management structure and effective transformation support.</li><li>2) Evidence of improved activity within community opportunities, urgent primary care centres</li><li>3) A clear strategy and plans for GMS managed practices, and fragile GMS practices.</li><li>4) All GDS and PDS dental contracts in place with a clear plan for the commissioning of tier 2 dental services across North Wales.</li></ol>	Not covered in the Hywel Dda de-escalation criteria.

### Summary of progress

Primary and Community Care is an area that the Health Board is not yet realising the full potential of. Whilst there is progress in some discrete areas, access remains an issue and there are many whole system opportunities by doing things differently in this space. This forms the focus of plans going forward.

A Primary Care Board is now established and bringing together leadership pan-BCU with growing clarity on community opportunities to be maximised aligned to the cluster approach. Dentistry is a challenged area across Wales, though work is underway within BCUHB to improve activity across General Dentistry, Oral Surgery and Orthodontics via a £5m investment in provision across North Wales.

BCUHB is ranked the highest in Wales for the number of consultations carried out under the Pharmacist Independent Prescribing Services (PIPs). This will continue to be promoted as a source of advice and treatment for anyone requiring care for minor ailments within the community as the Board further explores the potential of alternatives within primary care.

### Focus going forward

Remaining Planned Care long waits – including productivity, utilisation, efficiency and treat in turn

Continuing to improve delayed transfers of care

Ambulance handover and ED waiting times

Improvements to CAMHS performance relating to waiting times for interventions

Further integration of primary and community care in clinical services planning

Improving access to all primary care services, including dental

## ▪ C3: Fragile Services

Improvement plans are underway for each of the following areas with a regular review cycle to ensure appropriate actions are taken. Board Committees have provided oversight and support via a number of deep dives into these areas. Each of these services are becoming early implementors of the organisation's Quality Management System and Clinical Services Planning approaches. Of note in terms of overall progress is that following de-escalation of Vascular Services and Ysbyty Glan Clwyd ED by HIW, the organisation no longer has any services classified as a service requiring significant improvement. Whilst this is welcome in terms of the most significant concerns, the organisation recognises that there remains a long way to go and the need for a concerted focus across each of these areas.

Service	Key headlines	Focus going forward
Dermatology	<ul style="list-style-type: none"> <li>Two Dermatology Clinical Leads appointed.</li> <li>Teledermoscopy service launched.</li> <li>Straight to test implemented for Urgent Suspected Cancer (USC) referrals.</li> <li>Increased capacity via insourcing.</li> </ul>	<ul style="list-style-type: none"> <li>More primary care developments including expansion of GP with special interests service.</li> <li>Full assessment of detailed demand and capacity analysis.</li> <li>Plans on how to run the service across BCU.</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>A number of independent reviews completed</li> <li>Significant consultation with families in developing response plans.</li> <li>Additional training and learning events to support MHLD training compliance.</li> <li>Creation of an Expert Advisory Group including family members.</li> </ul>	<ul style="list-style-type: none"> <li>Completion of Royal College of Psychiatry Review action plan</li> </ul>
Ophthalmology	<ul style="list-style-type: none"> <li>Train and treat commenced.</li> <li>Undertaking work with NHSE around clinical variance and opportunities to ensure "right procedure, right place".</li> <li>Currently developing PROMs and PREMs to support pathway redesign in Cataract Care, Glaucoma, and Macular Degeneration.</li> <li>Significant opportunity to work more closely with community optometry to improve patient pathways.</li> </ul>	<ul style="list-style-type: none"> <li>Improved performance against GIRFT standards.</li> <li>Senior clinical workforce recruitment, commencing with BCU clinical lead role.</li> <li>Harm Review process</li> <li>Outsourcing for cataract.</li> <li>Development of longer-term service model.</li> </ul>
Orthodontics	<ul style="list-style-type: none"> <li>Consultant Orthodontist appointed.</li> <li>Medical/Dental recruitment remains a significant challenge.</li> <li>GIRFT Study underway and awaiting final report.</li> <li>Review of clinic utilisation and patients waiting taking place.</li> <li>Successful procurement of Personal Dental Service (PDS) Orthodontic activity and now progressing WG approval for tender lots.</li> </ul>	<ul style="list-style-type: none"> <li>Exploration of alternative treatment pathways.</li> <li>Consideration of strategic configuration of services and alignment.</li> <li>Implementation and delivery of procurement contract.</li> </ul>

Orthopaedics	<ul style="list-style-type: none"> <li>All elements of Llandudno hub construction underway (Theatres, Wards, X-ray, Energy Centre)</li> <li>Some contractual delays to overall completion and revised dates being agreed</li> <li>Collective staff consultation closed end of December and 1:1's with staff have commenced</li> <li>Clinical Leads for the Hub appointed and recruitment commencing for additional posts in the business case</li> </ul>	<ul style="list-style-type: none"> <li>Conclusion of OCP process</li> <li>Agree revised date and finalise works ahead of opening</li> <li>Conclude the development of the clinical and operational model and implement in Abergele initially and then move over to Llandudno once open</li> </ul>
Plastics	<ul style="list-style-type: none"> <li>Waiting list review of Plastics was prioritised with a particular focus upon clinically overdue and at-risk patients.</li> <li>Improved joint working with Mersey &amp; West Lancs NHS Trust and Joint Commissioning Committee (JCC)</li> </ul>	<ul style="list-style-type: none"> <li>Additional Minor Outpatient Procedure capacity.</li> <li>More effective alignment with Dermatology.</li> <li>Explore potential to expand local provision.</li> </ul>
Oncology	<ul style="list-style-type: none"> <li>Medical workforce challenges and shortages, including relating to changing clinical practice.</li> <li>New clinical lead appointed.</li> <li>Nursing teams have completed Systemic Anti-Cancer Therapy Passport.</li> <li>Homecare capacity being maximised and extended hours on day units.</li> <li>Rotation plans in place for senior nursing staff.</li> <li>Virtual appointments being undertaken where appropriate and clinically safe to do so.</li> <li>All appropriate regimes now provided in Ysbyty Gwynedd so that patients can receive care closer to home.</li> </ul>	<ul style="list-style-type: none"> <li>Review options around non-medical prescribers.</li> <li>Joint academic role with Bangor University to boost recruitment and reputation.</li> <li>Review and investment in pharmacy service element</li> <li>Progressing medical recruitment and longer-term plans for trainees.</li> </ul>
Urology	<ul style="list-style-type: none"> <li>Significant medical workforce gaps – additional locums secured in the short term.</li> <li>Royal college report clear that servicing 3 emergency on-calls rotas is unsustainable.</li> <li>Robotic surgery is now core to attracting high quality consultants.</li> <li>Clear Standard Operating Procedures in place.</li> </ul>	<ul style="list-style-type: none"> <li>Progress implementation of GIRFT recommendations with move to more unified approach.</li> <li>Increase the delivery of diagnostic and day case urology.</li> <li>Resolve service sustainability issues (e.g. 3 on-call rotas)</li> <li>Establish clinical lead for BCU with external support.</li> <li>Build upon initial QMS and Clinical Services Planning work.</li> </ul>
Vascular	<ul style="list-style-type: none"> <li>De-escalated as a 'service of concern' by Health Inspectorate Wales.</li> <li>Vascular dashboards have been created and launched to inform service development, aligned to benchmarking with National Vascular Registry around outcomes.</li> <li>Refreshed plan successfully developed.</li> </ul>	<ul style="list-style-type: none"> <li>Approve remaining 7 revised pathways.</li> <li>Consideration of the stability and effectiveness of recent changes.</li> <li>Full assessment of all elements to determine level of escalation.</li> </ul>

	<ul style="list-style-type: none"> <li>Proactive clinical monitoring has led to improved oversight and the mitigation of safety issues arising e.g. Vascular AAA.</li> </ul>	<ul style="list-style-type: none"> <li>Complete QMS maturity assessment.</li> </ul>
YGC Emergency Department	<ul style="list-style-type: none"> <li>De-escalated by Health Inspectorate Wales following marked improvements made.</li> <li>Improved training for risk assessments via Practice Development Nurse.</li> <li>Revisions to roster management to support changing demand profiles.</li> </ul>	<ul style="list-style-type: none"> <li>Continued focus on improvements via the Urgent and Emergency Care Major Change Programme.</li> <li>Assess the embedding of completed actions within review.</li> </ul>
Acute Stroke Services	<ul style="list-style-type: none"> <li>3 Stroke Rehab Units implemented within community settings.</li> <li>Extension of specialist nurses to support acute stroke wards 7 days a week.</li> <li>Early supported discharge teams in place in each IHC, supporting patients into their own home.</li> <li>Stroke pathway now well developed and focus now extending to prevention and health promotion.</li> <li>Consultant Therapist recruited into rehab units.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to strengthen service, including evaluation against revised quality metrics (SSNAP).</li> <li>Progress Consultant recruitment within the known UK wide challenges.</li> </ul>

## ■ C4: Governance

### Governance de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) A vision, credible strategy and supporting plans to deliver organisational priorities which are underpinned by a culture of quality, sustainable care.</li> <li>2) Governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes with effective Board oversight and a clear performance and delivery framework that drives improvement.</li> <li>3) Responsibilities, roles and systems of accountability and escalation to support good governance and management.</li> <li>4) Effective oversight and scrutiny being consistently provided by the Board and/or the appropriate Committee with clear evidence, recommendations, risks and opportunities outlined in Committee and Board papers.</li> <li>5) An effective risk management framework for identifying, recording and managing risks across the organisation. The Board and the relevant Committee is sighted on the organisation's strategic risks and areas of concern on a regular basis.</li> <li>6) Processes ensure the Board and the relevant Committees are provided with regular reports on performance to maintain an appropriate level of oversight and so they can scrutinise effectively.</li> <li>7) Processes ensure the Board and the relevant Committees are provided with regular reports on fragile services so that they can maintain an appropriate level of oversight and so they can scrutinise effectively and provide guidance.</li> </ol>	<ol style="list-style-type: none"> <li>1) Effective oversight and scrutiny of current service provision consistently being provided by the Board and the appropriate Committee as demonstrated by Committee and Board papers.</li> <li>2) Evidence of Board considering the Duty of Quality to inform their decision making and evaluating their compliance with the Duty.</li> <li>3) Effective programme and performance management structure is in place, which defines objectives of the improvement work, has plans which show how the work is delivered and what barriers could impact on delivery of outcomes; structures have effective, open and transparent reporting, with effective Board oversight and a clear performance and delivery framework that drives improvement.</li> <li>4) Risk management arrangements are in place for identifying, recording, managing risks across the organisation. Board is sighted on key risks and areas of concern on a regular basis and is able to offer constructive scrutiny on performance and effective oversight and scrutiny of fragile services provided by QSE and Board.</li> <li>5) Clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes.</li> <li>6) Self-assessment against an agreed governance maturity matrix with evidence the agreed level.</li> </ol>

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| <p>8) Clinical strategy and supporting plans are developed, agreed and communicated internally and to the public; deliver realistic actions early on to gain confidence and trust that sustainable longer-term continuous improvement is achievable.</p> <p>9) Regular self-assessment against the agreed governance framework to identify risks and opportunities and ensure continuous improvement.</p> |  |
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## Summary of progress

A significant amount of work has been undertaken to improve the governance of the organisation, with feedback from regulators over the last two years acknowledging the progress made.

The Health Board is in a more stable position since being placed into Special Measures, with the majority of Board Members having been replaced, clear governance structure having been established, with all committees supported by a forward-looking corporate calendar.

Performance issues are escalated through committee governance, ensuring effective oversight. The Performance, Finance, and Information Governance committee plays a crucial role in overseeing the Integrated Performance and Accountability Framework, which has been approved by the Board.

The Health Board Plan for 2024/25 outlines a roadmap towards a Ten- Year strategy of which the Clinical Services Plan will form an important part. Several other key plans have been approved, including the Annual Delivery Plan, Financial Plan, and Equality and Diversity Plan. With quality as the golden thread through all work, the Betsi Quality Management System (QMS) has been approved, has early implementer services, a bespoke online maturity self-assessment and is being further rolled out across the services most in need as part of the first phase of the launch.

Foundational work for future strategic initiatives is also underway, including the development of an Outline Business Case for an all-encompassing Electronic Healthcare Record.

Board meetings, now quorate, have been refocused to address strategic items, with more detailed oversight delegated to committees. External review has endorsed our approach to Board and Committee meetings noting that they are run in an open and transparent manner. Reports to the Board and committees include evidence, recommendations, risks, and opportunities, supported by a cycle of business established in 2023/24. The most recent Board Assurance Framework (BAF) was also approved by the Board in January 2025.

The Health Board has an agreed Board Development Programme, marking a significant milestone in enhancing governance practices. Phase 1 of the new Board Development Programme focused on consolidating the Board's commitment to leadership development.

Overall, the Health Board has made clear progress in establishing and refining governance structures, strategic planning, risk management, and performance oversight, giving strengthened foundations for the necessary improvements needed in other domains.

In terms of meeting legislative requirements, BCUHB has approved a Health and Safety Policy and is actively working to ensure full compliance. Legal services have been transferred to Corporate Governance and

targeted work is being undertaken to address immediate priorities related to health and safety and civil contingencies.

The findings from the Office of the Board Secretary (OBS) independent review were implemented, which included updated Terms of Reference for all Committees, confirmed membership for each Committee, a Cycle of Business for each Committee, along with a corporate calendar reflecting this.

An assessment of capabilities within the OBS (now Corporate Governance) team was conducted against the requirements from the OBS Review and a plan put in place to action. The Risk Management function was transitioned into the Corporate Governance team and governance approvals and sign-offs were achieved to fully implement the Corporate Governance structure by January 2024.

Importantly, the latest Audit Wales report (2024) acknowledged positive progress in Corporate Governance and across a number of areas including financial management, reflecting a turnaround in key performance areas.

The full report is available and will be formally considered by the Board in March 2025.

The Health Board has already factored these findings into the priority areas of focus over the next year. As part of the Annual Plan for 2024/25 there is also an objective to undertake an annual formal board effectiveness self-assessment in accordance with good practice. The Self-Assessment will take the form of a survey alongside a session with the Board during quarter 4 and will shape ongoing improvements over the next year.

Significant work has been undertaken by the Corporate Governance Directorate during 2024 to ensure that both historical and current internal and external audit recommendations more proactively managed. The work to approve the closure of some historical internal audit recommendations concluded in November 2024, with the historical external audit recommendations presented to Audit Committee in January 2025.

The Health Board received feedback on the need to improve patient and community engagement in Board decision making processes. Over the last year community conversations have continued with a more structured Public Engagement Framework in place. This ensures more inclusive engagement with a wide range of communities and is complemented by key themes from patient experience analysis routinely reported to Board to inform service improvements.

## **Focus going forward**

Self-assessment before the end of the financial year

Continue to roll out improvements in Operational Governance

## ■ C5: Leadership, Capability and Culture

### Leadership, Capability and Culture de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) Succession and development plan in place to ensure adequate capacity and capability in all areas of the organisation.</li> <li>2) A clear organisational structure led by an effective and complete executive team with the leadership capacity and capability to deliver high quality, sustainable care.</li> <li>3) Effective leadership programme in place to support ongoing development of leadership and management skills at all levels/professions to strengthen management maturity.</li> <li>4) Strategic workforce planning is undertaken to maximise skills of current staff.</li> <li>5) Continued embedding of a values and behaviours framework throughout the organisation.</li> <li>6) Systems and processes for learning, continuous improvement and innovation.</li> <li>7) Mechanisms in place to ensure lessons learned are recorded, communicated and used to drive improvements.</li> <li>8) Positive staff engagement in NHS Wales surveys.</li> <li>9) Local surveys showing increasing confidence and trust in the organisation's leaders and an awareness of strategies.</li> <li>10) Plans are in place and being implemented to reduce the number of interim and agency staff.</li> <li>11) Positive feedback from leadership programmes.</li> <li>12) A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.</li> <li>13) Demonstrate how people's concerns and complaints are listened to, and responded to, and used to improve the quality of care and how the people who use services, the public, staff and external partners are engaged and involved to support high quality sustainable services</li> </ol>	<ol style="list-style-type: none"> <li>1) A full and substantive Executive Director Team, with a clear organisational structure is in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality, sustainable care.</li> <li>2) Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity. Evaluation of the impact of these programmes including decision making, use of equality impact assessment, safeguarding and participant feedback.</li> <li>3) Positive staff engagement in NHS Wales surveys.</li> <li>4) Plans are in place to develop a sustainable workforce resulted in improved staff retention and staff well-being, a reduction in the number of vacancies and the number of interim and agency staff, workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan</li> <li>5) Whether the people who use services, the public, staff and external partners are engaged and involved to support high quality sustainable services, demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies.</li> <li>6) Clinical change is led and driven forward by clinical leaders at all levels of the organisation.</li> <li>7) A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including quality, mortality, staffing levels, patient outcomes, user and staff feedback.</li> <li>8) Effective use of data to help demonstrate improvements in leadership.</li> </ol>

### Summary of progress

Overall, the Health Board has made progress in developing leadership capacity, embedding values and behaviours, and establishing systems for continuous improvement and learning. Intrinsicly linked to culture, work in this area is further supported by a commitment to listening and responding to feedback from staff at all levels, partners and the communities of North Wales.

Work has begun on the organisation's long-term succession and development plan with the approved Leadership Framework expected to support this work further into this last quarter and the year ahead.

An Executive Portfolio Review has been completed, with initial recommendations implemented and all vacant posts being in the process of being filled. A large focus was placed on reducing the number of interim and agency staff, including a new requirement for executive approval and impact assessments for interim requests.

The 'Foundations for the Future' major change programme is also well underway, having completed the discovery phase and currently in design. This is a fundamental transformation for the organisation that brings together structures, people, systems, processes, culture and strategy, to address a number of the core issues in how the organisation currently operates.

A comprehensive Leadership Framework and programme has been approved by the Board, supporting leaders at all levels. This has included a number of leadership conferences, drawing from external expertise such as Professor Michael West in relation to Compassionate Leadership. Learning is available to leaders at all levels via a newly launched Leadership Hub (Venture) which was co-designed with feedback from over 800 stakeholders. A People Managers forum is also now in place to support core management skills as well as a new Values and Behaviours Framework which has been developed and revised based on feedback from across the organisation. The next phase of this work has seen the launch of a Culture Change Leaders Programme with staff members of all levels signing up and receiving initial training to support the spread of the newly agreed values and be a vehicle for positive change.

Highlighting systems and processes for learning, continuous improvement and innovation, the Organisational Learning Forum (OLF) has been introduced, meeting monthly with learning summaries shared with staff. A centralised learning repository and quality dashboard have also been launched, and the Great-ix platform for learning from excellence has been in place for a year.

Initiatives such as the "Living Well, Working Well" handbook and menopause support programs have enhanced staff wellbeing and the staff engagement score has improved and is now comparable with the all-Wales average.

A culture of listening, learning and improving is the long-term aim for the Health Board with incremental changes made on an ongoing basis. Mechanisms are in place to assess and resolve issues from various sources, including patient, user, and staff feedback. A newly approved Integrated Concerns Policy for example, ensures that incidents, complaints and mortality reviews are promptly identified, recorded, and reviewed, with patients, families, and staff actively involved in the process to further support the development of high-quality sustainable services for the population.

Work to actively involve patients, carers and citizens is ongoing to create a two-way dialogue between the Health Board and the local population and is being led by Board members as part of a revised approach to engagement.

## Focus going forward

Complete Executive recruitment

Develop fully operational workforce planning capability

Organisation-wide succession planning

Improving mechanisms for staff feedback and a "You said, We did" approach

Operating Model as part of the Foundations for the Future programme

### ■ C6: Quality of Care

#### Quality of Care de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) An integrated and effective quality management system operating throughout the organisation.</li> <li>2) Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by Quality, Safety and Experience Committee and Board.</li> <li>3) The health board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs.               <ol style="list-style-type: none"> <li>a. C-Diff: reduce the number of hospital onset infections by 15% and maintain for 4 months (from a baseline of the average number of cases in quarter 3 of 13 cases to no more than 11 per month)</li> <li>b. E-coli: reduce the number of hospital onset infections by 15% and maintain for 4 months (from a baseline of the average number of cases in quarter 3 of 10 cases to no more than 8 per month)</li> </ol> </li> <li>4) 68% of complaints that had final reply (Reg 24)/interim reply (Reg 26) to be closed within less than 30 working days of concern received maintained for 3 months</li> <li>5) Effective response from the health board to external reports and reviews including those from Audit Wales, Public Services Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.</li> <li>6) Demonstrate how service user and staff experience/involvement is being used to improve quality processes and inform service development across the organisation.</li> <li>7) Demonstrate the progress made against implementing the requirements of the Duty of Candour and Duty of Quality including the embedding of the Care and Quality Standards throughout the organisation from Board to service area delivery.</li> <li>8) Oversight of safeguarding arrangements to ensure the Board has sufficient, meaningful assurance that the organisation is delivering against its safeguarding statutory responsibilities.</li> <li>9) Use of national clinical audit and outcome review programme and Value in Health dashboards to support quality</li> </ol>	<ol style="list-style-type: none"> <li>1) Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by Quality Safety Committee and the Health Board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs.               <ol style="list-style-type: none"> <li>a. C-Diff: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 8 cases to no more than 6 per month).</li> <li>b. Staph aureus: reduce the number of hospital onset infections by 33% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 3 cases to no more than 2 per month)</li> <li>c. E-coli: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 7 cases to no more than 5 per month).</li> </ol> </li> <li>2) 70% of complaints that had final reply (Reg 24)/interim reply (Reg 26) to be closed less than 30 working days of concern received.</li> <li>3) Effective response from the health board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.</li> <li>4) Demonstrate how service user and staff experience/involvement is being used to improve quality processes and inform service development across the organisation.</li> <li>5) Demonstrate the progress made against implementing the requirements of the Duty of Candour and Duty of Quality including the embedding of the Care and Quality Standards through the organisation from Board to service area delivery.</li> <li>6) Oversight of safeguarding arrangements to ensure the board have sufficient, meaningful assurance that organisation is delivering against its safeguarding statutory responsibilities.</li> </ol>

improvement and address unwarranted variation in care (including the use of patient and staff feedback to influence service design).

7) Use of National Clinical Audit and Outcome Review Programme and Value in Health dashboards to support quality improvement and address unwarranted variation in care. (including the use of patient and staff feedback to influence service design).

## Summary of progress

There has been a lot of work across the organisation to ensure that Quality is at the heart of everything the Health Board does. This includes the development of a Quality Management System (QMS), which is in the process of being tested with some early implementor services, before further roll out across the organisation. The four quadrants of the QMS of Quality Planning, Quality Improvement, Quality Control and Quality Assurance are being incorporated into the necessary organisation wide frameworks and approaches, supporting the work to become a data-led learning organisation.



In terms of proactively monitoring and reducing the risk of Healthcare Associated Infections (HCIs), progress has been made through the establishment of the Local Infection Prevention Group with reporting up to the Quality Executive Delivery Group. Not only have infection prevention learning reviews taken place, improvement plans are in place and routinely monitored. Post-infection reviews are carried out for all HCIs to identify incidences and lessons learned. The "HABITs" campaign (Hand Hygiene, Aseptic non-touch technique, Bare below elbows, Isolation, Treatment and Standard Precautions) has been introduced and embedded within plans that are expanding to involve patients and the public. Hospital onset HCIs are being managed in similar ways with audits, protocol reminders and lessons learned shared with services and staff.

In further becoming a quality-led organisation committed to implementing the requirements of the Duty of Candour and Duty of Quality, the Health Board has:

- Published its Annual Quality Report
- Actively seeks and receives support from the NHS Executive (Improvement Cymru) and the Welsh Risk Pool.
- Implemented an Integrated Concerns Policy, learning repository and Quality Dashboard

In demonstrating how service user and staff experience is used to improve quality processes and inform service development, patient stories are regularly used in meetings, including at Board level. Patient Advice & Liaison Service (PALS) Officers proactively work across North Wales to capture real time feedback and undertaking qualitative discovery interviews. Learning and subsequent actions are then presented back by services in a "you said, we did" approach to show how people's experiences have directly influenced improvements.

In November 2023 the Chief Executive commissioned a review of all outstanding cases awaiting inquest. Significant learning was identified about how the Health Board approaches its investigations aligned to the coroner's observations. The last 12 months has seen a reduction in the number of Prevention of Future Death notices. This learning was applied to introducing an improved process across all concerns, which led to the

Board approving an Integrated Concerns Policy in July 2024. This has resulted in improved rates of complaints closure with regular monitoring of progress to ensure complaints, including complex cases, are responded to within 30 days as often as possible. There is a daily virtual concerns hub to share learning and weekly analysis of key themes and trends is carried out, as well as weekly improvement meetings with the Deputy Executive Director of Nursing and services to enable targeted support to the resolution of complaints. It is worth noting that the number of complaints upheld by the Public Service Ombudsman for Wales has reduced due to the work in this space.

The Health Board has reviewed and updated the Safeguarding Reporting Framework and action plan, with all actions now complete, supporting the organisation to deliver against its safeguarding statutory responsibilities. Further details on which can be seen in the Safeguarding and Public Protection Annual Report which was reported to the October Quality, Safety and Experience (QSE) Board Committee.

Service Reviews in agreed areas have taken place with clinical leadership being one of the key themes to address – actions include the appointment of new clinical leads for challenged services and for Planned Care. The most recent Health Board Leadership Conference was focused on Clinical Leadership with over 100 clinical leaders invited and guest speakers advising on how to lead in difficult times. 26 delegates have attended a Clinical Leadership programme, due to complete by the end of the financial year, supporting the pipeline of future clinical leadership. Building a stronger and more sustainable clinical leadership model is an important element of the Foundations for the Future programme.

## Focus going forward

Continued implementation of the Quality Management System

Reducing unwarranted variation

Developing an Electronic Healthcare Record – enabling clinical services transformation

Ensuring that harm due to long waits is being adequately mitigated

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## ▪ Looking ahead

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Looking ahead to 2025/26, the focus is on building upon the foundational and early delivery work to date and to accelerate delivery of change to front line services, whilst continuing to build a sustainable organisation for the long-term. There are some really critical pieces of work that will be fundamental to achieving this:

- Working with Partners in the development of a Ten-Year Strategy for North Wales, that isn't just focused on Health, but the how the whole system can work together to keep the population well.
- Taking the learning from the early implementors and doing deeper and broader Clinical Services Planning work, using Quality Management System at its heart, to really transform the organisation's challenged services.
- Progress at pace the plans for an Electronic Healthcare Records (EHR) System for the organisation, ensuring that learning from the Mental Health system is incorporated into organisation wide EHR.

This will be a critical enabler for broader service re-design, linking back to the Clinical Services Planning work.

- Develop and implement the structural enablers to scale up the 'shift left' of resources into prevention and early intervention, making better use of opportunities within the Primary and Community space.
- Move into the delivery phase of the Foundations for the Future organisational design work, addressing the long-standing issues in the current operating model, focussing not only on the structure, but also the people, systems, processes, culture and strategy.

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## ▪ Conclusion

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The organisation has moved a long way over the last two years, needing to re-build new Board, governance structure, change portfolio, operating model, culture and strategy. External bodies including Welsh Government have acknowledged that the Health Board has now stabilised with key progress around corporate governance, financial control and Quality of Care processes.

Whilst a lot of progress has been made in building the necessary foundations for the organisation to be successful in the long-term, much of this work takes many years to get right and be fully embedded. Along with many other Health Boards, the organisation has at times found it challenging to be truly 'ambidextrous' in building a sustainable organisation for the long-term whilst also addressing some of the shorter-term performance issues. Whilst this will always be difficult to balance, a lot of the organisational building blocks are now in place to support addressing both in parallel. This is the only way the organisation will successfully deliver on its purpose to improve the health and wellbeing and provide excellent care to the people of North Wales.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Annual Audit Report and Structured Assessment 2024			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 28 March 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The Annual Audit Report 2024, at Appendix 1, sets out the key findings from the audit work undertaken at Betsi Cadwaladr University Health Board (BCUHB) (the Health Board) by Audit Wales (AW) during 2024.</p> <p>The work undertaken allows the Auditor General for Wales to discharge his responsibilities under the Public Audit (Wales) Act 2004 in respect of the audit of the accounts and the UHB's arrangements to secure efficiency, effectiveness and economy in its use of resources.</p> <p>The key focus of the Structured Assessment 2024, at Appendix 2, was on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on Board transparency, cohesion, and effectiveness, corporate systems of assurance, corporate approach to planning, and corporate approach to financial management. An update on progress against recommendations identified in previous structured assessment reports has also been included in the document.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>Board Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the report and <b>NOTE</b> the Audit Committee has considered the report and confirmed that the Structured Assessment report presents a fair and balanced view of the organisation, recognising both the positive aspects identified and those areas where further progress is required; and</li> <li>• <b>NOTE</b> the management response to the Structured Assessment and that the progress will be monitored by the Audit Committee and reported to the Board via the Chairs Assurance Report</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance Russell Caldicott, Executive Director of Finance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Pam Wenger, Director of Corporate Governance			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>	Derbyniol <i>Acceptable</i> <input type="checkbox"/>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim hyder/tystiolaeth o ran y ddarpariaeth

	High level of confidence/evidence in delivery of existing mechanisms/objectives	General confidence / evidence in delivery of existing mechanisms / objectives	Some confidence / evidence in delivery of existing mechanisms / objectives	No confidence / evidence in delivery
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><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></b></p>				
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<p>Objective 1 Building an Effective Organisation</p>			
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>N/A</p>			
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>N/A</p>			
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>N/A</p>			
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>CRR-16 – Leadership/Special Measures</p> <p>BAF 2023/24 SP16 Board Leadership and Governance</p>			
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>There are no financial implications</p>			
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>There are no workforce implications</p>			
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>N/A</p>			
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)</p>	<p>BAF 2023/24 SP16 Board Leadership and Governance</p>			

<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• Implementation of recommendations</li> </ul>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <ul style="list-style-type: none"> <li>• Appendix 1: Annual Audit Report</li> <li>• Appendix 2: Structured Assessment 2024</li> </ul>	

# ANNUAL AUDIT REPORT AND STRUCTURED ASSESSMENT

## 1. BACKGROUND

The 2024 Structured Assessment has been considered and discussed in depth at the Audit Committee held on 16 January 2025. The Annual Audit Report now being presented to the Board is reflective of the 2024 Structured Assessment report, and it is concurred that the report presents a fair and balanced view of the organisation, recognising both the positive aspects identified and those areas where further progress is required.

The report sets out the findings under three themes:

- Governance arrangements;
- Approach to strategic planning; and
- Wider arrangements that support the efficient, effective and economical use of resources.

## 2. ANNUAL AUDIT REPORT

This report summarises the work undertaken by the Audit Wales and allows the Auditor General for Wales: to discharge his responsibilities under the Public Audit (Wales) Act 2004 in respect of the audit of the accounts and the Health Board's arrangements to secure efficiency, effectiveness and economy in its use of resources.

Key findings included:

The Auditor General for Wales (AGW) issued an unqualified true and fair opinion on the Health Board's 2023-24 accounts.

The Auditor General for Wales (AGW) issued a qualified regularity opinion for 2023-24 as the Health Board:

- Did not break-even against its Revenue Resource Limit over the three years 2021-22 to 2023-24, failing its first financial duty.
- Incurred irregular expenditure for payments made to an interim executive member of the Board relating to 2023.
- Alongside the AGW audit opinion, he placed a substantive report on the Health Board's accounts to highlight the true and fair and regularity qualifications noted above and the failure of the Health Board to have an approved three-year plan in place.
- The Health Board and its regional partners understand and show a commitment to improving patient flow out of hospital. However, the number of medically fit patients occupying hospital beds remains very high. Regional partners must continue to work both individually and collaboratively to set and implement clear guidance, mitigate the challenges posed by reduced capacity and increased complexity of care, and ensure the impact of activities is continually monitored, challenged, and maximised.

- The Health Board has made limited progress in addressing our previous recommendations relating to discharge planning. While the introduction of Discharge to Recover then Assess improved the Health Board's approach to discharge planning, challenges remain relating to training, compliance with guidance, embedding initiatives and reporting discharge planning performance at Board and committee level.
- Whilst the Health Board exceeded its savings target and almost met its control deficit target for 2023-24, its track record of delivering recurrent savings has been variable. Given the Health Board's challenging current financial position, it urgently needs to accelerate work on rolling out and embedding its new cost savings arrangements across the organisation.
- Since last year's structured assessment and our follow up work on board effectiveness, there have been positive developments in some of the Health Board's key corporate governance arrangements and progress in recruiting to some business-critical senior roles. However, there remains much to do especially in respect of establishing a stable, cohesive and high performing Executive Team, developing a longer-term strategy and supporting Clinical Services Plan, and ensuring the Health Board's organisational structure and operating model is fit for purpose.

Further information is included in **Appendix 1**.

### 3. **STRUCTURED ASSESSMENT 2024**

The Structured Assessment 2024 focused on our corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. The Structured Assessment 2024 attached at **Appendix 2** and was presented to the Audit Committee on 16 January 2025.

The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on:

- Board transparency, cohesion, and effectiveness;
- Corporate systems of assurance;
- Corporate approach to planning; and
- Corporate approach to financial management.

The overall assessment concluded that *“since last year's structured assessment and our follow up work on board effectiveness, there have been positive developments in some of the Health Board's key corporate governance arrangements and progress in recruiting to some business-critical senior roles. However, there remains much to do especially in respect of establishing a stable, cohesive and high performing Executive Team, developing a longer-term strategy and supporting Clinical Services Plan, and ensuring the Health Board's organisational structure and operating model is fit for purpose”*.

Key messages in this regard from the Audit Wales Structured Assessment include;

- **Board Transparency and Effectiveness**  
Audit Wales found that there is now a full cadre of substantive independent members on the Board and that board and committee meetings are conducted appropriately and transparently. However, ongoing instability within the Executive Team, gaps in wider senior leadership structures, and ongoing challenges with the operating model are compromising the Health Board's ability to tackle the significant challenges it faces.
- **Corporate Systems of Assurance**  
Audit Wales found that whilst the Health Board is making reasonable progress in strengthening its systems of assurance, there is more to do in relation to the Board Assurance Framework and ensuring systems of assurance are fully owned and utilised to drive improvements across the organisation.
- **Corporate Approach to Planning**  
Audit Wales found that the Health Board is planning to develop sustainable long-term organisational and clinical plans; however, to support this work, it will need to strengthen its approach to planning and ensure that plans are achievable.
- **Corporate Approach to Managing Financial Resources**  
Audit Wales found that whilst there are improvements in the Health Board's approach to financial management and delivery of savings, significant challenges remain in terms of 4 spending within budget.

The Health Board was not able to meet its statutory financial duties for 2023-24 despite significant financial assistance from Welsh Government. Whilst the Health Board is predicting it will achieve its financial targets for 2024-25, this will be challenging and is also reliant on an element of one-off savings.

Audit Wales have made 9 recommendations from their review, relating to:

- Introduction of an Executive Committee and its related operating arrangements by April 2025
- Strengthening of operational governance by developing Terms of Reference for Senior Leadership Team meetings to clarify the purpose of meetings and ensure frequency of meetings is sufficient to effectively discharge its role, as part of the work around Foundations for the Future Programme
- Reporting of decisions taken in private session or via Chair's Actions, and cost implications of such decisions
- Review of minutes as a standing item on the agenda of each Remuneration Committee meeting (including additional meetings) to ensure Board access to accurate and timely description of the decisions taken
- Development of a structured programme of Board member visits, to include a mechanism to provide feedback to the Board
- Provide Board members with further supporting detail on its strategic objectives to clarify what the objectives are seeking to achieve as part of the development of a meaningful Board Assurance Framework
- Audit reports relevant to the remit of other Board committees received and discussed by those committees, including periodic updates against any associated recommendations.

- Appropriate engagement with Board members and Regional Partnership Board partners in the development of future Integrated Medium-Term Plans or Annual Plans
- Carry over of actions from one Annual Plan to the next - ensure that progress reports are clear on which actions have been retired or carried forward and provide clear and realistic milestones for those actions.

As part of the structured assessment process, Audit Wales have also reviewed progress against recommendations made in previous reports. Of the 21 recommendations previously raised in the 2023, 2022 and the two in 2021 Structured Assessment, and included in **Appendix 2**, AW found that 2 were approved for closure, 10 going through the closure approval process, with the remaining 6 in progress. The Audit Committee will monitor the Health Board's implementation of these remaining recommendations, along with the 9 new recommendations, throughout 2025.

#### 4. RECOMMENDATIONS

Board Members are asked to:

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

# Annual Audit Report 2024 – Betsi Cadwaladr University Health Board

Audit year: 2023-24

Date issued: February 2025

Document reference: 4705A2025

This document has been prepared as part of work performed in accordance with statutory functions.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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# Summary report

## About this report

- 1 This report summarises the findings from my 2024 audit work at Betsi Cadwaladr University Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
  - examine and certify the accounts submitted to me by the Health Board and to lay them before the Senedd;
  - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
  - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
  - Audit of accounts
  - Arrangements for securing economy, efficiency, and effectiveness in the use of resources
- 3 This year's audit work took place at a time when NHS bodies were continuing to respond to a broad set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed.
- 4 We largely continued to work and engage remotely where possible through the use of technology, but some on-site audit work resumed where it was appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 5 The audited accounts submission deadline was shortened by two weeks from the previous year to 15 July 2024. The financial statements were certified on 12 July 2024, meaning the deadline was met. This reflects a great collective effort by both my staff and the Health Board's officers.
- 6 The focus and approach of my performance audit work continues to be aligned to the post-pandemic challenges facing the NHS in Wales and is conducted in line with INTOSAI<sup>1</sup> auditing standards.
- 7 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.

<sup>1</sup> INTOSAI (International Organisation of Supreme Audit Institutions) is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2024 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2024 Audit Plan and how they were addressed through the audit.
- 10 The Chief Executive and the Executive Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit Committee on 4 March 2025. The Board will receive the report at a later Board meeting. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 11 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

## Key messages

### Audit of accounts

- 12 I issued an unqualified true and fair opinion on the Health Board's 2023-24 accounts.
- 13 I issued a qualified regularity opinion for 2023-24 as the Health Board:
- Did not break-even against its Revenue Resource Limit over the three years 2021-22 to 2023-24, failing its first financial duty.
  - Incurred irregular expenditure for payments made to an interim executive member of the Board.
- 14 Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the regularity qualifications noted above and that the Health Board did not achieve its second financial duty to prepare a three-year integrated plan.

### Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 15 My programme of performance audit work has led me to draw the following conclusions:
- The Health Board and its regional partners understand and show a commitment to improving patient flow out of hospital. However, the number of medically fit patients occupying hospital beds remains very high. Regional partners must continue to work both individually and collaboratively to set and implement clear guidance, mitigate the challenges posed by reduced capacity and increased complexity of care, and ensure the impact of activities is continually monitored, challenged, and maximised.

- The Health Board has made limited progress in addressing our previous recommendations relating to discharge planning. While the introduction of Discharge to Recover then Assess improved the Health Board's approach to discharge planning, challenges remain relating to training, compliance with guidance, embedding initiatives and reporting discharge planning performance at Board and committee level.
- Whilst the Health Board exceeded its savings target and almost met its control deficit target for 2023-24, its track record of delivering recurrent savings has been variable. Given the Health Board's challenging current financial position, it urgently needs to accelerate work on rolling out and embedding its new cost savings arrangements across the organisation.
- Since last year's structured assessment and our follow up work on board effectiveness, there have been positive developments in some of the Health Board's key corporate governance arrangements and progress in recruiting to some business-critical senior roles. However, there remains much to do especially in respect of establishing a stable, cohesive and high performing Executive Team, developing a longer-term strategy and supporting Clinical Services Plan, and ensuring the Health Board's organisational structure and operating model is fit for purpose.

16 These findings are considered further in the following sections.

# Detailed report

## Audit of accounts

- 17 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use ('regularity') of public monies.
- 18 My 2024 Audit Plan set out the key risks for audit of the accounts for 2023-24 and these are detailed along with how they were addressed in **Exhibit 4, Appendix 3**.
- 19 My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

## Accuracy and preparation of the 2023-24 accounts

- 20 I issued an unqualified true and fair opinion on the Health Board's 2023-24 accounts.
- 21 We reported in the prior year that the 2022-23 financial statements were not presented to audit to the standard expected. For 2023-24 there was a significant improvement in the quality of the draft financial statement presented for audit. This is illustrated by the relatively small number of misstatements that were identified and amended and the fact that there are no unadjusted misstatements arising from the audit.
- 22 The draft financial statements were also supported by comprehensive and timely working papers. The finance team was also able to provide us with the full mapping used to prepare the financial statements from the general ledger. This enabled the audit team to utilise Analytics Assisted Audit software and tools when undertaking the audit, enhancing the transparency of the content of financial statements for both the finance and audit team.
- 23 Whilst I identified improvement with the quality of the draft 2023-24 financial statements, the draft Remuneration Report required significant amendment to ensure the information reported was factually accurate and it fully complied with the requirements of the NHS Manual for Accounts issued by Welsh Government.
- 24 My team's review of the Remuneration Report identified several areas where governance arrangements need to be improved by the Health Board. These include the arrangements for appointing officers at a senior level and improved documentation of decisions taken by the Remuneration Committee.
- 25 I identified that an officer member of the Board was paid at a pay point that significantly exceeded the maximum pay point for the role as set out by Welsh Government. My team established that the Standing Financial Instruction (SFI) requirements were not followed as approval was not obtained from the Board or Welsh Ministers as required.
- 26 I must report issues arising from my work to those charged with governance (the Audit Committee) for consideration before I issue my audit opinion on the

accounts. My Financial Audit Engagement Lead reported these issues on 10 July 2024. **Exhibit 1** summarises the key issues set out in that report.

**Exhibit 1: issues reported to the Audit Committee**

Issue	Auditors' comments
Uncorrected misstatements	There were no non-trivial uncorrected misstatements in the accounts.
Corrected misstatements	<p>A small number of amendments were made to the Financial Statements.</p> <p>The amendments did not impact on the prime statements within the financial statements, only on the disclosures within a small number of notes to the accounts, in particular the disclosure of the 'Fair Pay Disclosures' and 'Remuneration Relationship' within note 9.6.</p> <p>The Remuneration Report required significant revisions to ensure the information was factually accurate and in accordance with the NHS Manual for Accounts.</p> <p>The 'Single Total Figure of Remuneration' and 'Pension Benefits' tables required several amendments including:</p> <ul style="list-style-type: none"> <li>• Correction to the remuneration figures of three executives and one independent member.</li> <li>• Correction to the disclosed roles of an independent member.</li> <li>• The inclusion of two executives on inward secondment that were omitted.</li> <li>• The correction to pension benefit figures for four executives.</li> <li>• The inclusion of taxable benefit amounts for seven independent members that were omitted.</li> <li>• The inclusion of comparative disclosures for an executive previously omitted.</li> <li>• The correction to Real increase in Accrued Pension and Lump Sum figures for one executive.</li> <li>• The correction to Cash Equivalent Transfer Value figures for five executives.</li> </ul>

Issue	Auditors' comments
	There were also several minor amendments made throughout the report
Other significant issues	<p>The Health Board significantly improved the quality of the draft financial statements presented for audit, however we noted that significant improvement was needed to the quality of the Remuneration Report presented for Audit Wales.</p> <p>For the second consecutive year I raised concerns with governance arrangements that contributed to irregular payments being made by the Health Board.</p>

- 27 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position on 31 March 2024 and the return was prepared in accordance with the Treasury's instructions.
- 28 My separate audit of the charitable funds accounts is complete, with an unqualified audit opinion issued. My team identified issues relating to the misclassification of donations. This related to a significant proportion of donations being incorrectly accounted for, which resulted in material amendments needed to ensure correct classification. The charitable funds accounts were subsequently amended and, as a result, this has not impacted our audit opinion. I recommended the Charity reports with more clarity to the Charitable funds Committee when funding for projects falls below that approved and previously recognised. We also reported that the working papers provided for audit were of a better quality from prior year but need to continue to be developed to further improve the efficiency of the audit process.

## Regularity of financial transactions

- 29 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive income and incur expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 30 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.
- 31 The Health Board did not achieve financial balance for the three-year period ending 31 March 2024 which I deem to be outside its powers to spend, so I issued

a qualified opinion on the regularity of the financial transactions within the Health Board's 2023-24 accounts.

- 32 The Health Board also breached its resource limit by spending £23.669 million over the amount that it was authorised to spend in the three-year period 2021-2022 to 2023-2024.
- 33 The Health Board made payments to an Interim Executive Director of Finance, appointed in January 2023, at a rate in excess of the salary band as set by Welsh Government. The Health Board's SFIs paragraph 14.1.2 requires the appointment of officer members of the Board be reserved for full Board approval. SFI 14.1.4 also requires Welsh Ministers' approval where an officer member of the Board is paid more than the Welsh Government's approved salary band. We established that the SFI requirements were not followed as approval was not obtained from the Board or Welsh Ministers. I deem this expenditure to be outside its powers to spend, so I issued a qualified opinion on the regularity of this transaction recognised within the Health Board's 2023-24 accounts.
- 34 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the issues set out above, I issued a substantive report setting out the factual details.

## Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 35 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- reviewing the effectiveness of the Health Board's arrangements, in partnership with social services, to support timely patient flow out of hospital across the North Wales Region;
  - assessing the extent to which the Health Board has implemented my 2017 recommendations on discharge planning;
  - reviewing the effectiveness of the Health Board's cost savings arrangements;
  - undertaking a structured assessment of Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.
- 36 My conclusions based on this work are set out on the following pages.

## Urgent and emergency care

- 37 My work examined different aspects of the urgent and emergency care system focused on patient flow out of hospital and progress against my previous discharge planning recommendations. My work was reported in September 2024.

## Patient flow out of hospital

- 38 My regional review examined whether the Health Board and its social services partners have effective arrangements to ensure the timely discharge of patients out of hospital. It focussed on the scale of the challenge, and the factors impacting on effective and timely flow out of hospital. My work also considered the action being taken by the Health Board and its statutory partners, including through the Regional Partnership Board, and what more can be done to reduce some of the challenges currently being experienced by the health and social care system.
- 39 My work found that **The Health Board and its regional partners understand and show a commitment to improving patient flow out of hospital. However, the number of medically fit patients occupying hospital beds remains very high. Regional partners must continue to work both individually and collaboratively to set and implement clear guidance, mitigate the challenges posed by reduced capacity and increased complexity of care, and ensure the impact of activities is continually monitored, challenged, and maximised.**
- 40 The extent of discharge delays in North Wales has grown significantly in recent years and between April 2023 and February 2024, each month there were on average 334 medically fit patients whose discharge was delayed, with completion of assessments the main cause for delay. For the year up to and including February 2024, the total number of bed days that had been lost to delayed discharges was 71,871 with a full-year cost equivalent of £39.202 million. The consequent impact on patient flow within hospitals and the urgent and emergency care system is significant, with waiting times in emergency departments and ambulance handovers falling well short of national targets. In February 2024 alone, there were over 8,000 lost ambulance hours because of handover delays, and the average wait within the Health Board's emergency departments was around 8.5 hours.
- 41 Several factors are contributing to delayed discharges. Many patients have complex needs that are not easily met by the services that are available. There are also workforce challenges within the social care sector, particularly in the areas of Conwy, Denbighshire, and Gwynedd. Our work identified numerous weaknesses in the practice and documentation of discharge planning and a need to implement the Discharge to Recover and Assess (D2RA) model as intended.
- 42 Partners are working together, both strategically and operationally, to improve patient flow, however, pressures on the system are creating an unhelpful blame culture. Financial resources are being applied to improve discharge planning, although financial constraints in partner bodies are leading to the continual roll forward of schemes and ultimately leaves little space for new ideas. Whilst there is

regular monitoring of the position within individual organisations, partners lack arrangements to oversee patient flow across the whole health and care system.

- 43 Partners also need to maximise the use of the Regional Integration Fund (RIF), improve oversight and impact of the initiatives that are being undertaken to support timely and effective discharge, and ensure learning from events is embedded into routine practice.

### **Discharge planning: progress update**

- 44 In undertaking my regional review of arrangements to support patient flow, I have also taken the opportunity to consider progress made by the Health Board in addressing my previous 2017 recommendations relating to discharge planning.
- 45 My work found that **the Health Board has made limited progress in addressing our previous recommendations. While the introduction of Discharge to Recover then Assess altered the Health Board's approach to discharge planning, challenges remain relating to training, compliance with guidance, embedding initiatives and reporting discharge planning performance at Board and committee level.**
- 46 My follow up work found that none of the 2017 recommendations were fully addressed. In particular, I found:
- no evidence that the Health Board was providing training on discharge planning or pathways to new or existing relevant staff at the time of fieldwork, though some training activity has since started.
  - limited evidence the Health Board had introduced a routine cycle of audit to determine the extent of compliance with its discharge approach.
  - the Health Board is now adopting the nationally mandated Discharge to Recover then Assess pathways, although there remain difficulties in consistent application due to capacity issues.
  - that Health Board no longer uses the 'golden hour programme' to encourage discharges before 11am, nor does it report the time of discharge although it states it is working to encourage morning discharges.
  - that there remains a lack of understanding of services available in the community, which are needed to help support effective and timely discharge planning.
  - that although there is service monitoring at an operational level, performance reporting to the board and its committees on discharge planning and patient flow out of hospital had not been strengthened, despite the significant and ongoing pressure on the Health Board caused by poor patient flow.

## Review of cost savings arrangements

- 47 My review examined whether the Health Board has an effective approach to identifying, delivering, and monitoring sustainable cost savings opportunities. It considered the impact these arrangements had on the Health Board's 2023-24 year-end position and highlighted where arrangements may need to be strengthened for 2024-25 and beyond.
- 48 My work found that **whilst the Health Board exceeded its savings target and almost met its control deficit target for 2023-24, it has a varied track record of delivering recurrent savings. Given the Health Board's challenging current financial position, it urgently needs to accelerate work on rolling out and embedding its new cost savings arrangements across the organisation.**
- 49 The Health Board has a good understanding of its cost drivers. Reports highlight areas of high cost such as pay and non-pay costs (including nursing and medical agency costs), continuing health care, and medicines management. These high-cost areas continue to be key contributors to the challenging financial position and significant underlying deficit. However, opportunities remain to strengthen this approach to meet its financial challenges in both the short- and longer-term. The Health Board is still in the process of developing a clearer longer term Strategic Plan and Clinical Services Strategy. These are of fundamental in driving the service transformation that is needed to establish clinically and financially sustainable service models.
- 50 Whilst the Health Board's delivery of recurrent savings improved in 2023-24, savings performance was variable across its Integrated Health Communities and Directorates. The Health Board also has a variable track record of delivering recurrent savings. The Health Board's new 2024-25 Value and Sustainability Board workstreams were being finalised at the time of our review. The proposed governance structure for the individual workstreams should result in better engagement across the Health Board and increase the success of delivering savings schemes benefits. However, it will need to continue to strengthen financial competencies across the organisation if it is to achieve its challenging 2024-25 savings target.
- 51 The Health Board's arrangements for scrutinising, monitoring, tracking, and reporting on cost savings are improving. The Board has a clear understanding of the Health Board's financial challenges through its regular finance and savings reports. However, they have not resulted in improved financial performance across the organisation. It needs to strengthen how it holds Integrated Health Communities and Directorates to account for savings under-delivery and share best practice and the lessons learnt from ineffective savings schemes.

## Structured assessment

- 52 My 2024 structured assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances,

workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.

- 53 My team focussed on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on: Board transparency, effectiveness, and cohesion; corporate systems of assurance; corporate approach to planning; and corporate approach to managing financial resources. Auditors also paid attention to progress made to address previous recommendations.
- 54 At the time of my structured assessment work, the Health Board was subject to Level 5 under the [Welsh Government's escalation and intervention arrangements](#).

## **Board transparency, effectiveness, and cohesion**

- 55 My work considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. I paid particular attention to:
- Public transparency of Board business
  - Arrangements to support the conduct of Board business
  - Board and committee structure, business, meetings, and flows of assurance
  - Board commitment to hearing from staff, users, other stakeholders
  - Board skills, experiences, cohesiveness, and commitment to improvement
- 56 My work found that **there is now a full cadre of substantive independent members on the Board and that board and committee meetings are conducted appropriately and transparently. However, ongoing instability within the Executive Team, gaps in wider senior leadership structures, and ongoing challenges with the operating model are compromising the Health Board's ability to tackle the significant challenges it faces.**
- 57 There is now a full cadre of substantive independent members on the Board there remains instability within the Executive Team and gaps in some of the wider senior leadership structures. While the Health Board made several senior management appointments, key roles remain vacant, requiring colleagues to temporarily adopt additional responsibilities. In addition, the Health Board's operating model introduced in 2022 is not fit for purpose and creates challenges in terms of clarity of responsibilities and accountabilities.
- 58 Board and committee meetings are conducted appropriately and effectively, but there is scope to further improve the quality of papers and upload minutes to the Health Board's website in a timely manner. The Health Board takes a number of actions to promote public transparency of Board and committee business. Board and committee meetings are in person and can be attended by the public, and the health board livestreams its board meetings, although there is potential to extend this practice to committees. The Health Board demonstrates a clear commitment to

hearing from patients via reports and patient and staff stories, however, there is a need to formalise its approach to Board visits to services.

- 59 The Health Board's Standing Orders are up to date, however, more work is needed to address weaknesses in its arrangements for registering declarations, gifts and hospitality and to address the significant backlog of policies which are overdue for review.

## Corporate systems of assurance

- 60 My work considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. I paid particular attention to the organisation's arrangements for:

- overseeing strategic and corporate risks;
- overseeing organisational performance;
- overseeing the quality and safety of services; and
- tracking recommendations.

- 61 My work found that **whilst the Health Board is making reasonable progress in strengthening its systems of assurance, there is more to do in relation to the Board Assurance Framework and ensuring systems of assurance are fully owned and utilised to drive improvements across the organisation.**

- 62 The Health Board is in the process of developing a new Board Assurance Framework (BAF). While the current approach aligns to the strategic priorities of its previous Annual Plan, there is a need for a stronger approach to identify and mitigate the risks to achieving the Health Board's strategic objectives. At present this is made more difficult because the strategic objectives are too high level and not SMART<sup>2</sup>. Board and committee meetings demonstrate constructive challenge to ensure risks are clearly articulated and that actions to mitigate risks are in place. However, many of the highest scoring risks have remained static and not materially lowered over time.

- 63 The Health Board continues to embed the Integrated Performance Framework, that was approved in September 2023. The Framework appropriately outlines roles and responsibilities across the organisation and internal escalation arrangements. The Health Board continues to refine its committee and Board performance reports which has led to some useful improvements, including statistical analysis.

- 64 The Health Board is developing new systems which have the potential to improve quality arrangements, and there is evidence of it making positive progress in responding to complaints in a timely way. The Quality, Safety, and Experience Committee provides good oversight the quality and safety of services. Its meetings have been extended to allow more time to cover key agenda items, and the new integrated quality report provides a broader range of quality assurance. The

<sup>2</sup> specific, measurable, achievable, relevant and time-bound

Auditor General plans to review the Health Board's quality governance arrangements in more detail in 2025.

- 65 The Health Board is strengthening its arrangements for audit recommendation tracking. The Health Board conducted a thorough and comprehensive review of recommendations from Internal Audit and Audit Wales reports going back several years. While some recommendations are superseded, for those that remain open, the Health Board has agreed revised and realistic implementation dates assigning new 'recommendation owners' where needed. As part of this work, and providing future updates, Executive Leads will need to provide better evidence on the actions taken in response to the recommendations.

### Corporate approach to planning

- 66 My work considered whether the Health Board has a sound corporate approach to planning. I paid particular attention to the organisation's arrangements for:
- producing and overseeing the development of strategies and corporate plans, including the Integrated Medium Term Plan; and
  - overseeing the delivery of corporate strategies and plans.
- 67 My work found that **the Health Board is planning to develop sustainable long-term organisational and clinical plans; however, to support this work, it will need to strengthen its approach to planning and ensure that plans are achievable.**
- 68 The Health Board is replacing its 10-year strategy - 'Living Healthier, Staying Well' 2018-28 - due to the significant external and internal changes that have occurred since its development in 2018, including the impact of COVID-19, considerable Board turnover, and changing workforce challenges. While there is a clear need for strategy refresh, there is also a fundamental need for a clinical plan (or plans), linked to sustainable service models and emerging wider organisational strategy. Clinical leadership is essential to take this forward, but currently presents a challenge for the Health Board, as does wider corporate planning capacity.
- 69 The Health Board also needs to strengthen its arrangements for ensuring sufficient internal and external engagement in the development of key corporate strategies and plans. While the Health Board adopted a 'bottom up' collation of service plans from across the organisation to inform development of the 2024-25 annual plan, overall engagement was limited, and particularly noted at Board level. The Health Board is planning for greater board member engagement in the development of its 2025-26 annual plan.
- 70 The actions in the Health Board's Annual Plan for 2024-25 do not contain sufficiently clear milestones to help monitor delivery. Furthermore, given the number of actions carried forward into the 2024-25 Annual Plan and progress to date, there is a risk that delivery will become further off-track.

## Corporate approach to managing financial resources

- 71 My work considered whether the Health Board has a sound corporate approach to managing its financial resources. I paid particular attention to the organisation's arrangements for:
- achieving its financial objectives;
  - overseeing financial planning;
  - overseeing financial management; and
  - overseeing financial performance.
- 72 My work found that **whilst there are improvements in the Health Board's approach to financial management and delivery of savings, significant challenges remain in terms of spending within budget. The Health Board was not able to meet its statutory financial duties for 2023-24 despite significant financial assistance from Welsh Government. Whilst the Health Board is predicting it will achieve its financial targets for 2024-25, this will be challenging and is also reliant on several one-off savings.**
- 73 The Health Board did not meet its financial objectives and duties for 2023-24 as it reported a year-end deficit of £24.3 million. This is despite the Health Board receiving £82 million strategic assistance funding to support sustainable improvements in key services and £27 million cash-only support from Welsh Government during 2023-24. The Health Board is currently unlikely to achieve financial breakeven in 2024-25, although its position looks to be improving and is expected to achieve its financial control total set by the Welsh Government.
- 74 The Health Board demonstrates good awareness of its financial risks but needs to adopt a more transformational approach to cost improvement. This is limited by the absence of a long-term plan for services. The Health Board is strengthening its savings delivery led by the Value and Sustainability Board and underpinning workstreams. The Health Board is committing to further embed value-based healthcare, which is needed because it is currently over-reliant on shorter-term non-recurrent saving and needs to move towards a more sustainable footing.
- 75 The Audit Committee continues to provide oversight of compliance of SFIs and the Scheme of Reservation and Delegation. It also oversees and scrutinises information on losses and special payments, counter-fraud activity, procurement controls, and single tender actions. Strengthened financial controls are leading to fewer single tender actions and special payments. The Health Board submitted draft financial statements for 2023-24 for audit within the required Welsh Government timeframe. Whilst the quality of these significantly improved in 2023-24, there remains scope to improve the accuracy of the associated Remuneration Report. Financial reports to the Performance, Finance, and Information Governance Committee and the Board are timely, comprehensive, and transparent that support scrutiny and oversight. They provide good analysis on areas of spending, overspending, and financial expenditure trends.

# Appendix 1

## Reports issued since my last annual audit report

### Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2024.

Report	Date
<b>Financial audit reports</b>	
Audit of Financial Statements Report	July 2024
Opinion on the Financial Statements	July 2024
Audit of Financial Statement Report on Charitable Fund	January 2025
Opinion on the Financial Statements of the Charitable fund	January 2025
<b>Performance audit reports</b>	
Unscheduled Care: Flow out of Hospital – North Wales	February 2024
Discharge Planning: Progress Update	February 2024
Review of Cost Savings Arrangements	September 2024
Structured Assessment 2024	December 2024
<b>Other</b>	
2024 Audit Plan	April 2024

My wider programme of national value-for-money studies in 2024 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

### Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Review of Planned Care Services Recovery	March 2025
Urgent and Emergency Care – Arrangements for Managing Demand	April 2025
Use of the Welsh Government’s strategic financial allocation	May 2025
Review of Digital Transformation	June 2025
Quality Governance Follow up: This work has not yet started. It is our intention move this review into the 2025 audit plan. This would result in partial refund against the 2024 fee. I will set out these intentions within my 2025 Audit Plan.	June 2025

# Appendix 2

## Audit fee

The 2024 Audit Plan set out the proposed audit fee of £513,256 (excluding VAT).

My latest estimate of the actual fee indicates that there will be some additional charges relating to the additional work required to deliver the financial audit. There will also a partial refund against the 2024 performance audit fee. The performance audit refund relates to my intention to move the 2024 review quality governance to the 2025 Audit Plan. We will discuss the exact amounts with senior officers of the Health Board.

# Appendix 3

## Audit of accounts risks

### Exhibit 4: audit of accounts risks

My 2024 Audit Plan set out the risks of material misstatement and/or irregularity for the audit of the Health Board's 2023-24 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
<p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li> <li>• review accounting estimates for bias; and</li> <li>• evaluate the rationale for any significant transactions outside the normal course of business.</li> </ul>	<p>On a sample basis, my team tested both journal entries and accounting estimates and found no evidence of the management override of controls.</p>
<p>There is a risk of material misstatement due to fraud in revenue recognition and as such is treated as a significant risk [ISA 240.27].</p> <p>We have noted below the financial pressures faced by the Health Board and there is a risk that cut off will not be correctly applied to funding received around the year end.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>• agree funding received around the year end has been included within the correct year;</li> <li>• confirm Welsh Government funds not utilised in year have been treated correctly; and</li> <li>• consider the completeness of miscellaneous income.</li> </ul>	<p>On a sample basis, my team considered the cut off and completeness of miscellaneous income and agreed the treatment of Welsh Government funding. No issues were identified.</p>
<p>There is a risk of material misstatement due to fraud in expenditure and as such is treated as a significant risk [PN 10].</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>• substantively test all material areas of pay and non-pay expenditure;</li> </ul>	<p>Sample testing and review that my team carried out on those areas deemed at risk of material misstatement. No issues were identified.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>We have noted below the financial pressures faced by the Health Board and there is a risk that cut off will not be correctly applied to expenditure incurred around the year end.</p>	<ul style="list-style-type: none"> <li>• review the basis of accruals for any estimation bias;</li> <li>• review the year-end cut-off of expenditure;</li> <li>• review the basis of new provisions and changes in provision levels in year; and</li> <li>• review the amendments made to brought forward balances to ensure valid.</li> </ul>	
<p>The Health Board is under significant pressure to achieve the year end position agreed with Welsh Government of a £20 million deficit.</p> <p>The reported February 2024 actual position was a £9.7 million deficit with a forecast year end deficit of £33.0 million. Despite this forecast, the Health Board is confident that it will achieve a year end deficit of £27 million following confirmation of additional Welsh Government funding of £5.7m for Continuing Health Care (CHC).</p> <p>The current financial pressures increase the risk that management judgements and estimates could be biased to achieve the agreed year end out turn and the financial duty.</p> <p>The Health Board met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2020-21 to 2022-23. If the Health Board fails</p>	<p>The audit team will focus its testing on areas of the financial statements which could potentially contain reporting bias.</p>	<p>General audit testing, and particularly on those areas deemed vulnerable to reporting bias, did not identify any evidence of manipulation or bias.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>to meet this financial duty in 2023-24, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion.</p>		
<p>From 1 December 2023, the Losses and Special Payments Register (LaSPaR) which is used to calculate the losses and many of the provisions balances in the accounts has been de-commissioned.</p> <p>For the remainder of 2023-24, a model excel spreadsheet will be used to record losses, special payments and to calculate year-end balances.</p> <p>There is a risk that the transactions and balances related to losses and special payments are materially misstated due to:</p> <ul style="list-style-type: none"> <li>• the data transfer between the LaSPaR system and the excel model not being complete and accurate; and</li> <li>• the excel model miscalculating balances, due to spreadsheet/modelling errors and/or incorrect data entry.</li> </ul>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>• test the completeness and accuracy of data transfer from the LaSPaR system to the excel based spreadsheets;</li> <li>• consider the design and implementation of controls (if any) in place to mitigate error;</li> <li>• review the year-end spreadsheet to ensure that there are no significant errors or issues in the compilation of figures for the accounts; and</li> <li>• review transactions back to supporting evidence (e.g. Quantum reports) on a sample basis.</li> </ul>	<p>My team carried out a reconciliation between the LaSPaR system and the excel based spreadsheets, and on a sample basis tested the transactions within the year and no issues were identified.</p>
<p>The Remuneration Report contains important disclosures required by Welsh Government and accounting standards.</p>	<p>The audit team will review the disclosures to ensure they are in line with our understanding of the changes that have occurred during the year and that they are complete and accurate.</p>	<p>My audit team identified significant errors in the disclosures within the Remuneration Report which were subsequently amended by the Health Board.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>The 2022-23 Remuneration Report was submitted for audit after the Health Board requested an extended deadline that was agreed with Welsh Government. It also required a significant number of amendments to ensure the information reported was factually accurate</p> <p>There have been significant changes to the composition of Senior Management and Independent Members during the year which will need to be accurately reflected within the Remuneration report.</p>		<p>Testing carried out on the Remuneration Report also highlighted several areas where governance arrangements needed to be improved by the Health Board.</p>
<p>The draft financial statements submitted for audit in 2022-23 were not of the quality we expected.</p> <p>The working papers received to support key disclosures in the financial statements (for example Property Plant and Equipment and Right of Use Assets) were poor and lacked a clear audit trail.</p> <p>Our audit work identified significant issues and errors which led to amendments to the accounts or the need for additional audit work.</p> <p>This impacted on the timely delivery of our audit and the submission of the audited financial statement to Welsh Government.</p>	<p>The audit team have been working with the Health Board's finance team to understand the arrangements and processes established to improve the quality of the draft financial statements.</p> <p>The audit team will monitor the closedown plan and review the draft financial statements and working papers following receipt on 3 May 2024 to identify whether there are any issues that could impact on the audit timetable.</p>	<p>My team noted there was a significant improvement in the quality of the draft financial statement presented for audit. This is illustrated by the relatively small number of misstatements that were identified and amended and the fact that there are no unadjusted misstatements arising from the audit.</p> <p>As a result, the audit was delivered on time and I signed the Financial Statements opinion on 12<sup>th</sup> July 2024.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>The deadline set by Welsh Government for the submission of the 2023-24 audited financial statements has been brought forward to 15 July 2024. If improvements are not made there is a risk that the deadline for submission will again not be met.</p>		



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We welcome correspondence and telephone calls in Welsh and English.  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

## Structured Assessment 2024 – Betsi Cadwaladr University Health Board

Audit year: 2024

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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# Summary report

## About this report

- 1 This report sets out the findings from the Auditor General's 2024 structured assessment work at Betsi Cadwaladr University Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.
- 2 Our 2024 Structured Assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on:
  - Board transparency, cohesion, and effectiveness;
  - Corporate systems of assurance;
  - Corporate approach to planning; and
  - Corporate approach to financial management.We have not reviewed the Health Board's operational arrangements as part of this work.
- 4 Our work has been informed by our previous structured assessment work, which has been developed and refined over a number of years. It has also been informed by:
  - Model Standing Orders, Reservation and Delegation of Powers
  - Model Standing Financial Instructions
  - Relevant Welsh Government health circulars and guidance
  - The Good Governance Guide for NHS Wales Boards (Second Edition)
  - Other relevant good practice guidesWe undertook our work between September and November 2024. The methods we used to deliver our work are summarised in **Appendix 1**. Our work was conducted in accordance with the auditing standards set by the International Organization of Supreme Audit Institutions (INTOSAI).

- 5 We also provide an update in this report on the Health Board's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

## Background context

- 6 In February 2023, the Auditor General published a report in the public interest on Board effectiveness at the Health Board which described a worrying degree of dysfunctionality within the Board and wider senior leadership of the organisation at that time. One week after the publication of the report, the Health Board was escalated into special measures<sup>1</sup>, and the Board's Independent Members all resigned. During 2023, several changes were made within the Health Board, with appointments to key roles on the Board.
- 7 Our follow-up review, published in February 2024, concluded that after a period of significant disruption during 2023, the Board was in a more stable position and working relationships amongst senior leaders were more positive overall. However, the report indicated that there were still fundamental challenges to address, including building a high performing Executive Team, recruiting substantively to remaining posts on the Board, and ensuring the new Board demonstrates the unified and effective leadership that is needed to tackle the challenges the organisation faces. We have used our 2024 Structured Assessment work to assess the Health Board's progress in addressing those challenges.
- 8 Our 2024 Structured Assessment was undertaken at a point in time when the Health Board is still subject to significant levels of oversight from Welsh Government associated with the escalation to special measures in 2023. This report, therefore, should be read alongside the Welsh Government's latest special measures [progress report](#) covering the period July to September 2024.

## Key findings

- 9 Overall, we found that **since last year's structured assessment and our follow up work on board effectiveness, there have been positive developments in some of the Health Board's key corporate governance arrangements and progress in recruiting to some business-critical senior roles. However, there remains much to do especially in respect of establishing a stable, cohesive and high performing Executive Team, developing a longer-term strategy and supporting Clinical Services Plan, and ensuring the Health Board's organisational structure and operating model is fit for purpose.**
- We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. We also considered leadership

<sup>1</sup> Special Measures are the highest level of escalation on the [NHS Wales escalation framework](#)

capacity within the Health Board as well as its organisational model. **We found that there is now a full cadre of substantive independent members on the Board and that board and committee meetings are conducted appropriately and transparently. However, ongoing instability within the Executive Team, gaps in wider senior leadership structures, and ongoing challenges with the operating model are compromising the Health Board's ability to tackle the significant challenges it faces.**

- We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. **We found that whilst the Health Board is making reasonable progress in strengthening its systems of assurance, there is more to do in relation to the Board Assurance Framework and ensuring systems of assurance are fully owned and utilised to drive improvements across the organisation.**
- We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery. **We found that the Health Board is planning to develop sustainable long-term organisational and clinical plans; however, to support this work, it will need to strengthen its approach to planning and ensure that plans are achievable.**
- We considered whether the Health Board has a sound corporate approach to managing its financial resources. **We found that whilst there are improvements in the Health Board's approach to financial management and delivery of savings, significant challenges remain in terms of spending within budget. The Health Board was not able to meet its statutory financial duties for 2023-24 despite significant financial assistance from Welsh Government. Whilst the Health Board is predicting it will achieve its financial targets for 2024-25, this will be challenging and is also reliant on an element of one-off savings.**

## Recommendations

10 **Exhibit 1** details the recommendations arising from our work. The Health Board's response to our recommendations is summarised in **Appendix 3**.

### Exhibit 1: 2024 recommendations

Recommendations	
R1	The Health Board should progress its plans to introduce arrangements for an Executive Committee and its related operating arrangements by April 2025. <b>(Paragraph 23)</b>
R2	In the context of ongoing work in relation to the Foundations of the Future programme and strengthening its operational governance the Health Board should develop a Terms of Reference for its Senior Leadership Team meetings to clarify the purpose of meetings and to ensure that the frequency of meetings is sufficient to effectively discharge its role. <b>(paragraph 24)(paragraph 24)</b>
R3	When the Board reports against decisions taken in private session or via Chair's Actions, it should ensure that, where relevant, the cost implications of decisions are clearly reported. <b>(Paragraph 29)</b>
R4	The Health Board should ensure review of minutes is a standing item on the agenda of each Remuneration Committee meeting (including additional meetings) to ensure there is an accurate and timely record of the decisions taken. <b>(Paragraph 40)</b>
R5	The Health Board should develop a structured programme of Board member visits, to include a mechanism to provide feedback to the Board. <b>(Paragraph 46)</b>
R6	As part of the development of a meaningful Board Assurance Framework, the Health Board should provide Board members with further supporting detail on its strategic objectives to clarify what the objectives are seeking to achieve. <b>(Paragraph 57)</b>

## Recommendations

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R7 The Health Board should ensure that audit reports that are relevant to the remit of other Board committees are received and discussed by those committees, including periodic updates against any associated recommendations. **(Paragraph 78)**

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R8 The Health Board should ensure that it appropriately engages with Board members and Regional Partnership Board partners in the process of developing future Integrated Medium-Term Plans or Annual Plans. **(Paragraph 87)**

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R9 Where the Health Board needs to carry forward actions from one Annual Plan to the next, it should ensure that progress reports are clear on which actions have been retired or carried forward and provide clear and realistic milestones for those actions. **(Paragraph 95)**

# Detailed report

## Board effectiveness, leadership capacity, and the organisational model

- 11 We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. We also considered leadership capacity within the Health Board as well as its organisational model.
- 12 We found that **whilst there is now a full cadre of substantive independent members on the board, ongoing instability within the Executive Team, gaps in wider senior leadership structures, and ongoing challenges with the operating model are compromising the Health Board's ability to tackle the significant challenges it faces.**

## Board and senior leadership stability and cohesiveness

- 13 We considered whether the Board is stable and cohesive. We were specifically looking for evidence of a stable and cohesive Board and a cadre of senior leaders who have the appropriate capacity, skills, and experience.
- 14 We found that **whilst there is now a full cadre of substantive independent members on the Board there remains instability within the Executive Team and gaps in some of the wider senior leadership structures.**
- 15 Our follow-up report on Board effectiveness in 2024 highlighted an immediate need for the Health Board to continue and conclude work to stabilise the Board and wider senior leadership of the organisation. The Health Board now has a full complement of substantive Independent Members, having appointed a further two during 2024.
- 16 The Health Board has made several substantive appointments to the Executive Team since our last structured assessment report<sup>2</sup>. However, during the last twelve months, there has been on-going instability within the Executive Team caused by vacancies, absences, and interim cover arrangements. The Chief Operating Officer role was vacant for five months during 2024 before an interim was appointed. There was an absence in the Executive Medical Director role for a similar length of time due to sickness, and the Executive Director of People and Organisational Development role remains vacant following several unsuccessful attempts at recruitment.
- 17 These gaps have meant that some senior leaders have needed to pick up additional responsibilities and workloads, which is contributing to delays in progressing key programmes of work, such as the development of strategic plans.

<sup>2</sup> These include the Director of Corporate Governance, Executive Director of Allied Health Professionals and Health Science, Executive Director of Public Health, Director of Performance and Commissioning, Director of Environment and Estates and the Chief Operating Officer, though the last of these is not contracted to begin until April 2025.

It has also resulted in temporary leadership arrangements being put in place in challenging areas, such as planned care. These arrangements are not sustainable and demonstrate that the Health Board still has some way to go in establishing a substantively appointed and high performing Executive Team. There have also been gaps and a reliance on interim arrangements across the broader senior leadership structures, particularly within the Integrated Health Communities. The Health Board is reviewing its operational structures, as described later, and therefore it is understandable that it is delaying decisions to appoint to some roles on a substantive basis until further clarity on those structures is achieved. However, these gaps are contributing to the wider pressures on senior leaders that was clearly evident across many of the interviews we conducted for this year's structured assessment.

- 18 There is some evidence that the Health Board will be able to address some of the concerns identified above as it moves into 2025, at least in respect of the Executive Team. A substantive Chief Operating Officer will take up post in April 2025, an interim Medical Director has been appointed ahead of advertising for a substantive replacement, and recruitment is also underway for a substantive Executive Director of Finance. We also note that the Health Board is taking steps to respond to the independent review of Executive Portfolios, completed in 2023 as part of the special measures framework. The findings have led to some specific functions transferring between Executive Portfolios during 2024<sup>3</sup>.

## Operational structures

- 19 We considered whether the operational structures are supporting the business of the Board. We were specifically looking for evidence of:
- well-considered operational structures which enable the achievement of the Health Board's strategic vision and objectives; and
  - effective arrangements for communicating decisions by senior leaders throughout the organisation.
- 20 We found that **there is a general consensus that Health Board's operating model introduced in 2022 is not fit for purpose and that action is needed to provide greater clarity on roles and responsibilities within the model and improve the cascading of information within the organisation. Action is also needed to improve arrangements for capturing discussions and decisions at Executive Team meetings.**
- 21 The Health Board is undertaking a review of its operating model (operational structures) as part of its wider 'Foundations for the Future' programme. The

<sup>3</sup> Including legal services transferring from People and Workforce Development to the Office of the Director of Corporate Governance. Changes have also been enacted to some portfolios, for example, legal services, charitable funds, performance and commissioning.

previous model, introduced in August 2022, was based on a matrix management arrangement and the creation of three Integrated Health Communities. However, at the point at which the previous Chief Executive left the organisation in Autumn 2022 the model had not been fully implemented. The operating model in its current format creates several challenges for the organisation, including in relation to clarity of responsibilities and accountabilities and enacting strategic change.<sup>4</sup>

- 22 The 'discovery' stage of the 'Foundations for the Future' programme, which included engaging with staff and included drawing insights from Independent Reviews relating to Special Measures and feedback from external partners ended in October 2024. The current 'design' stage is due to be completed by April 2025 when any potential changes to the operating model will be announced and actioned. A key part of the 'Foundations for the Future' work is the new Values and Behaviours Framework, approved by the Board in November 2024, ahead of its launch across the organisation in December 2024. The Health Board undertook extensive engagement in developing this new framework, which is intended to support culture change across the organisation.
- 23 We also heard during our interviews that the current arrangements don't always support the effective communication and cascading of decisions taken by the Executive Team. The Health Board no longer produces minutes to record discussions at its Executive Team meetings. Instead, an action log is used to record and track decisions taken during its fortnightly meetings. However, our review of the action log found it was not sufficiently clear and comprehensive, with important information sometimes missing. Furthermore, the action log is not accessible until the next Executive Team meeting. The Health Board is planning to introduce an Executive Committee which will further formalise the reporting of key discussions and decisions to the Board. (Recommendation 1) As the Health Board progresses its plans, there will be a need to ensure the action notes for its executive committee is completed consistently to ensure effective coverage of key points of discussion, including any risks raised, action owners and timescales, and that it is shared as appropriate with those who need the information for their roles.
- 24 Our follow-up of board effectiveness review commented on tensions at that time that were resulting from the Integrated Health Community Directors feeling marginalised following changes to operational governance arrangements and decision-making processes. The report highlighted the need for the Executive Team to be appropriately connected to the leadership structures that sit below it, supported by ensuring the Health Board's operational model is fit for purpose. Interviews this year indicated that these tensions have continued, which was exacerbated by the absence of a Chief Operating Officer for five months during 2024. The Health Board has established Executive Delivery Group meetings which

<sup>4</sup> A report produced by the Health Board identifies seven themes for the weaknesses experienced with the current operating model structure: organisational structures rather than operating model; accountability, responsibility, autonomy; equity; multi-professional team working; resources; how change happens; and strategic change.

provide opportunities for senior leaders to meet regularly to discuss specific areas of the business, including integrated performance. However, interviews indicate that some senior leaders continue to feel they are not sufficiently engaged on the breadth of the business as under previous arrangements. Regular meetings between the Executive Team and the broader senior leadership team used to take the form of Health Board Leadership Team meetings but these were dissolved in 2023. More recently the Health Board has established Senior Leadership Team meetings in their place, however, these meetings would benefit from a terms of reference to clarify their purpose and to ensure the meetings are sufficiently frequent.

- 25 Recognising some of the strains caused by absences and vacancies within the current operational leadership structure, as well as the inevitable level of unease caused during periods of organisational change, it is important that the Health Board progresses its 'Foundations for the Future' programme in a timely fashion. However, it is having to do so in the absence of a clear plan for the future shape of its clinical services (discussed later in **paragraph 83**). This creates a risk of committing to operational structures that may not align to future service changes the organisation would like to make. A further challenge is the gap in senior leadership capacity for organisational change caused by challenges in recruiting an Executive Director of People and Organisational Development.

## Public transparency of Board business

- 26 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of:
- Board and committee meetings that are accessible to the public;
  - Board and committee papers being made publicly available in advance of meetings; and
  - Board and committee business and decision-making being conducted transparently.
- 27 We found that **whilst the Health Board takes a number of actions to promote public transparency of Board and committee business, it needs to clarify internal time standards for publishing committee papers, and upload minutes of committee meetings to its website in a timelier fashion.**
- 28 The Board continues to meet in-person, primarily in the central region of north Wales. Board members are free to contribute to meetings in English or Welsh with simultaneous translation available from Welsh into English during each meeting. Members of the public can observe Board meetings either in person or via the live broadcast on YouTube. Recordings of meetings are also made available shortly after the meeting. Committee meetings are also in-person but are not currently live-streamed or recorded for the public to view. The Health Board's website offers information on how the public can request to observe committees. However, we

have notified the Health Board of information on its website which indicates that some committees are not open to public observation. The Health Board has stated it will resolve this issue urgently. The Health Board is also exploring options for further increasing the transparency of committee meetings, such as by extending its practice of live-streaming.

- 29 Positively, the Health Board is proactively minimising the use of private meetings, reserving these for confidential and sensitive matters only. When the Board takes decisions in private, it reports those in the following public session alongside details of any Chair's Actions taken since the previous meeting. It is positive to note that very few Chair's Actions have been taken over the past 12 months. However, where these are reported, arrangements could be strengthened further to include information on any cost implications associated with the Chair's Actions. **(Recommendation 3)**
- 30 In our 2023 structured assessment report, we commented that there was confusion around the deadline for publishing papers ahead of committee meetings, and this year's work has indicated that these arrangements still require some rationalisation. The Health Board's current practice is to aim to publish papers seven days in advance of a meeting. Whilst this is an agreed expectation within the Health Board, it is not the standard against which the Health Board monitors and records breaches, which is the five-day target set within the Intervention Order 2023<sup>5</sup>. Furthermore, this does not align with the ten-day standard articulated within its Standing Orders. We note that the Intervention Order 2023 was revoked in November 2024. Therefore, it is timely for the Health Board to communicate and record a consistent standard for the publication of papers (see **Appendix 2, Recommendation 1, 2023**). There also continues to be delays in uploading minutes for committees following meetings. At the time of our review, we found that minutes were not consistently uploaded to the website in a timely way after being confirmed at the following committee meeting (see **Appendix 2, Recommendation 2, 2023**).

## Arrangements to support the conduct of Board business

- 31 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of:
- a formal, up-to-date, and publicly available Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;

<sup>5</sup> The Betsi Cadwaladr University Local Health Board Intervention Order 2023 modified parts of the 2009 regulation and the National Health Service (Wales) Act 2006, including amending the rule relating to how many days prior to a public meeting an agenda should be published from ten days to five days.

- formal, up-to-date, and publicly available Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
- formal, up-to-date, and publicly available policies and procedures in place to promote and ensure probity and propriety.

32 We found that **the Health Board’s Standing Orders are up to date; however, more work is needed to address weaknesses in its arrangements for registering declarations, gifts and hospitality and to address the significant backlog of policies which are overdue for review.**

33 The Board, supported by the Audit Committee, regularly and appropriately reviews its Standing Orders, the Scheme of Reservation and Delegation, and Standing Financial Instructions. The Standing Orders were adopted by the Board in September 2023, following minor amendments agreed at the Board in March 2024 to reflect the creation of the Joint Commissioning Committee, and in November 2024 to adjust the Scheme of Reservation and Delegation. The current Standing Orders are available on the Health Board’s website.

34 The Health Board launched a new system for recording declarations of interests, gifts and hospitality in August 2023. However, issues with its implementation led to several weaknesses being highlighted by Internal Audit in its report on standards of business conduct received by the Audit Committee in July 2024. These included the policy not reflecting working practices and insufficient reporting to the Audit Committee. The Health Board has taken some steps in response, including increasing the oversight by the Audit Committee, updating its Standards of Business Conduct Policy and clearly documenting the processes for staff to follow to declare interests and gifts, which it will communicate with staff across the organisation. This work is a recognised priority for the Corporate Governance directorate and further work is scheduled into 2025-26 with progress to be overseen by the Audit Committee.

35 During our 2023 structured assessment, we reported that a significant proportion of the Health Board’s policies were overdue for review. Whilst the Health Board has since developed a new policy review process and has updated its Policy on Policies, progress in clearing the backlog of overdue policies has been slow. In September 2024, the Audit Committee received a detailed report on the Health Board’s position, which stated that 46% of policies were overdue with 82 more due to become overdue in 2024-25. Positively, the report outlined steps to strengthen senior ownership of the policy review process going forward, including the establishment of an Executive Policy Oversight Group in September 2024. The Health Board also appointed a Policy Lead in October 2024 to increase capacity and skills, which should accelerate the pace of progress in this area. However, the Health Board has yet to undertake a risk assessment for overdue policies to ensure it addresses the highest-risk policies first (see **Appendix 2, Recommendation 4, 2022**).

## Effectiveness of Board and committee meetings

- 36 We considered whether Board and committee meetings are conducted appropriately and effectively and whether the Board and committees receive timely, high-quality information that supports effective scrutiny, assurance, and decision making. We were specifically looking for evidence of:
- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
  - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
  - well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge;
  - clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance; and
  - committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board.
- 37 We found that **Board and committee meetings are conducted appropriately and effectively, but there is scope to further improve the quality of papers and for the Board to place more reliance on the work of its committees.**
- 38 The Health Board has had a full committee structure in place since January 2024. The structure is comprised of eight committees which meet statutory requirements. Committees are supported by effective arrangements, including recently reviewed terms of reference, cycles of business, and forward work plans to ensure they align to the strategic objectives in the Annual Plan 2024-25. As discussed in **paragraph 55**, the organisation's Board Assurance Framework was being redeveloped at the time of writing.
- 39 Our observations throughout the year indicate that the Board and committees are currently functioning well. We found that meetings are well-chaired and that, over the year, as committees have become established and met frequently, members (both independent and executive) are demonstrating increasing confidence to contribute equally to discussion and provide constructive challenge. The Health Board has also established a bi-monthly committee chairs meeting which provides opportunities for committees to cross-refer issues and ensure effective collective oversight of key risks.
- 40 For Board meetings, we found that discussions on items for noting, such as reports from committees, were sometimes lengthy and impacting on the time available to focus on more strategic issues. This indicates that the Board needs to place more reliance on the assurance it receives from the work of committees. The Health Board is exploring opportunities to achieve this through mechanisms such as

Assure, Alert, and Advise Highlight Reports, and requesting chairs to introduce reports at the Board by summarising previous discussions from the committee. Whilst the Remuneration Committee as standard practice reviews the minutes from its previous meetings, a number of additional meetings were held during 2024, and we found that the review of minutes for each of these additional meetings was not timely. The Health Board, therefore, should ensure a review of the minutes of a previous meeting is a standing item on any Remuneration Committee meeting agenda, including additional meetings, to ensure there is an accurate and timely record of decisions taken at previous meetings. **(Recommendation 4)**

- 41 Our 2023 structured assessment report highlighted scope to improve quality of information provided to committees and the Board, particularly a need to present clearer and more concise analysis of performance and assurance on actions being taken to manage risks and secure improvement. The Director of Corporate Governance has since developed a new template to support improvements in the clarity of reports and many of those we spoke to felt that this is having a positive impact. However, this work will take time to embed, and we continue to see some papers that contain insufficient information or clarity to adequately inform decisions or provide assurance.

## **Board commitment to hearing from patients/service users and staff**

- 42 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of the Board using a range of suitable approaches to hear from a diversity of patients/service users, the public and staff.
- 43 We found that **whilst the Health Board demonstrates a clear commitment to hearing from patients via reports and patient and staff stories, there is a need to formalise its approach to Board visits to services.**
- 44 The Board and its committees regularly hear the perspective of patients and staff to inform its business. The Quality, Safety, and Experience Committee receives patient stories at each meeting. Whilst there has been a delay in the People and Culture Committee receiving staff stories, this practice began in October 2024. The Board alternates between receiving patient and staff stories at each public meeting. Our observations and review of minutes found that these stories are actively used to inform business during meetings. The Health Board consistently summarises key themes of stories and tracks what actions have been taken in response to the stories they have heard.
- 45 The Board also receives a citizen experience report at every other meeting. These reports are comprehensive, detailing how the Health Board has engaged with and responded to communication from members of the public in relation to its services, including planned improvement actions. We found that these reports also generate good and open discussion on the quality of services from a patient's perspective.

46 The Health Board does not currently have structured arrangements for Board visits to services. Over the past twelve months, visits by Board members have been arranged on an ad hoc basis without a process for recording visits or feeding back significant observations. Our interviews indicate that the number of visits conducted in the past twelve months varies significantly between Board members. The current arrangements need to be strengthened to ensure Board visits become an established method of engaging with staff and patients, and a means of triangulating the information it gathers from the visits with that provided from other sources. **(Recommendation 5)**

## Commitment to continuous improvement at Board and committee level

- 47 We considered whether the Board demonstrates a commitment to continuous improvement in the way it works. We were specifically looking for evidence of:
- the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
  - a relevant programme of Board development, support, and training in place.
- 48 We found that **the Health Board has established a formal board development programme and has plans to establish formal self-review processes in early 2025.**
- 49 The Board and its committees regularly reflect on the effectiveness of meetings, as feedback sessions are standing items on the agenda. The recently established Chairs Advisory Group has begun to collate and reflect on feedback themes raised during meetings. The Health Board informs us that this approach enables them to make small iterative changes. Whilst helpful, this practice does not negate the need for a fuller reflection exercise. Welsh Government has included progressing self-effectiveness reviews as a special measures objective for the Health Board. The Health Board informs us that the Board will be undertaking its self-review process in February 2025 which will enable it to feed into its priorities for 2025-26 as well as its annual reporting arrangements.
- 50 The Health Board has a formal Board development programme in place, which was presented to the Board in July 2024. The bi-monthly development sessions were developed by members of the Board. For 2024-25, the programme includes three sessions on building effectiveness and capability, led by external facilitators Silvermaple, with positive feedback following the first session. The Health Board also holds bi-monthly board briefings on topical issues which aim to raise understanding of members on specific areas, such on the operating model. As the Board continues to see changes in its composition, it will need to ensure that attention is also given to integrate newer members in due course.

## Corporate systems of assurance

- 51 We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services.
- 52 We found that **whilst the Health Board is making reasonable progress in strengthening its systems of assurance, there is more to do in relation to the Board Assurance Framework and ensuring systems of assurance are fully owned and utilised to drive improvements across the organisation.**

## Corporate approach to overseeing strategic risks

- 53 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising strategic risks to the delivery of strategic priorities / objectives as well as corporate risks. We were specifically looking for evidence of:
- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all of the relevant information on the risks to achieving the organisation's strategic priorities / objectives; and
  - the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks;
  - an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities; and
  - the Board providing effective oversight and scrutiny of the effectiveness of the risk management system and corporate risks.
- 54 We found that **whilst the Health Board is developing a new Board Assurance Framework, the high-level nature of its current strategic objectives and risks is making this task more challenging.**
- 55 The Health Board was in the process of developing a new Board Assurance Framework (BAF) at the time of our work. Work is due to be completed by the end of March 2025 with progress overseen regularly by the Audit Committee.
- 56 In our 2023 structured assessment report, we commented that the previous BAF was aligned to the strategic priorities of its previous Annual Plan, as opposed to long-term strategic objectives, which limited its effectiveness. The Health Board has since set five strategic objectives within its Annual Plan 2024-25, which are:
- Building an effective organisation;
  - Developing strategy and long-lasting change;
  - Creating compassionate culture, leadership and engagement;
  - Improving quality, outcomes and experience; and
  - Establishing an effective environment for learning.
- 57 Whilst the Health Board has now linked its strategic risks to its strategic objectives, in our view, the strategic objectives are too high-level and are not SMART<sup>6</sup>. This is

<sup>6</sup> specific, measurable, achievable, relevant and time-bound

compromising the fundamental purpose of the BAF which is to provide the Board with assurance that it is identifying and mitigating the risks to achieving the organisation's strategic objectives. **(Recommendation 6)**

- 58 The Health Board has also held a board development session to discuss the BAF and develop accompanying strategic risks. The initial set of strategic risks were approved by the Board in July 2024, with sub-sections for each being developed by the Risk Scrutiny Group at the time of writing.
- 59 The Board revised its Risk Management Framework in July 2024. Changes include lower frequency of reporting the BAF and Corporate Risk Register, improved clarity for lines of assurance, and the replacement of the previous Risk Management Group with a smaller Risk Scrutiny Group. Feedback suggests the group provides effective and constructive challenge to new and existing risks on the register and that the Corporate Governance Team provides helpful support to services in reporting on risk. The Framework is supported by a range of policies, procedures, and sets out clear roles and responsibilities for each area of the organisation.
- 60 The Corporate Risk Register continues to contain a high number of high-scoring risks, with the Health Board facing challenges in reducing the score of some key risks in line with their target scores. Whilst this remains a challenge for the Health Board, our observations of Board and committee meetings during the year provided assurance that there is constructive challenge to ensure risks are clearly articulated and that actions to mitigate risks are linked to the Health Board's Annual Plan and are progressing in line with set timescales.

## Corporate approach to overseeing organisational performance

- 61 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:
- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
  - the Board and committees providing effective oversight and scrutiny of organisational performance.
- 62 We found that **the Health Board's performance reporting continues to evolve, but there is need to establish a consistent reporting format to support effective monitoring and oversight.**
- 63 The Health Board continues to embed its Integrated Performance Framework, approved in September 2023. The Framework outlines roles and responsibilities across the organisation and internal escalation arrangements. Future steps to further embed the framework include developing formal and informal integrated accountability review structures and internal escalation and de-escalation measures.

- 64 The Health Board has continued work during 2024 to review and refine its Integrated Performance Report to committees and the Board. During 2024 this work has led to some useful improvements, including the inclusion of Statistical Process Control<sup>7</sup> charts for several performance metrics and a dashboard of escalated metrics to highlight the challenges facing a high number of Health Board services. However, less positive changes have also been made, such as significantly reducing the narrative accompanying metrics to describe actions in place to support improvement. Reports show that performance is particularly challenged in areas including mental health, cancer waiting times and standards, planned care waiting times, ambulance handover delays and patient flow through Emergency Departments and delayed discharge.
- 65 The Integrated Performance Reports are regularly reported to the Performance, Finance and Information Governance Committee, the Quality, Safety and Experience Committee, and the Board. During the year, Board members have provided continued challenge to areas of underperformance. Members have also continued to raise concerns about the level of analysis and coverage of reports during meetings. A new Director of Performance and Commissioning had been appointed to the Health Board which may lead to further changes to performance reporting in the coming months. However, whilst the Health Board is continually seeking to strengthen its performance reporting, the frequency and level of changes to the format of reports are likely to make it more challenging for Board members to effectively monitor and track performance over time (see **Appendix 2, Recommendation 2, 2022**).

## Corporate approach to overseeing the quality and safety of services

- 66 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:
- the Board providing effective oversight and scrutiny of the effectiveness of the quality governance framework
  - clear organisational structures and lines of accountability in place for clinical/quality governance; and
  - the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.
- 67 We found that **the Health Board is developing new systems which have the potential to improve quality arrangements, and there is evidence of it making positive progress in responding to complaints in a timely way.**

<sup>7</sup> Statistical Process Control charts are used to measure changes in data over time by using statistics to identify patterns and anomalies.

- 68 The Quality, Safety, and Experience Committee provides good oversight of the arrangements for ensuring the quality and safety of services. Meetings have been extended from three to four hours to ensure sufficient time for discussion and assurance. Quality reporting to the committee was revised in April 2024, with it now receiving a standing integrated quality report. This replaces the previous patient safety report. The integrated quality report covers several aspects of quality governance, including patient safety, clinical audit, and relevant regulatory and legal issues.
- 69 Following the decision not to replace its Quality Strategy 2017-20, the Health Board has since incorporated its quality ambitions within its Annual Plan 2024-25. A key commitment within the Annual Plan 2024-25 relates to the design and development of a Quality Management System (QMS). An outline of the QMS was presented to the Quality, Safety, and Experience Committee and the Board in May 2024 with its development informed by engagement with representatives from across the organisation. The approved QMS has initially been applied to two selected 'challenged services': vascular and urology services, to support their improvement by integrating quality-related metrics to help identify improvement opportunities. The QMS is supported by a new Quality Management Framework, also approved in May 2024. The Framework is aligned to the Health Board's strategic objectives as outlined in the Annual Plan 2024-25 and describes the four domains of the QMS model: Planning, Control, Improvement, and Assurance.
- 70 The Health Board continues to receive a significant amount of complaints. However, the number of complaints is reducing and performance for responding within 30 days, while challenging, is improving, with performance reaching the 75% target for October 2024. The Health Board reports that the number of overdue complaints (i.e. beyond the 30-day target) has reduced by 88.3% between April 2024 and October 2024. Despite our recommendation in 2023, the Health Board has not reported any identified reasons for the unexplained drop in the number of complaints received for the first six months of 2023-24 compared to the previous year, stating that it is confident the new QMS will provide strengthened oversight to complaint trends in the future (see **Appendix 2, Recommendation 3, 2023**). We note from the September Audit Committee papers that this recommendation was going through a closure approval process; however, this recommendation should, in our view, remain open and be marked as 'in progress'.
- 71 The Auditor General plans to review the Health Board's quality governance arrangements in more detail in early 2025.

## Corporate approach to tracking recommendations

- 72 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations and findings. We were specifically looking for evidence of appropriate and effective systems in place for tracking responses to audit and other review recommendations and findings in a timely manner.

- 73 We found that **the Health Board is strengthening its arrangements for audit tracking, however, there is scope for Executive Leads to better evidence the actions taken in response to the recommendations they are responsible for implementing.**
- 74 The Audit Committee continues to receive audit tracker reports at each meeting, with reports providing comprehensive detail for open recommendations and recommendations proposed for closure. The Health Board is intending to move its audit tracker to an electronic platform and was exploring options to achieve this at the time of writing.
- 75 In response to our 2023 structured assessment recommendation on missing audit recommendations, the Health Board conducted a thorough and comprehensive review of published Internal Audit and Audit Wales reports. The Audit Committee received a detailed report showing the status of audit recommendations going back several years in September 2024 (see **Appendix 2, Recommendation 4, 2023**). The Health Board has reviewed each recommendation to identify those that are no longer relevant. For those that remain open, the Health Board has agreed revised and realistic implementation dates and matched the recommendations to new owners where there has been a change in leadership.
- 76 More broadly, since July 2024 a new recommendation closure process is in place which requires Executive Officers to provide individual and collective sign-off to the proposals to close audit recommendations. For external audit recommendations, the Audit Committee is asked to consider and approve the proposals. In contrast, proposals to close Internal Audit recommendations are firstly submitted to Internal Audit for quality assurance. Reports by Internal Audit show that they send a significant proportion of the proposals back to the Executive Team to request that further evidence is provided to support the closure of the recommendation.<sup>8</sup> In addition to the need for better responses to recommendations from Executives, this also indicates a need for more robust quality assurance of that information when it is reviewed by the Directorate of Corporate Governance prior to being sent to Internal Audit.
- 77 Our review of progress against previous Structured Assessment recommendations indicates that several recommendations which have been closed or are in the process of being closed by the Health Board appear to require further action. We have indicated where we believe recommendations to be ongoing in **Appendix 2** and would expect the Health Board to review its progress to ensure evidence fully supports the closure of these recommendations.
- 78 Opportunities remain to strengthen oversight of both audit and non-audit recommendations amongst other committees. Our review of papers found only a small number of audit reports are cross referred from the Audit Committee to other committees, despite being relevant to the remits of those committees.

<sup>8</sup> 19 actions were returned by internal audit to the Health Board in June and 50 actions were returned in November 2024.

**(Recommendation 7)** In addition, the Health Board has yet to progress actions to track the implementation of recommendations from other external / independent reviews (see **Appendix 2, Recommendation 5, 2023**).

## Corporate approach to planning

- 79 We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.
- 80 We found that **the Health Board is planning to develop sustainable long-term organisational and clinical plans; however, to support this work, it will need to strengthen its approach to planning and ensure that plans are achievable.**

## Corporate approach to producing strategies and plans

- 81 We considered whether the Health Board has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:
- a clear Board approved vision, appropriate objectives and a long-term strategy in place which are future-focussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
  - the long-term strategy underpinned by an appropriate Board approved long-term clinical strategy;
  - appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium-Term Plan (IMTP), and other corporate plans; and
  - the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.
- 82 We found that **although the Health Board is revising its long-term strategy, it still lacks a clear Clinical Services Plan and the resources needed to take forward these key strategic planning tasks. It also needs to strengthen its arrangements for ensuring sufficient internal and external engagement in the development of key corporate strategies and plans.**
- 83 The Health Board is replacing its 10-year strategy - 'Living Healthier, Staying Well' 2018-28 - due to the significant external and internal changes that have occurred since its development in 2018, including the impact of COVID-19, considerable Board turnover, and changing workforce challenges. The Health Board has started work to develop a new ten-year strategy, as well as a long-term Clinical Services Strategy, aiming to have them in place by the end of September 2025. Plans indicate that both strategies will be informed by significant research, including a population needs assessment.

- 84 Our previous structured assessment reports have repeatedly highlighted the need for a Clinical Services Plan which sets out how the organisation will provide sustainable services for the future. Whilst it is positive that the Health Board is looking to articulate its vision for future services and the organisation more generally, it faces challenges in advancing this work at the intended pace. Whilst there is transformation capacity in place within the Health Board, some of those we spoke to during our review raised concerns about insufficient dedicated capacity and resources available to progress these key strategies and there is already significant pressure on senior leadership capacity as discussed in **paragraph 17**. Of particular concern has been the gap at Executive Medical Director level, given the importance of clinical leadership in taking forward the Clinical Services Plan. The Health Board will also likely find it challenging to undertake the required work to develop these plans at a time when it continues to face significant operational challenges and the need to progress other key programmes, such as revising its operating model.
- 85 The Health Board was unable to produce an approvable and financially balanced Integrated Medium-Term Plan (IMTP) for 2024-27. The Health Board therefore developed an Annual Plan for 2024-25 which is set within a three-year context to 2027.
- 86 The Health Board has reflected on its approach to annual planning following the challenges it experienced in developing the Annual Plan 2024-25. During late 2023, the Health Board sought and collated service plans from across the organisation. Whilst this approach involved a range of services, it culminated in the receipt of a variety of different ideas and approaches, which had to be brought together into a cohesive organisational plan. This process took significant time to complete and resulted in insufficient time to effectively engage the Board or Local Authority partners (via the Regional Partnership Board) in the development of the plan prior to its submission to Welsh Government to meet the deadline.
- 87 The Board scrutinised a draft version of the Annual Plan 2024-25 at an additional meeting of the Performance, Finance, and Information Governance Committee in March 2024 which was made open to all Board members. Despite expressing its disappointment at the lack of Board involvement in its development, the committee provided helpful challenge on the draft plan. Given that timescales were so short, officers were not able to fully consider and respond to some comments ahead of submission of the plan to the Board. The Board subsequently approved the plan for submission to Welsh Government on 28 March 2024. Whilst the Health Board met the required timeframe for submission, going forward it needs to ensure that its processes for producing key plans include sufficient and timely engagement with the Board and relevant committees. **(Recommendation 8)**
- 88 The Health Board is aiming to streamline its annual planning process for 2025. In September 2024, it issued high-level guidance to planning leads to provide them with clearer expectations against which to form their service plans. This has the potential to strengthen the process and should allow greater time to provide Board members with a draft to scrutinise.

- 89 In addition to the Annual Plan 2024-25, the Health Board approved its Strategic Equality Plan 2024-28 on 28 March 2024, therefore meeting the statutory deadline. Several other plans are also due for review over the next twelve months, including the Digital Plan and Estates Plan. Progress in developing these plans will be monitored by the Planning, Population Health, and Partnerships Committee. The Health Board has recently appointed a new Director of Environment and Estates. Given that the Health Board's 2023-24 Annual Report stated that it faces total backlog maintenance costs of £348m for its estate, reviewing the Estates Plan will be a key priority for the new appointee.
- 90 The Health Board committed to reviewing and refreshing its well-being objectives<sup>9</sup> by October 2024. However, whilst the Health Board has undertaken some work in relation to the 'fair pay' well-being objective in response to a Ministerial letter in 2023, its broader review of well-being objectives has not progressed. This work has since been re-programmed to form part of developing the ten-year strategy, which offers opportunities to align the organisation's strategic objectives and well-being objectives. The Auditor General will undertake a review of the Health Board's progress in reviewing and refreshing its well-being objectives at the appropriate time.

## Corporate approach to overseeing the delivery of strategies and plans

- 91 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:
- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART<sup>10</sup> milestones, targets, and outcomes that aid monitoring and reporting; and
  - the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.
- 92 We found that **the actions in the Health Board's Annual Plan for 2024-25 do not contain sufficiently clear milestones to help monitor delivery. Furthermore, given the amount of actions carried forward into the 2024-25 Annual Plan, there is a risk that delivery will become further off-track.**
- 93 Recognising the Health Board's status under Special Measures, the Annual Plan 2024-25 was developed along the five strategic objectives listed in **paragraph 53**.

<sup>9</sup> The Well-being of Future Generations (Wales) Act 2015 places a duty on bodies named under the legislation to set and publish well-being objectives that are designed to maximise its contribution to achieving each of the well-being goals and take all reasonable steps (in exercising its functions) to meet those objectives.

<sup>10</sup> Specific, measurable, achievable, relevant, and time-bound

This approach was used to provide the Health Board with a single, unitary plan which incorporates both annual plan ambitions and special measures expectations.

- 94 The Annual Plan 2024-25 contains a significant number of improvement actions. However, many actions do not contain clear delivery milestones or measures which limits effective oversight of progress. For example, several of the actions are aimed at developing further plans or continuing to embed practices.
- 95 A significant number of actions from the Annual Plan 2023-24 and Special Measures Plan 2023-24 have yet to be delivered and have been carried forward into the Annual Plan 2024-25. However, the report to Board in July 2024 that describe these changes lacked sufficient detail on which actions had been retired and which had been added to the existing objectives within the Annual Plan 2024-25. This creates the risk that some actions will be 'lost' in the carry forward from one year to the next. There is also a need to ensure that the carried forward actions have clear and realistic milestones. **(Recommendation 9)**
- 96 The Health Board has recently altered its arrangements for overseeing delivery of the Annual Plan. Whilst the Board scrutinised a Quarter One 2024-25 report in July 2024, according to the Health Board there were issues related to the proximity of the end of the cycle to the Board meeting. As a result, the Health Board will split this oversight role for the remainder of 2024-25 and future cycles. The Board will receive updates for quarters two and four and the Performance, Finance, and Information Governance Committee will receive updates for quarters one and three.
- 97 Positively, the Quarter One Annual Plan 2024-25 update report demonstrated greater transparency and detail than the 2023-24 closure report. In addition, the Health Board has started to cross-refer actions within its Annual Plan 2024-25 to its performance reporting to identify where the outcome of an action should be evident within operational performance, such as in relation to the design of its Quality Management System. However, the volume of actions now in the existing Annual Plan 2024-25 is a cause for concern given that the Quarter One update report showed that 13 (33%) of the 38 actions programmed for that quarter had not been completed within the planned timeframe. Whilst seven of the remaining actions were expected to be completed within four weeks, six were rated as off-track with no remedial plan. The report also notes that the volume of deliverables from Quarter Two onwards would increase significantly. There is, therefore, a significant risk that delivery of the Annual Plan 2024-25 will become further off-track.

## Corporate approach to managing financial resources

- 98 We considered whether the Health Board has a sound corporate approach to managing its financial resources.
- 99 We found that **whilst there are improvements in the Health Board's approach to financial management, significant challenges remain in terms of spending**

**within budget. The Health Board was not able to meet its statutory financial duties for 2023-24 despite significant financial assistance from Welsh Government. Whilst the Health Board is predicting it will achieve its financial targets for 2024-25, this will be challenging and is also reliant on a significant element of one-off savings.**

## Financial objectives

- 100 We considered whether the Health Board has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of:
- the organisation meeting its financial objectives and duties for 2023-24, and the rolling three-year period of 2021-22 to 2023-24; and
  - the organisation being on course to meet its objectives and duties in 2024-25.
- 101 We found that **the Health Board was unable to meet its statutory financial duties for 2023-24 and the rolling three-period of 2021-24. Whilst it is on track to deliver its savings target for 2024-25, its year-to-date deficit position indicates that delivery of its financial plan will be very challenging.**
- 102 The Health Board did not meet its financial objectives and duties for 2023-24 as it reported a year-end deficit of £24.3million. This is despite the Health Board receiving £82million<sup>11</sup> strategic assistance funding to support sustainable improvements in key services and £27million cash-only support from Welsh Government during 2023-24 to assist the Health Board with making payments to staff and suppliers. However, within the year the Health Board made positive progress in reducing its cost-drivers and introducing several financial control measures which supported it towards achieving the 2023-24 control total deficit of £20million. Despite small underspends in the two prior years, the 2023-24 deficit also negatively impacted on its ability to meet its financial duty to breakeven over a three-year rolling period, as it had an overall 2021-24 deficit of £23.7million. As previously stated, the Health Board was unable to produce a financially balanced three-year plan for 2024-27. Positively, the Health Board met its financial duty to break even against its Capital Resource Limit over three years between 2021-24.
- 103 As of month 6 2024-25, the Health Board was reporting a year-to-date deficit position of £18.7million, which represented an in-year adverse variation of £8.9million against the planned full-year control deficit target of £19.8 million set by Welsh Government. Whilst the Health Board's capital resource limit was forecast to be spent in full, spend as of Month 6 was £5.8million against a year-to-date expectation of £10.3million.
- 104 The Health Board's 2024-25 Financial Plan sets a savings target of £48million to be delivered to the meet the planned £19.8million deficit position. As of Month 6,

<sup>11</sup> The £82million was an annual allocation provided to the Health Board by Welsh Government between 2021-22 and 2023-24.

the Health Board had delivered £27.1million savings, a positive year-to-date variance of some £3.1million, with a forecast that it will deliver £48.4million savings by year end.

- 105 The Finance Report presented to the Performance, Finance and Information Governance Committee in October 2024 indicated that the Health Board is still forecasting it will achieve the year-end control total deficit of £19.8million despite the Month 6 position already showing a £18.7million deficit. The Finance Report articulated the need for action to mitigate cost over-runs and securing the planned savings. The report indicated that this was resulting in the Health Board managing a risk of circa £25.9million in respect of delivery of the planned year-end position. Much is riding on the Health Board's ability to deliver its planned year-end position given the Welsh Government has confirmed that the annual strategic support funding of £82million that is currently non-recurrent will be received on recurrent basis if the Annual Plan deficit of £19.8million is achieved.

## Corporate approach to financial planning

- 106 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:
- clear and robust corporate financial planning arrangements in place;
  - the Board appropriately scrutinising financial plans prior to their approval;
  - sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
  - the Board appropriately scrutinising savings and cost improvement plans prior to their approval.
- 107 We found that **whilst the Health Board demonstrates good awareness of its financial risks, it is still relying heavily on non-recurrent savings to meet year- end financial targets with the ability to adopt a more transformational approach to cost improvement being limited by the absence of a long-term plan for services.**
- 108 The Board and the Performance, Finance, and Information Governance Committee scrutinised the Health Board's Financial Plan as part of the Annual Plan 2024-25 ahead of its formal submission to Welsh Government in March 2024. However, as with the development of the 2024-25 Annual Plan, Board members had limited engagement with the development of the Financial Plan ahead of providing formal scrutiny and approval.
- 109 The Financial Plan 2024-25 sets out key financial risks, three of which had materialised into issues by Month 6. These included continuing healthcare, out of area mental health placements, and prescribing. These spends are being mitigated to an extent through increased scrutiny and escalation, cost avoidance and the use

of contingency funds. The Finance Team is closely monitoring these risks and escalating matters to committees as appropriate.

- 110 The Health Board has adopted a new approach to identifying and delivering savings for the year, based around the national Value and Sustainability Board (VSB) workstreams which have identified savings with the potential to deliver significant transformational efficiencies. In our separate Review of Cost Savings Arrangements, we indicated that the Health Board was slow in selecting viable savings schemes for 2024-25. Despite this, at Month 6, the Health Board was reporting a positive year-to-date variance on delivery of planned savings as noted in the previous section. However, it is worth noting that of the £48.4million of savings the Health Board is forecasting it will achieve this year, £19.8million are non-recurrent. Furthermore, the figure also includes £6.9million of accountancy gains, which are fortuitous one-off reductions in spending resulting from reviews of accruals from the previous year.
- 111 The Health Board's 2024-25 Annual Plan signals a commitment to embed the principles of Value-Based Healthcare into decision making throughout the organisation. However, it is not clear how this will be achieved and as of Quarter One, the Health Board was off-track for delivery of this objective. It has stated that additional central resource was now being applied to support its achievement (see **Appendix 2 – 2022, Recommendation 8**).
- 112 As noted in **paragraph 83**, the Health Board is in the process of developing a long-term organisational strategy and Clinical Services Plan. The latter in particular is fundamentally important to drive the service transformation that is needed to establish a service model that is clinically and financially sustainable for the future (see **Appendix 2 – 2023, Recommendation 7**).

## Corporate approach to financial management

- 113 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:
- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
  - the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
  - effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
  - the organisation's financial statements for 2023-24 were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 114 We found that **strengthened financial controls are leading to fewer single tender actions and special payments. Whilst the quality of the draft financial**

**statements significantly improved in 2023-24, there is scope to improve the accuracy of the associated Remuneration Report.**

- 115 The Health Board has taken steps to establish tighter financial controls and strengthen the culture of financial scrutiny and accountability in response to the challenging financial situation, and the findings of independent reviews which highlighted significant weaknesses.
- 116 An Internal Audit review on contract and procurement management, conducted between September and October 2023, highlighted several areas of concern on non-compliance with the Standing Financial Instructions (SFIs) in relation to contracting and procurement within the Health Board. The review raised 24 actions for the Health Board to consider. Officers responded by launching a detailed programme of work with 50 smaller actions. Good progress was reported to the Audit Committee in May 2024, including joint-working between the Health Board and NHS Wales Shared Services Partnership to increase the capture and reporting of information when breaches occur.
- 117 The Health Board is also responding to an Internal Audit review of budgetary control, published in July 2024. Whilst the report recognised positive progress in financial management and control during 2023-24, it also highlighted areas that required further improvement, including lack of detailed budgetary control procedures in place and a failure to issue Accountability Letters to budget holders during 2023-24. We are aware that Accountability Letters have been issued to budget holders in 2024-25. Although a significant majority have been signed and returned, this did not happen in all cases until well into the financial year. Internal Audit also identified a need to develop and deliver a training plan on finance and procurement to relevant staff, which the Health Board reports as being in progress.
- 118 The Audit Committee continues to provide oversight of compliance of SFIs and the Scheme of Reservation and Delegation. It also oversees and scrutinises information on losses and special payments, counter-fraud activity, procurement controls, and single tender actions. As a result of increased financial controls, the Health Board has seen a significant reduction in the volume and value of purchase orders in breach of its Standing Financial Instructions, and single tender action waivers in 2024-25 compared to 2023-24.
- 119 The Health Board has also been monitoring actions to address the range of issues identified in our 2021-22 and 2022-23 audit of accounts, as well as issues identified by an independent EY review through a finance special measures action plan (see **Appendix 2, - 2023, Recommendation 8**). Progress was last reported to the Performance, Finance, and Information Governance Committee in February 2024 and showed mixed success in meeting milestones, with incomplete actions taken forward into the Annual Plan 2024-25. However, the way in which this information was presented makes it difficult to identify the transferred actions and consequently to know whether they have been adequately addressed.
- 120 The Health Board submitted draft financial statements for 2023-24 for audit within the required Welsh Government timeframe. The Auditor General issued an

unqualified 'true and fair' opinion on the accounts. However, the Auditor General issued a qualified regularity opinion due to the Health Board not meeting its financial duty to break-even over the rolling three-year period 2021-22 to 2023-24, as well as incurring irregular expenditure and breaching its standing financial instructions in making payments to a former interim executive member of the Board. Our audit report noted that there was a significant improvement in the quality of the 2023-24 draft financial statements compared to the previous year. However, we also reported some concerns with the content of the draft Remuneration Report, including errors in the appointment dates or incorrect salary calculations.

- 121 The Auditor General is currently undertaking a high-level examination of the Health Board's use of the additional £297million financial assistance provided by the Welsh Government as part of the targeted intervention package announced in October 2020. This review is due to be reported through the Audit Committee in 2025.

## Board oversight of financial performance

- 122 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of:
- the Board receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
  - the Board appropriately scrutinising the ongoing assessments of the organisation's financial position.
- 123 We found that **the Board and Performance, Finance and Information Governance Committee regularly oversees and scrutinises financial performance information that is accurate, timely, and transparent. However, these discussions need to acknowledge the severity of the risks to achieving the year-end financial targets.**
- 124 Financial reports to the Performance, Finance, and Information Governance Committee and the Board are timely, comprehensive, and transparent that support scrutiny and oversight. They provide good analysis on areas of spending, overspending, and financial expenditure trends. The reports set out the short-term financial challenges and identify where there are specific financial concerns.
- 125 The Board and the Performance, Finance, and Information Governance Committee are keenly aware that the Health Board's approach to financial planning is not sustainable in the longer term. However, the committee maintains a confidence that the year-end financial targets will be achieved despite the risks the Health Board holding.

# Appendix 1

## Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following committees: <ul style="list-style-type: none"><li>• Audit Committee;</li><li>• Planning, Population Health and Partnership Committee;</li><li>• Quality, Safety and Experience Committee; and</li><li>• Performance, Finance and Information Governance Committee.</li></ul>

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> <li>• Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;</li> <li>• key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality;</li> <li>• key organisational strategies and plans, including the IMTP;</li> <li>• key risk management documents, including the Board Assurance Framework and Corporate Risk Register;</li> <li>• key reports relating to organisational performance and finances;</li> <li>• Annual Report, including the Annual Governance Statement;</li> <li>• relevant policies and procedures; and</li> <li>• reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.</li> </ul>

## Interviews

We interviewed the following Senior Officers and Independent Members:

- Chair;
- Vice-Chair and Chair of Performance, Finance and Information Governance;
- Chair of Planning, Population Health and Partnerships Committee;
- Chair of Quality, Safety and Experience Committee;
- Chair of Audit Committee;
- Chief Executive Officer;
- Executive Director of Transformation, Strategic Planning and Commissioning;
- Executive Director of Nursing and Midwifery;
- Executive Director of Public Health;
- Executive Director of Allied Health Professionals and Health Science
- Interim Executive Director of Finance;
- Deputy Director of People and Organisational Development;
- Director of Corporate Governance;
- Director of Midwifery and Women's Services
- Director of Mental Health;
- IHC Director, East;
- IHC Director, Central;
- IHC Director, West.

# Appendix 2

## Progress made on previous-year recommendations

**Exhibit 3** below sets out the progress made by the Health Board in implementing recommendations from previous structure assessment reports.

Recommendation	Health Board assessment of progress	Audit Wales assessment of progress
<p><b>Transparency of board and committee business, 2023:</b></p> <p>R1 Currently, there is confusion about how many days in advance of meetings papers for Board and committee papers should be made publicly available. The Health Board should agree and communicate a consistent target date for publishing agendas ahead of Board and committee meetings.</p>	Going through closure approval process	<b>In progress.</b> See paragraph 30
<p><b>Transparency of board and committee business, 2023:</b></p> <p>R2 The minutes for some committee meetings are missing from the website many months after the meeting date. This affects timely public access to committee</p>	Ongoing and in progress	<b>No progress.</b> See paragraph 30

Recommendation	Health Board assessment of progress	Audit Wales assessment of progress
<p>discussions. The Health Board should introduce arrangements to ensure the public have timelier access to records of committee meetings as part of its wider efforts to enhance transparency of Board business.</p>		
<p><b>Changing trends in complaint numbers 2023-24, 2023:</b>  R3 There has also been a significant unexplained drop in the number of complaints received for the first six months of 2023-24 compared to the previous year. The Health Board should urgently work to discover the reason to ensure complaints are not being missed or mis-reported.</p>	<p>Going through closure approval process</p>	<p><b>No progress.</b> See paragraph 70</p>
<p><b>Recommendation tracking, 2023:</b>  R4 Our work identified that not all Audit Wales recommendations made in 2023 were added to the audit tracker. The Health Board should ensure there is a process to add all recommendations made by Audit Wales to the audit tracker in a timely fashion.</p>	<p>Going through closure approval process</p>	<p><b>Complete.</b> See paragraph 75</p>
<p><b>Recommendation tracking, 2023:</b>  R5 Currently, there is insufficient committee oversight to monitor progress made against recommendations made by non-audit bodies. The Health Board should introduce effective committee oversight for monitoring progress made</p>	<p>Ongoing and in progress</p>	<p><b>No progress.</b> See paragraph 78</p>

Recommendation	Health Board assessment of progress	Audit Wales assessment of progress
<p>against recommendations of regulators, including, but not limited to, Healthcare Inspectorate Wales, the Coroner, the Welsh Language Commissioner, the Health and Safety Executive, and the Public Services Ombudsman for Wales.</p>		
<p><b>Clinical engagement plan, 2023:</b> R6 More needs to be done to reconfigure services to ensure they sustainably meet current and future population healthcare needs. To accompany its clinical strategy, the Health Board should undertake key stakeholder engagement plan to help it shape sustainable service models designed to meet current and future demand.</p>	<p>Ongoing and in progress</p>	<p><b>Superseded.</b> See paragraph 83</p>
<p><b>Financial strategy, 2023:</b> R7 It is difficult to see the extent to which the Health Board’s improvement initiatives and aims set out in the 2023-24 Annual Plan were financially affordable. The Health Board should develop a financial strategy, supported by a medium-term financial plan with the aim of supporting good quality and sustainable service models and reducing the Health Board’s deficit and underlying deficit.</p>	<p>Going through closure approval process</p>	<p><b>No progress.</b> See paragraph 112</p>

Recommendation	Health Board assessment of progress	Audit Wales assessment of progress
<p><b>Monitoring progress against accounting issues</b></p> <p>R8 Ensure that the Audit Committee receives assurance on the progress that the Health Board is making to address the complete range of issues identified in the Audit Wales 2021-22 and 2022-23 audit of accounts, and the subsequent EY review has been slower than intended.</p>	<p>Going through closure approval process</p>	<p><b>In progress.</b> See paragraph 119</p>
<p><b>Review and where needed, strengthen risk mitigating actions, 2022</b></p> <p>R1 Despite recent changes to the Health Board’s strategic and corporate risk arrangements, risk scores in some key areas are not decreasing. The Health Board should review the mitigating actions on the corporate risk register and Board Assurance Framework to ensure they are having the intended impact.</p>	<p>Going through closure approval process</p>	<p><b>Superseded.</b> See paragraph 60</p>
<p><b>Review of performance management assurance reporting, 2022</b></p> <p>R2 The Health Board is continuing to refine performance reporting into board and committees. However, there remain concerns around the quality of the performance report and the extent that stated actions will lead to the intended improvements. The Health Board should improve its performance assurance reporting, focussing more on the impact of performance improvement actions.</p>	<p>Going through closure approval process</p>	<p><b>In progress.</b> See paragraph 65</p>

Recommendation	Health Board assessment of progress	Audit Wales assessment of progress
<p><b>Review Health Board policies, 2022</b></p> <p>R4 The Health Board has a significant number of policies overdue for renewal, which exposes the organisation to service and administrative risks. The Health Board should review and update Health Board policies, prioritising high importance policies first, including the policy on policies.</p>	<p>Going through closure approval process</p>	<p><b>In progress.</b> See paragraph 35</p>
<p><b>Review audit recommendation tracker, 2022</b></p> <p>R5 The audit recommendation tracker and report in their current format provide limited detail, particularly around actions considered complete. The Health Board should work with Audit Committee members to review the format of the audit tracker and report to ensure it provides sufficient information to provide assurance.</p>	<p>Ongoing and in progress</p>	<p><b>Superseded.</b> See paragraph 75</p>
<p><b>Implementation of the new operating model, 2022</b></p> <p>R6 The Health Board should complete the implementation of the new operating model as a matter of urgency, particularly in respect of recruiting substantial post holders and reducing reliance on interim appointments.</p>	<p>Approved for closure</p>	<p><b>Superseded.</b> See paragraph 21</p>

Recommendation	Health Board assessment of progress	Audit Wales assessment of progress
<p><b>Develop a supporting clinical delivery plan, 2022</b></p> <p>R7 The Health Board has developed a clinical strategy for its services, however, there is lack of detail on how it will be implemented. The Health Board should develop supporting clinical delivery plan/plans and delivery structures to shape and implement sustainable service models. Clinical plans should inform workforce, estate, financial resource, and digital services planning.</p>	Ongoing and in progress	<b>Superseded.</b> See paragraph 83
<p><b>Reporting on the impact of value-based healthcare initiatives, 2022</b></p> <p>R8 We found limited evidence of how the Health Board is implementing value-based healthcare operationally to its services to maximise value and efficiency. The Health Board should ensure reporting on its value-based healthcare programme focusses on the outcomes achieved.</p>	Going through closure approval process	<b>In progress.</b> See paragraph 111
<p><b>Urgently implement financial recovery approaches to strengthen the financial position, 2022</b></p> <p>R9 As of January 2023 the Health Board is off-track with its current savings plan and is slow to progress the savings plan for 2023-24. The Health Board should:</p> <ul style="list-style-type: none"> <li>• prepare appropriate financial recovery programmes as a matter of urgency for both the remainder of this, and the next financial year;</li> <li>• review options for estate and service disinvestment (ie where services are not demonstrating sufficient patient impact and outcomes);</li> </ul>	Going through closure approval process	<b>Superseded.</b> See paragraph 102

Recommendation	Health Board assessment of progress	Audit Wales assessment of progress
<ul style="list-style-type: none"> <li>introduce stronger reporting and oversight of the medium-term financial position, financial strategy and recovery approaches; and</li> <li>target digital investments on areas of clear business benefits, ie where digital can be used to release service efficiency and/or quality gains elsewhere.</li> </ul>		
<p><b>Ensure effectiveness of staff well-being services, 2022</b></p> <p>R11 The Health Board has introduced a programme of services to support staff wellbeing. However, it is not currently undertaking sufficient evaluation to ensure these are meeting the needs of staff. The Health Board should evaluate the impact of its staff wellbeing services to inform future investment decisions.</p>	Closed	<p><b>Complete.</b></p> <p>The Health Board informs us it has completed a review of staff health and wellbeing health needs assessment, as well as a new data reporting dashboard for counselling services.</p>

Recommendation	Health Board assessment of progress	Audit Wales assessment of progress
<p><b>Improve performance and financial oversight for digital and estates, 2022</b></p> <p>R12 There is a need to put in place arrangements to understand the impact of digital and estates strategies, as well as the financial feasibility of the strategy. The Health Board should:</p> <ul style="list-style-type: none"> <li>• review any funding gaps in the digital and estates strategies to determine if they are financially feasible. Update the relevant committee on the findings of the financial feasibility review and how any associated risks will be managed.</li> <li>• introduce periodic committee reports that not only focus on actions completed but the impact its digital and estates strategies are having on the organisation.</li> </ul>	<p>Ongoing and in progress</p>	<p><b>In progress.</b></p> <p>The Health Board states that its digital roadmap plan, once developed will be fully costed and will articulate anticipated benefits.</p> <p>The Health Board has recently appointed a new Director of Environment who will lead the development of a new, robust estates strategy. Progress in developing these plans will be monitored via the Planning, Population Health and Partnerships Committee.</p>

# Appendix 3

## Management response to audit recommendations

Exhibit 4: Betsi Cadwaladr University Health Board response to our audit recommendations

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	The Health Board should progress its plans to introduce arrangements for an Executive Committee and its related operating arrangements by April 2025. <b>(Paragraph 23)</b>	The Health Board will be establishing a formal Committee of the Board which will form part of the wider approach aligned to Foundations for the Future Programme. Immediate Actions will include: <ol style="list-style-type: none"><li>1. Terms of Reference approved by the Board</li><li>2. Agreed operating and reporting arrangements</li></ol>	April 2025	Director of Corporate Governance

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
		3. Reporting at each meeting of the Board items considered by the Executive Committee		
R2	In the context of ongoing work in relation to the Foundations of the Future programme and strengthening its operational governance the Health Board should develop a Terms of Reference for its Senior Leadership Team meetings to clarify the purpose of meetings and to ensure that the frequency of meetings is sufficient to effectively discharge its role. <b>(paragraph 24)</b>	Currently there is no accountability or responsibility for the Senior Leadership Team in terms of operational governance, it is a mechanism by which the Members of the Executive Team can engage to support the delivery of the Health Board plans.  As part of the Foundations for the Future Programme, clarity on roles and responsibilities for groups will be confirmed alongside the role of the Senior Leadership Team and the Operational Leadership Team.		

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
		<b>Key actions include:</b> <ul style="list-style-type: none"> <li>Review of the operational governance arrangements including the role of the Senior Leadership Team (July 2025)</li> </ul>	July 2025	Director of Corporate Governance
R3	When the Board reports against decisions taken in private session or via Chair's Actions, it should ensure that, where relevant, the cost implications of decisions are clearly reported. <b>(Paragraph 29)</b>	The Health Board has strengthened the reporting of the decisions made in private during 2024/24 as previously this was a verbal update.  <b>Key actions include:</b> Reporting of financial implications as part of the decision-making process, unless of course, in matters relating to individuals and therefore an exemption would apply.	January 2025	Director of Corporate Governance

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
R4	The Health Board should ensure review of minutes is a standing item on the agenda of each Remuneration Committee meeting (including additional meetings) to ensure the Board has access to an accurate and timely description of the decisions taken. <b>(Paragraph 40)</b>	The Health Board has held a number of additional Remuneration Committee's during 2024 to progress the appointment of Executive Director posts.  <b>Key actions include:</b> Ensuring that where minutes are available then these will be brought to the next available meeting as per the cycle of business	January 2025	Director of Corporate Governance
R5	The Health Board should develop a structured programme of Board member visits, to include a mechanism to provide feedback to the Board. <b>(Paragraph 46)</b>	The Health Board is considering the most appropriate way to engage the wider Board in terms of visiting services. Individual Board Members visit sites on a regular basis.  <b>Key actions include:</b> <ul style="list-style-type: none"> <li>• Agree how the Board can engage with services, which</li> </ul>	June 2025	Director of Corporate Governance

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
		<p>will include plans in terms of service reviews; and</p> <ul style="list-style-type: none"> <li>Establish a reporting mechanism to the Board in terms of service visits</li> </ul>		(with Chair and Chief Executive Officer)
R6	As part of the development of a meaningful Board Assurance Framework, the Health Board should provide Board members with further supporting detail on its strategic objectives to clarify what the objectives are seeking to achieve. <b>(Paragraph 57)</b>	<p>The Health Board has reviewed the Board Assurance Framework during 2024/25 which will be aligned to the Strategic Objectives for the 2025/26 Plan once agreed by the Board.</p> <p><b>Action:</b> To provide additional detail as part of the development of the IMTP for 2025/26</p>	January 2025	Director of Corporate Governance
R7	The Health Board should ensure that audit reports that are relevant to the remit of other Board committees are	The Health Board is considering the approach to dealing with reports from external regulatory bodies as part of		

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
	received and discussed by those committees, including periodic updates against any associated recommendations. <b>(Paragraph 78)</b>	the IMTP for 2025/26. However, there has been progress during 2024/25 which has included progress against external audits at committees, and it recognises there is more to do in this area.  <b>Action:</b> The governance process on reviewing of audit reports will be developed further to ensure that audit reports are considered at the relevant committees as well as Audit Committee.	April 2025	Director of Corporate Governance
R8	The Health Board should ensure that it appropriately engages with Board members and Regional Partnership Board partners in the process of developing future Integrated Medium-Term Plans or Annual Plans. <b>(Paragraph 87)</b>	The Health Board has reviewed the approach and membership at the RPB during 2024/25.  <b>Action:</b> <ul style="list-style-type: none"> <li>The Health Board will ensure that it engages with the RPB</li> </ul>	April 2025	Director of Strategy and Transformation

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
		as part of the development of the IMTP and other corporate plans such as the development of the Organisational Strategy.		
R9	Where the Health Board needs to carry forward actions from one Annual Plan to the next, it should ensure that progress reports are clear on which actions have been retired or carried forward and provide clear and realistic milestones for those actions. <b>(Paragraph 95)</b>	The Health Board has made progress during 2024/25 in the reporting of the progress against the Annual Plan, further work will be continued into 2025/26.  <b>Actions:</b> The monitoring report will be strengthened to address the recommendation including clear milestones and actions.	April 2025	Director of Strategy and Transformation



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We welcome correspondence and telephone calls in Welsh and English.  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

<b>Teitl adroddiad:</b> <i>Report title:</i>	Board Self-Assessment 2024-25			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 27 March 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to present to the Board the outcome of the Board Self-Assessment for 2024-25.</p> <p>Board Members indicated through the self-assessment that they considered that there had been improvements in governance including improved relationships between Executive Directors and Independent Members, a diverse skillset, and effective handling of issues. Board Members felt that strategic oversight had improved with stronger external engagement and governance frameworks. However, key challenges remain, including leadership vacancies, lengthy board papers, and an operational rather than strategic focus in discussions.</p> <p>Priorities for 2025/26 include addressing leadership gaps, refining governance processes, improving strategic investment planning, streamlining reporting and meetings, and enhancing committee effectiveness. Targeted training will support better decision-making, risk management, and governance alignment.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the outcome of the self-assessment; and</li> <li>• <b>AGREE</b> to the areas identified for improvement which will be addressed as part of the Board Governance Improvement Plan.</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge, Head of Risk Management			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>Fôr Decision</i></p> <input type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <input type="checkbox"/> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <input checked="" type="checkbox"/> <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></p> <input type="checkbox"/> <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></p> <input type="checkbox"/> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p>				

<p><b>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:</b></p>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b>Link to Strategic Objective(s):</b></p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b>Regulatory and legal implications:</b></p>	<p>It is essential that the Health Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b></p>	<p>Not applicable for this report</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</b></p>	<p>Not applicable for this report</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b></p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Financial implications as a result of implementing the recommendations</b></p>	
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Workforce implications as a result of implementing the recommendations</b></p>	
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>Results Presented Board Development Session 27/02/2025</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Not applicable for this report</p>

<b>Camau Nesaf:</b>	
<b>Next Steps:</b> <ol style="list-style-type: none"><li>1. Actions agreed to be incorporated to Leadership &amp; Governance improvements in line with the Integrated Medium-Term Plan</li><li>2. Improve clarity on roles of Associate Members.</li><li>3. Strengthen alignment between Board and Committees.</li><li>4. The Annual Governance Statement will incorporate the feedback from the self-assessment as part of the annual reporting requirements</li><li>5. Consider self-assessment of each of the Committees Advisory Groups (focus has been on the Board and Committees at this stage)</li><li>6. Audit Committee self-assessment will be undertaken as already agreed with the Audit Committee (as required in the Audit Committee Handbook)</li></ol>	
<b>Rhestr o Atodiadau:</b>	
<b>List of Appendices:</b> N/A	

# BOARD EFFECTIVENESS SELF ASSESSMENT 2024-25

## 1. INTRODUCTION

The Health Board Integrated Three Year Plan 2024-27 identified Board Effectiveness as a priority for the Health Board. Considerable work has been undertaken in relation to improving corporate governance across the Health Board and this has been validated by Audit Wales in their Structured Assessment 2024 and also in the Progress Report published by Welsh Government in March 2025.

### 1: Building an effective organisation

Objective area 1 recognises the importance of governance and effective procedures and decision making in high functioning Healthcare organisations. This will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.

The Health Board agreed that during 2024-25 we would:

- Complete substantive recruitment of Executive members of the board.
- Progress a Board Development Programme, supporting a substantively appointed Board. Complete the re-establishment of a full complement of Board committees.
- Review the approach to the Board Assurance Framework and Risk Management Framework, under the leadership of the recently appointed Director of Governance

## 2. BOARD SELF ASSESSMENT

The Board members undertook a self-assessment questionnaire in order to assess effectiveness of the Board and its Committees, identifying strengths, areas for improvement, and actionable next steps to drive continuous improvement.

The aim of the self-assessment is to ensure continuous improvements in Corporate Governance in relation to:

- **Accountability & Assurance** – Strong governance oversight, and regulatory compliance.
- **Strategic Focus** – Ensuring alignment with key organisational priorities and plans.
- **Continuous Learning** – Identity any gaps in governance and enable targeted improvements.
- **Sustained Progress** – Support the long-term cultural and structural transformations for better outcomes and overall enhancing delivery.

There was an 83% response rate to the survey which assessed Board Composition & Role; Strategic Oversight, Meeting and Governance Arrangements, assessed three committees to which they serve and provided feedback on all. This was further discussed at the Board Development Session on the 27 February 2025 where governance priorities were agreed for the areas noted as requiring improvement. High level findings are presented below.

*90% Strongly agreed the Chair and Chief Executive Officer work effectively together.*

*85% agreed Board members fully understand their individual and collective roles and responsibilities*

## 2.1 What Are We Doing Well?

- **Improved Relationships:** Strengthened collaboration between Executive Directors (EDs) and Independent Members (IMs).
- **Diverse Skillset:** Agreement Board members bring a broad range of expertise, enhancing oversight and decision-making.
- **Effective Handling of Independent Member queries:** Agreement on transparent and accountable responses.
- **Stronger Strategic Focus:** Increased emphasis on strategic direction, with better external engagement and governance frameworks (e.g., Corporate Risk Register, Board Assurance Framework).
- **Governance & Meeting Management:** Improved prioritisation of key issues and refinement of governance processes.
- **Committee Effectiveness:** Positive collaboration, transparency, and diverse expertise contribute to well-rounded decision making.
- **General Board Performance:** Good interaction, challenge, and preparation leading to constructive debates and informed decision-making.

*95% Agreed the Board and Committees are clear on the risks and registers (Board Assurance Framework and Corporate Risk Register) and are a true reflection of the risks the Health Board*

## 2.2 What Can We Do Better?

- **Address Leadership Vacancies:** Executive Director gaps are limiting strategic oversight.
- **Clarify Associate Member Roles:** Their involvement in governance processes needs clearer definition.
- **Improve Meeting Efficiency:**
  - Reduce paper length, making executive summaries more concise.
  - Ensure correct attendees are present for timely decision-making.
  - Allocate more time for strategic discussions.
- **Strengthen Strategic Oversight:**
  - Reduce operational focus in Board discussions.
  - Improve pre-emptive investment in Primary Care for efficiency and cost reduction.
  - Develop a clear long-term investment strategy for sustainability.
- **Enhance Committee Functioning:**
  - Reduce overlap between Committees and the Board.
  - Improve reporting structures for risk management and assurance.
  - Develop more dynamic, strategy-aligned workplans for Committees.

## 2.3 Next Steps

Governance improvements will be taken forward in line with the Integrated Medium-Term Plan. The Director of Corporate Governance will lead the development of a Governance Improvement Plan which will incorporate the results from the self-assessment, recommendations from the Structured Assessment 2024 and relevant internal audit reports.

The Annual Governance Statement will incorporate the feedback from the self-assessment as part of the annual reporting requirements.

Specific areas of focus to include:

- Improve clarity on roles of Associate Members
- Stronger focus on the strategy and less operational matters at the Board;
- Strengthen alignment between Board and Committees.
- Self-assessment of each of the Committees Advisory Groups (focus has been on the Board and Committees at this stage) incorporating feedback from those that have also attended the meetings as invitees throughout 2024/25; and
- Audit Committee self-assessment will be undertaken as already agreed with the Audit Committee (as required in the Audit Committee Handbook)

## 3. RECOMMENDATIONS

Members are asked to:

- **RECEIVE** the outcome of the self assessment; and
- **AGREE** to the areas identified for improvement which will be addressed as part of the Board Governance Improvement Plan.

Teitl adroddiad: <i>Report title:</i>	Three Year Plan 2025-2028			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	27 <sup>th</sup> March 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> <li>• Present to the Board the draft Three-Year Plan 2025-28</li> <li>• Seek approval that the plan can be submitted to Welsh Government on 31<sup>st</sup> March 2025 in accordance with the timeline agreed by Welsh Government</li> </ul> <p>Feedback has been incorporated into this draft of the plan following Performance, Finance and Information Governance (PFIG) Committee on 18<sup>th</sup> March.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the Plan</li> <li>• <b>Note</b> that the Plan is subject to may require some final minor modifications</li> <li>• <b>Support</b> the onward submission of the Plan to Welsh Government on 31<sup>st</sup> March 2025 in accordance with the agreed timescales</li> </ul>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive (Accountable Officer)			
Awdur yr Adroddiad: <i>Report Author:</i>	Paolo Tardivel, Interim Executive Director of Transformation & Strategic Planning (Lead Executive)			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>	
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	The Plan sets out the Health Board response to national strategic objectives, including A Healthier Wales and the updated Ministerial priorities, as well as addressing local priorities and strategic objectives as described within the HB's long term strategy, Living Healthier, Staying Well. The Plan is also required to respond to requirements following the escalation into Special Measures in March 2023. The Plan also reflects shared priorities within the strategic partnerships in North Wales and nationally.
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	There is a statutory duty to develop an IMTP under the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The Health Board must prepare a plan which sets out its strategy for securing financial balance, whilst improving the health of the population and providing healthcare to meet needs. As the Board is unable to submit an approvable IMTP, this statutory duty has therefore been breached.
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>	Yes
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>	Yes
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>	Failure to fulfil the statutory duties as described above.  Risks in relation to the financial position are noted within the Plan.  Individual service areas are accountable for ensuring any risks within service delivery areas are identified and recorded, and mitigations set in place as far as is feasible.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	The financial implications are set out in the Finance section of the Plan and reflect the organisations agreed Financial Plan.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	The workforce projections for 2025/26 are set out within the Plan.

<i>Workforce implications as a result of implementing the recommendations</i>	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	The approach to the development of the IMTP and sharing of outline priorities has been presented and discussed at the Local Partnership Forum (LPF), Health Professionals Forum (HPF), Stakeholder Reference Group (SRG), Executive Committee, PFIG Committee, PPHP Committee and Board Development session. This has shaped the approach in formulating the annual plan.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government (to ensure statutory duties are met) resulting in a regulatory audit opinion.
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>	
<ul style="list-style-type: none"> <li>- Confirmation of accountability conditions will be communicated by Welsh Government following review of the final submission</li> </ul>	
Rhestr o Atodiadau / <b>List of Appendices:</b>	
<ul style="list-style-type: none"> <li>- 2025-28 Three Year Plan v3_5 (Board version 2025-03-27)</li> <li>- Appendix 1: A Healthier Wales refreshed actions</li> <li>- Appendix 2: Cabinet Secretary Enabling Actions baseline assessment</li> <li>- Appendix 3: Cabinet Secretary Delivery Expectations trajectories</li> <li>- Appendix 4: Special Measures De-escalation Criteria</li> </ul>	

# Betsi Cadwaladr University Health Board

## Three Year Plan 2025-28



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

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# Foreword

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This Integrated Medium-Term Plan (IMTP) sets out the Health Board's commitment to improve the health and wellbeing of the people of North Wales and to provide or secure high quality, effective and efficient healthcare services. The Plan, covering three years from 2025/26, builds on the work undertaken in recent years for the Health Board to become a highly effective organisation, committing to further build strong partnerships with other organisations and importantly with people and communities across the region.

Welsh Government Ministers have set out their expectations of the Health Board in delivering national strategy and policies, and the escalation of the health board back in February 2023 to Level 5 (Special Measures) forms a further set of expectations for improvement and delivery. It is clear that progress on both the Cabinet Secretary's Priorities and the Level 5 requirements must be made. This Plan sets out actions that will be taken, acting as the route map to improvement and delivery.

It is clear that the Health Board has been making progress with improvement noted specifically in leadership, governance, culture, quality and safety and financial governance and performance as outlined in the latest Welsh Government Report on Level 5 (Special Measures) published in March 2025. There remains, however, a long way to go before the Health Board can be considered as high performing, with particular challenges in operational service planning and delivery meaning that too many patients wait too long to access services. Although the majority of people report a good experience when they receive care the delays in accessing that care cause real concern.

The Health Board must therefore improve the way it delivers services, become more efficient, productive and effective, modernise practice and learn from others as well as share the innovation and best practice that is evident across the health board. It must improve through using public resources wisely, providing value for money to the taxpayer, particularly in financially constrained times. Further strengthening the relationships with communities and partners, and enabling and supporting staff across the organisation will enable significant improvement to be achieved through the timespan of this Plan.

The Board has set out five Strategic Objectives to guide improvement:

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

The Board approved a Values and Behaviours Framework in November 2024; a Framework developed with the contribution of hundreds of staff and with external partners. The values of Openness, Compassion and Respect are those that the Board itself will continue to strive to demonstrate through its work. The progress, as well as the challenges of the health board, will continue to be presented publicly to staff, partners and more widely to the people of North Wales. We wish to be an excellent

health board, delivering the best healthcare services possible, and we understand that to achieve that goal, collective effort will need to be at its heart. We look forward to continue our improvement journey with and for the people of North Wales.



Dyfed Edwards  
Chair



Carol Shillabeer  
Chief Executive

## Section 1: Strategic Overview

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The Health Board remains focused on delivering its purpose of improving health and wellbeing and providing excellent care to the people of North Wales. In line with 'A Healthier Wales', the long-term strategy for health and social care in Wales, the organisation is committed to working closely with partners to contribute to a whole system approach to health and social care. As part of the Well-being of Future Generations (Wales) Act, the organisation ensures that it carefully considers the long-term impact of decisions in support of improving the social, economic, environmental and cultural well-being of Wales.

The Cabinet Secretary for Health and Social Care has been clear on their expectations for, along with the actions that will support delivery without driving additional cost. There is a strong focus on developing services to deliver high value patient outcomes, ensuring that they are sustainable for the long term. Based on the projections within the Chief Scientific Advisor's "NHS in 10+ years" report, related to an increasingly ageing population within a higher prevalence of multiple long-term conditions, this is absolutely crucial, whilst ensuring that services continue delivering the highest possible quality.

This Plan does not sit in isolation, but forms part of a collection of plans and strategies developed by the Health Board and partners that support delivery of shared ambitions over a complex system.

### Welsh Government Planning and wider Legislative Framework

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#### ▪ *Primary statutory duties related to integrated planning*

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There is a statutory duty for each Health Board in Wales to prepare and submit an Integrated Medium-Term Plan (IMTP) to Welsh Government. The purpose of the IMTP is to provide a road map towards delivering improvements to population health needs, whilst also confirming plans for delivering financial break-even.

The statutory duty to plan is set out in the NHS (Wales) Act 2006, which requires each Local Health Board to prepare a plan which sets out a strategy for improving the health of people for whom the Board is responsible and improving the provision of health care for those people. The plan must be kept under review and the Health Board must have regard to the plan in exercising its functions. The Health Board must involve partners within the planning process and must respond to Ministerial Directions relating to the content of the plan.

The NHS Finance (Wales) Act 2014 legislated for integrated planning as the bedrock of the health system in Wales and introduced the requirements for development of IMTPs to secure financial balance in respect of each three-year period.

The NHS Wales Planning Framework, issued in accordance with the above Acts provision for making directions, confirms that Plans must

- Meet the statutory requirements to commission and/or provide services to improve population health outcomes and to achieve financial balance

- Set out clear actions and milestones that demonstrate how planning intentions will be achieved
- Deliver the key milestones within the Delivery Framework
- Triangulate finance, activity and workforce in the plans

The Health Board has been unable to seek approval of an IMTP in recent years due to being unable to produce a Three-Year Plan that meets all the qualifying requirements. However, in recent years the Health Board has made significant steps towards delivery of an IMTP, and this year is able to put forward a balanced plan. As required of an IMTP, this is structured against a three-year horizon; however, this is done with a particular focus upon the coming year.

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▪ ***The NHS (Wales) Act 2006: Engagement and consultation***

The Health Board has a statutory duty under the NHS (Wales) Act 2006 to involve and consult citizens in:

- Planning to provide services for which they are responsible
- Developing and considering proposals for changes in the way those services are provided; and,
- Making decisions that affect how those services operate

The legislative requirement is supported by recently updated guidance on engagement and consultation for service changes. During 2024-25 the Health Board has further progressed work with colleagues attending the Stakeholder Reference Group, Trade Union Forum, and Health Professionals Forum to influence and test Planning assumptions and priorities, alongside wider Partnership colleagues.

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▪ ***Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009***

The principal role of a Health Board is to ensure the effective planning and delivery of healthcare for people for whom it is responsible, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health, reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.

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▪ ***The Equality Act 2010***

The Equality Act (2010) sets out the general duty in relation to equality and human rights for listed bodies, of which the Health Board is one. The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 set out specific duties for listed bodies in Wales.

A listed body must involve people who it considers representative of those with different protected characteristics and those who have an interest in how an authority carries out its functions. The listed body may also consult and involve other people considered appropriate.

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▪ ***The Social Services and Well-being (Wales) Act 2014***

The Social Services and Well-being (Wales) Act 2014 (part 9) requires the Health Board to co-operate with Partners in the formation of a Regional Partnership Board (RPB) to prepare and publish a 5-Year

Area Plan setting out the range and level of services to be provided in response to the population needs assessment, including resources to be deployed. The current RPB plan runs from 2023 to 2028<sup>1</sup>. Health Boards are additionally required to set out actions proposed in relation to the duty to have regard to the importance of preventative action.

▪ ***The Social Services and Public Procurement (Wales) Act 2023***

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The Social Services and Public Procurement (Wales) Act (SPPP Act) provides a framework to promote the well-being of the people of Wales by enhancing sustainable development through social partnership working, promoting fair work and socially responsible procurement. The SPPP Act amended Section 4 of the Well-being of Future Generations (Wales) Act 2015 (WBFG Act) substituting ‘decent work’ for ‘fair work’, requiring the Health Board to seek consensus or compromise with their recognised trade unions in reviewing its well-being objectives, and assessing compliance with the Act. Changes to the SPPP Act also placed socially responsible procurement duties on Health Boards (and other ‘certain public bodies’).

▪ ***The Well-being of Future Generations (Wales) Act 2015***

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The Well-being of Future Generations (Wales) Act is about improving the social, economic, environmental and cultural well-being of Wales.

Collaboration	The Act requires the Health Board to consider the long-term impact of decisions, and to achieve the seven Well-being Goals, applying the ‘5 Ways of Working’ to do so.
Integration	
Involvement	The Health Board recognises the importance and value of doing this and has integrated the ethos of the Act into the objectives and priorities within this Plan.
Long-term	
Prevention	The Well-being of Future Generations (Wales) Act 2015 has a number of requirements under the well-being duty. As a designated public body, the Health Board is required to carry out sustainable development, using the five ways of working which support the sustainable development principle.

*Above: The 5 Ways of Working*

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<sup>1</sup> <https://www.northwalescollaborative.wales/north-wales-population-assessment/regional-plan/>

The Health Board is further required to set out well-being objectives designed to maximize the contribution to achieving the national well-being goals. The Health Board will review and refresh the well-being objectives as part of the 'Health Board 10-Year Strategy' priority, outlined later in this plan. During 2024-25 the Health Board progressed implementation of 'Fair Wage' guidance into well-being goals.



The Board is also required to work in partnership through Public Services Boards to prepare and publish a local Well-Being Plan, which sets out local well-being objectives and the steps proposed to be taken to meet them. In relation to North Wales, the following Well-Being Plans have been published covering the period of 2023-28:

- Gwynedd and Anglesey PSB <sup>2</sup>.
- Conwy and Denbighshire PSB <sup>3</sup>.
- Flintshire and Wrexham PSB <sup>4</sup>.

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▪ ***Health and Social Care (Quality and Engagement) (Wales) Act 2020***

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**Duty of Quality**

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 sets out a duty of quality. The purpose of the duty of quality is to ensure that Welsh Ministers and NHS bodies secure improvements in the quality of services they provide. The duty represents the ambition of achieving ever-higher standards of person-centred health services in Wales.

**Duty of Candour**

The Duty of Candour is a legal requirement for NHS Organisations in Wales to be open and honest with service users receiving care and treatment. This is outlined in the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Duty of Candour applies if the care we provide has or may have contributed to unexpected or unintended moderate or severe harm, or death.

**Welsh Government 2025/26 – 2027/28 Guidance and Requirements**

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The Cabinet Secretary for Health and Social Care issued their priorities for health boards on 20<sup>th</sup> December 2024. He set out their high-level ambition for the health and care system, with an emphasis on quality, safety and improvements in outcomes.

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<sup>2</sup> <https://www.llesiantgwyneddaron.org/en/Cynllun-Llesiant/>

<sup>3</sup> <https://conwyanddenbighshirelsb.org.uk/well-being-plan/>

<sup>4</sup> <https://www.flintshire.gov.uk/en/PDFFiles/Policy-and-Performance/PSB/Flintshire-and-Wrexham-Public-Services-Board-Well-being-Plan-2023-2028.pdf>

There are five strategic priorities that must be delivered by all health boards and other NHS organisations over the next three years. They are in areas that have been consistently raised through ministerial conversations and engagement with the public and staff:

- 1) **Timely Access to Care**
- 2) **Population Health and Prevention**
- 3) **Building Community Capacity**
- 4) **Mental Health Access**
- 5) **Women’s Health**

The Cabinet Secretary’s Priorities, Delivery Expectations and Enabling Actions have all been incorporated into the Health’s Board plan. Section three of this plan is structured around the Health Board’s five Strategic Objectives which covers all these areas as well as the local priorities of the Health Board, its partners and the population.

### ***Delivery Expectations for 2025/26***

Accompanying these priorities are a set of clear delivery expectations for year one of the plans (2025/26). The delivery of these is at the centre of how the organisation plans its resources and capacity, ensuring that greater pace is delivered in these areas. Progress in some of the areas will require greater collaboration with partners in order to deliver whole system change. Whilst these targets are focused on year one of the plans, continual improvement across years two and three will be required. Trajectories associated with these Delivery Expectations can be found in Appendix 3.

Priorities for 2025-28	Delivery Expectations for 2025-26
<b>Timely Access to Care</b>	<ul style="list-style-type: none"> <li>▪ Reduce the number of ambulance patient handovers over 1 hour –national target - zero</li> <li>▪ Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero</li> <li>▪ No patients waiting more than 104 weeks for referral to treatment.</li> <li>▪ 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward a national target of 80% by 31 March 2026.</li> <li>▪ Number of patients waiting more than 8 weeks for a specified diagnostic – target zero</li> </ul>
<b>Population Health &amp; Prevention</b>	<ul style="list-style-type: none"> <li>▪ Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes</li> <li>▪ Achievement of vaccinations targets in the performance framework</li> </ul>
<b>Building Community Capacity</b>	<ul style="list-style-type: none"> <li>▪ Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard</li> <li>▪ 100% of GP practices achieving all National Access Standards for In-hours GMS</li> <li>▪ Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP</li> <li>▪ Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible</li> <li>▪ Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible.</li> </ul>
<b>Mental Health Access (Adults and Children &amp; Adolescents)</b>	<ul style="list-style-type: none"> <li>▪ 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral</li> <li>▪ 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS)</li> </ul>
<b>Women's Health</b>	<ul style="list-style-type: none"> <li>▪ Establishment of one Women's Health Hub in each health board area by March 2026 (aligned to the Women's Health Plan)</li> </ul>

From NHS Wales Planning Framework 2025-28

### Enabling Actions

To support delivery against these expectations, the Cabinet Secretary has set out a number of enabling actions. Each has an evidence base to demonstrate improved efficiency and/or outcomes, without driving additional cost. They are the product of work underway through the National Strategic Programmes, the Strategic Clinical Networks and the Value and Sustainability Board. The full list of enabling actions can be found in Appendix 2, but the table below summarises each thematic area and its associated objective.

Thematic Area	Objective
<b>Operational Productivity &amp; Efficiency - Urgent and Emergency Care</b>	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation
<b>Operational Productivity - Planned Care</b>	Improving timely access to care, reducing unwarranted variation in clinical productivity
<b>Workforce Productivity</b>	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.
<b>Maximising Value for Money</b>	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness
<b>Improving Value, Optimising Outcomes, &amp; Minimising Variation</b>	Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes

From NHS Wales Planning Framework 2025-28

## Strategic context

### ▪ A Healthier Wales refresh



A Healthier Wales<sup>5</sup> sets out the Welsh Government plan to create a whole system approach to health and social care that focuses on health and well-being and the prevention of illness. This provides a guiding strategic direction for Health Boards in Wales.

This requires new models of care that build on local innovation through clusters of primary and community care providers working together. In this way people would only use General Hospital care when it is essential. More treatment and care, focusing upon wellness, would be delivered closer to home.

Whilst primary and community services will be more networked, so too will hospital services where specialist services delivered in major hospitals will become networked to allow centres of excellence to evolve.

In Autumn 2023, Welsh Government’s Chief Scientific Adviser for Health published a report “NHS in 10+ years: An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales” describing the challenges the NHS in Wales is likely to face over the next 10 to 25 years. The report is examined in more detail in the next section, but made it clear that the current demographic, economic and societal challenges facing our health and care system in Wales will continue to place unsustainable demands on our services.



Figure 1: A Healthier Wales: Shifting from an approach focused upon Hospital based care to one focused upon Health, wellbeing & prevention

In response to the report, the former Cabinet Secretary for Health and Social Care announced a refresh of the actions in a Healthier Wales. The actions in the refresh, which are grouped into 10 key themes, summarised below and included in Appendix 1, reflect the changes needed to deliver a sustainable health and care system and will require the Health Board to continue working closely with wider sectors and partners to tackle issues including the wider determinants of health and reducing inequalities.

<sup>5</sup> <https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>

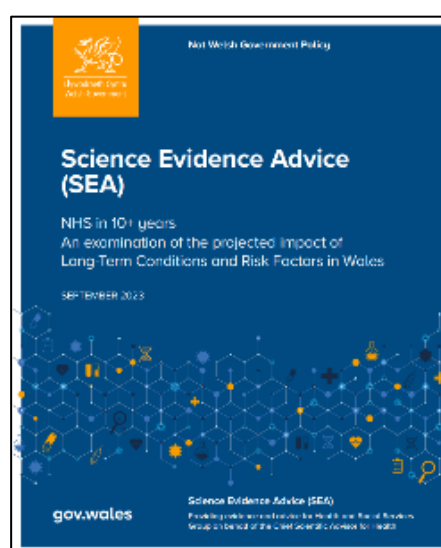
## Key themes - A Healthier Wales refreshed actions (2024)

Preventative	Person Centred	Sustainable	Equitable	High Quality & Safe
Digital & Data	Workforce	Research Development & Innovation	Co-production & partnership	Integration

The Health Board has made steps towards further delivery of A Healthier Wales but recognises there is more to do. This Three-Year Plan incorporates further work in this regard.

### ▪ *Chief Scientific Adviser for Health report*

Published in September 2023<sup>6</sup>, the “NHS in 10+ years” report from the Chief Scientific Adviser for Health identifies many of the population needs documented above and articulates the need to make bold decisions around how to deliver care and allocate resources in response. The report outlines the changes in population demographics and health care needs expected over the coming ten years. Key messages include:



- The diagnoses of many long-term conditions (LTCs) will rise, in part due to an ageing population in Wales. This means that there will be a higher proportion of the population living with frailty, dementia, cancer, heart and other cardiovascular diseases, diabetes, and poor mental health, and for longer. Many of these conditions are associated with modifiable risk factors and onset could be delayed or prevented through addressing lifestyle factors holistically.
- In many conditions, rates are increasing at a greater rate than that explained by age and other demographic factors alone. These include diabetes; dementia; cardiovascular illnesses including atrial fibrillation, heart failure, high blood pressure, and peripheral vascular disease (PVD); lung illnesses including chronic obstructive pulmonary disease (COPD) and asthma, osteoporosis, inflammatory bowel disease and anxiety disorders.
- There will be increasing numbers of people in Wales living with multiple long-term conditions, with the proportion of people living with four or more diseases doubling between 2015 and 2035. People living with multiple diseases are currently required to attend significantly more outpatient appointments.
- There will be increasing numbers of people in Wales living with frailty and who require greater access to urgent and emergency hospital services and delays in discharge after hospital stays.

<sup>6</sup> <https://www.gov.wales/sites/default/files/publications/2023-09/science-evidence-advice.pdf>

- Workforce remains the biggest single challenge for the NHS and social care going forwards. Technology and a change in the skill-mix composition of the NHS workforce offer the potential to reduce the rate of growth of the NHS and social care workforce but increases in capacity will be required in some areas, including general practice, community care and social care.

The Health Board has incorporated this report into its planning processes in support of long-term continual transformation.

## Section 2: North Wales Region and Organisational Overview

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Over the last two years the organisation has put in place the foundations for a health service which is more capable of meeting the needs of the people of North Wales. Following escalation into Level 5 (Special Measures) in February 2023, the Health Board has had to rebuild its leadership, governance, culture and processes to deliver better outcomes for citizens. Year one was largely about rebuilding and stabilising the organisation, with year two starting to make improvements to key services and addressing the key issues across the organisation. The Health Board is now much better equipped to tackle these issues and accelerate improvements to services whilst delivering high value patient outcomes and sustainable services for the long term.

### North Wales Population Profile and Needs

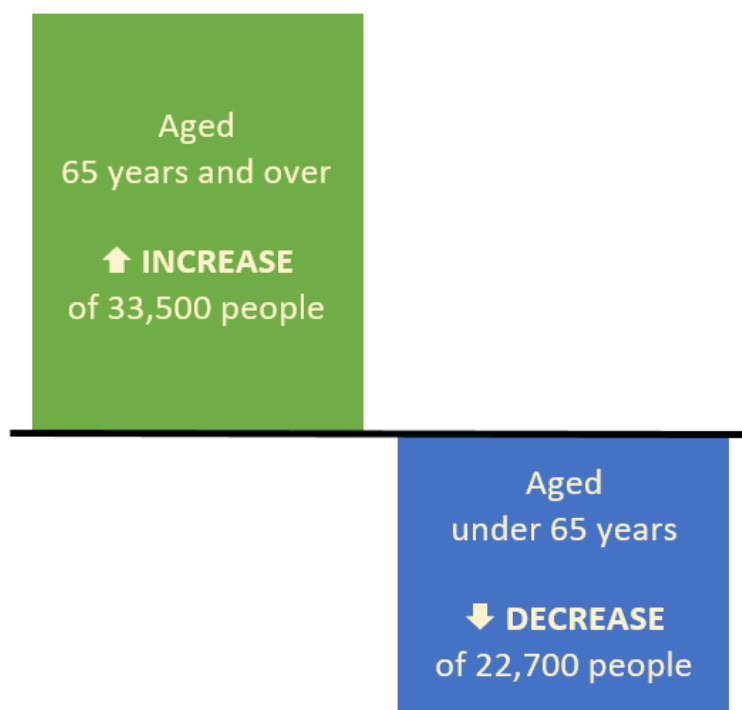
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The starting point for healthcare planning is understanding population need (capacity to benefit), against which gaps and inequalities in service provision can be identified and then addressed.

The North Wales Regional Partnership Board Population Needs Assessment (PNA)<sup>5</sup>, revised in 2022, is an important assessment that the Health Board uses to understand population need, supplemented by a range of additional information sources.

What is clear is that the demography and health status of the North Wales population continues to change as it does across the rest of the UK.

Between 2025 and 2040 in North Wales....



#### Age

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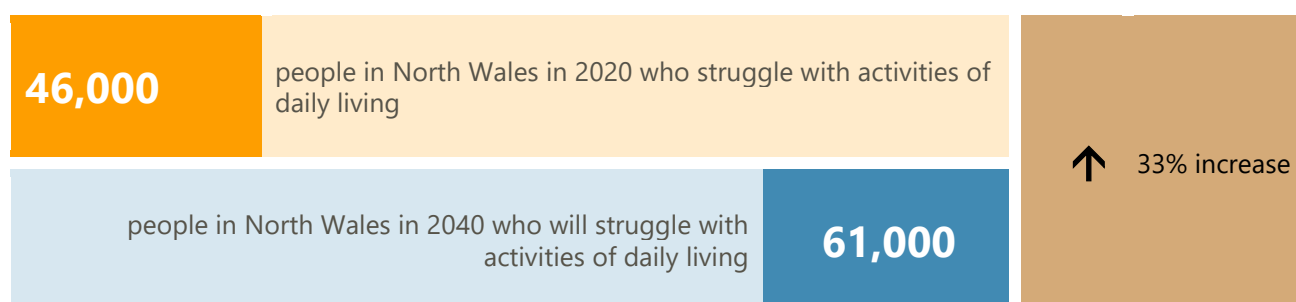
The number of residents over 65 years of age is growing much more than younger age cohorts. By 2034, the number of residents over 65 years of age will grow by 16% and the number aged 85 years and over by 41% whilst the number of residents aged under 65 years will decrease across North Wales.

Many individuals live in good health to older ages, but it is expected that the change in age profile will be associated with an increased number of individuals living with long-term conditions (and for many, with multiple long-term conditions), and living with these conditions for longer. For these

reasons, how the Health Board responds to needs arising from people living for many years with health problems and then experiencing frailty will become increasingly important.

The changing age profile also informs Health Board workforce planning in order to support and enable older individuals to remain in work and to appeal to a reducing population of younger people to consider entering into the healthcare workforce, and to return to North Wales after a university education elsewhere.

### ▪ Long term conditions



Although many people are staying healthy later into life, some will face increasing levels of long-term conditions and a consequent need for care and support. The Regional Partnership Board Population Needs Assessment estimates that the number of people struggling to complete activities of daily living (ADLs) as a consequence of long-term conditions will significantly increase. The Regional Partnership Board estimate that the number of people struggling to undertake activities of daily living (ADLs) will increase by a third by 2040.

Condition	Projected change for Wales, or from published literature
Coronary heart disease	Increasing
Stroke / TIA	Falling
Atrial Fibrillation	Increasing
Heart Failure	Increasing
Hypertension	Increasing
Cancer (all cancers)	Increasing
Bowel Cancer	Increasing
Lung Cancer	Increasing
Breast Cancer	Increasing
Prostate Cancer	Increasing
Dementia	Increasing
Type 2 Diabetes	Increasing
Depression	Increasing
Anxiety	Increasing
Multimorbidity	Increasing
Asthma	Increasing
Rheumatoid Arthritis	Falling slightly
COPD	Increasing
Epilepsy	Falling
Inflammatory Bowel Disease	Increasing
Peripheral Vascular Disease	Increasing
Chronic Kidney Disease	Increasing slightly

*Information from Chief Scientific Adviser for Health in Wales report, September 2023*

The report from the Chief Scientific Adviser for Health in Wales in September 2023<sup>7</sup> identifies that the number of individuals living with complex multi-morbidity due to having four or more conditions will double by 2035.

The prevalence of Diabetes in particular is forecast to rise by 25% by 2035, meaning over 60,000 people in North Wales would be living with Diabetes.

### ***Inverse Care Law***

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The Inverse Care Law was first described in 1971<sup>8</sup> and suggests that many of those with the greatest need are least likely to receive the care they require.

As the most vulnerable are often at higher risk of having poor health this further exacerbates the impact of long-term conditions upon some communities. It has an impact not only on individuals experiencing increased levels of need but also upon the 78,000 family members or relatives providing unpaid care.

#### **▪ *Prevention***

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Many of these long-term conditions can be prevented, improved, or more effectively treated by adopting good population health principles, healthy lifestyle choices and better early intervention healthcare. Many of the risk factors that increase the likelihood of developing a long-term condition, such as smoking, poor nutrition and physical inactivity, have a higher prevalence in North Wales compared to Wales as a whole.

This underlines the importance of focusing on population health and prevention, in order to maximise health and wellbeing, and to reduce health inequalities for people living in North Wales

#### **▪ *Wider determinants of health***

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Recognising the wider determinants of health (social, economic and environmental factors) that impact on health is critical and reinforces the importance of working collaboratively with non-NHS partners.

Higher levels of disadvantage are associated with poorer health. In the Welsh Index of Multiple Deprivation (WIMD), which is the Welsh Government official measure of relative deprivation, divided in 1,909 areas, North Wales has the first, second and ninth most deprived communities in the highest ten areas. Whilst representing 3% of the population of Wales, Denbighshire has 20% of the 20 most deprived communities in Wales (ranked 1, 2, 11 and 19).

This requires the Health Board to continue working with partners in a range of ways, including to further develop clusters of community services that can address these wider determinants to holistically address prevention. The Well North Wales initiative is a good example of partner working in the prevention space with an aim that everyone in North Wales can enjoy good physical health and wellbeing.

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<sup>7</sup> <https://www.gov.wales/sites/default/files/publications/2023-09/science-evidence-advice.pdf>

<sup>8</sup> <https://www.kingsfund.org.uk/publications/articles/inverse-care-law>

## Health Board Profile

### The largest health organisation in Wales



**c.£2.4bn**  
budget.



**c.20,000**  
staff members.



**c.700,000**  
population.



**6** counties.



**83** dental and  
orthodontic  
practices.



**3** main hospital  
sites.



**147** community  
pharmacies.



**69** optometry/optician  
practices.



**16** community  
hospitals.



**96** medical practices  
("GP practices").

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, with a budget of £2.4 billion and a workforce of over 20,000. The Health Board is an integrated health system that strives to provide excellent compassionate care delivered in partnership with the public and other statutory and third sector organisations.

The Health Board 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 96 medical practices ("GP practices"), 83 dental and orthodontic practices, 69 optometry/optician practices and 147 community pharmacies.

In community settings, the Health Board delivers a wide range of community NHS services including community nursing, health visiting, physiotherapy and palliative care, through a network of health centres, clinics, community team bases and 16 community hospitals, coordinated across 14 'localities'.

Community mental health services are delivered by the Health Board from bases across north Wales, supported by a number of inpatient mental health units across the region.

The Health Board also delivers primary, community and mental health services to the prison population within HMP Berwyn, Wrexham.

General Hospital services are provided by the Health Board from three main sites, Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital, with some general surgical services also being delivered in Abergele and Llandudno.

Where NHS care cannot be provided within north Wales, such as for certain rare conditions or highly specialist services, the Health Board works with other NHS providers in Wales and England, to provide those services on behalf of the Health Board.

We are also responsible, in partnership, for improving the health and well-being of local people through activities such as our successful vaccination programmes and school health services.

#### ▪ ***Cluster and Pan-cluster working***

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North Wales has 14 Primary Care Clusters and three Pan Cluster Planning Groups (PCPGs), which play a crucial role in delivering integrated, community-focused healthcare. Clusters are designed to ensure localised, preventative healthcare, supporting a shift away from hospital dependency by improving access to services closer to home.

Clusters bring together GPs, community health teams, social care, and voluntary sector partners, helping to reduce health inequalities and support vulnerable populations.

The three PCPGs coordinate these efforts at a broader level, connecting clusters with the Regional Partnership Board (RPB) to drive system-wide transformation. They play an important role in:

- Developing sustainable primary care services.
- Aligning local cluster work with regional health strategies.
- Expanding supplementary services, such as cluster-based care home support

Key priority areas are:

- Governance reforms to enhance cluster autonomy and efficiency.
- Innovative 'one-stop' clinics for managing long-term conditions like diabetes.
- Improving hospital discharge pathways to enable more community-based care.
- Rolling out the All-Wales Diabetes Prevention Programme to all Clusters.
- Expanding community-based dementia care.
- Enhancing social prescribing and early intervention programmes.

Aligned with the NHS Wales 2025-28 Planning Framework, Clusters and PCPGs have an important role to play in regional and cross-sector collaboration, reinforcing whole-system integration to improve outcomes across North Wales. This integrated approach is a key focus of the 2025-28 plan which seeks to ensure that clusters and PCPGs continue to drive primary care transformation and resilience across the region.

## Partnerships – Strategic Intent

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### ▪ *Economic regeneration partnership – North Wales Growth*

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The Health Board will continue to work with partners such as 'Ambition North Wales' to support delivery of the key priority areas for the Welsh Government backed New Growth Deal for example, though the North Wales Regional Skills Partnership and implementation of the Local Area Energy Plan.

In addition, the Health Board's plans align to the North Wales Regional Economic Framework contributing the development of the 'Wellbeing economy', for example, through involvement in the Active Transport programme, health research and the development of the North Wales Medical School.

### ▪ *North Wales Regional Partnership Board*

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The Regional Partnership Board (RPB) was established to meet Part 9 of the Social Services and Well-being (Wales) Act 2014 and facilitates the partnership arrangements between all six of the North Wales Local Authorities and other partners in taking forward the effective delivery of integrated services in North Wales.

The NWRPB published their [Regional Area Plan](#) in April 2023. This sets out how partners will work together to deliver health and social care services and respond to the findings of the [North Wales Population Needs Assessment and Market Stability Report](#).

The Plan focuses on how the NWRPB delivers priorities for integrated working between health and social care on a regional basis for the following population groups:

- Children and young people with complex needs
- Older people including people with dementia
- People with learning disabilities and neurodevelopmental conditions
- Unpaid carers
- People with emotional and mental health well-being needs

Progress against the Plan is shared each year in the [Regional Partnership Board Annual Report](#).

Work is taking place to reset the Health Board's representation at the Regional Partnership Board, ensuring all attendees receive advance briefings before each meeting and establishing a structured reporting process to improve decision making.

### ▪ *Public Service Boards*

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The Public Service Board's (PSB's) are a collection of public bodies working together to improve the well-being of their county. Membership consists of senior representatives from partner organisations to ensure that strategic plans are aligned with, and support achievement of, local well-being objectives and vice versa; but also to ensure that the contribution of the PSB adds value over and above statutory organisations' own plans.

The three North Wales PSB's (Gwynedd and Anglesey, Conwy and Denbighshire, and Flintshire and Wrexham) use the insight and evidence from the Well-being Assessments (produced in 2022 – 2023) to develop and publish their Well-being Plans in 2023 – 2024. The Well-being Plans are a statutory requirement of the Well-being of Future Generations Act and seek to address the key areas which pose the greatest need or challenge for communities, describing where the PSB's can make the greatest contribution and adding value to existing partnerships and core services:

- [Flintshire and Wrexham Public Services Board Well-being Plan 2023 -2028](#)
- [Gwynedd and Anglesey Public Services Board Well-being Plan 2023 - 2028](#)
- [Conwy and Denbighshire Public Services Board Well-being Plan 2023 - 2028](#)

#### ▪ ***Health Education and Improvement Wales***

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Health Education and Improvement Wales is the strategic workforce body for NHS Wales. As a Special Health Authority, they contribute to addressing strategic and specialist workforce issues. Key delivery objectives for 2025 – 26 include providing quality improvement skills training programmes for healthcare professionals, developing an infrastructure to support high quality, multi-professional practice-based learning placements and supporting the delivery of apprenticeships within NHS Wales in line with Government strategy and Health Board requirements.

#### ▪ ***NHS Wales Joint Commissioning Committee (NWJCC)***

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The NWJCC is a Joint Committee that acts collectively on behalf of the seven Health Boards to commission a specific set of services at national level, for example, Emergency Ambulance Services and Specialised Services.

#### ▪ ***NHS Wales Shared Services Partnership (NWSSP)***

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The NWSSP delivers a wide range of professional, technical, and administrative services for and on behalf of NHS Wales it also works with the wider public services, including Welsh Government.

#### ▪ ***Digital Health and Care Wales (DHCW)***

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DHCW works in partnership with NHS Wales and other key stakeholders to provide national digital and data services, which support the delivery of health and social care in Wales e.g., digital records and hospital, primary and community information systems.

## **Strategic Objectives**

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Since introduction as part of the Health Board's response to address Escalation intervention under the Welsh Government / NHS Wales Escalation Framework, the Health Board's 'Five Strategic Objectives' have been helpful in providing focus and structure. The Health Board is committed to achieving the five strategic objectives and as such, Delivery Plans have been structured around them.

In doing so, the Health Board has taken steps to ensure that the Delivery Plans encompass:

- Ministerial Priorities
- NHS Wales Planning Framework requirements
- Priorities arising from Level 5 of the WG/NHS Wales Escalation Framework
- Other Health Board and partnership strategic priorities

**1: Building an effective organisation**  
Objective area 1 recognises the importance of governance and effective procedures and decision making in high functioning Healthcare organisations. This will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.



**2: Developing strategy and long-lasting change**  
Objective area 2 draws upon the need for the Health Board to be clear about population needs in North Wales and that services are configured in a way to get the highest value from the resources available to us. In this way the Health Board can provide services that are reliable, more cost-effective, and that make the best use of healthcare professionals.



**3: Creating compassionate culture, leadership and engagement**  
Objective area 3 capitalises upon the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities and partners significantly impact upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas that would then in turn lead to better outcomes.



**4: Improving quality, outcomes and experience**  
Objective area 4 covers a large thematic area where improvements are required to improve clinical performance across a number of key areas. The Health Board wishes to build further upon good work commenced that takes a pathway focused approach to this.



**5: Establishing an effective environment for Learning**  
Objective area 5 provides opportunity to learn when things don't go as planned, to teach, and to widely use the many sources of information available to us in order to support decision making and knowledge.



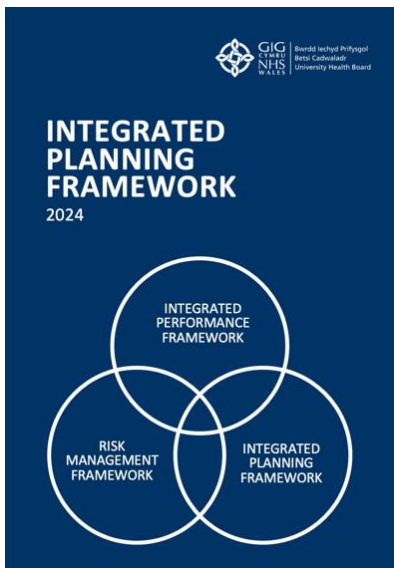
▪ **Design Principles**

Organisational Design Principles provide a common and consistent set of considerations that aid effective design, development and deployment of services and support effective and aligned decision making in line with the Health Board’s core purpose and strategy.

Principle	Overview	Considerations
<b>1) People first</b>	Prioritise a people centred approach to support better health and well-being outcomes.	<ul style="list-style-type: none"> <li>Am I improving outcomes for people?</li> <li>Whose life am I making better?</li> <li>The Health Board’s Wellbeing Objectives</li> </ul>
<b>2) Inclusive</b>	Bring together the right people to collaborate and co-design services.	<ul style="list-style-type: none"> <li>Have key stakeholders’ been involved? For example, service users, carers, families, staff, other partners and those with relevant technical expertise.</li> </ul>
<b>3) Wise spending</b>	Best value (outcomes, experience, cost)	<ul style="list-style-type: none"> <li>Will this decision improve value in terms of outcomes wise spending and cost</li> </ul>
<b>4) Simplify, standardise and adopt best practice</b>	Recognise complexity, streamline and reduce inappropriate variation.	<ul style="list-style-type: none"> <li>Learn from others and apply best practice</li> <li>Is there a recognised standard, process or policy to benchmark against?</li> <li>Have the different aspects/consequences of change been considered?</li> <li>Keep it simple for the public</li> </ul>
<b>5) ‘Digital first’</b>	Adopt and promote new ways of working, harnessing the potential of digital innovation.	<ul style="list-style-type: none"> <li>Seek advice and guidance from the Health Board’s Digital, Data and Technology Team.</li> </ul>
<b>6) Equity and accessibility</b>	Equitable and accessible services which take account of the diverse needs of the communities we serve.	<ul style="list-style-type: none"> <li>Does this decision promote fairness and equality of access?</li> <li>Seek advice and guidance from the Health Board’s Equalities Team</li> <li>Consider the Welsh Language.</li> </ul>
<b>7) Consistent with the Health Board’s Values</b>	The Health Board values, guide behaviours and decision making.	<ul style="list-style-type: none"> <li>Does this decision align with the organisation’s values?</li> </ul>

## Health Board Integrated Planning Framework

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The Health Board Integrated Planning Framework provides support and guidance throughout the organisation, ensuring that good planning principles are followed with planning activities aligned to the broader strategic landscape of the Health Board, partners and Government. The Health Board Planning Framework interlocks with other Health Board Frameworks to provide a set of integrated Frameworks.

The Integrated Planning Framework (IPF) clarifies and confirms the Board's commitment to integrated planning within the organisation and with partners.

The Integrated Planning Framework (IPF) sets out the legislative context, the approach to integrated planning and the principles by which the organisation operates.

The organisational design principles laid out in the section above complement this framework and have been a useful tool supporting planning and decision making.

## Escalation and Intervention Level 5 (Special Measures)

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### Overview of drivers of Escalation in 2023

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On 27 February 2023, the Health Board was escalated to Special Measures following the tripartite group of Healthcare Inspectorate Wales, Audit Wales and Welsh Government officials' meetings in November 2022 and January 2023. The escalation to Special Measures reflected serious and outstanding concerns about **board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership and financial management**. The Chair and Independent Members of the Board agreed to step aside, and a number of direct appointments were made.

Prior to this escalation the Health Board had been in Targeted Intervention for: **Mental Health (adult and children), strategy, planning and performance, leadership (including governance, transformation and culture), engagement (patients, public, staff and partners), Ysbyty Glan Clwyd ED, Vascular Services, and Ysbyty Glan Clwyd Hospital overall**. The escalation highlighted that there was sufficient evidence to indicate that significant and timely improvement was not happening under Targeted Intervention and further escalation was considered necessary and appropriate in these circumstances. A major consideration was concern about the unitary board's effectiveness to develop and implement change and improvement.

### Level 5 (Special Measures) Framework and de-escalation criteria

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Across each of the 6 domains of the escalation and intervention framework the Health Board is tracking progress against the criteria to de-escalate from level 5 to level 4. Whilst doing so, in order to consider more medium to long term requirements a forward look against criteria from level 4 to level 3 is also undertaken.

Some key headlines are outlined below with a fuller list to be found in Appendix 4.

<b>Finance, Strategy and Planning</b>	<ul style="list-style-type: none"> <li>• Robust financial governance and robust financial control environment</li> <li>• Board clarity on strategic vision and clear roadmap for clinical services plan, with sustained improvements in delivery of the plan</li> </ul>
<b>Performance and Outcomes</b>	<ul style="list-style-type: none"> <li>• Delivery of key ministerial priorities around planned care 104 weeks and cancer standards</li> <li>• Continuous reduction in ambulance handover waits</li> </ul>
<b>Fragile Services</b>	<ul style="list-style-type: none"> <li>• Strong clinical leadership in place with effective integrated improvement plan</li> <li>• Evidence of mechanisms to understand the drivers behind fragile services through triangulation of key issues</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>• Effective oversight and scrutiny being consistently provided by the Board</li> <li>• Effective risk management framework</li> </ul>
<b>Leadership, capability and culture</b>	<ul style="list-style-type: none"> <li>• Strategic workforce planning with succession and development plan in place to ensure adequate capacity and capability</li> <li>• Continued embedding of values and behaviours framework</li> </ul>
<b>Quality of Care</b>	<ul style="list-style-type: none"> <li>• Integrated Quality Management System operating throughout the organisation</li> <li>• Demonstrate progress against Duty of Candour and Duty of Quality</li> </ul>

▪ ***Latest Welsh Government report on Level 5 (Special Measures)***

There is a recognition from external sources, including Welsh Government, that the organisation has made good strides over the course of the last two years and has now stabilised. The Health Board has started to put in place the building blocks to become an effective and sustainable organisation for the long term.

The financial context within which the organisation operates is acknowledged as being challenging, however the good progress made in relation to financial controls and management is clear. The positive developments in key corporate governance arrangements are highlighted along with advancements in the last 12 months around Quality Management processes, which has already yielded significant improvements in turnaround times for responding to concerns and begun addressing serious legacy issues.

The focus from Board members and the impact this has made on the organisation is articulated along with specific work led by Board members to actively engage with patients, carers and citizens as part of revised approach that creates a 2-way dialogue between the Health Board and the local population.

With regards to ongoing challenges and areas of focus, further urgent improvements are required around performance and outcomes and addressing areas of fragility within clinical services. There is also a need to develop a longer-term strategy and supporting clinical services plan to achieve a

sustainable organisation for the long term. In summary, foundational work has been put in place over the last 2 years which now needs to translate into improved outcomes and experience for patients.

## Organisational Progress

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### ▪ *Building an Effective Organisation*

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A significant amount of work has been undertaken to put in place some of the fundamental requirements of an effective organisation. There have been improvements to the governance structures of the organisation and external assessments from Audit Wales have acknowledged the developments made. This has been supported by a Board with strong relationships between Executive and Non-Executive members, enabling more effective and transparent relationships responsive to constructive challenge.

There is now a more coherent approach to identifying, managing and mitigating key strategic risks, supported by a robust Risk Management framework, alongside integrated frameworks for both Planning and Performance.

This progress is all supported by a re-shaped Corporate Governance directorate which has also seen the risk management function and legal services transfer across into its remit to provide a more cohesive and comprehensive service to the Board and the organisation.

### ▪ *Developing strategy and long-lasting change*

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There has been demonstrable improvement and evidence of strengthened financial governance. A revised scheme of reservation and delegation and endorsement of Standing Financial Instructions were initial foundational steps along with addressing the issues which led to an unqualified opinion on the annual accounts and represented a significant step forward for the organisation.

Enhanced controls are in place to capture any breaches in procurement requirements, all as part of a wider package of work to implement the recommendations from the Independent Review of Contract Procurement Management. This also saw training rolled out to more than 500 staff members. These improvements in financial governance were also supplemented by identification and deliver of over £48m worth of savings, exceeding the initial target.

The Health Board has also begun to mature its approach to planning, evolving from a one-year plan in 2023/24 to a three-Year approach for the first time from 2024-27, along with an agreed approach to the development of the 10-Year strategy and Clinical Services Plan. An Integrated Planning Framework was approved and implemented, informed by the Independent Review of Planning and enhanced assurance processes have also seen higher rates of achievement within the annual delivery plan.

The organisation has made significant progress towards achieving financial balance and meeting the financial duty, recognising the support from Welsh Government, along with much more robust internal financial controls.

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- ***Creating compassionate culture, leadership and engagement***

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Creating a compassionate culture is vital to the future success and the Board are committed to leading by example with nine commitments of strategic intent and have also endorsed a Values and Behaviours Framework and an Integrated Leadership Development Framework.

The work on values and behaviours has been co-produced with a wide range of staff across the organisation which has since been supplemented by a 100 strong cohort of culture change leaders to drive forward a new cultural approach. The Leadership Framework provides an offering for staff at all levels of the organisation, creating a clear pathway for our people to develop within North Wales, and ensuring long-term succession planning.

The Foundations for the Future programme is well underway, having completed the discovery phase, and now focusing on design and then leading through to delivery. This programme is the cornerstone of the future improvements for the organisation and importantly addresses the limitations of previous changes to the operating model in 2022 which focused solely on structures. This programme now incorporates structures, people, processes and culture to provide a more holistic approach and importantly ensuring a strong connection back to strategy.

- ***Improving quality, outcomes and experience***

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The Health Board has started to reduce the most extreme waits of 5 to 6 years within planned care services with the focus now on the larger number of patients who are facing extended waits greater than 2 and 3 years. This is an area of significant focus on a weekly basis by the executive team in order to address productivity issues, whilst also securing additional resource through insourcing and outsourcing. This includes additional capacity to address issues with patient waiting times for cancer services and ensuring patients have more timely access to care.

Adult Mental Health services have continued to perform above the national standard, consistently providing assessment, intervention and treatment plan within 28 days for over 80% of patients. CAMHS services have also been providing initial assessment within 28 days over 75% of the time, with the focus now extending to deliver these standards for therapeutic assessments as well.

Progress has been made to address issues with a number of the organisation's challenged services, and the Health Board no longer has any services classified as requiring significant improvement by Health Inspectorate Wales (HIW). There does however remain a lot of work to do this in area to fully address the range of issues across each of the services. In addition to addressing challenges within the acute sector, future priorities will focus on realising the full potential of primary and community services and building capacity in this area.

- ***Establishing an effective environment for learning***

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An Organisational Learning Forum has been implemented to oversee the approach to embedding continual learning. A learning repository has been developed, ensuring that when something goes wrong in one area of the organisation that the subsequent learning can be shared widely. This equally applies to when things have gone well and cultivating an environment where the sharing of this success is routinely undertaken. This is also supplemented by the evolution away from traditional

information services to one that focuses on intelligence and insight and ensuring we are data led in our learning and that we use a solid evidence base to our decision-making processes.

Key focuses within this approach have been in relation to quality of care and learning from incidents, all aligned to our new approach to Quality Management. Infection prevention learning reviews routinely take place, with the development of improvements plans to address issues and post infection reviews take place for all Healthcare Associated Infections. These have subsequently led to the introduction of campaigns such as HABITs (Hand Hygiene, Aseptic non-touch technique, Bare below elbows, Isolation, Treatment and Standard Precautions) which is being extended to involve patients and the public.

## Performance Overview and Assessment

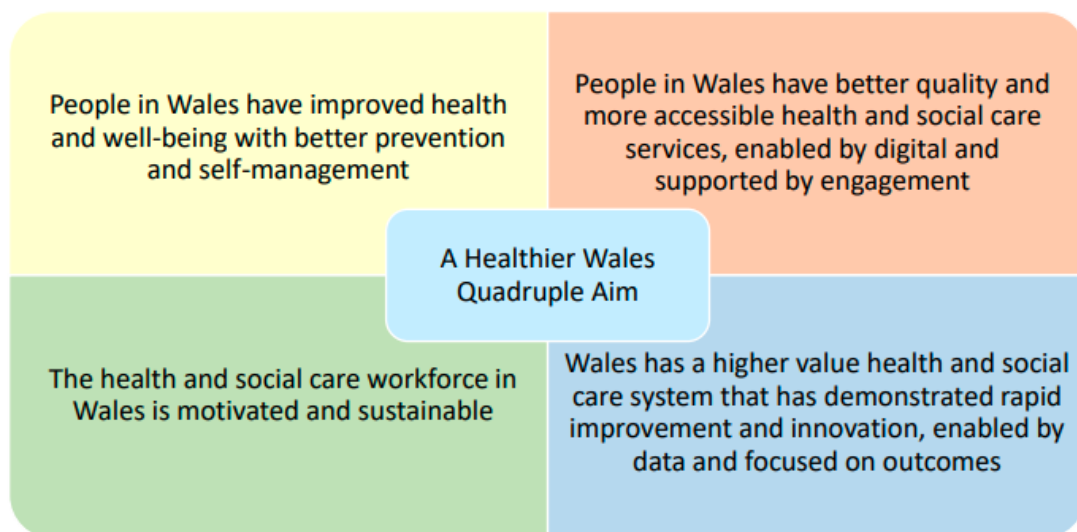
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The Health Board has significant performance challenges in a number of services contributing to the overall escalation status of Special Measures. Response times for urgent and emergency care, planned care, diagnostics and cancer services in particular fall below operational access standards the NHS is required to deliver against. Access to primary care services such as Dental care are not meeting the local needs of the population. Failure to deliver against clinically derived, evidence-based access targets often leads to poorer outcomes.

The Health Board is aware of the performance shortfalls and is working to resolve them. Although improvements have been made in a number of areas including reducing extreme waits for planned care, for some urgent and emergency care measures and with additional capacity and pathway improvement work in cancer and diagnostics providing the foundations for improved performance there is still a significant distance to travel. The Health Board has plans in place to improve performance, access times and service response times which are detailed in section 3 of the plan.

### ▪ *Quadruple Aim*

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A Healthier Wales<sup>9</sup> reinforces the importance that the NHS in Wales places upon the internationally recognised 'Quadruple Aim' to drive forwards improving healthcare services that are fit and sustainable for the current and future generations of residents in Wales. In this regard sustainable health and social care remain a global challenge. The four themes of the Quadruple Aim, interpreted for our context in Wales are:

- **Improved population health and well-being;**
- **Better quality and more accessible health and social care services;**
- **Higher value health and social care; and**
- **A motivated and sustainable health and social care workforce.**

Key performance headlines, taken from the NHS Wales Performance Framework monitoring returns, published in March 2025 include:

#### **Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management**

- The Health Board has comparatively strong performance in vaccination rates. Target levels are set high to maximise the opportunities for 'mass immunity'. The Health Board was circa two percentage points adrift of the 75% target for influenza vaccination amongst adult over 65 years. Although five percentage points below target, the Health Board had the second highest vaccination rates for childhood vaccination within Wales.
- The Health Board continues to target Covid-19 vaccination rates, having average performance compared to the rest of Wales.
- Rates of quit attempts using evidence based smoking cessation services has continued to increase.
- Uptake of new-born screening programmes has remained high and consistently above the target of 90%
- Use of colonoscopy screening has decreased in year with further scope for improvement.

#### **Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement**

- Dental access has been improving with month on month increase in performance, however significant improvement is still required.
- The Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS) has continued to increase with the Health Board ranked first in Wales at end of January 2025.
- Whilst further progress is required, the organisation has seen a consistent improvement in the percentage of patients (aged 12 year and over) with diabetes who received all eight NICE recommended care packages
- Mental health access rates for all ages remain mixed. Whilst some metrics have consistently met the target, performance on others have varied with focus on long waiters impacting on monthly

<sup>9</sup> <https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>

performance. Achieving the target neurodiversity access rate is a challenge across Wales and the Health Board's current performance falls below requirements and expectations.

- Cancer performance has deteriorated in year and will not deliver the end of year national target of 80%.
- Whilst planned care performance has continued to be challenging, progress has been delivered in year reducing the number of patients waiting over 104 weeks for treatment in line with Health board priority to eradicate over 2-year waits.
- Whilst remaining adrift of target, significant progress has also been seen in year with a reduction of circa a third in the volume of patients waiting more than 14 weeks for a specified therapy.
- Urgent and emergency care performance has remained highly challenging. Whilst the Health Board has seen 12-month trend improvement in performance relating to triage times and time to assessment by a clinical decision maker, the time spent in Emergency Departments remains a significant challenge.

*(Extracts of performance levels as reported in the NHS Wales Performance Framework 2024-25 monitoring returns)*

### **Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable**

- During 2024/25, focus has continued on reduction of off-contract agency spend as a percentage of total of total pay bill in line with Welsh Health Circular requirement for agency spend reduction and the Value and Sustainability workforce programme.
- The staff sickness rate has remained within normal variation levels.
- There has been a rolling 12-month reduction in turnover rate for nurse and midwifery registered staff leaving NHS Wales

*(Extracts of performance levels as reported in the NHS Wales Performance Framework 2024-25 monitoring returns)*

### **Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes**

- The Health Board has improved the timeliness of investigating 'reportable incidents'
- Handover delays for ambulances arriving at Health Board Emergency Departments have remained extremely challenging reflecting the context of a highly pressurised urgent care system throughout the year
- As at the end of February 2025, the Health Board was achieving the 12-month reduction trend target for the number of pathways of care delayed discharge
- The percentage of ophthalmology R1 appointments within clinical target date has remained challenging with a deteriorating rate in year.
- In line with other Health boards, performance against Health Care Acquired Infections (HCAI) cumulative target is challenging and not currently delivering the March-25 cumulative target. The only exception to the target for the Health Board is Aeruginosa.
- Over the last 12 months, the Health Board has seen an improvement trend in number of ambulance patient handovers over 1 hour

*(Extracts of performance levels as reported in the NHS Wales Performance Framework 2024-25 monitoring returns)*

## ▪ GIRFT – ‘Getting It Right First Time’

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Getting It Right First Time, GIRFT, is a national programme designed to improve patient care by reviewing services, and then applying benchmarking and the evidence base to support local change.

These reviews are clinically led and bring together Health Board clinicians and clinicians from elsewhere to examine ways in which improvements can be made based upon the experiences of others.

The Health Board has received reports for reviews that have been undertaken in a number of clinical areas, including orthopaedics, urology, general surgery, gynaecology and ophthalmology. These reviews have reported opportunities to improve productivity, efficiency and better outcomes through reconfiguration and strengthened clinical leadership. Whilst a number of improvements have already been made the Health Board is committed during 2025 to delivering the necessary service change as well as embedding these initial changes into ‘business as usual’ as well as drive further using the GIRFT methodology and recommendations. Areas of GIRFT review implementation are discussed within our Plan priorities for 2024-25 described later.

### Summary priorities

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The Health Board has made a lot of progress over the last two years but some large-scale challenges remain:

- The organisational structure, processes, systems, culture and strategy need to be aligned and improved, which is why the Foundations for the Future programme is one of the organisation’s Major Change Programmes.
- There have been many Independent, Royal College and GIRFT reviews conducted within the organisation that point to the need to do things consistently across the organisation, both in terms of consistent application of best practice, but also levels of productivity, efficiency and utilisation.
- Access to services remains the largest impact on the population, across both Planned and Unscheduled Care and both Primary and Secondary Care settings. Elements of this, particularly access to Emergency Departments, are impacted by whole system issues outside the direct control of the Health Board, although there are still many improvements to be made within the organisation.
- Collaborate more effectively with partners to better utilise and develop Primary and Community Care services, so that citizens can access a range of physical and mental health and also well-being services closer to home. A focus on integrating prevention and early intervention into service design to support people in staying well.
- Ensure that the services offered are to the highest possible quality and equitable both geographically and across all socio-economic groups.
- Address long-term underinvestment in the estate and digital infrastructure across the organisation, exploring more innovative options in the capital resources space.

## Section 3: Strategic Objectives & Priorities

This section outlines the key delivery priorities for the organisation structured around its five Strategic Objectives (detailed in Section 2). These objectives evolved out of the Health Board's initial Special Measures response plan and are a consistent thread from last year's three-year plan and this one.

The priority areas within each Strategic Objective have been consolidated to take into account progress made and to build upon the learning over the last year.

<b>Objective 1: Building an effective organisation</b>		<b>Objective 4: Improving quality, outcomes and experience</b>	
1A	Effective systems of governance	4A	Prevention and Early Intervention
1B	Establishing the Foundations for the Future	4B	Primary Care including Clusters
1C	Responding to Legislative Requirements	4C	Community Care
1D	Implementing the Quality Management System	4D	Planned Care, Cancer & Diagnostics
<b>Objective 2: Developing strategy and long-lasting change</b>		4E	Urgent and Emergency Care
2A	Developing and delivering a Health Board Strategy and Clinical Services Plan	4F	Adult Mental Health & Learning Disability
2B	Strengthening Planning and Commissioning	4G	CAMHS
2C	Improving the Environment, Estate and Facilities	4H	Neurodevelopment
2D	Enhancing digital, data and technology approaches	4I	Dementia
2E	Developing and delivering value and sustainability	4J	Currently 'Challenged Services'
2F	Improving workforce planning and development	4K	Women's services
2G	Working with regional partners	4L	Children & Young People
<b>Objective 3: Compassionate culture, leadership &amp; engagement</b>		4M	Pharmaceutical services
3A	Culture Development	4N	Palliative, End of Life and Bereavement Care
3B	Leadership Development	4O	Dental services
3C	Citizen engagement and partnership working	4P	Diabetes
3D	Welsh language and culture	<b>Objective 5: Effective environment for learning and skills development</b>	
		5A	University & Further Education Partnerships
		5B	Research, Development and Innovation
		5C	Academic Careers
		5D	Intelligence Led
		5E	Learning Organisation

Each of the Strategic Objectives starts with an overview of the objective and a precis of progress made in 2024/25.

## 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

### Overview

Progress has been made across 2024/25 to create an effective organisation. The remaining priorities listed above represent those things that take a number of years to develop and achieve. Developing effective systems of governance throughout the organisation, to replicate the improvements made in corporate governance, will be key and closely linked to the 'process' and 'system' elements of the Foundations for the Future programme of work. Ensuring that the organisation appropriately meets all of the necessary legislative requirements, as well as applying quality management to everything it does, will support long-term improvement.

### Progress for this Strategic Objective during 2024/25

*Note some priorities have been consolidated across different Strategic Objectives within this plan*

- **Board Effectiveness:** Governance and Committee structures fully implemented; Board Development Plan published; Chairs (of committees) Advisory Group established to promote cross referencing; Executive Board Member recruitment progressing; Audit Committee overseeing compliance with the Corporate Governance Code.
- **Risk Management:** Reviews of the Board Assurance Framework (BAF) and Risk Management Frameworks have been completed and aligned to risk appetites, the 3-Year Plan and the strategic objectives of the Health Board; Risk Management dashboard created and rolled out along with Risk management training.
- **Operating Model:** now called Foundations for the Future to reflect wider model – Discovery Phase complete, Design Phase commenced. Delivery within 2025/26.
- **Performance and Accountability Framework:** Being deployed to highlight issues to the Board and Committees; review/revise as part of Foundations for the Future; Corporate Directorate Reviews and Service Accountability Reviews now fully implemented.
- **Value and Sustainability:** A programme of work (based on the five national core Value & Sustainability themes) has been designed and delivered which has made a positive impact on patient outcomes and experience and has provided the platform for the organisational delivery of the Cost Improvement Programme (CIP) for 2024/25.
- **Legislative improvements:** *Health and Safety* – approach to standards/legislative assessments underway. *Emergency Preparedness, Resilience and Response (EPRR)* - following the appointment of the Head of Emergency Preparedness, Resilience and Response (EPRR), the Civil Contingencies Advisory Group and Business Continuity Working Group are being re-established
- **Quality Management System (QMS):** Developed and approved by Board, 'early implementers' have completed baseline assessments and are working on improvements; Being integrated with Clinical Services Planning approach.
- **Workforce Planning:** Organisational Workforce Planning Approach and new function being established; focus on 'fragile services' and 'QMS' early adopters; Training programmes have been developed and rolled out to essential staff members to enhance workforce planning support for key

services. Collaboration with HEIW to deploy their new Education Commissioning platform throughout the organisation.

- **Welsh Language:** Increased Welsh Language learning opportunities for staff, including utilisation of the National Centre for Learning Welsh under the 'Work Welsh Scheme'; Standardised approach for delivery of the Welsh Language Standards (WLS) has been developed.
- **Decarbonisation:** Director of Environment and Estates appointed; Progress against delivery of the Health Board's contribution to the Welsh Government's Strategic Decarbonisation Delivery Plan.

## 1A: Effective systems of governance

### Overview

Considerable work has been undertaken to re-establish and re-set the Board following significant changes in membership in early 2023. During 2024/25 there was a focus on governance being "established" with substantive Board member appointments. In 2025/26, the Health Board will make and embed further improvements.

An effective and efficient Board is essential in steering the organisation through the challenges in performance and decision making that have led to it being placed in Special Measures escalation.

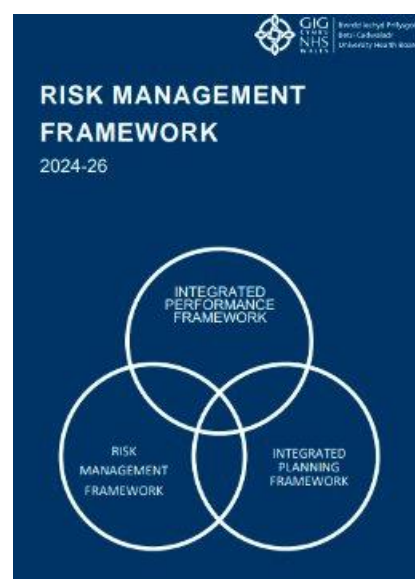
The work for 2025/26 builds upon the progress made during 2024/25 and it is anticipated that this will meet the requirements outlined in the Special Measures De-escalation Criteria for Governance, received from Welsh Government in May 2024.

The Health Board is required to operate within an agreed set of Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Reservations and Delegation (SoRD). The scheme of decisions is reserved to the Board, including the scheme of delegation of powers to Committees and Officers of the Health Board. A range of national framework documents set out the arrangements within which the Health Board, its Committees, Advisory Groups and NHS staff make decisions and carry out their activities.

The Accountability Agreement Framework will ensure staff comply with expenditure commitments within their delegated budgetary authority, enabling effective financial management of budgets, ensuring that adequate levels of deliverable savings are in place, and plans agreed for dis-investments or other cost reduction measures are delivered.

It is essential the Health Board has a strengthened risk management approach and governance arrangements to support all BCUHB objectives and priorities to create a safer, more resilient environment for citizens and staff.

The recently revised Risk Management Framework has laid the foundations to create a more integrated, adaptive, and effective



risk management architecture that aligns with the Health Board’s strategic objectives, supports operational resilience, and enhances patient safety and quality of care. Further work is required to ensure this is fully embedded and that the Health Board moves towards maturity in risk management and the objectives support this effort.

The areas of focus are:

- Monitoring and evaluating strategic risk
- Integrated Risk Management Framework
- Enhanced risk management training
- Risk management maturity

#### Delivery priorities in 2025/26

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

#### Anticipated priorities in 2026/27 and 2027/28

The Health Board will have an established and well-functioning Corporate Governance Directorate that is able to:

- Embed best practice throughout the organisation.
- Improve the evidence of learning from legal cases.
- Develop the ability to deliver organisation efficiency and financial savings from legal costs.
- Develop a feedback mechanism to establish customer feedback to inform service improvement.
- Build on the frameworks, maturity audits and training undertaken within 2025/26, ensuring that the risk management approach is continually monitored, evaluated and improved to support

achieving consistency in the quality of risk management across the organisation and improvements in risk management key performance indicators.

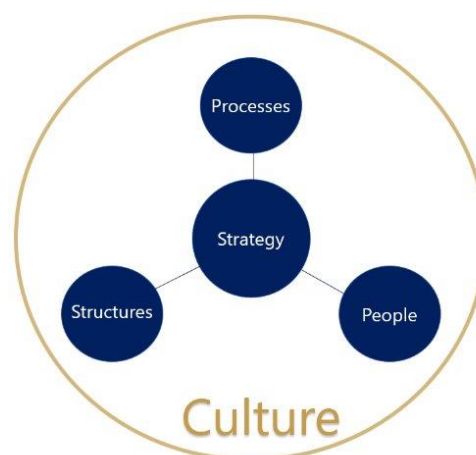
- Enhance and expand on the priorities from 2025/26, remaining agile to deliver against new challenges and developments
- Ensure that the SoRD is continually updated to reflect any changes in the organisational structure and supports the delivery of robust financial governance.
- Receive an unqualified opinion on production at the end of year financial statements from Audit Wales, alongside an improving financial outturn.

## 1B: Establishing the Foundations for the Future

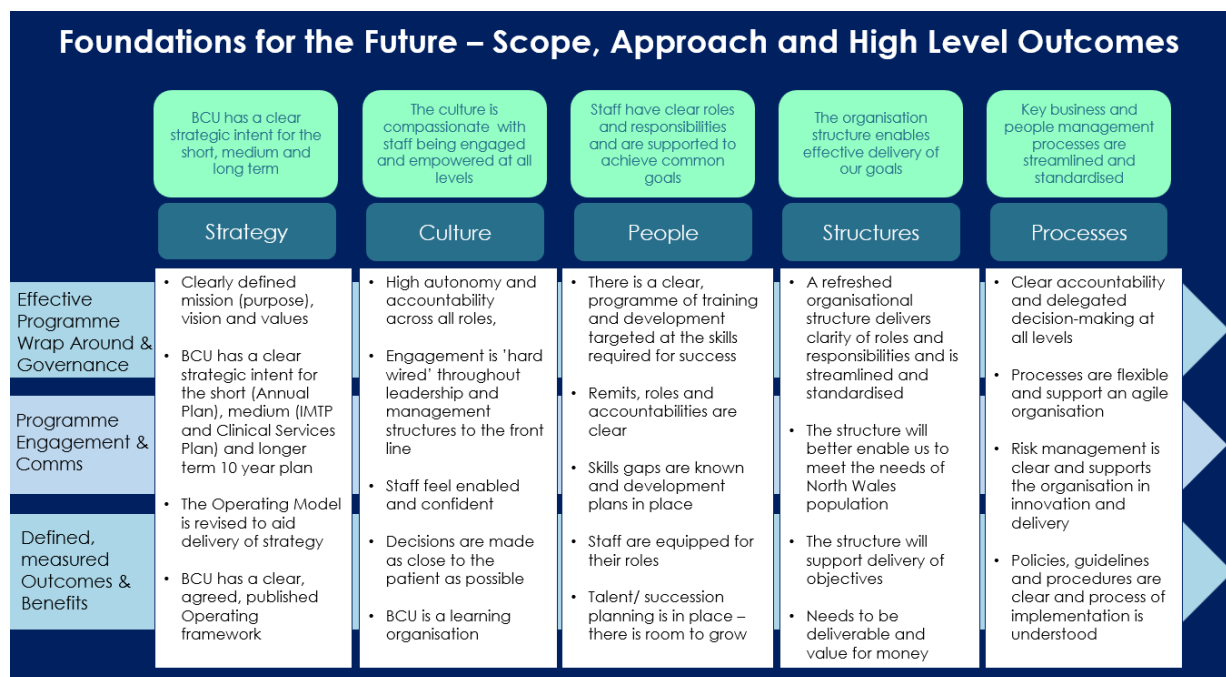
### Overview

A highly effective organisation has an aligned approach to strategy, culture, people, process and structure and having an effective operating model (way of working) will improve services for the people of North Wales.

Work on evaluating the Operating Model agreed in 2022 has been undertaken (a Discovery Report has been published). There was a focus on structures, with the other elements of an operating model (strategy, culture, people and process) being overlooked. In the intervening time it has become clear that elements of this model are working less well than envisaged. In particular the current configuration is missing the ability to flex as a large organisation to deliver improved services as one Health Board. This is a challenge across the UK and one where the Health Board could make better opportunity of its size. Other challenges with the current model include decision making, governance, duplication, equity of service provision, and the ability to make timely decisions.



'Foundations for the Future' (formerly the Operating Model Review) is one of BCUHB's four Major Change Programmes and is utilising a model based on Tushman and O'Reilly 'Leading Organisational Change and Renewal.' This work will provide improved clarity on how the organisation can be more effective, enabling decision making to be more agile, with greater accountability, supporting the delivery of the Health Board's strategic objectives and ultimately achieving better quality of care and improved health outcomes.



This objective strongly links to Strategic Objective 3.

### Delivery priorities in 2025/26

- 1B.1 - Conclude the Design Phase, having been through a process of co-design, testing and consultation, gaining formal approval to proceed to the delivery phase and implementation via the necessary governance.
- 1B.2 - Implement the first phase of the new operating model, completing the 2025/26 work plan across structures, strategy, people, processes and culture.
- 1B.3 - Develop the operating model work plan for 2026/27, including implementing the second and third phases and mechanisms to continue to monitor how it is being embedded and sustained across all aspects of structures, strategy, people, culture and processes.

### Anticipated priorities in 2026/27 and 2027/28

- Put in place a process for feedback and assessment of benefits realisation e.g., how successful the implementation of the operating model is, putting in place plans to continually monitor and address any issues.
- Complete the operating model work plan for 2026/27, continuing to monitor how it is being embedded and sustained across all aspects of structures, strategy, people, processes and culture and putting in place plans to address any issues.

## 1C: Responding to Legislative Requirements

### Overview

Legislative compliance is critically important for the Health Board to ensure it operates legally, ethically, and in a way that prioritises patient safety and well-being. There are several key areas where legislative compliance is crucial for the NHS:

- Patient Safety and Quality of Care
- Protecting Patient Rights

- Legal and Financial Accountability
- Public Trust and Reputation
- Employee Safety and Well-being
- Adapting to Change and Innovation
- Data Protection and Confidentiality

In short, legislative compliance is the foundation upon which the NHS and therefore the Health Board maintains patient trust, legal standing, and the highest standards of health care.

The Health Board recognises the importance of continuing to make improvements with regard to legislative compliance, and two areas in particular, which are Health and Safety legislation and Civil Contingencies legislation compliance.

Civil Contingencies legislation relates to Emergency Planning, Resilience and Response (EPRR). The Health Board continues to make improvements based upon learning from the Covid-19 pandemic and other major incidents to ensure that preparedness for emergencies is robust and appropriate.

This area is a priority for the organisation because:

- The Health Board was subject to HSE prosecution in 2023 regarding a failure to manage ligature risks in Mental Health units.
- The Health Board has more recently been subject to HSE prosecution in relation to a failure to manage inpatient fall risks across general hospitals, with court dates of spring 2025.
- These two cases highlight the need for statutory compliance with health and safety legislation to be improved, so that issues and risks are proactively identified and addressed before incidents and harm occurs.
- There is a statutory duty on the Health Board to respond to requests from both the UK Covid-19 Inquiry, and the Thirlwall Inquiry.
- The requirement to meet and address the Special Measures criteria for Governance.
- Increasing global risk of cyber-attacks on healthcare providers.

#### Delivery priorities in 2025/26

- 1C.1 - Complete a review of the current arrangements in relation to Regulatory Assurance to ensure the governance arrangements are robust and demonstrate improvements in compliance.
- 1C.2 - Re-establish the legislation library, processes to capture new legislation, the dissemination of that legislation to the relevant areas of the Health Board and the development of plans to deliver any necessary changes.
- 1C.3 – Improve processes to prepare for, respond to and embed learnings from any requests made by national Inquiries.
- 1C.4 - Implement the Health Board's Three-Year Plan based upon the Health and Safety Executive (HSE) HSG65 Plan, Do, Check, Act process methodology.
- 1C.5 – Develop options for the introduction of an organisational wide system for monitoring audit recommendations.
- 1C.6 - As an Operator of Essential Services, implement any actions required resulting from the forthcoming Cyber Security and Resilience Bill.
- 1C.7 - Develop a Health and Safety Improvement Plan ensuring improvements are made to the Health Board's current Health and Safety Policy, guidance and practices.

- 1C.8 - Develop a robust system of audit and action which informs the Health Board's readiness and implementation of the latest Medical Devices and Procurement Regulations.

#### Anticipated priorities in 2026/27 and 2027/28

- Assess annual compliance against legislation and prepare improvement plans to strengthen key areas as necessary.
- Identify any new legislation impacting the Health Board, undertake an assessment of any necessary changes and produce a proposed implementation plan.
- The Health Board will continue to develop its work around the legislation library by implementing a digital solution.

As part of the governance and assurance improvements, it is expected that positive assurance on all legislative compliance is in place and reported through the relevant committee of the Board and through the BAF

## 1D: Implementing the Quality Management System

### Overview

The Duty of Quality came into effect in 2023, placing a legal responsibility upon organisations within NHS Wales to work to improve the standard of services. However, quality is more than just meeting service standards; to be successful, quality management will require a system-wide way of working to continuously, reliably and sustainably meet the needs of the population that the Health Board serves. To do this well, the Health Board will need to make fundamental changes in the way that Quality considerations are woven in to control systems and decision making.



A culture of candour, continuous learning and improvement is crucial in pursuit of an effective Quality Management System. The Health Board recognises the considerable work still required to build this culture and for staff to be confident of support. For this reason, work to embed appropriate cultures has been prioritised within Strategic Objective 3 on culture, leadership, engagement and partnership working, and within Strategic Objective 5 ensuring learning from every opportunity.

An effective Quality Management System (QMS) is about much more than Quality Improvement. Rather, it draws together the interrelated elements of quality planning, quality improvement, quality control, and quality assurance to create a system of quality that spans everything undertaken in the organisation. To be successful these elements, supported by an ethos of continuous learning, need to work together seamlessly and be embedded into Health Board decision making and performance monitoring.

Development of the Health Board QMS occurred with the support of colleagues from the respected Institute for Healthcare Improvement (IHI) and incorporates the principles of the IHI's 'Whole System Quality' approach. As described by IHI, *"Whole System Quality shifts a health care organization from a position in which the quality department comes to the "rescue" when an event occurs, to one that is proactively identifying risk points in real time and mitigating them before an event occurs."*

Four domains are described in order to deliver whole system visibility and perspective.

- **Quality Planning** – understanding population needs, standards and best practice, the current challenges and successes, and how plans to meet those needs and standards should be shaped.
- **Quality Control** – activities at the "front line" of the service to understand quality at an operational level so that the service meets the needs and standards (as above) with day-to-day corrections where needed.
- **Quality Improvement** – systemically improving quality where existing services do not currently meet needs and standards, and also includes efforts to exceed those needs and standards to achieve excellence and continuously improve.
- **Quality Assurance** – the independent understanding of quality and consists of both the second and third lines of defence, with the aim of ensuring minimum standards are achieved or there are plans in place and good quality management structures are in place.

A functioning QMS interlinked with transformation and improvement initiatives and associated learning creates a sustainable approach to quality improvement and maintenance which will impact positively upon staff morale and staff ability to influence service improvement which will in turn have a positive impact on patient experience.

The purpose of this key priority is to embed these principles more deeply into the systems and processes of the Health Board. During 2025-28 the Health Board will continually review and monitor the impact of the QMS ensuring quality driven decision-making is embedded across the organisation.

The Health Board wishes to continue to make use of expertise and support provided by Improvement Cymru and the Institute of Healthcare Improvement in progressing this work. The Health Board will continue to work with the NHS Executive and the All-Wales Safe Care Partnership Co-design of QMS and will continue to incorporate learning from other organisations.

#### Delivery priorities in 2025/26

- 1D.1 - Ratify a standardised QMS Maturity Assessment for Health Board services and development of a governance framework to enable operationalisation and agree an associated rollout plan.
- 1D.2 - Complete of a series of communication exercises and briefing sessions to keep BCUHB workforce informed about QMS utilising an educational and myth busting approach designed to strengthen knowledge and understanding of QMS.
- 1D.3 - Integrate a QMS approach into the approach to Clinical Services Planning and early identification of challenged services.

- 1D.4 – Evaluate the Health Board’s design and implementation of the QMS.
- 1D.5 – Improve the quality of estates infrastructure and buildings through - (2C.5) - Maximise the potential of strategic disposals, partnership work and resultant capital receipts to reinvest in a modern and fit for purpose estate and infrastructure.

*Anticipated priorities in 2026/27 and 2027/28*

- Full rollout of QMS Maturity Assessment and an accompanying QMS Manual in line with defined plan.
- Assessment of services that have implemented QMS to understand how it informs real-time day-to-day decision making.

## 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

### Overview

Developing strategy and long-lasting change is critical for building sustainable services that deliver improved outcomes for the population of North Wales. Working with partners to align on 10-year, 3-year and 1-year periods across strategy, planning and commissioning will be an important underpinning element to this area. Within this, being clear on the clinical services model will enable planning for a modernised environment; digital; technology; and workforce to support more holistic and longer-term service plans.

### Progress for this Strategic Objective during 2024/25

*Note some priorities have been consolidated across different Strategic Objectives within this plan*

- **10 Year Strategy:** Work commenced, will continue into 2025/26. Design Principles developed and engaged upon; Health Board refreshed its Well-being objectives with a particular focus on 'Fair Work'.
- **Clinical Services Plan (CSP):** Developed a roadmap for creating the CSP, to be undertaken over two phases, with the first phase focusing mainly on the most challenged services. Learning being taken from Hywel Dda's experiences of design and implementing their CSP.
- **Commissioning:** Director of Performance and Commissioning appointed and taken up post. Design of new organisational approach to commissioning underway.
- **Capital priorities – supporting change to happen:** Director of Environment and Estates appointed; 32 capital schemes were identified within the Health Board as in scope for a prioritisation exercise. Capital funding secured for the Llandudno Orthopaedic Hub and essential kit and infrastructure replacement to support the reduction of cyber risk.
- **Digital, Data and Technology:** Initial funding secured for the development of the Electronic Healthcare Record (EHR) and Mental Health EHR outline business cases; 2 of the first augmentation contracts have been awarded to support a 'developing your own' approach in transforming the DDaT operating model.
- **Prioritisation:** The Prioritisation Framework has been refreshed to incorporate new learning and has been designed to align with current practices in planning, risk, and performance.
- **Effectively Delivering Major Change:** Four Major Change Programme established across Strategy, Foundations for the Future, Planned Care and Urgent and Emergency Care; Project and programme management best practice resource developed and shared; three levels of #TheBetsiWay improvement training developed and underway.
- **Strengthening Planning:** Progress made against the Planning Review action plan; Revised more targeted planning process endorsed by the Board and launched in October; Earlier and greater stakeholder engagement in development of the plan.

- **Financial Governance Environment:** Improved financial grip and control being maintained. Key elements of the Financial Governance Environment being continually monitored and refined.
- **Early identification and support of challenged services:** Governance structure in place to provide a triangulation approach supported by the Integrated Performance Report, including a section summarising areas requiring escalation to Committee.

## 2A: Developing and delivering a Health Board Strategy and Clinical Services Plan (CSP)

### Overview

'Living Healthier, Staying Well' (LHSW – published in 2018) is the Health Board's current 10-year strategy but operationalising LHSW has proved challenging, with feedback suggesting it provides insufficient direction to enable the Health Board to plan effectively in the coming years.

Creating an effective 10-year strategy depends on ongoing open and honest discussions about the challenges, pressures, and different approaches needed to delivering services that are truly needed by the population, now and in the future.

The Health Board will have meaningful conversations and work with the public, clinical experts, and partners to develop practical solutions together. Objective 3 outlines how the Health Board will foster this ongoing dialogue and use the 'open strategy' approach to ensure all ideas and perspectives are considered.

Some services are struggling in their current form, affecting experience, outcomes and staff retention and recruitment. Without changes, these issues could worsen as population needs change or develop.

The Health Board is committed to bridging the gap between population need and how services are prioritised and delivered. A clear 10-year strategy and development of a Clinical Services Plan (CSP) will identify areas of potential change or improvement within the resources available, ensuring the Health Board can deliver services in the most effective and sustainable way, improving their quality and the outcomes for the people who access them.

Development of the CSP will be phased with the first phase of the work to address the 'currently challenged services' already in progress. In addition, there are also several other interdependencies and related pieces of work that touch upon the delivery of an effective CSP including in this current 3-Year plan, Value & Sustainability (priority 2E) and all the Objective 4 (Improving quality, outcomes and experience) priorities.

Ministerial priorities include an expectation that healthcare organisations maximise opportunities to work regionally. In many respects the geography of North Wales means that the Health Board covers a whole regional footprint and there are considerable opportunities yet to be realised to re-configure existing services within the Health Board on a more strategic, North Wales regional basis. Improvements in quality, recruitment potential and efficiencies are required and will inform the Health Board's conversations with the people of North Wales. In addition, the Health Board will continue to prioritise work contributing to the mid-Wales collaborative.

The Health Board will spend less time reacting to clinical services that are struggling to deliver optimised care and more time proactively planning and delivering resilient services that perform well against benchmark standards and are viewed as exemplars of high-quality care.

#### Delivery priorities in 2025/26

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

The priorities outlined above are dependent on the prioritisation of resources to both the 10-Year Strategy and CSP.

#### Anticipated priorities in 2026/27 and 2027/28

- Complete and publish the Health Board’s 10-Year Strategy, ensuring that it is fully operationalised and embedded across the organisation.
- Complete the full scope of the CSP, including following the appropriate governance in relation to any service re-configurations as part of delivery.
- Ensure both short term and longer-term activities within the Health Board firmly align with the renewed 10-Year Strategy. This includes, but is not limited to, the prioritisation of major change, the CSP, and the increasing role of clusters, community and primary care services.
- Moving into year 3 the Health Board will refine and mature the CSP to reflect the latest intelligence and insights, as well as learning from the implementation.

## 2B: Strengthening Planning and Commissioning

### Overview

In 2023, the Welsh Government commissioned a review of the Health Board's planning processes as part of Special Measures escalation. The final recommendations, received in March 2024, focused on three key areas:

- Designing an effective planning system
- Developing an organisational roadmap
- Understanding capacity and capability

The Health Board is committed to improving its planning abilities, focusing on strategy and sustainable service design to deliver high-quality care.

The Health Board will also strengthen its internal commissioning function to improve services contracted from other organisations, including healthcare providers and third-sector partners. This will support the 'shift left' and de-medicalisation of some services in line *with* "A Healthier Wales."

Following the recent pandemic, many services were contracted on a block basis, limiting the ability to focus on quality and outcomes. Moving towards a commissioning approach that better considers population needs, priorities, and quality monitoring will improve the value of these services and support local and third-sector involvement.

A timely and systematic commissioning framework will also help partners plan and promote integrated care across North Wales.

The Health Board has struggled to recover and improve the efficiency of planned care post-pandemic. Strengthening operational planning and applying commissioning principles will help improve this process.

Prioritising these efforts will allow the Health Board to refocus contracts on value and quality, improving demand and capacity planning for better service procurement.

#### Delivery priorities in 2025/26

- 2B.1 - Revise and build upon the action plan produced in 2024/25 and develop proposals to enhance capacity and capability for organisational wide planning.
- 2B.2 - Undertake further work with staff and stakeholders to review and refresh the design of the planning system within the Health Board.
- 2B.3 - Undertake a review of current and future commissioning commitments, drawing out the capacity required. This will form a baseline from which feasibility, risk and inter-dependencies can be assessed.
- 2B.4 - Complete the National Planning Maturity matrix assessment and incorporate the outputs into the plans to improve the organisation wide planning system and capability.
- 2B.5 – Conduct a Third Sector review, undertaking a review of unit price and contract currencies within contracts and complete an exercise to ensure that the standard and consistency of commissioned documents and processes meets expected standards.
- 2B.6 – A review of insourcing/outsourcing contracting will be undertaken leading to a plan for improvement and development.

#### Anticipated priorities in 2026/27 and 2027/28

- Assess progress against the National Planning Maturity matrix, utilising key measures to map and monitor progress of organisational planning capability.
- Review the Health Board's Integrated Planning Framework, applying learning from stakeholder feedback.
- Have all contracts operable to expected standards, including the Third sector (following the completion of the 3rd sector review in 2025/26).
- From an operational planning perspective, have all contracts in place for insourcing and outsourcing before the commencement of the 2026/27 financial year. This will allow a full year of operational delivery with no lead time lost for contract mobilisation in year.

- Implement a "whole system commissioning" review across all services provided and commissioned and where appropriate develop longer term relationships with commissioned providers to ensure sustainable provision.

## 2C: Improving the Environment, Estate and Facilities

### Overview

#### Capital priorities

A number of service improvements depend on capital funding support. Capital funding continues to be over-subscribed and so the Health Board has carefully prioritised plans to ensure that those providing the highest value to the population of North Wales are put forward for additional planning and funding support, from the all-Wales NHS Capital Programme and the Health and Social Care Integration and Rebalancing Capital Fund (IRCF).

There is an opportunity to improve capital funding through the disposal of estate that is of poor quality, where services could be better provided by reconfiguration, or where services are no longer being provided. There is also further work needed to reconfigure the estate footprint in partnership with others to share space leading to additional improvements in collaborative ways of working.

#### Decarbonisation & Climate Resilience

In April 2021, the Welsh Government launched the NHS Wales Decarbonisation Strategic Development Plan 2021-2030, a plan to tackle the Climate Emergency declared in 2019. The Health Board has developed a five-year Decarbonisation Action Plan (DAP) 2022-2026 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 Health Board needs to commit specific attention to successfully deliver the complex programmes of work that require capital funding support, in order to deliver them on time and according to their scope. Estate improvements will significantly contribute to the ability to better deliver against Ministerial Priorities, particularly in Orthopaedics, and in delivering services to a higher quality and experience. Delivering key capital projects will allow the Health Board to utilise new clinical areas for the benefit of patient care.

#### Delivery priorities in 2025/26

- 2C.1 - Review the schedule of prioritised business cases in light of the outcome of the all-Wales capital prioritisation exercise.
- 2C.2 - Progress work in relation to major capital schemes including prioritisation of: Orthopaedics Hub in Llandudno, Electrical Infrastructure at Glan Clwyd Hospital, Royal Alexandra Hospital in Rhyl, Ablett Mental Health unit in Glan Clwyd Hospital, Nuclear Medicine consolidation, Health and Well-being hubs, decarbonisation and anti-ligature work.
- 2C.3 - Align ambitions relating to Health and Wellbeing Hubs to available capital funding. These play an important role in the Health Board's plans relating to primary care, the medical school, partnership working and shift left.

- 2C.4 - Develop and commence implementation of a fit for purpose estates strategy to include estate rationalisation, decarbonisation and climate resilience, as well as maximising the potential and use of existing estate and opportunities with partners. Acknowledging that the estates strategy will be led by and informed by the Health Board's 10-Year Strategy and Clinical Services Plan.
- 2C.5 - Maximise the potential of strategic disposals, partnership work and resultant capital receipts to reinvest in a modern and fit for purpose estate and infrastructure.
- 2C.6 - Support organisational business continuity through the capital process, including the Wrexham Maelor and Ysbyty Gwynedd business continuity cases.
- 2C.7 – Work with the University of Wales Bangor to support the development and growth of the North Wales Medical School.
- 2C.8 - Provide leadership in the identification, prioritisation and delivery of schemes through the Integration and Rebalancing Capital Fund (IRCF), including participation in the Regional Partnership Board (RPB).
- 2C.9 - Undertake a comprehensive assessment of facilities standards and performance, informing at improvement and development plan.
- 2C.10 - Complete the Welsh Government Adaptation Climate Change Risk Assessment, develop an action plan to address the risks identified, utilising the adaptation toolkit and liaising with PSB and other key partners.
- 2C.11 - Build strategic relationships with partners including Local Authorities and Third Sector organisations to understand the opportunities to collaborate and implementation routes.

#### Anticipated priorities in 2026/27 and 2027/28

- Taking a prioritised approach to capital investment funding that sees progression each year.
- To identify and deliver capital schemes including current projects.
- Implement agreed estates strategy together with cycle of continuous review to reflect emerging considerations.
- Maximise the economic benefit from redundant or obsolete estate (incl land, assets etc), involving partners where appropriate.

## 2D: Enhancing digital, data and technology approaches

### Overview

The Digital, Data and Technology (DDaT) team are developing plans over short, medium and long-term time horizons to support the delivery of the organisations overall objectives and ensure that digital and data are at the core of our clinical and organisational transformation.

“Digital First”, which the Health Board aspires to be, means designing, delivering and experiencing health and care services that fully embrace the opportunities of DDaT. The real value of digital technology comes not from digitising existing practices, but from using it to re-engineer them completely to achieve productivity and quality gains, improving staff recruitment and retention.

The Health Board recognises that the current hybrid of fragmented digital systems with paper records causes patient harm. Our short to medium term focus is ensuring that we have core digital systems in place that means staff have access to the data that they need, when they need it and that the Health Board has a stable foundation from which to progress to more digital ways of working.

DDaT is core to the Health Board's business and clinical strategy and transformation.

#### Delivery priorities in 2025/26

- 2D.1 - Secure a multimillion-pound investment from Welsh Government for the necessary transformation of the Health Board's delivery through the EHR Transformation Programme which will eliminate paper records.
- 2D.2 - Agree the Digital and Data Roadmap that will support the delivery of the organisation's objectives as required through the NHS Wales Technical Planning Guidance.
- 2D.3 - Delivery of a digital maternity EHR and patient facing app, which will eliminate paper records, as required through the NHS Wales Technical Planning Guidance (due to complete in 25/26)
- 2D.4 - Completion of the implementation of the replacement diagnostics systems, RISP and LIMS.
- 2D.5 – Procurement and delivery of Phase 1 of the Mental Health EHR programme as a developing template for the wider transformation above
- 2D.6 - Complete the Therapies Manager developments and increase the customer satisfaction rating of users through our Floorwalking and Engagement Teams.
- 2D.7 - Complete the minimum viable recruitment of expertise to deliver basic 2020s DDaT services.
- 2D.8 - Effectively deliver, through strict prioritisation and effective resource management, the DDaT enabled portfolio of projects and programmes, with particular focus on benefits.
- 2D.9 – Complete delivery of phase 5 Welsh Patient Administration System (WPAS) including treatment function codes, cancer tracker, copy correspondence and patient numbering.
- 2D.10 - Implement electronic Prescribing and Medicines Administration (ePMA) across acute sites (due to complete in 25/26).
- 2D.11 - Develop a Digital Academy training programme and launch a communications campaign so that staff feel empowered to use technologies.
- 2D.12 – Undertake an evaluation and re-prioritisation of projects that will need to be paused or deferred due to significant financial pressures in operational costs which are not funded.

#### Anticipated priorities in 2026/27 and 2027/28

- Subject to funding, implement the first phases of the system wide EHR programme.
- Continued rollout of the Mental Health System ensuring the intended clinical benefits are realised.
- To optimise integration between systems and retiring many that have been end of life for some time.
- To have a stable structure across DDaT, with the minimum skills in place and be more effective in using external specialist skills.
- To further develop the Digital Academy training programme to improve the digital literacy of the workforce, supplemented through the further digitisation of services such as Mental Health and Maternity.
- Introduction of innovative new solutions that will enhance patient care and provide digital alternatives or enhancements to traditional therapeutic approaches. Eg. MedTech, Digital Therapeutics (DTX), and Artificial Intelligence (AI)
- Empower patients to be active in managing their health and wellbeing through access to their information and personalised insights, patient education and apps.

## 2E: Developing and delivering value and sustainability

### Overview

The Health Board supports the national focus on Value and Sustainability (V&S) and will implement V&S initiatives identified internally, by other Health Boards, or through the national Value and Sustainability Board.

Focusing on the value of care helps ensure resources are used in ways that improve the outcomes that matter most to individuals. By weighing the costs against these outcomes, the Health Board can make decisions that deliver the greatest impact with available resources.

Value is not the same as cost. Rather, value can be defined as

$$\text{Value} = \frac{\text{Quality} \times \text{Patient Experience}}{\text{Cost}}$$

In some systems the acronym *STEEEP* is also used – safe, timely, efficient, equitable, effective, and patient-centred

Sustainability is a key part of Quality Planning. Services struggling with sustainability also often face challenges in Quality Control and the subsequent capacity to improve quality.

The Health Board has made progress in developing a formal approach to its V&S goals, including embedding Value-Based Healthcare principles across the organisation. This approach focuses on workstreams that deliver better quality outcomes, experiences, and resource use, while contributing to and benefiting from the national Value and Sustainability Board's work.

This national work covers five work-streams:

Programme	1. Clinical Value	2. Workforce	3. Continuing Health Care	4. Medicines Management	5. Non-Pay & Procurement	
Initial Focus for 25/26	Demand Management – Prevention, INNU's, Reduced F'Ups	HVHI Pathway Redesign	Insourcing Medical Bank	Learning Disability – ECRS	Biosimilar Intervention	Utilities
	Flow & Bed Utilisation – BADs Performance, DTOCs	Health Pathways	Medical Workforce Sustainability	Repat of OOA Low Secure...	Hospital NWSSP Contract Savings	Stock Control
	Facility Utilisation – Theatre Productivity, Outpatients	PROMs	Challenged Services Sustainability	OMPMH O-B Commissioning	Medication Reviews	Standardisation
	Better Use of Estates	Ministerial Advisory Group (MAG) Specialties – T&O, Ophthalmology, Dermatology	Non-Medical Agency Spend Reduction	Complex Care Co-ordination	Medicines Optimisation	Medical
			Complex/VFM Panel	Welsh Govt V&S Programme	Provisions	
			Prioritisation of Efficiencies	Stability Project - Diabetes		
			Commissioning & Fee Strategy			
Additional National V&S Focus	Estates Rationalisation	Diabetes x8 metrics	Nursing Headroom Review		Standardisation	
	Virtual Wards	Bone Health x8 metrics	Corporate Benchmarking		Product Rationalisation	
	Fragile Services	Optimised Cancer Pathway				
	Diagnostic Volumes					

*NOTE: A sixth workstream is being developed, focused on more transactional divisional savings*

Within this framework, there remains a ministerial expectation that Value and Sustainability considers the following key themes: -

- There is a reduction in the reliance of high-cost agency,
- 'Once for Wales' arrangements for workforce enablers are strengthened,

- Regional working opportunities are maximised,
- Health Boards support the redistribution of resources towards community and primary care services
- Unwarranted variation and low value interventions are recognised and addressed and
- Improved administrative efficiency.

#### Delivery priorities in 2025/26

- 2E.1 - Design and deliver a refreshed value and sustainability programme for 2025/26, which has clear outcomes based on broader measures of value, to deliver qualitative, performance and financial improvement. This includes delivery of nationally aligned initiatives under the five workstreams of: Clinical Value, Workforce, Continuing Healthcare, Medicines Management and Non-Pay & Procurement.
- 2E.2 - Focus on Clinical Variation to take advantage of nationally identified opportunities to expedite reductions in waste, harm and unwarranted variation.
- 2E.3 - Build on work to embed value principles into the wider organisational frameworks: planning, commissioning, multi-professional workforce modelling, performance, leadership and quality.
- 2E.4 - Design a value training programme as part of the journey towards a Value Academy for North Wales and a longer-term commitment to building knowledge and capacity in delivering value-led improvement.

#### Anticipated priorities in 2026/27 and 2027/28

- The design and delivery of a refreshed value and sustainability programmes for 2026-28, which will be primarily composed of longer-term transformational change projects which align with any emerging national evidence and fits with the Health Board's 10-Year Strategy and Clinical Services Plans.
- Continue towards the development of a Value Academy and ensuring visibility of value-led improvement projects, both internally and at a national-level.
- Value as a concept will be embedded into the Health Board's culture and language. The Value Academy will be operational and therefore knowledge and capability of value-led improvement will increase as a consequence.

## 2F: Improving workforce planning and development

### Overview

The Health Board is currently operating in a challenging workforce planning environment. A workforce planning approach has been developed across 2024/25 based on the Health Education and Improvement Wales (HEIW) 6 steps process. Work will continue over the next two years building a solid platform for workforce planning across the organisation, enabling services to deliver high quality care for the people of North Wales.

Work undertaken with priority services has supported a holistic approach to workforce planning as part of service redesign. This has shifted the focus from like-for-like recruitment to more complementary approaches such as utilising new roles and workforce models to meet the service needs now and over the next 3 -5 years.

Robust workforce planning will establish both short-term and long-term workforce solutions that address current and future patient needs. Positions such as Physicians Associates, Anaesthetics Associates, Registered Nurse Associates and multi-professional Advanced Clinical Practitioner

and Consultant roles will be strategically integrated into service plans in the coming years, emphasising a skills-based approach to service delivery rather than a role-based one.

Bringing a consistency to workforce planning in terms of approach and skills will allow the organisation to have a more stable workforce where key gaps are identified in a timely manner, with the most appropriate solution for the service. This approach will better support the delivery of improved quality of care across some of our most challenged services and lead to better outcomes for the people of North Wales.

#### Delivery priorities in 2025/26

- 2F.1 - Fully embed the training programme for workforce planning across the organisation with easy access guides and support for teams to develop their plans.
- 2F.2 - Detailed workforce plans to be in place for all key services across the organisation.
- 2F.3 – Develop a suite of workforce planning tools to support teams and services develop and maintain their workforce plans.
- 2F.4 – Develop an organisational strategic workforce planning framework, including integration into the other relevant organisational frameworks such as Planning and Quality.
- 2F.5 – Conduct a comprehensive workforce analysis for therapy services in a prioritised manner
- 2F.6 – Development of therapy services plan, contributing to new clinical service models to support reductions in waiting times
- 2F.7 – Develop a Governance Framework to guide the operationalisation of the HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales (for HCPC registered professionals)

#### Anticipated priorities in 2026/27 and 2027/28

- Full integration of workforce metrics aligned with performance metrics to ensure visibility and measurability of the impact of workforce plans across the organisation.
- Long term plans in place for all services across the organisation aligned with the Health Board's strategy.
- A review of the capacity of the central workforce planning function to ensure sufficient expert resource is available to the organisation.

## 2G: Working with regional partners

### Overview

The Health Board works closely with partner organisations such as local authorities and the third sector to discuss and address health inequalities, promote community engagement and exploit joint working opportunities. Partners we work with include:

### Mid Wales Joint Committee

For 2025 / 26 the priority areas for joint working across mid Wales will support the Welsh Government's expectation, as outlined in the NHS Wales Technical Planning Guidance 2025 – 2028 for health and social care organisations to work together to plan and deliver regional solutions across organisational boundaries. The focus will continue to be on a whole pathway approach with regional links between primary, secondary, community and social care.

### **Welsh Ambulance Services Trust (WAST)**

WAST's ambition is to evolve from a traditional ambulance and transport service towards an integrated clinical service which works in collaboration with the health and social care system to best meet the needs of people who contact them through 111, 999 and the non-emergency services.

### **Regional Partnership Board (RPB)**

The Health and Social Care Regional Integration Fund (RIF) is a five-year fund (April 2022- March 2027) to support integration and partnership working. The Regional Partnership Board leads on the development and implementation of the Regional Integration Fund (RIF).

RIF monies allocated to the RPB from Welsh Government in 2025 – 2026 (year 4 of 5) is £32,886,831. The Welsh Government priority areas for RIF include the Integrated Autism Service, Dementia, Unpaid Carers for hospital discharge and carer short breaks. RIF funding is top sliced for the regional Learning Disability Transformation programme, the Children's Transformation Programme, the regional Adult Autism Service and for ICAN. The remainder of the funding is allocated to each sub region based on county population formulas. Typically, the Local Authority and BCUHB each take 50% of each county's allocation.

The Further Faster monies allocated to the RPB from Welsh Government in 2025 – 2026 is £2,654,000. Further Faster funding is allocated on the same basis as RIF. The RPB is anticipating WG to confirm a third year of Neurodivergence Improvement Plan funding.

### **Public Service Boards (PSBs)**

PSBs publish well-being plans every five years. The first well-being plans were published in 2018 and the latest plans were published in summer 2023. Local well-being plans set out objectives and steps intended to improve the four dimensions of well-being – social, economic, environmental and cultural, for their area.

### **Area Planning Board (APB)**

APBs were established to support delivery of Welsh Government Substance Misuse Strategy 'Working Together to Reduce Harm'. APBs provide a regional framework, to:

- Strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and,
- Enhance and improve the key functions of planning, commissioning and performance management.

### **Third Sector**

Partnership working between the third sector and the NHS has become increasingly important in the delivery of health and social care services. The third sector comprises non-governmental organisations, charities, and social enterprises that provide essential services to communities. Given the increasing pressure, and rising demand for services, collaboration with the third sector offers innovative solutions to enhance healthcare provision.

The Health Board has contracted expenditure with third sector organisations currently which totals circa £9.869 million in the financial year 2024/25. There are 42 historic grant agreements which account for circa £1.648 million, with a further 62 that are formal contracts with a total spend of £8.221 million.

An extensive review of the third sector commissioning arrangements, commenced at the end of 2022/23 is underway to determine the extent to which grant funded initiatives and third sector contracts are achieving the desired outcomes and remain strategically relevant to the changing needs of the North Wales population.

### **Other regional partners**

In addition, the Health Board has worked with the following organisations – Health Education and Improvement Wales (HEIW), the Joint Commissioning Committee (JCC), NHS Wales Shared Services Partnership (NWSSP) and Digital Health and Care Wales (DHCW) as they have developed their respective plans.

#### **Delivery priorities in 2025/26**

##### **Mid Wales Joint Committee:**

- 2G.1 - Develop a programme of renewal for urology pathways across the region which will support and link to the national pathway work.
- 2G.2 - Increase capacity and access to ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Health Boards.
- 2G.3 - Identify improvements that can be made to general NHS Dental services provision across mid Wales.
- 2G.4 - Identify opportunities for increasing provision and improving access to cancer services across mid Wales.
- 2G.5 - Develop solutions to establish cross border health and social care workforce arrangements.
- 2G.6 - Identify the impact of pathway changes proposed in organisational strategic change programmes (such as Tywyn Community Hospital and the South Meirionnydd programme).

**Clinical priorities include:** urology, rheumatology and dermatology.

**Priorities identified by social care partners include:** Delayed Pathways of Care and Trusted Assessors, Residential Children’s Accommodation and the Welsh Community Care Information System (WCCIS).

##### **WAST**

- 2G.7 - Make improvements to the 111 website.
- 2G.8 - More clinicians to screen 999 calls to determine the most appropriate response for individual needs
- 2G.9 - More clinicians in 111 and 999 to help deal with needs over the phone or refer to the most appropriate service in the community
- 2G.10 - Respond to the Health and Social Care Committee’s review of the red response target
- 2G.11 - Work collaboratively with Health Boards to ensure pathways are available to meet needs in the community where safe and appropriate to do so
- 2G.12 - Undertake a strategic review of non-emergency transport services to ensure they are fit for the future

##### **Regional Partnership Board**

The North Wales 2025 – 2026 RIF programme is currently being finalised. The indicative investment on the 25/26 RIF programme under the 6 national models of care are shown below:

- 2G.13 - Community Based Care: prevention and co-ordination (£9.6M)
- 2G.14 - Community Based Care: complex care closer to home (£20.9M)
- 2G.15 - Home from Hospital: (£4.1M)
- 2G.16 - Supporting families to stay together safely and therapeutic support for care experienced children: (£15.8M)
- 2G.17 - Accommodation based solutions: (£836k)
- 2G.18 - Promoting good health and well-being: (£2.1M)

The North Wales 2025 – 2026 Further Faster programme is currently being finalized. The indicative investment on the 25/26 FF programme is shown below:

- 2G.19 - East and Central: Provision of additional care home and domiciliary care capacity: (£699k)
- 2G.20 - Central: Expansion of social prescribing: (£97k)
- 2G.21 - Central (to be confirmed): Anticipatory planning, palliative care and step-up / step-down care to support patients in their own homes: (£455k)
- 2G.22 - Central: Enhanced rural domiciliary care service: (£43k)
- 2G.23 - Central: Increased carer respite services for older people: (£60k)
- 2G.24 - Central (to be confirmed): Enhanced Community Care - anticipating and providing care to support patients in their own homes - £494k
- 2G.25 - West: Community Frailty Programme- Enhanced Community Care, Anticipatory Care Planning and Medication Training for Carers - £754k
- 2G.26 - West: Independent Me Service: supporting people with a disability to remain independent - £49k

#### **Public Services Boards (PSBs)**

- 2G.27 - Support the climate change risk assessment process.
- 2G.28 - Support the delivery of the Healthy Travel Charter.
- 2G.29 - Actively facilitate the growing partnership between Third Sector Organisations and Statutory Services.
- 2G.30 - PSB organisations to commit to becoming trauma informed.

#### **Area Planning Board (APB)**

- 2G.31 - The integration of the Criminal Justice Substance Misuse Service (previously provided by the Third Sector) into the Health Board Substance Misuse Service (SMS).
- 2G.32 - Development of Roslin, in Llandudno, into a multi-agency Substance Misuse Hub
- 2G.33 - Ongoing delivery of the Hepatitis B and C Elimination Plan

#### **Anticipated priorities in 2026/27 and 2027/28**

##### **Mid Wales Joint Committee:**

- Priorities are agreed on an annual basis, however a number of the priorities for 2025/26 will extend into 2026/27.

##### **WAST**

- Implement Plan for Transfer and Discharge services including a Transfer Clinical Hub (subject to external funding)
- Continued work with Health Boards to maximise opportunities to integrate Non-Emergency Patient Transfer Services (NEPTS) and Health Boards scheduling
- Implement data analytic tools to monitor and evaluate NEPTS performance continuously
- Predictive analytics to forecast demand and allocate resources efficiently.

## Objective 3: Compassionate culture, leadership & engagement

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

### Overview

Developing and fostering a compassionate culture, supported by effective leadership that engages well with colleagues across the organisation, will be the bedrock of a healthy and sustainable organisation. This strategic objective therefore makes an important contribution to the Foundations for the Future programme (1B). Listening to the views and experiences of the citizens and communities of North Wales to inform future service developments with partners is crucial in providing fit for purpose services for the population. Ensuring that the organisation takes into account the strong and proud connection to the Welsh language and culture in everything it does, both internally and externally, will mean that services operate in a way that everyone from the region can engage with.

### Progress for this Strategic Objective during 2024/25

*Note some priorities have been consolidated across different Strategic Objectives within this plan*

#### **Compassionate Leadership and Organisational Development:**

- Integrated Leadership Development Framework established, consulted upon and being implemented. Series of leadership conferences implemented – a Clinical Leadership Conference in November 2024.
- Cultural Change Programme developed and being implemented – Culture Change Leaders; People Managers Forum established.
- Staff Story approach approved, starting at People and Culture Committee in Q4.
- People and Culture Committee fully established.
- Refresh of the Values and Behaviours Framework – Extensive engagement has taken place with staff and external partners to co-design a Values & Behaviours Framework.
- Development of a Culture Dashboard to track key metrics associated with improving the culture of an organisation.
- The Advanced Clinical Leadership Programme (ACLP) is currently in progress with 26 health board clinical leaders engaged on the programme delivered in partnership with HEIW.

#### **Citizen Engagement:**

- Progress made in engaging with communities through activity such as the Board listening events and wide-ranging programme of public engagements. Attendance at events such as Denbigh and Flint Show, Anglesey show, Mold and Llangollen Food Festivals - has been used to promote health and well-being and increased the visibility of the Health Board.
- Increased involvement and collaboration with partners, for example the creation of a BCUHB/Third sector "Wellbeing Village" at the Denbigh and Flint show, and the re-launch of the Bitesize Health in the workplace programme.
- Focused engagement has also been undertaken on issues such as planned care, such as exploring the experiences of people waiting for hip and knee procedures which in turn this has helped support the plans for the Llandudno Orthopaedic Hub.

- An Engagement Task and Finish Group has been established including key services, Llais North Wales and Special Measures Independent Advisor, Cath Broderick. The Group has developed a work programme that will help to continue this more robust and consistent approach to engagement.

#### **Being a Good Partner:**

- A series of regular one-to-one meetings with politicians have continued. These have been supplemented with online meetings for groups of MSs and MPs with the Chief Executive and Chair.
- Other stakeholders, including local authority chief executives and chairs, representatives of housing associations and the Third Sector have also had meetings with the Chair and Chief Executive.
- Work on a survey was initiated in the autumn to hear how stakeholders view their relationship with the Health Board, with findings being incorporated into plans going forward.
- A review of attendance and governance arrangement for the Regional Partnership Board and Public Service Boards has been undertaken and support for colleagues attending is being put in place.
- Progress is continuing with the Stakeholder Reference Group (SRG) having earlier involvement in Health Board work e.g., values and behaviours, Major Change programmes (UEC) and strategy.

## **3A: Culture Development**

### **Overview**

For the “Culture” workstream under the Foundations for the Future programme (1B) the Health Board is using the evidence-based NHS Culture and Leadership programme. The programme is based on the elements and behaviours identified as necessary for a culture that supports high quality, equitable care that is consistently compassionate and high performing. The Health Board is the first in Wales to use this model on an organisational wide scale. The programme is founded on the principle of ‘compassionate, diverse and inclusive leadership’, which empowers staff at all levels, as individuals and in teams, to take action to improve care within and across organisations – ‘leadership of all, by all and for all’.

Implementation plans are in place to ensure Objective 3 is achieved in the areas of culture, engagement and leadership.

See also 1B Establishing Foundations for the Future.

### **Delivery priorities in 2025/26**

- 3A.1 - Fully implement and embed the Values & Behaviours Framework into our organisational policies, processes and practices so that staff live the values and behaviours in their day-to-day work.
- 3A.2 - Conclude the Discovery phase of the Culture & Leadership Programme through a Synthesis Report which will guide our future culture and leadership approaches
- 3A.3 - Co-produce draft Design phase priorities for further development in 2026/27 which shapes our compassionate, diverse and inclusive leadership approaches, identify what is going well and which areas need to be strengthened.
- 3A.4 – Complete roll out of the Culture Change Leader (CCL) programme. The CCL role has been established to support the Culture & Leadership Programme. Leaders are drawn from a cross section of staff across the organisation who come together to make a difference by looking at the Health Board’s current culture and helping to shape culture for the future.

- 3A.5 (1B.2) - Build staff engagement through implementation of the staff engagement plan (including staff survey actions, staff stories, common PADR objectives (golden thread) and engagement events/activities) hard wiring engagement throughout leadership and management structures to the front line.
- 3A.6 (1A.4 & 1B.2) - Improve governance arrangements so they align to and support delivery of the organisation's strategic objectives and enable whole system quality-based decision making. This alongside using the RACI model (Responsible, Accountable, Consulted, Informed) in role profiles to describe individuals' roles and responsibilities for activities and deliverables will support creating high autonomy and accountability across all roles.
- 3A.7 (5E.2 & 1B.2) - The Health Board will improve its systems and processes to ensure the transfer of learning as a Learning Organisation is increasing the opportunity to share learning and improve patient care.

#### Anticipated priorities in 2026/27 and 2027/28

- Finalise our key priority areas for delivery under each of the five cultural elements. These are: goals and performance; learning and innovation; support and compassion; equity and inclusion; and teamwork.
- Deliver key priority areas under each of the five cultural elements using a strengths-based approach, building on success and identifying areas for further improvement.

## 3B: Leadership Development

### Overview

One of the Health Board's key long-term foundational priorities is to further develop culture and leadership capacity. Linking directly to the "People" workstream in the Foundation of the Future programme (1B) this work has commenced with the support of Professor Michael West and the King's Fund, to encompass a strong focus on 'compassionate leadership'. Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those all staff to feel valued, respected and cared for so they can reach their potential and do their best work. This is an evidence-based approach leading to strong and resilient teams that are better able to navigate the Health Board through a challenging period. Importantly, compassionate leadership is not an end in itself; there is a strong body of evidence demonstrating that a compassionate leadership culture generates better outcomes from staff across the organisation.

Compassionate leadership will sit as a common thread through the wider organisation development work now underway within the Health Board. The established Organisational Development Steering Group will continue to shape and implement the key priorities of the OD plan, reviewing and reporting progress through the Executive Team and onwards to the People and Culture Board Committee.



Improvements in compassionate leadership and organisational development will allow faster improvement across the organisation, and greater staff satisfaction, leading to improvements in patient experience and outcomes.

The implementation of a clear leadership development pathway and framework will support the workforce, providing opportunities for employees who are not in a formal leadership role, all the way through to those senior leaders and those in executive positions.

The Integrated Leadership Development Framework (ILDF) sets out the core internal offer for multi-disciplinary leadership and management development and includes information around external leadership development that employees can access. The ILDF is hosted on BCUHB’s Leadership Hub, via the Gwella Leadership Portal.

The ILDF will support career progression, talent management and above all, supports the ambition of creating a consistent approach to a compassionate, collective, engaging and an inclusive culture for the organisation. The ILDF has been co-produced following engagement with a range of stakeholders, including employees, academic partners, and with Health Education and Improvement Wales (HEIW).

## Integrated Leadership and Development Framework:



See also 1B Establishing Foundations for the Future.

### Delivery priorities in 2025/26

- 3B.1 - Design a series of workshops to strengthen key areas of the ILDF, with a focus on developing leadership skills in specific areas for example, workshops to embed the principles of compassionate leadership to enable leaders and managers to understand the benefits of a compassionate approach and how to apply compassionate behaviours in the workplace and to support leaders and managers to have conversations with their staff through a compassionate lens, to build confidence and skills in managing difficult or challenging situations.
- 3B.2 - Develop a core programme/offering for middle managers and leaders across the organisation. To be aligned with the ongoing national strategy building a core management competency framework across NHS Wales working with HEIW and a range of academic partners.
- 3B.3 - Review and evaluate the first senior level programme – Glyder Fawr (Advanced Clinical Leadership Programme) delivered in 24/25 in readiness for the second cohort of this national HEIW led programme commencing at the end of Q1 25/26.
- 3B.4 - Undertake a review of BCUHBs Coaching and Mentoring Network which will include:
  - A review of the effectiveness of the coaching network to ensure there are sufficient coaches to meet demand, that coaches on the network are actively coaching, that appropriate resources and support /supervision is in place.
  - A toolkit will be developed to support mentors across the organisation along with a co-designed mentoring network proposal.
- 3B.5 - Evaluate the outcomes from previous cohorts of the Mynydd Mawr – Foundations of Leadership and Management programme (delivered 24/25) to identify learning outcomes and impact in the workplace.
- 3B.6 - Launch new programme 'Leadership for All – 'Moel Famau', providing an introduction to leadership for all staff across the organisation irrespective of whether they are in a formal leadership role.

- 3B.7 - Develop a set of metrics and reports from the Leadership hub to analyse: user engagement, themes, attrition rates.

#### Anticipated priorities in 2026/27 and 2027/28

- Ongoing implementation of ILDF to ensure Leadership Development is available and accessible to all staff. With continuing evaluation and review to ensure that the framework supports people not just with the education and learning, but with leadership in practice
- Evaluation and review year two / three of the ILDF following further implementation in 25/26 to identify trends, analyse feedback and assess the impact in the workplace. This will inform continuous improvement and future plans for leadership development across the organisation.
- Ongoing amendment of the ILDF in line with the national NHS Wales priorities and implementation of a new management competency framework and supported curriculum.

## 3C: Citizen engagement and partnership working

### Overview

#### **Citizen Engagement**

The Health Board is committed to engaging directly with communities. This means not just early, but continuous engagement to enable listening and learning from the experiences and expertise of others. This is a clear commitment made with awareness that the Health Board has not always managed this well in the past. It will help ensure that plans and priorities are informed by what matters to citizens, and that people have the information and support to enable them to maintain and improve their health and well-being and make good choices. The Health Board has made good progress, as highlighted during a follow up of an independent review into citizen engagement during February 2025, in both listening to communities regarding how to improve Health Board delivered services, and in deepening a conversation with communities in reviewing self-help, illness prevention, and health promotion.

Improvement in clinical standards, quality of care delivery and general experience when using Health services will all result from placing a high value upon learning from citizen experience. The new Integrated Concerns Policy is a positive step in patient-informed changes and broader citizen engagement continues to be an important priority for the Health Board to inform service improvements and better health outcomes for the population.

#### **Being a good partner**

The Health Board works in partnership across an environment that is complex and multi-faceted. Some of the partnership opportunities offer greater potential to improve the health and well-being of the people of North Wales than has been made use of historically and it is in both the Health Board and stakeholders' interests for these links to be strengthened.

There are significant challenges ahead, some of which are shared not only across Wales but the UK and Western Europe, as well as internationally. The COVID-19 pandemic has had a lasting impact on the well-being of the population and the delivery of health and care. The increases in the cost of living and a challenging economic situation add to the picture and create a complex environment for all partners. This level of complexity can only be tackled through a whole system approach; with Local Authorities, Third Sector and Charitable organisations, politicians, Housing Associations, Universities and Higher and Further Education partners, neighbouring Health

Boards and the NHS in England. Furthermore, all evidence points to the solutions to these challenges being markedly better when understood across system partnerships.

### **Anchor institution**

An important way for the Health Board to develop greater partnership impact in North Wales is through the recognition of its role as an 'anchor institution'. The term anchor institution typically refers to large, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. As a partner to other organisations, and to the residents of North Wales as a whole, the Health Board can make a difference within the community through local procurement of goods and services, the way it uses its physical estate, the way it supports local employment, in reducing environmental impact and in collaborating to model civic responsibility. In addition, as an anchor organisation with 20,000 employees, encouraging employees and their families to lead healthy lifestyles will have a big impact upon the health of the North Wales population.

Ensuring that strategic and decision-making processes within the Health Board integrate well within the wider system environment and PSBs will make it easier for decisions to be made that maximize the opportunity of working together to deliver better outcomes for North Wales residents

The Health Board has indicated that it wishes to work in an open and transparent way with its partners and is keen to involve them to help co-produce new developments. That is why partnership working is an area that the Health Board wishes to improve upon, noting that working in true partnership has not always been prioritised in the past. The Health Board wants to develop and support new and existing relationships so that partners are involved and are shaping solutions to the shared complex and difficult issues and recognise the importance of agile decision-making.

#### **Delivery priorities in 2025/26**

- 3C.1 – Complete implementation of the recommendations in the independent review of engagement specifically:
  - Finalise and implement the 'Betsi Way' engagement framework, ensuring it is evidence-informed, high quality, and co-developed with agreed engagement principles.
  - Implement a structured reporting system to track and publicly share at least three concrete examples of how community feedback has influenced corporate plans, services and improvements
  - Establish a community of engagement practice within the Health Board, providing at least two training sessions and developing a toolkit to support staff with best practices and evidence-based approaches.
- 3C.2 - Increase engagement reach by 30% through targeted on-line community interactions, including at least four digital campaigns and expanded use of social media platforms
- 3C.3 - Expand the engagement programme across at least five North Wales communities, collaborating with key partners to ensure added value for residents, stakeholders and the Health Board.
- 3C.4 - Review the strategic approach to engagement with communities, specifically mapping out the next two years
- 3C.5 - Conduct at least three community listening events in rural areas, ensuring participation from at least 50 local residents, to gather feedback on healthcare needs and service improvements.

- 3C.6 - Reset the Health Board's representation at the Regional Partnership Board, ensuring all attendees receive advance briefings before each meeting and establishing a structured reporting process to improve decision making
- 3C.7 - Trial a surgery-style approach with local councillors in two local authorities to support issue identification, evaluating its effectiveness in improving communication and engagement, with a view to expanding the approach across all local authorities.
- 3C.8 - Further the Health Board's commitment to children and young people by developing an approach to ensure their voices influence decision making (Youth Voice approach).
- 3C.9 - Co-develop and publish an Anchor Institution Principles and Charter with clearly defined principles ensuring alignment with community needs and organisational priorities.

#### Anticipated priorities in 2026/27 and 2027/28

- Build on our approach to community engagement with greater focus on co-delivery with partners, learning from our experiences in 2025 – 26 to refine and improve
- By listening to and acting on the results on the annual stakeholder survey, we will continue to improve our interactions with all existing stakeholders and improve working relationships with all partners.
- Consolidate the Betsi way engagement approach with an annual event to showcase good practice and share learning.

## 3D: Welsh language & culture

### Overview

The delivery of the Welsh Language Standards continues to be at the forefront of Health Board planning as well as a full commitment to delivering the Welsh Government's 'More than just words' Five-Year plan. Following an internal mapping exercise, it was pleasing to note that out of the 16 actions assigned to Health Boards, BCUHB is at a favourable level, with six actions achieved, and eight in progress. There are also identified actions beyond the Health Boards' remit, as these were activities that were adopted as part of a wider work programme. The Welsh Language Commissioner has commended the Health Board's work in this area, has seen the good practice first hand, and this provides an important endorsement of the way in which Welsh language is weaved into the culture of the organisation.

Additional priorities have been aligned with the main themes of 'More than just words', such as:

- Embedding Welsh language planning in guidance and policy, including strengthening EQIA and Integrated Assessment Screening Tool (IAST).
- Implementing a targeted Welsh language training and workforce strategy to support current staff by reviewing and adopting the Bilingual Skills Policy and Procedure
- Working in partnership to raise awareness of the importance and advantages of Welsh language skills when considering the health sector as a career, supporting the creation of a bilingual future Workforce. Welsh language teaching and cultural awareness are incorporated within the North Wales Medical School's Year 1 and Year 2 curriculum, with participation from the Board's Welsh Language Team.

Patients and the public will experience services that meet their Welsh language needs because those needs and choices have influenced early planning of services, and because the visibility of the Health Board's commitment at leadership level will continue to support staff in their ambitions and goals to develop their language skills.

As a public sector organisation operating under the legislative framework of the Welsh Language (Wales) Measure 2011, it is the Health Board's duty to ensure that the Welsh language is not treated less favourably than the English language when accessing health care services.

This is supported by the Welsh Government's Five-Year plan, 'More than just words', which focuses on vulnerable patient groups. To this end, this aim of the service is to acknowledge language as a need rather than a preference, especially when treating those patients in vulnerable groups.

#### Delivery priorities in 2025/26

- 3D.1 - Build on the planning completed within 2024/25 and transition from planning to operational delivery of the Standards and 'More than just words', focusing initially on acute settings.
- 3D.2 - Adopt the Language Choice Scheme to a specific vulnerable patient group.
- 3D.3 - Explore the potential of adopting a 'Welsh Language Champions Programme' in order to encourage and celebrate language development success within the workforce.
- 3D.4 - In collaboration with the National Centre for Learning Welsh, deliver a tailored training programme in Speech and Language Therapy Services, which have been identified as a priority workforce group.

#### Anticipated priorities in 2026/27 and 2027/28

- The Health Board will review delivery of the Standards against a compliance framework.
- The Health Board undertook an engagement exercise in the national Eisteddfod Genedlaethol Llŷn ac Eifionydd in 2023, focused upon what was important to people in accessing bilingual services in healthcare settings and their experiences. The Health Board anticipates repeating that in 2026/27 (when the Urdd Eisteddfod is in Anglesey) to assess any changes as a result of the work outlined above.
- The Health Board will continue to focus not just upon the Standards but also upon delivering an effective 'Active Offer'

## Objective 4: Improving quality, outcomes and experience

*Ministerial Templates (Annex A) that also relate to this sub-objective:*

4A	Prevention and Early Intervention	<i>Ministerial Template 2</i>
4B	Primary Care including Clusters	<i>Ministerial Templates 2 &amp; 3</i>
4C	Community Care	<i>Ministerial Template 3</i>
4D	Planned Care, Cancer & Diagnostics	<i>Ministerial Template 1</i>
4E	Urgent and Emergency Care	<i>Ministerial Template 1</i>
4F	Adult Mental Health & Learning Disability	<i>Ministerial Template 4</i>
4G	CAMHS	<i>Ministerial Template 4</i>
4H	Neurodevelopment	
4I	Dementia services	
4J	Currently 'Challenged Services'	<i>Ministerial Template 1</i>
4K	Women's services	<i>Ministerial Template 5</i>
4L	Children & Young People	
4M	Pharmaceutical services	<i>Ministerial Template 3</i>
4N	Palliative, End of Life and Bereavement Care	<i>Ministerial Template 1</i>
4O	Dental services	<i>Ministerial Template 3</i>
4P	Diabetes	<i>Ministerial Template 2</i>

### Overview

The other four strategic objectives in this plan largely focus on building an effective and sustainable organisation for the long-term. This objective is where the direct improvements to the experience and outcomes of the population of the North Wales will be materialised. Importantly, it contains a wide cross section of areas along the entire end-to-end mental and physical patient journey from: staying well and early and proactive identification; through to first presentation in a range of primary and community settings; referral into secondary care and discharge back into the community.

#### Progress for this Strategic Objective during 2024/25

*Note some priorities have been consolidated across different Strategic Objectives within this plan*

- **Patient Experience:** a range of approaches are used to expand the offer to patients including the use of fixed kiosks; The use of the Patient Advice and Liaison Service (PALS) team cited as good practice in Ysbyty Glan Clwyd Emergency Department; Citizens Report presented to Board quarterly and Quality Annual Report Presented and available on the Health Board Intranet Site.
- **Prevention:** Focus on ongoing campaigns aimed at increasing vaccine uptake; The model for the Well North Wales initiative establishes a framework for promoting community health, including the

integration of the Inverse Care Law recommendations and an approved Arts in Health Strategic Plan; Developing a case for change for new models of care for Diabetes; Developing a partnership approach to delivering equitable, effective social prescribing and social interventions; Tackling the wider determinants of health - including Actif North Wales.

- **Primary Care and Early Intervention:** Governance, Assurance and Accountability arrangements have been put in place for Health Board managed practices; Awareness session for staff took place to support the implementation of the new GMS Contract Assurance Framework; Progress being made to improve the primary care estate; Single Integrated Clinical Assessment and Treatment (SICAT) extended to 7 days (9:00 – 21:00) with GP oversight and incorporated GP out of Hours service for 24-hour support; 53 practices participating in the Urgent and Emergency Care 50-day challenge to target support for high risk cohort of patients; Collaborative approach with North Wales Medical School to expand availability of Primary Care based training environments; Developing improvement in primary care dentistry access with a significant increase in timeliness of lost activity re-procurement; Continued expansion of the Primary Care Academy offer, with evidence of this contributing to the retention and support of more advanced practice professionals working in Primary Care
- **Community Care and Clusters:** Community based support and engagement established for people living with dementia and their Carers. Implementation of the Discharge To Rapid Assess (D2RA) model progressed as planned. Data and insights gathering complete to support the implementation of enhanced community services provision.
- **Planned Care:** Weekly CEO led meetings with Planned Care have shown a measurable improvement in longest waiting patients, with plans in place to incorporate GIRFT recommendations. Demand and Capacity modelling remains a challenge but is factored to conclude in Q4. A 'Soft Launch' of Teledermoscopy has been undertaken.
- **Cancer Care:** Improvements to the patient pathways to ensure more timely access to diagnostics including introducing teledermoscopy and work to improve access to endoscopy; Oncology substantive workforce case developed; Introduction of straight to test suspected prostate cancer pathway to reduce wait times; Expansion of one stop neck lump clinic to ensure equitable access to patients across north Wales and a reduction in waiting times.
- **Urgent and Emergency Care:** 45,000 additional urgent primary care appointments provided between Aug 2024 and Jan 2025; Community wraparound service tested in Q3 through collaboration with WAST and BCU community nursing teams, to reduce ambulance conveyances for long waits; Acute Frailty Services successfully tested in Ysbyty Gwynedd in Q4 and will inform the Health Board wide work in this space in 2025/26; Some improvement in protecting Same Day Emergency Care (SDEC) capacity, acknowledging much more to do to make business as usual; The System Resilience hub was set up 5 days a week ensuring oversight for patient flows across the Health Board with close monitoring and planning for out of hours; 16% reduction in Pathway of Care Delay bed days, through integrated working with partners via daily meetings reviewing discharges and working on conveyances and discharges relating to Care Homes.
- **Diagnostics:** Progressed capital proposals to improve nuclear medicine provision in North Wales, and to deliver Positron Emission Tomography (PET) scanning within North Wales; In teledermoscopy, the Health Board is working towards the provision of a more effective service of using medical photography to support the remote triaging of dermatology conditions; The introduction of endoscopy insourcing from Q3 contributed to a reduction in cancer component waiting times; Good results from implementing a number of 'straight to test' initiatives, such as in the marked reduction in time to diagnosis in prostate cancer.
- **Adult Mental Health and Learning Disability:** Completed 99% of the actions from the NHS Wales Joint Commissioning Committee (WJCC)/NHSE Inpatient Safety Review; 100% compliance with complaint response timescales; Business Case for Digital enablement of all age Mental Health and Learning Disabilities approved by WG, securing £12million to procure an EHR; Learning Disabilities - Enhanced Care Rehabilitation Services (ECRS) business case has been agreed; Learning Disabilities – the community Lab in a Bag initiative has now been fully launched and is embedded in practice,

supporting and promoting better physical health for patients; Perinatal Mental Health service achieved 97% compliance against the Royal College of Psychiatrists (RCPsych) target of 100% for type 1 standards, 96% compliance against the 80% target for type 2 standards and 88% compliance against the 60% target for type 3 standards; Mental Health Wellbeing practitioners have been introduced across Community Mental Health Teams to support the duty officer as part of the improved crisis care provision; Pharmacy Technicians and Pharmacists are embedded into Community Mental Health Teams support staff and enhance medicine management. Delivered a number of longstanding schemes to improve our patient facilities and environment.

- **CAMHS:** Developed and consulted upon an Early Help Model to deliver early identification, intervention and preventative offers across the Region; Adopted the key principles of the NYTH/NEST framework and have undertaken a NYTH/NEST self-assessment with partners as a baseline to work on improvement; Integrated our Schools In-Reach services into IHC areas; Commenced implementing plans to deliver the new National Service Specification for Primary and Secondary CAMHS; Developed an enhanced CAMHS Crisis and Unscheduled Care Model, extending hours of operation to a 12-hour service across most Areas; A refreshed self-harm pathway has been developed with partner agencies. 111 press 2 CAMHS pathways have provided improved access to urgent mental health support 24 hours a day/ 7 days a week.
- **Neurodevelopment:** Undertook pilots including Front Door Practitioners, ADHD new ways of working and Education Link Worker, resulting in 10% reduction in accepted referrals received from previous year; Provided ND Profiling training to teams and partners; Commenced stratification of the waiting list; Held two Information sharing workshops with partners with further co-design work planning; Engaged with colleagues in Adult Mental Health to develop a business case for transition.
- **Currently Challenged Services:** Dermatology Clinical Lead appointed and Teledermoscopy implemented. Train and treat commenced in Ophthalmology. Waiting list review of Plastics was prioritised with a particular focus upon clinically overdue and at-risk patients. Recommendations from the Royal College review are being addressed via the Urology Improvement Plan. Vascular dashboards have been created and launched to inform service development.
- **Womens Services:** Implementation of the MatNeo Safety Support Programme Year 1 recommendations; Implementation of National Recommendations (e.g. MBRRACE); Progression of the Gynaecology Cancer and Planned Care Recovery plans; Promoted the Healthy Start Hub to raise awareness and reduce inequality in pregnancy; Delivery of the NHS Wales 2 Year 'Help me Quit for Baby' implementation plan; Supported the Health Weight Management in Pregnancy and Local Infant Feeding Strategy.
- **Children:** The Children's Charter, presented by two young people, received full endorsement from the Health Board. Detailed plans are underway for a Youth Voice approach; The regional Health Visiting Service and the Neonatal Service both achieved reaccreditation in the UNICEF Baby Friendly Initiative (BFI) alongside our Maternity Services; with the HV service receiving a special mention at the UNICEF BFI Annual Conference; Childhood immunisation levels have been sustained with some of the highest uptake rates in Wales, particularly with MMR vaccine.
- **Pharmaceutical Services:** Independent Review of Clinical Pharmacy Services: Agreed an outcome-focused plan across Wales for the next 1-3 years; Medicines Value Group: Delivered value opportunities via the NHS Wales Value & Sustainability Medicines Management programme, saving c.£13m via prioritisation of best value products; Transforming Access to Medicines (TrAMs): Developed Outpatient Parenteral Antibiotics Treatment (OPAT) pharmaceutical products in BCUHB to enable close to or home-based IV antibiotic treatment; Enhancing Community Pharmacy Use & Robotic Dispensing Pilot for urgent medicines: Achieved targets on; Sore throat test and treat, Pharmacist Independent Prescribing, Urinary Tract Infection and installed robotic dispensers at one Community Hospital, evaluation through research study in progress; Progress joint ambitions in establishing a North Wales School of Pharmacy (with Bangor University): Advanced curriculum and regulatory accreditation in place, course opened for applications.

## 4A: Prevention and Early Intervention

*Note that Ministerial Template 2 (which can be found in Annex A) also relates to this sub-objective.*

### Cabinet Secretary Delivery Expectations

#### Population Health & Prevention:

- Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes
- Achievement of vaccinations targets in the performance framework

#### Overview

Improvements in life expectancy in the UK, including North Wales, have slowed and the length of time that people spend in good health has been decreasing for some communities/groups, highlighting that addressing health inequality is a key step in preventing avoidable ill-health. The Health Board intends to prioritise the shift to prevention and early intervention through system wide, sustainable approaches which release opportunities for longer term investment and recognise that this will require a similar shift towards primary and community care in order to maximise the benefits of the shift towards prevention.

Over 60% of NHS activity is linked to chronic long-term conditions which impact significantly on care services. Many of these conditions, such as type 2 diabetes, respiratory diseases, some cancers, and cardiovascular diseases, are preventable. Through collaborating with partners, the Health Board will target prevention and reduction of avoidable ill-health and the further deterioration of health and well-being in order to improve outcomes for North Wales.

Improving and maintaining population health is crucial for North Wales' socioeconomic resilience. Poor health not only affects the workforce but also the strength and resilience of our communities. With an ageing population and the increasing prevalence and proportion of health care linked to chronic conditions, the shift in focus towards prevention, early intervention and health inequalities will be enabled through greater use of intelligence of population and clinical intelligence. This will include bringing together available academic evidence, local data and evidence (e.g. patient experience feedback) and stakeholder involvement to improve services and outcomes.

#### Delivery priorities in 2025/26

Strategically there are **two major areas of delivery**.

- Linking clinical and population level data and developing intelligence rich resources to create greater understanding of the impact of both current and future models of prevention (population health management).
- Collaboratively producing the basis for:
  - Developing holistic models which support health and well-being
  - Reducing variation and responding to population health needs

The prevention and early intervention focus will develop through four key programmes which include Healthcare Public Health; Health Improvement; Health Inequalities; and Health Protection.

During 2025/26 Healthcare Public Health, Health Improvement and Health Inequalities programmes, via a matrix approach, will support the two strategic major areas for delivery through identifying opportunities which can increase the impact of prevention and early intervention. The work undertaken will include:

- 4A.1 - Tackling variation, inequity in services and protecting those who are most vulnerable through targeted resources.
- 4A.2 - Creating the foundations for change, providing the Health Board with the means to demonstrate the impact of current prevention and early intervention activity across identified priority areas and determine where this could be improved.

The Health Protection programme will:

- 4A.3 - Develop proposals for Health Board capacity to prepare and respond to health protection threats, enhancing the delivery of Health Board services to protect people in North Wales against existing, new and emerging health protection threats and hazards.

**Meeting the ministerial prevention priorities:**

- 4A.4 - Our vaccination and immunisation service will implement the National Immunisation Framework (NIF) for Wales locally and continue to provide improved resilience and variation.
- 4A.5 - Refer to section '4R – Diabetes' for the 2025/26 delivery priorities.

*Anticipated priorities in 2026/27 and 2027/28*

During 26/27 the aim will be to:

- Proceed with further prevention focused projects identified as part of the 25/26 activity.
- Embed learning and population health data across clinical services
- Provide assurance of Health Board prevention focus in priority plans and in-particular, the clinical services plan and health board Strategy, continue to roll out the Integration Vaccination Service.

During 27/28 the focus will be on:

- Embedding a population health approach and the Public Health Team as a core function of the Health Board driving delivery
- Enabling the shift to prevention by establishing the baseline data; monitoring and strengthening the ability to measure impact
- Creating Health Board wide ownership of population health risks and delivery of changes, through the Clinical Services Plan, Strategy and embedding in priority programmes
- Demonstrate the impact of prevention models to support Value Based Health
- Creating greater collaboration with partners and Universities through growing research around non-clinical/integrated models, to provide a coherent and equitable health improvement offer for the population of North Wales.

## 4B: Primary Care including Clusters

*Note that Ministerial Template 3 (which can be found in Annex A) also relates to this sub-objective.*

### Cabinet Secretary Delivery Expectations

Building Community Capacity:

- 100% of GP practices achieving all National Access Standards for In-hours General Medical Services (GMS)

### Overview

In the NHS most patient contacts occur in primary care. The Health Board recognise the importance of stable, resilient primary care services to ensure that the residents of North Wales have care at the right time and in the right place, medicalised only when necessary. Primary Care

services are delivered through a mixed model of contractor delivered services and direct Health Board delivered services.

Primary care services include GMS, high street and community dental services (GDS and CDS), community pharmacy, including Pharmacy Independent Prescribers (PIPs), and optometry. Audiology is also becoming more integrated with primary care, with the first point of contact and ear wax services being a critical first step. The Health Board has made progress in rolling this service out and in leading concept development and testing as a proof of concept.

The Health Board currently provides directly managed primary medical care services for 106,000 patients across North Wales via 12 practices. A coherent strategy will be developed to determine how these practices will be managed in the future; scoping options including the potential of an integrated function and procurement to GMS. In a similar approach, a review of Health Board managed community dental services will be explored to understand if there are any resilience and innovation opportunities that can support the longer-term direct management of this function.

The Health Board recognises the importance of optimising front-line resource in community and primary care and to maximise the opportunities offered by key policies such as Further Faster. Workforce challenges in primary care have been significant in the post Covid-19 setting, and the Health Board more widely. The Health Board will use opportunities including Value Based Care (1E), Commissioning (2C), Prioritisation (2E), and the emerging 10-year strategy (2A) and Clinical Services Plan (2B) to progress this requirement.

Although most healthcare contacts occur in primary care, there are many hospital-based services that could be effectively delivered in the community. To do this, primary care teams must build on resilience by addressing the current capacity and sustainability challenges. Difficulties in accessing primary care services can lead to individuals using other parts of the healthcare service unnecessarily or living with unmet healthcare needs. As the majority of patient contacts occur in primary care settings, this can have significant impacts. Improving access to primary care will help to reduce avoidable hospital Emergency Department attendances and ambulance use. Continuing to prioritise chronic disease management in primary care will help to minimise hospital outpatient referrals, and when done in collaboration with partners through our locality/cluster teams this will minimise over-medicalisation.

There are 14 clusters in North Wales each with a unique profile from the very rural to some of the most populated urban areas in Wales. Each cluster has a different set of population needs and challenges. Over time clusters have evolved in line with the Primary Care Model for Wales moving beyond a primary focus on supporting General Practices to work together, to instead supporting the needs of their populations through wider collaborative working drawing in other professionals working in primary care, community NHS care and, importantly, other partners including local authority and voluntary sector colleagues. This shift in emphasis recognises the important role that others can play in community health and well-being, and reduces the risk of focusing upon medicalised approaches that could be better delivered in other ways.

Work continues to ensure that clusters are able to maximise their potential impact. In line with the rest of Wales, the Health Board oversees the administration and governance of clusters in its

area and during 2024-2025, the Health Board implemented revised governance models and supported clusters to respond to the requirements of the Welsh Governments Strategic Programme for Primary Care (SPPC) to develop and enhance community care to reduce pressure on hospitals. Alongside this, each cluster has worked to strengthen their collaborative partnerships, and implemented priorities identified within each cluster for their local area.

Clusters are an important mechanism through which improved primary care and community services can be provided. They offer the potential to de-medicalise care by drawing upon the expertise of partners within their cluster collaborative, so increasing value and impact. Well embedded clusters have the potential to improve public health, reduce avoidable healthcare demand, and improve the sustainability of primary care and other health and non-health services.

Cluster priorities include a range of interventions that are identified to improve public health outcomes in particular type 2 diabetes. Supporting the work of Further Faster through clusters is intended to reduce pressure upon hospital services. Supporting primary care providers to work collaboratively within their clusters is expected to improve primary care sustainability and resilience.

Continued use of cluster-based care home support services can provide timely assessments that reduce avoidable hospital conveyances and improve outcomes for residents living in their own homes and in care home settings. Further development of 'one stop' models of care could enhance the delivery of care for people with diabetes and chronic conditions.

#### Delivery priorities in 2025/26

- 4B.1 - Full engagement in the implementation of the national 'Primary Care Model' for Wales and focus on delivering the national Primary Care Programme.
- 4B.2 - Develop the Primary Care 'same day' offer to provide more equitable access to primary care as alternatives to Emergency Department attendance. This relates to in-hours primary care access and also to the provision of out-of-hours primary care, 111 and Minor Injury Units.
- 4B.3 - A pathways of care approach will be adopted to ensure that primary care professionals have access to the resources they need so that secondary care referrals only occur where they will add value to the patient.
- 4B.4 - A 'Primary Care Academy' approach will support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability.
- 4B.5 - Access to primary care dentistry is a key priority and a GDS procurement process will be moved forward alongside consideration of new and innovation ideas to increase patient access.
- 4B.6 - Sustainability support will be reviewed in order to bolster support to contractors that are in difficulty. Where appropriate discussions will be held with national partners.
- 4B.7 - Progress the strategic approach to a mixed model of primary care that supports contractors to remain independent contractors and identifies ways in which directly managed practices can innovate, support independent contractor 'neighbours', test new ways of working, and increase involvement of primary care in research.
- 4B.8 - Implement the new GMS Contract Assurance Framework.
- 4B.9 - Improve Board visibility of primary care performance data.
- 4B.10 - Develop proposals that address areas of poor primary care estate impacting upon care delivery, including the proposals currently progressing in Penygroes, in Conwy West locality, in Bangor, in Denbigh and in Holyhead.

- 4B.11 - Work with Primary Care providers in North Wales to prepare and expand suitable training environments for Medical Students from the North Wales Medical School.
- 4B.12 - Scope and test a model for commissioned community pharmacy services focused on long-term condition management, starting with hypertension. (Linked to 4O.4)

#### Cluster specific

- 4B.13 - Develop proposals to expand the use of cluster-based Care Home support services that can provide timely assessment to minimise otherwise avoidable hospital conveyances and improve outcomes for Care Home Residents, including support to carers.
- 4B.14 - 'One stop' models of care that enhance the delivery of care for people with diabetes and related conditions will continue to be tested and if successful, expanded.
- 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
- 4B.16 - Generate a proposal to develop a community collaborative model as an integrated Health and Social Care provision for North Wales, ensuring 'pooled' resources for 7-day provision as a collective through utilising established practices such as Trusted Assessor.

#### Anticipated priorities in 2026/27 and 2027/28

- Further implement the 5-Year (national) 'Strategic Workforce Plan for Primary Care (2024 – 2029)' and the 'Primary Care Model for Wales' and engage fully in the national 'Primary Care Programme'.
- Further progress capital estate improvements.
- Further develop Pan Cluster Planning Groups (PCPGs), ensuring a consistent level of maturity across cluster areas in the region.
- Develop a process allowing successful cluster pilots to be considered for core funding.

## 4C: Community Care

*Note that Ministerial Template 3 (which can be found in Annex A) also relates to this sub-objective.*

### Cabinet Secretary Delivery Expectations

#### Building Community Capacity:

- Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible
- Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible.

#### Overview

The Health Board will seek to deliver care closer to home, seeking to improve outcomes through prevention, early intervention and supported self-management. Easier access to care improves user experience and can help to reduce inequity by removing potential barriers to care. The Primary Care Model for Wales supports local delivery through the provision of care around local communities (cluster working) whilst the NHS Wales Decarbonisation Strategic Delivery Plan recognises that the provision of 'non-acute healthcare' will require greater use of technology to enable home monitoring of health conditions and increased use of community outreach by providing health and social care from hub locations closer to home. Hospital based care should be used only when required by more complex or escalating clinical need.

Integrated working with our partners and the on-going maturity of clusters are key enablers in providing more care closer to home. Scoping work has begun to review the provision of enhanced community services in order to identify those pathways that can, through re-design, shift activity into a community setting.

#### Delivery priorities in 2025/26

##### **Enhanced Community Care**

- 4C.1 - Generate options to increase provision of Enhanced Community Care (ECC)
- 4C.2 - Develop a business case for increased ECC outlining options, costs, benefits, risks and possible funding streams
- 4C.3 - Progress business case through Health Board governance to seek support for preferred option.
- 4C.4 - Subject to available funding, undertake any necessary staff consultation, commence recruitment for agreed staffing, implement pathway changes, commence delivery of increased provision for ECC.

##### **Weekend Community Nursing**

- 4C.5 - Review options to increase District Nursing provision at the weekend including the nature and level of weekend demand
- 4C.6 - Develop a business case for increased weekend community nursing capacity outlining the options, costs, benefits, risks and possible funding streams.
- 4C.7 - Progress business case through Health Board governance to seek support for preferred option
- 4C.8 - Subject to available funding, successful recruitment and outcome of staff consultation, work to agree implementation plans, commence recruitment and commence increased community nursing for weekends

##### **Weekend Specialist Palliative Care**

- 4C.9 - Review opportunities to increase Specialist Palliative care capacity in the East to bring cover up to the same level as other parts of BCU i.e. 2 CNS's on duty at the weekend
- 4C.10 - Seek options to identify and secure funding additional weekend Palliative Care CNS hours
- 4C.11 - Commence recruitment for agreed SPC CNS hours and undertake consultation with existing staff on changing work patterns; subject to available funding,
- 4C.12 - Develop implementation plans to commence increased SPC CNS capacity for weekends and bank holidays; dependent on staff consultation, recruitment and prioritisation of resources,

#### Anticipated priorities in 2026/27 and 2027/28

- Continued implementation of the service models for the delivery of Enhanced Community Care and increased capacity at the weekend for community nursing and specialist palliative care nursing.

## 4D: Planned Care, Cancer & Diagnostics

*Note that Ministerial Template 1 (which can be found in Annex A) also relates to this sub-objective.*

### **Cabinet Secretary Delivery Expectations**

#### Timely Access to Care:

- No patients waiting more than 104 weeks for referral to treatment.
- 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward a national target of 80% by 31 March 2026.
- Number of patients waiting more than 8 weeks for a specified diagnostic – target zero

## Overview

This section brings together the inter-related areas of Planned Care, Cancer and Diagnostics. Whilst they have individual sub-sections below, the work to improve each area contributes to whole list of Cabinet Secretary Delivery Expectations outlined above.

## 4D.a: Planned Care

### Overview

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. One key themes from the wide range of feedback gained from people, communities and wider stakeholders is the length of time it takes in accessing care; with the quality of care often being remarked upon as overwhelmingly positive. A significant focus has taken place in 2024/25 and those efforts have seen a marked improvement in the numbers of patients waiting for outpatient appointments, tests and interventions (often surgery) over 2 years. There remain however, high numbers of people who are waiting or will have been waiting over 2 years if no further action for improvement is taken.

Whilst the areas of planned care and cancer pathways are a challenge to many health systems across the UK, the Health Board is a significant outlier in terms of the numbers of people experiencing long delays. In addition, the adoption of different approaches that enable improvement has been slower that required. The establishment of the Planned Care Major Programme, one of four major change programmes, underlines the commitment the Board has to making significant and rapid improvement in this area.

The national context and the National Planned Care Programme, driving forward a range of developments including Optimisation Framework within the Clinical Implementation Networks, acts as a fundamental resource to help guide the organisations improvements. The wide range of Getting It Right First-Time reviews, particularly focused of high quality, efficient and effective care, give detailed recommendations for improvement. Some of these improvements relate to how the Health Board works, and specifically the core infrastructure and organisational approach to service development and provision, and these fundamental aspects will be developed in conjunction with the Planned Care Programme.

The approach to Planned Care improvements therefore focuses on:

- 1) Good clinical and operational leadership and management of day-to-day delivery of planned care working across the organisation, supported by expertise from a range of functions including performance.
- 2) A programme approach to the major changes, building on GIRFT and Optimisation Frameworks, Value Based Health Care, specifically clinical variation, as part of the Value and Sustainability Programme, enabling a systematic approach to improvement.
- 3) Demand and capacity planning at service level to determine the response the Health Board needs deliver to ensure sustainable and responsive access times for planned care.

## Delivery priorities in 2025/26

### **Workstream 1 – Waiting List Management: Validation**

- 4D.a.1 - Develop and implement the next stage of the Validation Approach in the Health Board; focusing on delivering high levels of data quality, updated waiting lists and application of waiting list policies.
- 4D.a.2 - Implement locally the 8 nationally agreed Interventions Not Normally Undertaken (INNU), and the pipeline of INNUs that follow.

### **Workstream 2 – Referral Advice and Guidance and Referral Triage/Alternative Pathways**

- 4D.a.3 - Develop and implement best practice standards (GIRFT/Optimisation Framework) for referral advice and guidance (pre-referral) focusing on high volume, high opportunity specialties as a priority and rolling through other specialties thereafter.
- 4D.a.4 - Assess the opportunities for Referral Triage and Alternative Pathways in high volume specialties as a priority; drawing up and commencing the implementation of service redesign proposals, learning from other organisations
- 4D.a.5 - Implement the Health Pathways (including Pathway Alliance Programme) in priority specialties
- 4D.a.6 - Implement specific specialty 'direct listing', specifically focused on ophthalmology as a priority

### **Workstream 3 – Booking**

- 4D.a.7 - Progress the implementation of the new Booking Service, enabling a consistent approach across the organisation.
- 4D.a.8 - Review and update outpatient clinic templates, incorporating GIRFT/Optimisation Framework standards, across high priority specialties
- 4D.a.9 - Implement a revised DNA/CNA approach, including overbooking mechanisms where DNA/CNA rates are above 5%.

### **Workstream 4 – Pre-operative and Operative Effectiveness (including theatre utilization)**

- 4D.a.10 - Develop and implement the revised model for Pre-Operative Assessment
- 4D.a.11 - Identify specialty by specialty high utilisation opportunities to enable focused and targeted approach to achieve the 85% utilisation threshold.
- 4D.a.12 - Review each specialty to identify opportunities for increased day case, and minor-ops/procedure room (Right Patient, Right Place-type) approach. Implement priority specialty improvements.

### **Workstream 5 – Follow-Ups**

- 4D.a.13 - Undertake a systematic approach to validating, data cleansing all Follow-up lists.
- 4D.a.14 - Implement See on Symptoms (SoS) and Patient Initiated Follow-up (PIFU) on all priority specialties (linked to Optimisation Frameworks/GIRFT)
- 4D.a.15 - Recalibrate capacity from follow-ups to new appointments in priority specialties, following assessment of opportunity

### **Workstream 6 - Integrated planning for planned care, cancer and diagnostics**

- 4D.a.16 - Introduce an enhanced demand and capacity modelling approach that takes into account all aspects of planned care and cancer pathways.
- 4D.a.17 - Implement a programme of in-year commissioned capacity to support 2025/26 delivery
- 4D.a.18 - Develop integrated specialty plans for 2026/27 based on the progress made across specialties in 2025, to include workforce, finance, commissioning aspects.

## Anticipated priorities in 2026/27 and 2027/28

- Develop services in line with the 10-Year Strategy and full Clinical Services Plan once available to contribute to the delivery of a sustainable model of care for the long-term.
- Implement a modernised workforce model as part of the solution to addressing historic recruitment challenges and as part of the delivery of the Clinical Services Plan.

- Leverage the benefits of newly available resources as a result of productivity, efficiency and utilisation improvements in 2025/26 to develop prevention, early intervention, primary and community care services closer to home.

## 4D.b: Cancer

### Overview

Almost 5,000 people in North Wales are diagnosed with cancer each year which represents an increase of 20% over the last 20 years. Cancer incidence is expected to continue to rise due to the ageing population in the region. This is supported by the findings of the Wales Chief Scientific Adviser for Health "NHS in 10+ years" report.

Over half of cancers are diagnosed following a primary care suspected cancer referral, with over 40,000 such referrals per year. This number has increased year on year in line with guidance and best practice with the aim being to increase early diagnosis rates. The remainder arise following non-cancer referrals (~30%), as part of a screening programme (8%) or following an emergency admission (7%).

Cancer survival rates in North Wales are statistically in line with average Wales rates.

Cancer care is complex and requires multi-disciplinary input involving a wide range of healthcare professionals and services. New diagnostic and treatment options are improving survival rates and turning cancer into a chronic disease for many. The Roadmap for Cancer Services recognises the need to plan for the continuing introduction of new diagnostic techniques, surgical techniques and oncological regimens all of which will require an increase in workforce and support services to meet the needs of our cancer patients.

Cancer is a leading cause of morbidity and mortality worldwide and is the leading cause of premature death in North Wales. Improving cancer outcomes is therefore a key priority for the Health Board. The Health Board has prioritised improving referral to treatment times by addressing those areas of cancer care that remain challenging across primary and secondary care and in cancer diagnostics. Recruitment and retention of specialist staff has presented difficulties in recent years but there have been recent improvements which will now be embedded. There are opportunities to improve the experience of patients with certain cancers where treatment is currently being provided outside of North Wales.

The Health Board's Cancer Programme is aligned to the Welsh Government's national Planned Care and Cancer programmes. The Health Board continues work to implement the 'Roadmap for Cancer Services in North Wales', initially developed by the North Wales Cancer Partnership Board in 2023/24. The priorities for implementation detailed in the Roadmap include prevention; early detection and diagnosis; timely and effective treatment and support enable self-directed aftercare. Work to develop implementation plans by tumour site is underway e.g., the Breast Cancer Strategic Work Plan.

#### Delivery priorities in 2025/26

- 4D.b.1 - Recovery of the Health Boards cancer position and improved performance against the Suspected Cancer Pathway referral to treatment target, aiming to achieve 80% of cancer patients treated within 62 days of suspicion of cancer by March 2026.
- 4D.b.2 - Clearance of the over 62-day waits is a priority across all pathways. The Health Board will need to factor in the backlog clearance over the first 6 months towards delivering the 80% treated within 62 days standard by March 2026.
- 4D.b.3 - Commission of additional external resource in endoscopy and dermatology whilst seeking to develop and recruit to more sustainable models of care to meet the needs of our population across north Wales.
- 4D.b.4 - Work to improve referral pathways with the introduction of the Community Health Pathways tool.
- 4D.b.5 - Introduction of nurse led triage model for patients with suspected colorectal cancer to increase the number of patients referred straight to test and reduce overall waiting times.
- 4D.b.6 - Optimise the agreed teledermoscopy service and develop the evidence case to expand.
- 4D.b.7 - Investigate the case for new models for the assessment of women with post-menopausal bleeding to reduce time to diagnosis of gynaecological cancers.
- 4D.b.8 - Develop a proposal for the expansion of robotic assisted cancer surgery.
- 4D.b.9 – Consider a proposal to repatriate some services from England to north Wales; e.g., some plastic surgery and specialist radiotherapy procedures.
- 4D.b.10 - Work with the charity Maggie's and the Steve Morgan Foundation to open a new Maggie's Cancer Support Centre in the grounds of Ysbyty Glan Clwyd in 2025.

#### Anticipated priorities in 2026/27 and 2027/28

- Build on the improvements to cancer services planned in 2025/26 which will involve focusing on implementing sustainable models of care in dermatology and endoscopy to reduce the reliance on external support.
- Optimise patient pathways taking advantage of opportunities to increase straight to test and one stop diagnostic models where possible.
- By 2027/28 the Health Board aims to repatriate our urology cancer service to North Wales.

## 4D.c: Diagnostics

### Overview

Effective and timely diagnostic services play a critical role in many care pathways in both Planned and Urgent and Emergency Care, including in Primary Care. Demand for diagnostic service procedures continued to grow in 2024/25, with increased waiting times despite delivering record levels of activity. This growth is expected to increase further across all diagnostic services in response to developments in cancer treatments, planned care recovery, unscheduled care and increasingly long-term conditions. Technological developments such as Artificial Intelligence (AI), and growth of genomic medicine require greater consideration within the strategic planning in diagnostics for the next 10 years. Hence increased capacity is a pre-requisite for 2025-26 to reverse the trend and meet the expectations of patients.

The Health Board will follow the Welsh Government's 'Diagnostics Recovery & Transformation Strategy 2023-2025' nine themes of focus as a guide in support of this aim.

The Health Board has a diagnostics plan, split by three main themes across the 2025-28 reference period (service delivery, service transformation, and service governance), with SMART objectives for 2025-26.

Diagnostic testing is fundamental to almost all clinical pathways, including cancer. Sufficient capacity is critical to maintain waiting times within national targets. Across radiology and endoscopy, insourcing levels in 2024-25 provided significant additional activity but were insufficient to maintain waiting times throughout the year. Further additional insourcing in capacity is required in radiology to manage the backlog and expected growth in demand, and a full year of insourcing support for endoscopy is required to make inroads into the routine waiting list backlog. Physiological measurement services e.g. cardiology, neurophysiology and urology diagnostics also require additional insourcing capacity in 2025-26 to start to address persistent 8-week waiting list backlogs.

#### Delivery priorities in 2025/26

- 4D.c.1 - Complete demand and capacity reviews for all diagnostic services, with implementation of identified improvement plans to deliver sustainable services and to deliver against forecast trajectory targets for reportable diagnostic services
- 4D.c.2 - Ensure service delivery is equitable and high-quality experience for patients
- 4D.c.3 - Undertake a rapid review of workforce capacity and skill mix to inform recruitment and retention strategy
- 4D.c.4 - Deliver the major national information technology projects currently underway in Radiology and Pathology; subject to available resource prioritisation.
- 4D.c.5 - Progress the development of the medical illustration service to support the teledermoscopy service.
- 4D.c.6 - Complete estates reviews for all diagnostic services, with prioritisation and progression of identified improvement projects
- 4D.c.7 - Progress the Regional Diagnostics Hub project within the Planned Care Programme
- 4D.c.8 - Progress Endoscopy, Nuclear Medicine/PET-CT and Digital Cellular Pathology business cases.
- 4D.c.9 - Maintain capacity for a workstream to focus on transformational change, including AI.
- 4D.c.10 - Integrate diagnostics quality assurance approaches with the Health Board QMS.

#### Anticipated priorities in 2026/27 and 2027/28

- Completion of priorities above, many of which are multi-year projects of work, with significant evidence/examples of progress and positive key performance indicator trends confirming progress towards sustainability.

## 4E: Urgent & Emergency Care

*Note that Ministerial Template 1 (which can be found in Annex A) also relates to this sub-objective.*

### Cabinet Secretary Delivery Expectations

#### Timely Access to Care:

- Reduce the number of ambulance patient handovers over 1 hour – national target - zero
- Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero

#### Building Community Capacity:

- Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard.

### Overview

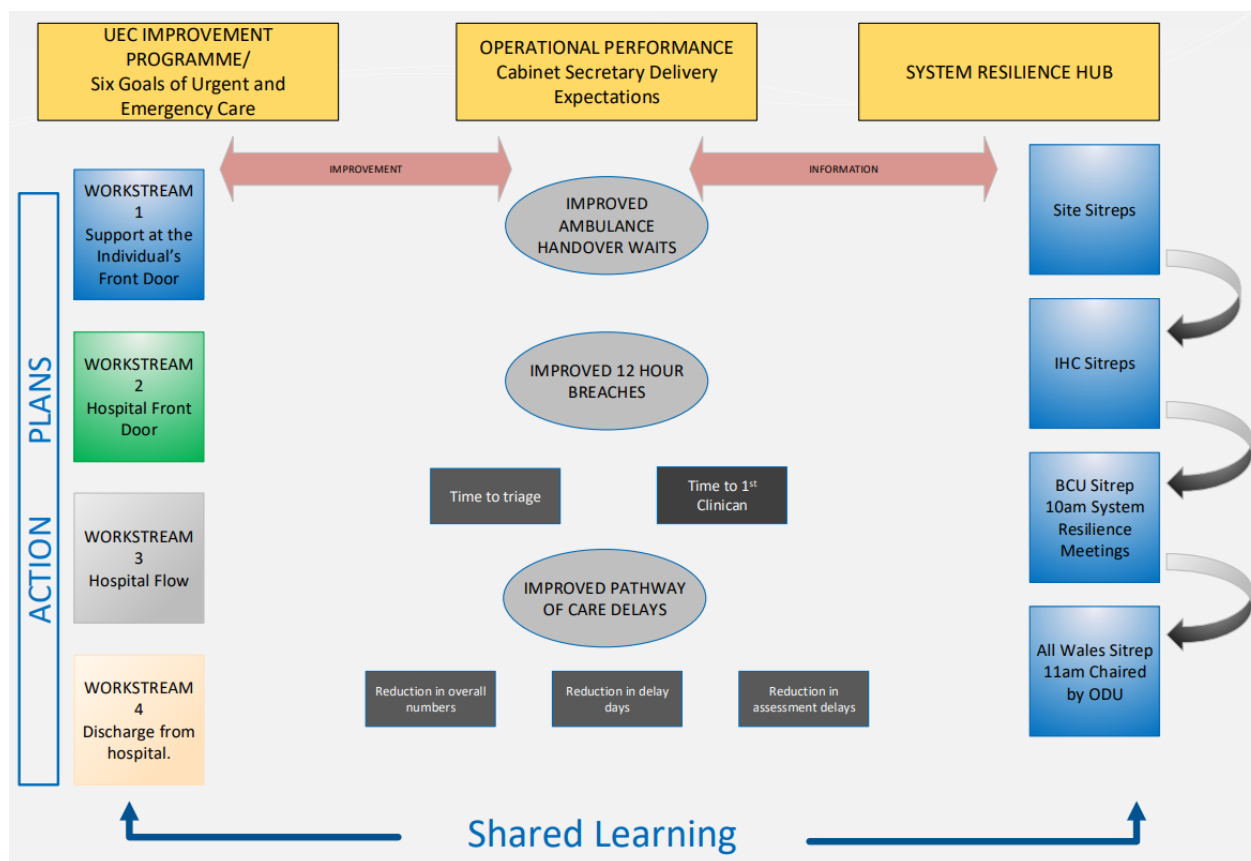
Urgent and Emergency Care (UEC) services perform a critical role in supporting the population of North Wales to remain independent and well. Mounting pressures in UEC are making it increasingly difficult to manage demand in a timely, effective and safe way, leading to poor patient experience. This can have a knock-on impact on planned care services, with elective and day case areas used to accommodate emergency care admissions especially out of hours.

There are significant and long-standing performance challenges across UEC services which are reflected in the key national targets set out above. It is clear from all the local and national analysis that the main issues are predominantly not within the Emergency Department itself but are whole system issues across the patient journey; including support in the community to stay well at home.

The whole system approach requires a strong partnership collaboration across health (including the Welsh Ambulance Service Trust – WAST), Local Authorities and the Voluntary Sector. Whilst the system needs to look at prevention focused care pathways for out of hospital provision to manage emergency demand better, the two high impact areas remain lack of hospital flow (including early identification of support that may be required on discharge) and timely discharges to the community. Whilst there is a need to gain pace with the whole system solutions, there are interventions that also need to be undertaken within the Health Board's control, both with Health Board processes and broader service availability. This plan focuses on both elements.

The Health Board's Urgent and Emergency Care Improvement programme is structured across four workstreams to support the delivery of the national 6 Goals Programme aims, the 50-day challenge and delivery of enhanced community care across the North Wales region to facilitate the improvement across the patient journey;

This forms one of the organisation's Major Change Programmes, ensuring that it maximises the work's profile and receives the necessary oversight and support. The aim of the programme is to develop an urgent and emergency care service that supports people to access the right care, in the right place, at the right time and as close to home as possible.



This plan is focused on driving whole system change, which will benefit all the metrics listed in the diagram above, both Cabinet Secretary Delivery Expectations and other supporting metrics. Given the long-standing performance issues in this area and the cross-partner nature of a number of the key solutions, it is anticipated that whilst all three of the Cabinet Secretary Delivery Expectations will see improvements in year one and targets be met over the three-year period of this plan, it will not be realistic to forecast achieving and maintaining zero 1-hour ambulance handover times in 2025/26.

The Health Board continues to remain extremely challenged with significant pressure at the front door of the acute sites and a high number of patients in inpatient wards with pathways of care delays across the acute and community hospitals. Whilst the number of patients arriving at Emergency Departments by ambulance has been lower during 2024/25 than the previous year, the total attendances in the emergency departments remains high. 2024/25 performance measures have shown some improvement but significant challenges remain in achieving the standards that are aspired to and to mitigate against patient harm whilst waiting.

#### Delivery priorities in 2025/26

##### Workstream 1 - Support at the Individual's Front Door

- 4E.1 - Implementation of the remote clinical assessment services framework - Implement a 'Single Point of Access' (SPOA) hub for urgent and emergency care that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present. The work will include assessing the current pathways, their effectiveness, consistency of usage and implementing alternative pathways that both reduce attendance at ED and provide suitable alternative to admission for ED clinicians to access when patients do present in an

emergency. This will include trialing appointments in areas such as Ophthalmology, SDEC, Urgent Primary Care Centre's and Dental.

- 4E.2 - Implement Community Based Falls Response Services to enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate. This Community Service will be both a stakeholder of the SPOA hub as well as a pathway out of it. Both of these interventions will ensure that high risk patient groups (such as falls and breathlessness that make large contributions to the demand on ED) are supported in the most effective way.
- 4E.3 Ensure implementation of Primary Care Model, including delivery of national Primary Care Programme, and development of Primary Care Same Day Offer (4B.1 & 4B.2) is fully integrated into this workstream and delivers expected outcomes in terms of attendance at Secondary Care.

#### **Workstream 2 – Hospital Front Door**

- 4E.4 - Implement an Acute Front Door Frailty Service at all acute hospitals – integrated with community frailty services - that ensures that older people with frailty dependent on prioritisation of available resources are streamed to the most appropriate services within the hospital when required as quickly as possible and, where possible, discharged home on the same day. This will include an evaluation of the different approaches to acute front door frailty services in place inside and outside the Health Board.
- 4E.5 - Implement the Welsh Health Circular - Ambulance Patient Handover Guidance to ensure timely transfer of patients from ambulance crews to emergency department staff.

#### **Workstream 3 – Hospital Flow**

- 4E.6 - Implement actions described in the Optimal Hospital Flow Framework to ensure people who possess a clinical need for admission to hospital are discharged home when clinically ready, with the right support and without delay. This will support a reduction in deconditioning, and the early identification within the first 24hrs of admission and communication of any support requirements on discharge which should support a reduction in pathways of care delays once embedded across both acute and community inpatient areas. This will be supported initially by two Optimal Hospital Flow Facilitators who will create and roll out training resources – a national initiative that is being tested in BCU to assess its impact. This work on reducing pathway delays is critical to removing surge capacity from routine use.

#### **Workstream 4 – Discharge from Hospital**

- 4E.7 - Introduce actions to improve pathways of care delays and discharge planning through: a) a single North Wales approach to validation of delays to support more effective reviews with Local Authorities, b) increasing the number of assessments undertaken by 'trusted assessors' including ensuring assessment takes place the right environment, reducing the dependency on contended social care resource, and reducing assessment delays, c) exploring options in relation to right sizing of both step up and step down community capacity, subject to the prioritisation of available resources.

All of the areas above will be further supported through maintaining the actions with the 50 Day Challenge, working with partners across the region.

#### **Anticipated priorities in 2026/27 and 2027/28**

- As part of the broader Clinical Services Planning work, further develop the integrated whole system approach by moving beyond refining the existing services to creating services that are based on population need. A major element of this will be enhancing community health care provision and working with Primary Care, Local Authority and Third Sector partners to ensure wrap around services delivered as close to the individual's front door as possible.
- This will be accompanied by public engagement on the new pathways of care, as well as increasing the prominence of prevention within urgent and emergency care.

## 4F: Adult Mental Health & Learning Disability

*Note that Ministerial Template 4 (which can be found in Annex A) also relates to this sub-objective.*

### Cabinet Secretary Delivery Expectations

#### Mental Health Access:

- 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral
- 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS)

#### Overview

BCUHB's Mental Health and Learning Disabilities (MHL) Division provide and commission a broad and complex range of inpatient and community treatment, support and advice services to citizens aged 18 and over across North Wales and to some citizens of north Powys. 1 in 4 adults experience mental health problems at some point during their lifetime therefore, provision of quality Mental Health and Learning disabilities services is essential for the overall health and well-being of our Population.

MHL services have expanded to include the delivery of the NHS Wales 111 press 2 services providing all age Mental Health support 24/7, 365 days of the year. The division also hosts the national helplines for Wales; Community Advice & Listening Line (CALL), Dementia Helpline and Drug and alcohol Network (DAN).

BCU's Mental Health and Learning Disabilities services have undergone considerable scrutiny through independent reviews and Royal College inspections and the opportunity for objective review of BCU's services is welcomed. Improvements have been made to the quality, range and availability of services including the environment within which they are delivered and the knowledge and skills of the staff within them. The Health Board recognises there is more work required to further develop and sustain progress, with particular focus on community services and systems working with key partners. It has also been acknowledged that there is a need for closer engagement with families and carers which includes involvement as part of an expert advisory group. Improvements will continue, building increased opportunities for lived experience to shape the service achieving consistently high outcomes.

#### Delivery priorities in 2025/26

- 4F.1 - Work with the NHS Executive to deliver the emerging Mental Health strategic improvement programme including patient centred safety, crisis care and access to community services.
- 4F.2 - Continue to improve quality and safety of care, including full delivery of the Royal College of Psychiatry (RCPsych) Mental Health Invited Service Review.
- 4F.3 - Continue to improve access to and reduce waiting times for North Wales citizens needing support from Community Mental Health Service.
- 4F.4 - Develop a coherent overarching model for the delivery of care to people experiencing mental health crisis.
- 4F.5 (2D.5) - Deliver phase 1 of the Mental Health Electronic Healthcare Record (EHR) programme as a developing template for the wider transformation above.

- 4F.6 - Deliver progress across specialist service improvement projects, including Perinatal and Eating Disorder services.
- 4F.7 - Deliver, with Capital Estates colleagues the 2025/2026 programme for Anti-Ligature estates work.
- 4F.8 – (Contribute to 2B.5, with focus on iCAN, Parabl (Talking Therapies) and Community Advocacy Service) 2B.5 Conduct a 3rd Sector review, undertaking a review of unit price and contract currencies within contracts and complete an exercise to ensure that the standard and consistency of commissioned documents and processes meets expected standards.

#### Anticipated priorities in 2026/27 and 2027/28

- Accreditation of BCU Perinatal Mental Health service in line with Royal College of Psychiatry (RCPsych) standards.
- Agree models of care for Learning Disability Inpatient, Community and ECRS services.
- Accreditation of North Wales Eating Disorders service in line with RCPsych standards.
- Delivery of the Trauma Informed Approach Framework across Forensic and Rehabilitation Services.
- Work to increase access to Psychological Therapies.
- Development of support for the individuals impacted by Alcohol Related Brain Damage (ARBD).
- Continue implementation of EHR system across all age MHL D services
- Continue with delivery of third sector contract review and recommissioning prioritisation and ensure the services we commission effectively meet need and provide the highest level of quality care aligning to our core service offer.
- Work with Welsh Government and Health Board colleagues to review the scope and purpose of the Ablett redevelopment scheme.

## 4G: CAMHS

*Note that Ministerial Template 4 (which can be found in Annex A) also relates to this sub-objective.*

### Cabinet Secretary Delivery Expectations

#### Mental Health Access:

- 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral
- 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS)

#### Overview

Child and Adolescent Mental Health Services (CAMHS) provide essential assessment, care and treatment of children and young people and their families/carers, who are experiencing serious mental health problems and are delivered by multi-disciplinary teams, including psychiatrists, psychologists, nurses, social workers, youth workers, child and adolescent practitioners, psychological therapists, allied health professionals and others. They also have an important role in supporting the mental health capability of the wider network of children's services across partner agencies.

As part of a whole systems approach, there will be continued close working with partners via the Children's RPB to ensure that children and young people receive a multi-disciplinary response which wraps around their needs. This approach will reduce potential duplication across the wider services in health and social care, provide shared learning and ensure there is an understanding of inter-dependencies between services.

The successful delivery of CAMHS service transformation and improvement will require strong partnership working across all statutory and voluntary services, all working in collaboration and co-production with those who access services.

All CAMHS service improvement planning is aligned to the expectations of the National Strategic Mental Health Programme to deliver better and more equitable outcomes, access and experience and to design the optimum CAMHS high value pathways from community to inpatient care. Implementing these objectives will enhance safety and outcomes for children, young people, and families by uniting CAMHS professionals and multi-agency partners to collaboratively design and improve services in North Wales, guided by their voices to ensure better access, effectiveness, and quality. Our plans will enable children and young people in North Wales to have timely access to the right service, specialist or universal, and to help them develop strength and resilience and protect their mental health.

#### Delivery priorities in 2025/26

- 4G.1 - Develop a CAMHS Strategic Workforce Plan and refreshed Training Strategy which will be informed by the Training Needs Analysis undertaken across CAMHS.
- 4G.2 - Sustain Mental Health Measure Part 1a compliance against target for assessment and deliver the Part 1b target for intervention across all teams
- 4G.3 - Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.
- 4G.4 - Develop proposals for Alternatives to Admission with our partners to ensure holistic provision of CAMHS is accessible for all children and young people including those young people who have chaotic lives with no access to safe accommodation.
- 4G.5 - Evaluate the implementation of Schools In Reach into core CAMHS offer within IHCs to provide sustainable whole school approach to emotional health and well - being at the most accessible and consistent environment in young people's lives within all schools across North Wales.

#### Anticipated priorities in 2026/27 and 2027/28

- We will refresh the CAMHS Transformation and Improvement plan in line with the National Strategic Mental Health Programme & Ministerial priorities and develop a forward three-year plan for 2026 - 2029.
- We will maintain delivery of the Mental Health Measure targets.
- We will continue to develop opportunities to provide early intervention and prevention through Early Help offers and Crisis and Unscheduled Care by delivering training and consultation to partners and trusted adults.
- We will seek to ensure that there is no unwarranted variation across our service delivery in North Wales.

## 4H: Neurodevelopment

### Overview

The Neurodevelopment (ND) service provides assessments for children and young people for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Assessments include multiple components and are conducted both remotely and face-to-face by multi-disciplinary teams including medical staff, Psychologists, ND Practitioners and allied health

professionals. There are significant waiting times for an assessment across the teams, with current waiting lists greater than 6,500. Support for children and young people whilst on the waiting list and post-diagnosis relies on a whole-system approach working closely with partners across education and social services supported by the Children's Regional Partnership Board (RPB). To address the current service pressures, a new service model is required to be developed with partners, this has been identified as the main priority for the Children's RPB to facilitate in 2025/26. The successful delivery of the new model and addressing the current service pressures will be wholly dependent on a strong partnership approach and continuation on the ND Improvement programme aligned to the national Programme.

Some children and young people are waiting more than four years for an ND assessment, the delay in receiving a diagnosis may mean they miss out on vital support affecting their education and personal development which could permanently affect their life course. The long waiting times in the service further impacts the demand for other services including CAMHS as children's mental health is harmed. Disadvantaged children are disproportionately impacted as their families do not have the option of accessing private assessments and support. The significantly long waits also impact on colleagues in the ND teams due to increased complaints and queries resulting in low morale. Support is required to develop a needs-led system of support and transition from the current diagnosis led model.

#### Delivery priorities in 2025/26

- 4H.1 - Complete the Waiting List stratification exercise and consider prioritisation criteria.
- 4H.2 - Launch a prudent assessment process across the teams.
- 4H.3 - Finalise a business case to address the longest waiters.
- 4H.4 - Gain approval for an Information Sharing Protocol with partners.
- 4H.5 - Engage fully with the Children's RPB to develop a needs-led service model.

#### Anticipated priorities in 2026/27 and 2027/28

- Address remaining waiting list
- Roll-out with partners of new service model

## 4I: Dementia Services

### Overview

Care of people living with dementia is complex and requires highly skilled and knowledgeable staff working alongside a range of partners. People who may have dementia need prompt assessment so that if dementia is confirmed, care and support can be tailored to meet their needs. Whether hospitalised or not, patients with dementia use all our adult services and require person centred care to support and progress them through their care journey. The Health Board needs to make best use of resources such as bed utilisation and Emergency Department provision and excellent dementia care can support with this.

It is widely recognised that patients with dementia typically occupy a quarter of hospital beds. Whilst dementia is not the presenting condition or reason for admission, it can significantly add to the caring challenge in numerous ways. Patients with dementia respond to their condition,

other long-term conditions, their presenting need such as delirium and their environment. Urgent and emergency care environments can be especially challenging to a person with dementia whilst slower paced environments e.g., community hospitals, present different challenges including orientation, navigation, risk management and meaningful occupation. One size does not fit all and if dementia care is not sufficiently good, it will significantly and negatively affect patient and family experience, length of stay and health outcomes. Furthermore, inadequate care can prompt a move to a new care setting such as a care home rather than home to the patient's previous place of residence.

Whilst dementia is a progressive condition that cannot be prevented, there is much that can be done to address factors that are known to increase the likelihood of dementia developing and help reduce progression of the condition. Globally there is a shared ambition to help those living with dementia to 'live as well as possible' rather than 'live well' with their dementia. It is widely recognised that family carers/unpaid carers of those living with dementia have their own needs for knowledge, support and respite and navigate a range of challenges presented by their caring role including financial impact, employment pressures and poor health.

To deliver on several all-Wales dementia policy and guidance documents, a robust NW regional partnership approach is well-established and effective at driving a significant programme of improvement. The Health Board is a key partner in this work. This programme includes services and initiatives to improve diagnosis rates and support people through the diagnostic pathway, through to living better with the condition and end of life care.

The number of people expected to have dementia has been increasing in the UK far faster than previously predicted. Recent figures suggest there are an estimated 982,000 people living with dementia in the UK and this is projected to rise to 1.4 million in 2040.

There is a pressing need to strengthen arrangements to meet the needs of patients with dementia and their families across the Health Board. Historically dementia care standards have at times been below what they needed to be for good care. Therefore, significant attention has been given to understanding current practices and pathways of dementia care and seeking to reduce variation in practices. The situation has been compounded by dementia being traditionally viewed by many as specific to MHL, whereas dementia patients use all our services. Funding models have not always been set up to reflect that 'dementia is everyone's business', and non-MHL dementia services were less recognised in the Health Board's Operating Model.

The Health Board's Consultant Nurse for Dementia working with a small Dementia Improvement Team has identified the need for improvement and has either addressed these or agreed plans to address these. For example, the need for dementia training has been escalated as a risk and is successfully being mitigated. Focusing on the priorities of education and memory assessment in 2024-5, has helped excellent progress to be made in delivering on Welsh Government requirements including policy, national guidance and guidance from professional bodies. For example:

- Good Work Learning & Development Framework for Dementia
- All Wales Dementia Action Plan 2018-22
- Wales Dementia Standards

- NICE Dementia Guidance 2019
- Dementia Friendly Hospital Charter 2022
- Memory Services National Accreditation Programme MSNAP

Further drivers are internal BCUHB requirements including policies, targets, accreditation findings etc, melded with dementia care staff's professional judgement of the needs of the clinical workforce, plus identifying and implementing the learning from complaints, inquiries, reviews, data insights gathering etc.

Through the Dementia Improvement Team and wide representation from multi-disciplinary teams across the Health Board, BCUHB's needs are largely being met by the comprehensive improvement plans agreed in the Health Board and with regional partnership input. Continual investment is required to keep on track in meeting the needs of patients and families whilst some further investment is needed to maintain and further enhance some activity (e.g. dementia training) to ensure a workforce that is fit for purpose. This is essential in view of the much higher numbers of people expected to have dementia by 2040 and the inevitable impact on services.

In terms of value-added and return on investment, aspects of these improvement activities have also helped support wider Health Board aspirations around co-production, deconditioning prevention, workforce (retention, CPD), engagement, patient experience, falls, pressure ulcer prevention, person-centred care/personalised care planning, embedding of learning etc.

As significant users of Urgent and Emergency care, Planned care, care home places and other services and resources, people with dementia are "super-users" and getting care right for this population will have tangible benefits on utilisation of Health Board (and community) resources.

#### Delivery priorities in 2025/26

##### **ED experience:**

- 4I.1 - Embed ED dementia improvement work in IHCs
- 4I.2 - Identify good practices elsewhere
- 4I.3 - Identify current BCUHB ED practices

##### **Education & training:**

- 4I.4 - Enhance range and volume of dementia education and training
- 4I.5 - Evaluate training

##### **Dementia-appropriate Environments:**

- 4I.6 - Facilitate extensive assessment of environments
- 4I.7 - Local action plan development and monitoring
- 4I.8 - Allocation of improvement resources

##### **Prevention:**

- 4I.9 - Creation/collate/share prevention resources
- 4I.10 - Identify opportunities to promote prevention
- 4I.11 - Collaborate with related specialties e.g., stroke

#### Anticipated priorities in 2026/27 and 2027/28

##### **In 2026/27:**

- Education and ED initiatives will need continue (as large improvement programmes) whilst environment improvements will need to be assessed to identify if they have sustained.
- Additional potential focus will be on end-of-life care and cultural competence/equality and diversity.

- Progression of dementia pathway redesign work and its launch, focused on ED/emergency care of dementia
- Assessment/reinforcement of improvements by participation in the annual National Audit for Dementia which recommences in 2026

**In 2027/28:**

- Maintain and further develop Education and ED practice improvements
- Focus on embedding of dementia care pathway
- Respond to 2026 National Audit for Dementia findings

## 4J: Challenged Services

*Note that Ministerial Template 1 (which can be found in Annex A) also relates to this sub-objective.*

### Cabinet Secretary Delivery Expectations

#### Timely Access to Care:

- No patients waiting more than 104 weeks for referral to treatment.
- 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward a national target of 80% by 31 March 2026.
- Number of patients waiting more than 8 weeks for a specified diagnostic – target zero

#### Overview

The Health Board currently has a number of clinical services where maintaining a reliable and consistent service is challenging, namely: Urology, Vascular, Ophthalmology, Dermatology, Plastic Surgery, Oncology, and Orthodontics. A number of these services are struggling to resolve their backlog of planned care activity, as well as having an impact on diagnostics and cancer access performance. This section focuses on the common themes across these services – individual more detailed service plans have also been created.

These challenged services are at the centre of some of the Health Board’s key performance issues – particularly long waits in Planned Care, Diagnostics and Cancer. Whilst some of the issues can be resolved in the short term, many are dependent on more holistic clinical services planning that will inform how services can be configured longer term to ensure they are sustainable.

The sub-sections below examine each ‘challenged service’ in turn, but the common themes are:

- **Workforce:** Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand aligned to available resources. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.
- **Quality / standard / practice / configuration:** Implement Getting It Right First Time (GIRFT) standards and recommendations, Royal College and National Programme best practice recommendations, Ministerial Advisory Group (MAG) recommendations, using them to inform the initial phase of clinical services planning work for these services which will also draw on QMS assessments.

- **Additional capacity:** Continue to make the best use of additional funding to address areas of greatest challenge and bring the backlogs and longest waits down. Ensuring that services have a clear line of sight to sustainability over the longer term.
- **Patient Experience:** Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible – particularly for outsourced contracts.

## 4J.a: Challenged Services: Urology

### Overview

The Urology service is a network service within BCUHB with each Integrated Health Community (IHC) managing its own Urology team, inclusive of its on-call arrangements. Variation across BCUHB exists in workforce staffing, treatment options, and access to urological diagnostic services. Performance against the Suspected Cancer Pathway standards is below the national target, and the majority of urological cancer treatments are outsourced to tertiary centres across the UK. A single provider has now been approved for outsourcing, supporting a better patient experience.

### Delivery priorities in 2025/26

#### Workforce:

- 4L.a.1: In-depth review to scope out non-medical workforce opportunities, ensuring their contribution to service delivery is maximized. Close remaining clinical and managerial lead role gaps where funded and supported by effective IHC leadership currently in post.

#### Quality / standard / practice / configuration:

- 4J.a.2: Establish a sustainable on-call model within the available resources through a review of the current on call arrangements on a regional level, providing a resilient unscheduled care service to patients.
- 4J.a.3: Develop plans to deliver specialist services at a regional aligned to the GIRFT and Royal College of Surgeons recommendations following stakeholder engagement and consultation if required
- 4J.a.4 Improve patient outcomes, deliver increased service efficiencies, and reduced waiting times.
- 4J.a.5: Deliver equitable access to Interventional Radiology across the Health Board, including out of hours services (where appropriate). This will reduce the need for staff and patient travel as well as increasing the available treatment options.
- 4J.a.6: Develop a long-term plan around robotic assisted urology surgery for the patients of North Wales, which will also benefit recruitment and retention of staff in addition to building a futureproof service model.

#### Additional capacity:

- 4J.a.7: Improve the pre-investigation of patients via Straight To Test (STT) pathways with a focus on suspected cancer pathways. Ensuring nurse-led approaches are optimised to create consultant capacity where able.
- 4J.a.8: Monitor Did Not Attend (DNA) and Could Not Attend (CNA) rates and implement mechanisms to mitigate reduced activity when the combined rate is greater than 5%, minimising the loss of clinical capacity.

- 4J.a.9: Maximise day case and outpatient urology procedures, converting from inpatient where appropriate, to support improved in-patient average length of stay.
- 4J.a.10: Review Multi-Disciplinary Team (MDT) utilisation: complex regional MDT and local MDT with a view to reducing duplication and recovering lost clinical capacity.

**Patient Experience:**

- 4J.a.11: Utilise patient experience data to inform service delivery through care closer to home, commissioning of major surgery, and timelier access to diagnostics and treatment.

*Anticipated priorities in 2026/27 and 2027/28*

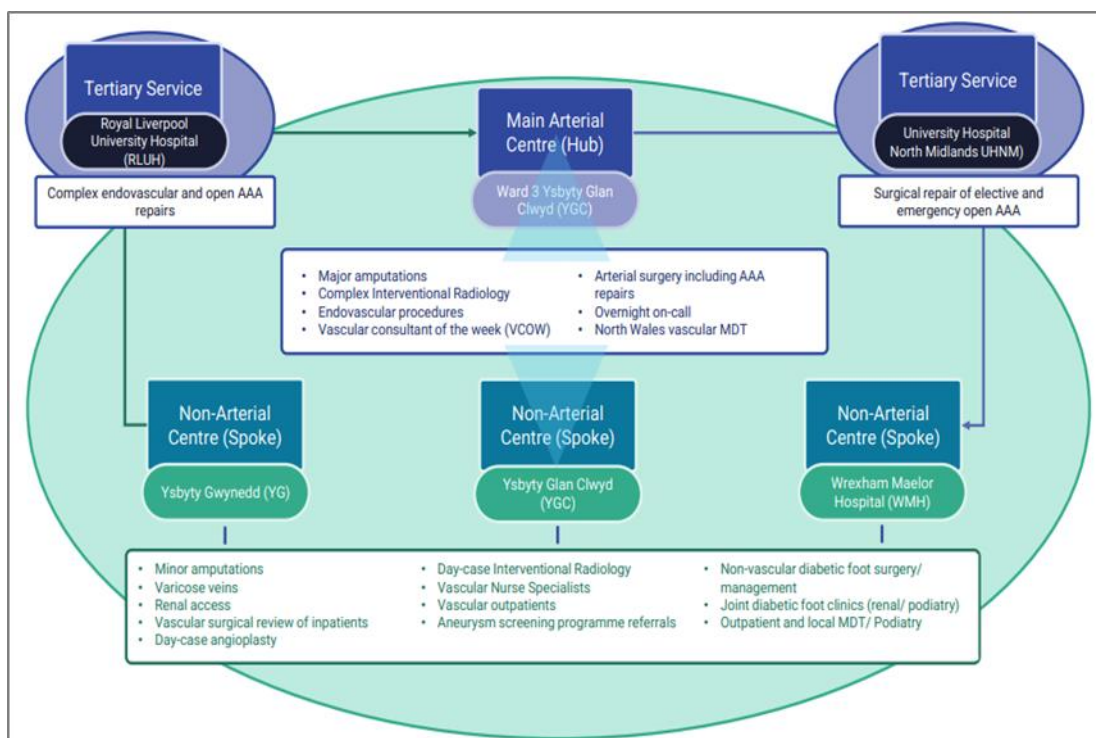
- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will focus on clinical services planning at a regional level in addition to working through the more complex service configuration issues.
- Delivery of sustainable model for regional service delivery including on-call arrangements, as well as delivering specialist services.

## 4J.b: Challenged Services: Vascular

### Overview

The Vascular service is a network service across BCUHB which operates a 'hub and spoke' model whereby access to the service is via the patient's local acute hospital, where they can access vascular specialists and receive outpatient care and imaging as well as undergo minor procedures (spoke). Both in-patient care requiring a vascular MDT and emergency care are delivered from the Major Arterial Centre (hub) at Ysbyty Glan Clwyd.

Vascular Society guidance indicates that units should perform 40 open elective Abdominal Aortic Aneurysm (AAA) repairs over a 2-year period. BCUHB activity has consistently fallen far below that recommendation for the last 5 years, which has meant that surgeons have not been able to maintain sufficient competencies. In order to maintain a safe service for low-volume, complex arterial procedures, the service is currently working jointly with neighbouring territory centres, the Royal Liverpool University Hospital (RLUH) and the University Hospital of the North Midlands (UHNM), for the provision of complex AAA repairs, and non-complex elective and emergency open AAA repairs, respectively.



## Delivery priorities in 2025/26

### Workforce:

- 4J.b.1: Agree sustainable workforce model that:
  - ensures patients are seen by the most appropriate professional for their needs, therefore increasing capacity and ensuring consultants are freed up to support the most complex cases.
  - ensure that all staff are supported to work to the top of their competencies, through active training and learning.
- Develop network-wide job plans to ensure the workforce is deployed where demand is greatest.
- 4J.b.2: Develop integrated workforce plan to address recruitment and retention challenges within the service and support implementation of a positive working culture, which fosters inclusion and respect across all staffing levels.

### Quality / standard / practice / configuration:

- 4J.b.3: Establish a sustainable medium-to-long-term model for AAA services within the available resources that ensures optimal patient outcomes.
- 4J.b.4: Commence work on implementing the revised patient-centric transfer, discharge and repatriation pathways and protocols to improve patient experience, reduce re-admissions and/ or 'failed discharges; and ensure appropriate follow-up arrangements are in place once patients are back in the community.
- 4J.b.5: Progress the quality improvement plan aligned to Health Board's QMS system to ensure that quality improvement underpins all that the service does, including clearly documenting leadership structures, escalation processes, including processes for managing risk.

### Additional capacity:

- 4J.b.6: Establish an improvement programme for Chronic Limb threatening Treatment Ischemia with the aim of increasing the numbers of people being re-vascularised within five days of admission.

### Technology:

- 4J.b.7: Develop proposal for a patient information system that will enable tracking of vascular patients through their pathway, identify blockages and ensure patient care is expedited where necessary.

**Patient Experience:**

- 4J.b.8: Work with delivery partners (e.g., Care of the Elderly (COTE), stroke, palliative care, psychology, pain management, microbiology) to strengthen and build opportunities for the development of proposals for a greater, more integrated multi-disciplinary team around the patient approach, in order to ensure the holistic needs of the patient are met.

Anticipated priorities in 2026/27 and 2027/28

- Develop and agree an integrated workforce strategic plan to address recruitment and retention challenges faced by the service and undertake robust recruitment campaign to improve vacancy rates and reduce agency spend.
- Implement a range of improvement actions aimed at strengthening leadership, training and education within the service in order to support the continued professional development of the current workforce.
- Develop and implement a clear plan to enable the return of formal training grade resident doctors into the service.
- Strengthen the links between primary and secondary care to enhance management of vascular conditions in the community and improve vascular health amongst North Wales population.

## 4J.c: Challenged Services: Dermatology

### Overview

As one of the most common reasons for seeing a GP, skin (including nail and hair) diseases can range in severity with skin cancer accounting for approximately half of all cancers in the UK. At present, Secondary Care provision is largely Urgent Suspected Cancers (USC), alongside urgent and routine activity for chronic skin conditions, often requiring complex medications to be prescribed. There has been a significant rise in skin cancer referrals noted over the last 10 years due to patient education and social awareness. A number of practices within Primary Care have the benefit of GPs with a Specialist Interest in Dermatology, enabling treatment of non-cancerous lesions in a primary care setting, overall reducing the demand in Secondary Care.

Dermatology currently faces significant workforce challenges, specifically in relation to Senior Medical Clinicians in the West Integrated Health Community (IHC). Inability to recruit to Senior Medical Workforce has contributed to long waits for patients to be seen in outpatients for urgent suspected cancer, urgent and routine skin conditions. The Health Board has recently introduced the implementation of Teledermoscopy with a targeted approach towards Urgent Suspected Cancer lesions. The aim is to improve and reduce the overall journey in the patient pathway and re-directing patients where necessary for ongoing treatment e.g., Plastics / Oral and Maxillofacial Surgery / Primary care. Dermatology provides sub specialist services in Patch Test, Phototherapy (treatment units across North Wales within the IHCs), Wig Service, Paediatric Dermatology, Skin Cancer Nurse Specialist Service.

Delivery priorities in 2025/26

**Workforce:**

- 4J.c.1. Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and

emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.

- 4J.c.2. Job planning to appropriately reflect all duties undertaken to better understand the workforce capacity and match it to patients' needs

**Quality / standard / practice / configuration:**

- 4J.c.3. Introduce dermatological Community Health Pathways to support effective referral management processes, reducing secondary referrals through better informed resources within Primary Care to deliver some Dermatological services.

**Additional capacity:**

- 4J.c.4. Ensure Minor Operative (MOPs) capacity is optimised within the available resources, to support expansion of Teledermoscopy i.e., the provision of dermatology services at a distance, using technology.
- 4J.c.5. Increase medical consultant support where resources allow for primary care to support integrated working and extended roles, opening up educational opportunities to enhance knowledge and confidence with skin conditions, which will lead to fewer referrals into secondary care reducing the demand on the service and waiting times for patients
- 4J.c.6. Open Connah's Quay facility to provide increased clinic and operating space including dressing clinics. Subject to available resources Connah's Quay will release 10 Minor Op sessions on a weekly basis, alongside opportunity to run one-stop sessions.

**Technology:**

- 4J.c.7. Roll out Teledermoscopy across West IHC to maximise benefits across BCUHB
- 4J.c.8. Optimise referral and triage processes to support e-referral (Welsh Admin Portal) roll out
- 4J.c.9. Develop business cases for technological solutions to reduce follow-up appointments, late cancellations and non-attenders (DNA's).

**Patient Experience:**

- 4J.c.10. Act based on the insights gathered from patients within the dermatology service, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care.

**Anticipated priorities in 2026/27 and 2027/28**

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues:
- Delivery of sustainable model for regional service delivery.

## 4J.d: Challenged Services: Plastics

### Overview

The Plastics service is a secondary care service currently commissioned by the Joint Commissioning Committee (JCC) and provided by Mersey and West Lancashire NHS Trust (MWL). The service receives referrals from other secondary care specialities and works in collaboration with other disciplines such as treating skin tumours, so alignment and adjacencies to other services and consultants, including Dermatology, Ear Nose and Throat, Maxillofacial and oncology is essential. Whilst a commissioned service, The Health Board provides accommodation for visiting staff to see patients and limited services are run from each IHC.

The service was identified as an area of clinical concern due to inequity of access, lack of timely appointments, local capacity issues and poor infrastructure and operational support.

Commissioning arrangements are due to change in 2025 which will provide BCUHB with an opportunity to review and change, if feasible, the current service model.

#### Delivery priorities in 2025/26

##### **Quality / standard / practice / configuration**

- 4J.d.1: Review of commissioning arrangements when they change in 2025 (actual date to be confirmed) - it is important to note providers will continue the outreach service irrespective of the commissioning arrangements.
- 4J.d.2: Handover of waiting list management to MWL following agreed threshold as limited demand and capacity information is currently held by BCUHB (Central and West waiting lists are still held by BCUHB even though MWL are the service provider).

##### **Additional capacity:**

- 4J.d.3: Develop the proposal to open Connah's Quay as a joint facility with dermatology to provide increased clinic and operating space and capacity including dressing clinics.
- 4J.d.4: Consider options for further outreach capacity across North Wales to increase access across the region as the Connah's Quay facility will provide capacity for patients within the East and Central Integrated Health Communities only
- 4J.d.5: Review opportunities for increasing theatre throughput within existing facilities in East and West IHCs

##### **Technology:**

- 4J.d.6: Generate a business case for the expansion of 'My Medical Record' to manage skin cancer follow-up patients. My Medical Record gives access to patients own online health record containing jointly managed information between the patient and the service

##### **Patient Experience:**

- 4J.d.7: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care

#### Anticipated priorities in 2026/27 and 2027/28

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues such as changes to current commissioning arrangements and the opportunities presented due to this on service infrastructure and provision

## 4J.e: Challenged Services: Oncology

### Overview

The Oncology service provides care and treatment within the 3 acute hospitals with the main hub being in the North Wales Cancer Treatment Centre (NWCTC) located in Ysbyty Glan Clwyd (YGC). Oncology is non-surgical treatment of cancer using radiotherapy and Systemic Anti-Cancer Treatment (SACT) e.g., chemotherapy, targeted therapies, novel agents and immunotherapy. The service within the Health Board manages the treatment of patients with a diagnosed solid tumour (from 11 tumour sites), referring patients with rare and/or complex cancers to the Clatterbridge Cancer Centre, The Christie or others as required. The impact of workforce shortages, especially in the medical workforce, increasing demand and complexity, and reliance on non-recurrent funding (this funding was secured recurrently on 25/02/2025) has significantly impacted the

ability of the service to provide timely access to oncology services and to progress service plans going forward.

#### Delivery priorities in 2025/26

##### **Workforce:**

- 4J.e.1: Increase the number of substantive oncology consultants dependent on levels of available funding; providing greater continuity of care (replacing short term locums)
- 4J.e.2: Substantive recruitment to the approved establishment of multi-professional roles across oncology (nursing, operational and pharmacy) to meet the current demands and improve service provision and patient safety following recurrent funding approval

##### **Quality / standard / practice / configuration:**

- 4J.e.3: Develop a fully integrated service strategy to support future demand and innovation
- 4J.e.4: Complete a business case for 2 linear accelerators to replace machines which are coming to the end of their safe working life. Funding is secured via Welsh Government, and replacement will ensure reduced machine downtime which impacts on treatment capacity for patients. This will also give the department the opportunity to purchase machines with the latest developments which could provide greater access and/or more capacity.
- 4J.e.5: Establish SABR (Stereotactic Ablative Radiotherapy) - a highly targeted form of radiotherapy which targets a tumour with radiation beams from different angles) service in North Wales, commencing with treatment of lung cancers. Dependent on the prioritisation of available resources this type of treatment approach would be delivered in fewer numbers of treatments (with potentially minimal side effects) than conventional radiotherapy

##### **Technology:**

- 4J.e.6: Engagement with the implementation of the Electronic Health Record (EHR); this is an essential element for Oncology as currently oncology records are stored within dedicated oncology records and are not visible to the wider services through the main patient notes, placing a risk to patient safety when patients are admitted/seen elsewhere across the Board and the clinician does not have access to up-to-date clinical records
- 4J.e.8: Collaborate with the development of a single Welsh contract for Chemocare software to standardise the system across Wales with a view to reduce contract/service costs and ensure data is comparable.

##### **Patient Experience:**

- 4J.e.9: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible.

#### Anticipated priorities in 2026/27 and 2027/28

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues
- Delivery of the Oncology service strategy

## 4J.f: Challenged Services: Ophthalmology

### Overview

The Ophthalmology service for both planned and emergency care is provided within the three Integrated Health Communities (IHCs): two located within the acute sites in East and West and the third located in Abergele Community Hospital (Central). Outreach services are provided at community hospitals in both East and Central IHCs. Tertiary and Specialist care is commissioned from the North-West of England. Across the region 70 privately owned, accredited Eye Health Examination Wales Opticians provide eye tests, appropriate acute condition eye care and referral services to hospital eye care where needed. Locally agreed pathways are delivered in partnership with a number of practices, and in addition Optometrists provide an extended range of services that would previously have been managed by hospital eye services.

There is significant current and future projected (based on an ageing population of North Wales and those eye conditions linked to older age) demand for ophthalmic services and its subspecialties (particularly for high volume sub specialities cataract and glaucoma), which eye care services are struggling to meet: finite financial resources, workforce gaps and ageing facilities further strained by a post pandemic surge in waiting times resulting in a significant backlog. Delays in follow-up care and treatment place patients at risk of harm through deteriorating eyesight and loss which is why this is a key priority for the Health Board to improve.

#### Delivery priorities in 2025/26

##### **Workforce:**

- 4J.f.1: Recruit to funded regional clinical (medical and Optometry) and operational business support leadership roles to drive forward service delivery and improvements
- 4J.f.2: Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.

##### **Quality / standard / practice / configuration:**

- 4J.f.3: Optimise to NICE/GIRFT evidenced based pathways for all ophthalmology sub-specialties, delivered through pan BCUHB sub-specialty networks.
- 4J.f.4: Make best use of available resources to expand locally agreed regional integrated care pathways (glaucoma and retinopathy) with community Optometrists. Develop opportunities for the WGOS (Welsh Government Optometry Services) (extended workforce) to provide equity in care and treatment delivery and reduce demand across the region
- 4J.f.5: Deliver cataract pathway efficiencies to improve timely access through: Pre – Operative Assessment Clinic (POAC) process improvement, direct listing, increased theatre utilisation (including High Volume Low Complexity (HVLC) and Minor Operating Procedures (MOPs), and monitoring of Hospital cancelled appointments and Did Not Attend to ensure the optimal utilisation of available capacity and resources.
- 4J.f.6: Undertake an estates review to identify challenges and risks (ageing buildings, fragile infrastructure and access issues) and develop proposals for further estate and modular opportunities in community settings to prevent loss in available capacity for care and treatment and providing care closer to home.
- 4J.f.7: Ensure improvements in data quality.

**Additional capacity:**

- 4J.f.8: Develop a business case for a centralised cataract hub and a centralised complex services centre to support regional service delivery (predeterminant of regional delivery would be 'go-live' of the ophthalmology national EPR)
- 4J.f.9: Introduce See on Symptom (SOS) and Patient Initiated Follow Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment.
- 4J.f.10: Undertake demand and capacity modelling to establish patient volume waiting times and appointment backlog for all sub-specialties including where resources provide the recruitment of Eye Care Validators.

**Technology:**

- 4J.f.11: Ensure consistent use across North Wales of interim digital solutions (e-referral and Consultant Connect) to improve the referral process and reduce delays between referral and treatment, whilst awaiting national system delivery.

**Anticipated priorities in 2026/27 and 2027/28**

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues:
- Delivery of sustainable model for regional service delivery

## 4J.g: Challenged Services: Orthodontics

### Overview

The Orthodontic service, alongside oral maxillo-facial surgery and restorative dentistry, provides care and treatment under the umbrella service Head and Neck. Orthodontics, as part of the Head and Neck service is the dental specialty concerned with facial growth, development of the teeth and the diagnosis and treatment of malocclusions and facial irregularities. Treatment involves appliances and treatment for complex conditions and corrective surgery. Orthodontic services are delivered by a small number of orthodontists who work across the three Integrated Health Communities (IHCs). Reflecting the national picture, there are workforce shortages and gaps across orthodontics with a lack of consultant capacity to provide an effective and timely service, and challenges with securing additional capacity. Backlog demand outstrips capacity across both secondary and primary care impacting the ability of the Health Board to provide timely access to care and treatment.

**Delivery priorities in 2025/26****Workforce:**

- 4J.g.1: Consolidate the Orthodontic and Oral Maxillo Facial Surgery (OFMS) services to become a networked single service with one operational manager and budget working across the three IHCs
- 4J.g.2: Support the recruitment of funded consultant vacancies and implement a strategic and operational Workforce Planning review to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.

**Quality / standard / practice / configuration:**

- 4J.g.3: Create and deliver an improvement plan, implement and monitor GIRFT recommendations as supported by the Royal College of Surgeons (Faculty of Dentistry) and the British Orthodontic Society.

**Additional capacity:**

- 4J.g.4: Introduce See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment.
- 4J.g.5: Deliver improvements in day case surgery rates and ring-fenced beds
- 4J.g.6: Improve effective utilisation of theatre capacity, optimising the right procedure in the right place to reduce unnecessary theatre utilisation
- 4J.g.7: Review management of, and validate, waiting list to support prioritisation of new patients, longest waiters and those requiring oral surgery as part of their pathway of care. Monitor DNA/CNA rates.

**Patient Experience:**

- 4J.g.8: Review and act prudently on introducing improvements to patient experience based on insights gathered to date, such as access to care and the CHC review of harm to children waiting for appointments and treatments.

*Anticipated priorities in 2026/27 and 2027/28*

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues
- Delivery of sustainable model for regional service delivery

## 4J.h: Challenged Services: Trauma and Orthopaedics

### Overview

The Trauma and Orthopaedic service is a network service within the Health Board which operates independently within each Integrated Health Community (IHC), each with its own range of elective and trauma services. Since 2023 all three IHCs have been collaborating to utilise Abergele Hospital as a network arthroplasty hub. This includes all IHCs assigning patient activity to Abergele to provide cold site ring-fenced capacity for hip/knee arthroplasty.

Each IHC has the same range of subspecialties with spinal surgery and some very specialist procedures being outsourced to tertiary centres. Current challenges include long waits, particularly for hip/knee arthroplasty, which is impacted by the limitations of the ageing Abergele Hospital site and unscheduled care resulting in unpredictable elective bed loss in each of the IHCs. The projected ageing population of North Wales is likely to have the biggest impact on the need for health services across the Health Board, particularly Orthopaedics. However, as a positive measure the Health Board is building a new orthopaedic unit in Llandudno hospital (inclusive of two operating theatres and ringfenced beds) which will mitigate the challenges with the Abergele site and provide a sustainable orthopaedic model for the future.

*Delivery priorities in 2025/26*

**Workforce:**

- 4J.h.1: Work with orthopaedic clinical leadership to deliver standardised effective job planning and subspecialty focused North Wales services', to enable a reduction in unwarranted clinical variation.

- 4J.h.2: Address workforce shortages through approved recruitment and upskilling of existing non-medical workforce led by effective pan-BCUHB and IHC clinical leadership.

**Quality / standard / practice / configuration:**

- 4J.h.3: Reduce unwarranted clinical variation to increase productivity and improve patient outcomes through implant rationalisation, improved multi-disciplinary team working, job planning, trauma rota and demand/capacity mapping, and increased utilisation of SOS, PIFU and PROMs pathways.
- 4J.h.4: Development and adherence to BMI guidelines for surgery to increase conversation rates >70%. This will entail some patients partaking in the lifestyle management programme to reduce their BMI in order to increase their appropriateness for surgery and as such improve their post-operative outcomes.
- 4J.h.5: Improve data quality at a sub-specialty level through more effective coding practices, therefore allowing better understanding of the underlying issues and as such where improvements are required.
- 4J.h.6: Implement condition specific pathways for Carpel Tunnel Syndrome and Hip/Knee arthroplasty through collaboration with the national clinical implementation network and respective sub-specialty groups. This will reduce unwarranted variation in clinical practice and afford patients the same opportunities across the Health Board.

**Additional capacity:**

- 4J.h.7: Review current outsourcing and external commissioning arrangements and through demand and capacity mapping and develop a proposal to consider the viability of repatriating activity, providing patients with care closer to home.
- 4J.h.8: Generate a proposal to increase patient activity in Abergele Hospital through the expansion of current Abergele criteria and / or investment into enhanced recovery on the site. Testing the link between optimising theatre utilisation and improving treat in turn rates.
- 4J.h.9: Implement consistent application of See On Symptom and Patient Initiated Follow Up pathways across North Wales. This will reduce the need for traditional in-person follow up appointments, creating capacity for patients that need to be seen

**Patient Experience:**

- 4J.h.10: Utilise patient experience data to improve patient care with initiatives such as providing care closer to home and timelier access to diagnostics and treatment.

**Anticipated priorities in 2026/27 and 2027/28**

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues:
- Delivery of a sustainable model for regional service provision at a sub-specialty level, including the consideration of repatriation of BCUHB patients undergoing non-complex and appropriate complex procedures.

## 4K: Women's Services

*Note that Ministerial Template 5 (which can be found in Annex A) also relates to this sub-objective.*

**Cabinet Secretary Delivery Expectations**

**Women's Health:**

- Establishment of one Women's Health Hub in each health board area by March 2026 (aligned to the Women's Health Plan)

**Overview**

Women's Services are provided across the District General Hospitals, Community and Primary Care settings. The services are overseen regionally by the Health Board with close partnership

working with Local Authorities and Third Sector. The Health Board will continue to build upon achievements and provide equitable Maternity and Gynaecology Services for the North Wales population and also to a cohort of Women from the North East of Powys and the Shropshire Borders.

The Health Board is committed to improving health outcomes for Women and their families in line with the Welsh Government's:

- Women's 10 Year Health Plan for Wales (2025-2035)
- Quality Statement for Maternity and Neonatal Services (2025)
- All Wales Perinatal Engagement Framework (2025)
- Strategic Perinatal 10 Year Workforce Plan (HEIW, 2025)

There is a commitment to listening and acting upon user experience, and a continued focus on transforming Maternity and Gynaecology & Specialist Services to reflect National Strategies and Support Best Start in Partnership.

#### Delivery priorities in 2025/26

- 4K.1 - Support the local establishment of a Women's Health Hub by March 2026 as a Ministerial Priority; dependent on the prioritisation of available resources. Principles of which will focus on preventative based women's health initiatives, accessibility to information and services with care as close to home as possible.
- 4K.2 - Lead on the recovery of Gynaecology Cancer and Planned Care in line with GIRFT recommendations and Ministerial Targets.
- 4K.3 - Progress business cases to secure Cancer and Planned Care Pathway Trackers and a Single Point of Access System for Gynaecology referrals to support recovery and pathway re-design.
- 4K.4 - Support the implementation of the Preconception Strategy to include preventative based women's health initiatives.
- 4K.5 - Develop a measurable plan to enable delivery of the Quality Statement for Maternity and Neonatal Services, prioritising the 7 key actions which align to the MatNeo Safety Support Programme.
- 4K.6 - Progress the business case to implement a Digital Maternity Solution for Services.
- 4K.7 - Work in partnership with the NHS Executive to develop an implementation plan to deliver the Perinatal Engagement Framework commitments.
- 4K.8 - Collaborate with HEIW to prioritise year 1 actions to ensure delivery of the Perinatal workforce plan
- 4K.9 - Develop a Perinatal Quality Surveillance Dashboard with key standard matrix with both network and national oversight in line with policy direction
- 4K.10 - Progress the business case to support the equitable implementation of a specialist infant feeding-lactation support service team in the 3 IHC areas - to improve breastfeeding outcomes in North Wales.

#### Anticipated priorities in 2026/27 and 2027/28

Build on the 25/26 priorities and continue to support the local delivery of Welsh Government's:

- Women's 10 Year Health Plan for Wales (2025-2035)
- Maternity and Neonatal Services - Quality Statement (2025)
- Perinatal Engagement Framework (2025)
- HEIW Perinatal 10 Year Workforce Strategy (2025)

## 4L: Children & Young People

### Overview

Children of all ages access care and treatment from many of the services provided across the Health Board; urgent and emergency care, planned care and specialized services. Through its dedicated Children's Services, the Health Board provides Acute Paediatric and Neonatal Care; the universal public health services of Health Visiting and School Nursing; Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopment and Learning Disability Services (see 4I.b – CAMHS and Neurodevelopment). These services are provided in partnership with other services including primary care, maternity, therapies, public health and adult surgical specialities, as well as partners in the Local Authorities and Third Sector organisations. Commissioned specialised health care is provided by tertiary care partners, predominantly Alder Hey Children's Hospital. The Regional Partnership Board (RPB) hold Children as a priority, focusing on the Integration of services and children with complex needs, as well as people with Learning Disabilities and Neurodevelopmental conditions, unpaid carers and those with emotional and mental health needs.

Children have different healthcare needs to adults, presenting with different conditions, with different physiological responses to ill health, and with different psychological and social contexts. Children account for a significant part of the population of North Wales with those aged 0 to 17 years accounting for 17.2% of the population and 26.3% for those aged 0 to 24 years. The Health Board, with partners, will focus on ensuring children's rights are respected. There will be the development of a children's charter and a youth voice approach to enable our children to be consulted about and engaged in the development and planning of services, to better understand and meet their needs and to assist at the key transition points in children's lives including the move into adult focus care.

#### Delivery priorities in 2025/26

- 4L.1 - Work on raising awareness and implementing the Children's Charter across the Health Board.
- 4L.2 - Work towards the establishment of a Youth Voice approach in the Health Board to ensure children's rights are upheld and children are consulted and involved in the development and provision of services.
- 4L.3 - Progress the Health Board signing of the Wales Corporate Parenting Charter to support care experienced children to have the same opportunities as all children
- 4L.4 - Further improvements in children's immunisation uptake levels
- 4L.5 - Develop transition pathways
- 4L.6 - Work with partners on the Right Door approach to support children with complex needs.

#### Anticipated priorities in 2026/27 and 2027/28

- An established Youth Voice approach that is active in upholding children's rights, alongside the embedding of the BCU Children's Charter and the Wales Corporate Parenting Charter Promise.

## 4M: Pharmaceutical services

*Note that Ministerial Template 3 (which can be found in Annex A) also relates to this sub-objective.*

### Cabinet Secretary Delivery Expectations

#### Building Community Capacity:

- Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP.

#### Overview

The Chief Pharmacist's Office will lead on five transformation programmes focused on improving patient quality outcomes, developing the workforce, delivering value and sustainability, leveraging digital enablers, and building service resilience. This will ensure pharmacy teams and innovative practice becomes part of the solution in supporting the Health Board in delivering its strategic aims.

The Welsh Government commissioned the Royal Pharmaceutical Society (RPS) to review hospital clinical pharmacy services in Wales, publishing its response in late 2023. The review assessed how current clinical pharmacy services align with NHS Wales' priorities and evolving needs to deliver a Healthier Wales, with prioritised actions scheduled for implementation from 2025 to 2028.

#### Delivery priorities in 2025/26

- 4M.1 - Implement the prioritised actions from the Independent Review of Hospital Clinical Pharmacy Services across all hospital settings (including MHL, Cancer, Women's) subject to available resources.
- 4M.2 - Establish a Medicines Value prevention arm that leverages diabetes prescribing and Value-Based outcomes while optimising cost efficiencies.
- 4M.3 - Develop a business case to centralise Radiopharmacy services, aligned with the nuclear medicine programme and supported by the national TrAMs programme team.
- 4M.4 - Scope and test a model for commissioned community pharmacy services focused on long-term condition management, starting with hypertension.
- 4M.5 - Launch the first MPharm cohort at Bangor University in 2025, with General Pharmaceutical Council (GPhC) Step 4 accreditation achieved by 2025/26.

#### Anticipated priorities in 2026/27 and 2027/28

- Building on the 2025/26 priorities, 2026-28 will focus on optimising the pharmacy workforce, standardising medicines supply and expanding innovative care models to enhance patient access and outcomes.

## 4N: Palliative, End of Life and Bereavement Care

*Note that Ministerial Template 3 (which can be found in Annex A) also relates to this sub-objective.*

### Cabinet Secretary Enabling Actions:

#### Palliative and End of Life Care:

- Ensure that evidence based seamless pathways, careful planning and close collaboration is in place between services for transition from paediatric and young persons to adult services.

- All people identified as having palliative care needs should be given opportunity and support for conversations to discuss their personal needs and preferences for end-of-life care through regularly reviewed Advance and Future Care planning.
- The vital role that hospices have in supporting health boards to deliver palliative and end of life care should be recognised and supported.

#### **Bereavement:**

- Strengthen bereavement co-ordination and improving access to all types of bereavement support in line with the NICE components of bereavement care.

#### Overview

Health Boards, along with Local Authorities and Regional Partnership Boards are responsible for planning services for people facing life shortening illnesses in line with professional standards, clinical guidance and the quality attributes set out in the Welsh Government Quality Statement for Palliative and End of Life Care (PEoLC) for Wales (2022). Guidance from the National PEoLC Programme for Wales on a National Service Specification is expected April 2025. This will provide Health Boards and partner organisations with information in relation to the specialist workforce and models for delivery. Health Boards are also expected to work together with Local Authorities and partners to implement bereavement pathways published as part of the National Framework for the Delivery of Bereavement Care in North Wales.

#### Delivery priorities in 2025/26

- 4N.1 - Develop a Strategic Delivery Plan for Palliative Care and End of Life Care.
- 4N.2 - Commence implementation of the SWAN (Signs, Words, Action and Needs) model for bereavement care, to support and guide the care of patients and their loved ones during end-of-life care and afterwards.
- 4N.3 - Develop a model and workforce plan to improve PEoLC in line with the Welsh Government Quality Statement for Palliative and End of Life Care
- 4N.4 - Finalise the Quality Improvement Strategy for End-of-Life Care Decision making. Develop an options appraisal and business case to improve PEoLC in accordance with the Quality Improvement Strategy for End-of-Life Care decision making.

#### Anticipated priorities in 2026/27 and 2027/28

- Continued implementation of the SWAN model for bereavement care.
- Commence implementation of the model and workforce plan to deliver the Welsh Government Quality Statement for Palliative and End of Life Care (subject to resources).
- Commence implementation of the Quality Improvement Strategy to improve End of Life Decision making (subject to resources).

## 40: Dental

*Note that Ministerial Template 3 (which can be found in Annex A) also relates to this sub-objective.*

#### **Cabinet Secretary Delivery Expectations**

##### Building Community Capacity:

- Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period.

#### Overview

## **Primary Care Dentistry**

The North Wales Primary Care Dental Service is responsible for the primary care oral health needs of all patients across North Wales, which includes the commissioning and contract management of high street General Dental Services (GDS) and delivering Community Dental Services (CDS).

The BCUHB directly employ over two hundred staff within the North Wales Primary Care Dental Service, who have a mixture of clinical and operational roles. GDS and CDS services offer primary care provision for a population of circa 694,000 people across all of North Wales. While most Primary Care services within the Health Board are managed by an Integrated Health Community (IHC) in the West, Central or East areas, the North Wales Primary Care Dental Service is hosted as a single pan-BCUHB service with its own infrastructure.

## **General Dental Services**

General Dental Services (GDS) are high street Dental Practices who are commissioned to provide NHS services. There are currently 68 contractors across North Wales, and this number is expected to increase further in 2025/26 from recent procurement awards.

There has been an increasing budgetary underspend in GDS services over the last five years, with multiple contract hand backs compounding the situation. Sustainability issues in GDS are present across Wales, and a fragile system was further impacted from 2020 onwards by the Covid-19 pandemic. The Health Board's Executive team have recently approved contract awards of circa £4m to new GDS contracts across priority areas in North Wales that currently lack access to NHS dentistry.

## **Community Dental Services**

The remit of the Community Dental Services (CDS) is to provide oral care for the most vulnerable members of society. The role of CDS is mandated by Welsh Government, via the Welsh Health Circulars issued by the Chief Dental Officer for Wales. The current guidance on activity type was issued in 2022 and includes:

- Dental care for vulnerable groups
- Shared care & care pathways
- Domiciliary services
- Dental Public Health
- Dental epidemiology
- Urgent care service

The Health Board's GDS and CDS dental services provide a first point of contact for patients in the healthcare system, with the vast majority of patient contacts occurring within these primary care services. The pace and scale of change within commissioning and service design often brings challenges to the service, and the Health Board recognise the importance of having stable and resilient dental services to improve the oral health of the patients in North Wales.

## **Secondary Care Dentistry**

### **Get It Right First Time (GIRFT)**

The Health Board has commissioned a 'Get it Right First Time' (GIRFT) review of oral and maxillofacial surgery (OMFS) and Orthodontic services in North Wales. GIRFT is a national NHS England programme designed to improve the treatment and care of patients through in-depth

review of services, benchmarking, and presenting a data-driven evidence base to support change. The programme undertakes clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.

The OMFS and Orthodontics services currently have long waiting lists and the Health Board is an outlier in Wales for long waits in these specialties. The GIRFT Team was asked to help the OMFS and Orthodontics service to develop a service model to reduce the waiting lists and provide a sustainable service going forward. The review concluded in November 2024, and a draft report was received in February 2025. The report included 49 recommendations with the Team advising that 'the implementation of these recommendations is essential if the Health Board is to deliver a robust and sustainable OMFS and Orthodontics service effectively and safely for patients in the short, medium, and long term'. Formal sign off of the review is scheduled for June 2025 following which an implementation plan will be developed, agreed and commenced.

### **Restorative Dentistry**

The absence of a dental restorative service continues to raise significant issues for the Health Board. The substantive position of Restorative Consultant has been vacant since December 2023, despite the Health Board continuously advertising for the role. Unfortunately, the latest round of recruitment has also been unsuccessful, with no applications received. The shortage of Restorative Consultants is a national issue, and the risk associated with this vacancy is significant and is recorded on the Health Board's risk register.

A number of solutions have been explored to obtain restorative specialist support including sending referrals to external NHS providers and via locum cover. Temporary Restorative Consultant locum support has been sourced in Wrexham to support the waiting list for restorative cases. The Health Board is also seeking to align restorative dentistry to a single IHC to facilitate improved operational working with the oral surgery and OFMS teams.

#### **Delivery priorities in 2025/26**

- 40.1 - Work to increase GDS service provision, this will require proposals for new and innovative solutions alongside existing methods. The Health Board will continue to liaise with partners such as the Chief Dental Officer for Wales and the Local Dental Committee, to support this in addition to working with other Health Boards where primary care dental services are performing well.
- 40.2 - Re-evaluate areas of need and go back out to procurement for GDS access in 2025, working with the procurement team to improve the framework of the tender in order to expand the pool of potential bidders.
- 40.3 - Progress dental education strategy, setting out plans for all workforce in line 'Primary Care Model for Wales'. The aim of the strategy is to make North Wales a centre of excellence for all Dental professions by providing upskilling, training and development opportunities for all members of the dental team, including working with Bangor University to build on the Dental Hygienist and Dental Therapist courses, supporting a community based service.
- 40.4 - Use the 'Primary Care Academy' approach to support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability. The aim is to expand this work in order to offer development opportunities both within CDS and GDS which will ultimately benefit patient care.
- 40.5 - Work with Public Health team in continued delivery of national programmes such as 'Designed to Smile' and 'Gwên am Byth'.

- 40.6 - Review and revise the dental budget to ensure appropriate support is given to services. This work will be revenue neutral and aims to leverage better value from the financial resources currently supporting the provision of dental services.
- 40.7 - CDS waiting lists to be addressed to ensure patients are not waiting significant lengths of time. Solutions include proposals for optimising front line clinical resource, improving the patient appointment booking centre (PABC) and creating key performance indicators (KPIs) to underpin operational management.
- 40.8 - Undertake a demand and capacity review for CDS services to understand activity patterns to be able to effectively forecast when staffing will be required and to what degree.
- 40.9 - The formation of a clear domiciliary dental pathway with a robust eligibility criterion. Agreeing the right approach will involve dental officers who are responsible for delivering the activity. As most of the domiciliary activity takes place within care homes, an inclusive approach will be taken to codesign any agreed pathways.
- 40.10 - Improve Board visibility of primary care dentistry performance data.

#### Anticipated priorities in 2026/27 and 2027/28

- Continue with implementation of the national 'Strategic Workforce Plan for Primary Care' and the 'Primary Care Model for Wales', and engage fully in the national 'Primary Care Programme', which is a 5-year model (2024-2029).
- New dental contract expected in 2026/7 which will be a key priority. The dental team will work alongside national colleagues to support with any preparatory work that will take place in 2025/26.

## 4P: Diabetes

*Note that Ministerial Template 2 (which can be found in Annex A) also relates to this sub-objective.*

#### Population Health & Prevention:

- Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

#### Overview

Diabetes is recognised as one of the major health challenges for the decade ahead. Nearly 50,000 adults in North Wales have diabetes with over 90% having Type 2 diabetes. Younger age presentations (between the ages of 18-40 years) are rapidly increasing with individuals experiencing a faster onset of associated complications.

The treatment of diabetes consumes significant resource, an estimated 11% of total NHS expenditure, with 60% of this used to treat the end stage complications of the disease: blindness, kidney failure and lower limb amputations. Cardiovascular disease and the incidence of many cancers are higher in the diabetes population.

25% of hospital beds are currently occupied by a person with diabetes, these individuals remain in hospital longer than those without diabetes. Pregnancy services in Type 2 diabetes have now exceeded pregnancies in Type 1 diabetes. Adverse maternal and neonatal outcomes for pregnancies in Type 2 diabetes have also increased.

Uptake of diabetes related education amongst all health professionals is low and patients with diabetes are subject to a higher incidence of avoidable treatment harms.

The evidence for the efficacy of Type 2 diabetes prevention and remission / regression intervention are widely accepted and the Health Board has significant opportunities to embed into service delivery.

There is a requirement for Health Boards to implement service improvement models that provide equitable and meaningful improvements for key diabetes service priorities as directed via the Diabetes Strategic Network for Wales.

During 24/25 the Health Board commenced the Diabetes Transformation Programme to produce a detailed case for change and proposed new service models.

#### Delivery priorities in 2025/26

##### **Primary Care**

- 4P.1 - The Health Board Diabetes Programme will contribute to increasing the % of those aged 12+ receiving the 8 Care Processes by:
  - Evaluating the limitations and sources of data being utilised to report the position
  - Understanding why variation exists in primary care and prescribing
  - Identifying improvement for data collection and instigating improved reporting from cluster
  - Evaluating the limitations and sources of data being utilised to report the position
  - Identifying appropriate resources required for patients for managing diabetes
  - Providing appropriate management plans for individuals with Type 1 diabetes across primary and secondary care which tackle duplication and variation in care
  - Implementing prudent improvement plans in relation to use of medication in line with NICE guidelines
  - Evaluating the improvement and shared peer learning
  - Utilising insight from 8 Care Processes to inform Primary Care model for 26/27

##### **Secondary care**

- 4P.2 - Implementation of the NICE Technology Appraisal to provide 'artificial pancreas' technology called Hybrid Closed Loop (HCL) systems which offer people who develop this particular auto-immune condition the opportunity to enjoy normal glucose control. There is a significant resource requirement associated with this development, which is planned for implementation over a 5-year period, subject to the agreement of funding.
- 4P.3 - The Health Board will seek to strengthen the multi-disciplinary specialist diabetes team to support transition to adult services and to respond quickly to the increasing number of new presentations.
- 4P.4 - In adult diabetes teams develop proposals for a more comprehensive service model to deliver diabetes technology to people with Type 1 diabetes in line with the national directive.

#### Anticipated priorities in 2026/27 and 2027/28

- 2026-2029 Year 2-5: Implementation of the National Institute for Health and Care Excellence Technology Appraisal for HCL across all appropriate groups of patients.
- Compliance with national protocols for value and sustainability are measured and reported, with full compliance by 2028/2029.
- Development of workforce plans, reducing variation and targeted activity.

## Objective 5: Effective environment for learning and skills development

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

### Overview

This strategic objective is about ensuring the Health Board continues to learn and develop, working with partners to develop into a truly continuously improving organisation. This involves a wide range of learning opportunities, from complaints and incidents to research led innovations. This area is underpinned by work with university and further education partners on both specific skills development, as well as academic careers.

### Progress for this Strategic Objective during 2024/25

*Note some priorities have been consolidated across different Strategic Objectives within this plan*

- **University Partnership:** Establishment of the North Wales Medical School which is a critical development for the region in terms of the numbers of doctors studying locally. BCU is a key partner to the development of opportunities in proposed developments in pharmacy and dental schools; Discussions with university partners to review and refresh relationships and have commenced arrangements through Memoranda of Understanding.
- **Research, Development and Innovation:** 344 research studies open to recruitment or in follow up, which is an increase of 9% on the previous year; Opened first First in Human (FiH) trial in the North Wales Clinical Research Facility (NWCRCF) in 2024, and now have capability to open more FiH trials, alongside later phase trials; Commenced recruitment of participants in a Phase 3 norovirus vaccine trial; Have 40 research engaged primary care practices and are working with the Primary Care Academy to increase research engagement and activity in primary care; Have a range of innovation projects underway, which we have aligned to the all Wales innovation pathway; SBRI continues to aid in transforming emergency care delivery working with Welsh Ambulance. The first deployment of 50 ambulance in a box units have commenced with ten units being deployed in BCUHB Care Homes allowing remote monitoring by trained clinicians; SBRI Centre of Excellence is also project managing several circular economy in health projects; Artificial Intelligence (AI) research supporting Pathologists in the diagnosis of prostatic biopsies continuing; SBRI Centre of Excellence is also spearheading another first of its kind focused on accelerating the diagnosis, management and support of people diagnosed with cancer in Wales and Northern Ireland.
- **Academic Careers:** During 2024/25 the Health Board was at a foundational stage of work. An exercise to baseline current academic roles, honorary and joint, commenced to establish the current position for the Health Board; As planned, relationships and conversations continued to grow with academic partners including the local Universities and Health & Care Research Wales.
- **Intelligence-led:** Data Governance: 1) Data Quality and Governance forum established, 2) Reviews of data, reporting criteria and methodologies undertaken to provide the organisation with meaningful information to support demand and capacity planning; Technology and infrastructure: 1) Extension of datasets available for inclusion in information products and IRIS dashboards, including community nursing, patient experience, diagnostic imaging and waiting list removals, 2) Development of a hub

approach to reporting of planned care has provided a single source of information; Skill and capability: Programme of training on the principles of Making Data Count and the use of statistical process control (SPC) charts developed and delivered to staff; Shift from data to intelligence and insight: Worked with Public Health colleagues to consider population health and prevention as well as hospital-based views of data; Clinical coding: Successful appointment of trainee clinical coders.

- **Learning organisation:** A review was completed and findings presented to the Executive Team; Further supplementary steps were undertaken to ensure widespread sharing of the learning; Integrated Concerns Policy was approved by Board and subsequently implemented; Development of an Organisational Learning Forum linked with the cultural change programme.

## 5A: University & Further Education Partnership

### Overview

The Health Board is proud of its University Designation status and recognises the importance of the requirements this brings in terms of its role in education and training, research and development as well as innovation. Building on work in 2024/25, the Health Board is seeking to strengthen its relationships with both universities in North Wales as well as other universities and further education providers. The Health Board's vision is to create transformational relationships which will contribute to the health and wellbeing and economic performance of the region.

Alignment across education providers also offers an opportunity to explore and enhance the pathways from education to employment thus leading to improvements in the retention of students within the region. Importantly this is as pertinent to non-clinical as well as clinical staff. It is envisaged that developing relationships will directly support the development of vibrant, exciting and stimulating learning opportunities that allow us to develop, recruit and retain a high cadre of healthcare professionals and strengthen strategic workforce planning.

Academic enrichment is an integral part of the Health Board approach to providing high quality medical, nursing and allied health professional care for North Wales residents. Maintaining high levels of research, development and innovation aid the Health Board in recruiting and retaining high calibre professionals and in providing progressive clinical services. Collaborative partnerships with further and higher education institutions improves strategic workforce planning and alignment of courses to the longer-term strategy, enhancing student experience.

### Delivery priorities in 2025/26

- 5A.1 - The Health Board will seek to build the relationships with all higher and further education partners to improve the impact across research and development, education and training and innovation thus supporting our continued achievement of University Designation.
- 5A.2 - Having maintained and developed relationships, BCU will explore the value in a regional approach to partnership with all stakeholders.
- 5A.3 - Building upon these arrangements, we will work with education providers in the development of the Health Board's Clinical Services Plan to increase their understanding and open up opportunities for transformational and innovative change to be reflected.
- 5A.4 - Building on the successful establishment of the North Wales Medical School, we will continue to work with and support all partners in achievement of strategic projects.

### Anticipated priorities in 2026/27 and 2027/28

- During 2026/27 we will undertake an evaluation of our partnership working to establish what we have achieved and develop our further aspirations into a coherent plan agreed with partners.
- During 2027/28 we will seek to implement our plan and put in place key metrics to monitor benefit realisation. Ultimately, we will seek to establish university partnerships into our day-to-day working.

## 5B: Research, Development and Innovation

### Overview

The value of research in transforming health and care is significant. Evidence of the benefits of a research active organisation include:

- Staff satisfaction, recruitment and retention is higher among staff who are involved in research.
- Engaging clinicians and healthcare organisations in research is associated with improvements in delivery of healthcare.
- Research active hospitals have lower mortality rates, and not just among research participants

The Health Board has an established research, development and innovation (RD&I) programme that continues to grow. This provides opportunities for academic development of current staff, retention of research-focused new staff, and offers opportunities for residents of North Wales to access research and innovative treatments options within their care.

The RD&I team are engaged with UK wide initiatives to increase commercial research activity.

The Small Business Research Initiative (SBRI) runs an all-Wales Service, funded by Welsh Government and hosted by the Health Board. The SBRI works with Public Sector Bodies to identify and resolve unmet needs/challenges within health and has funded a number of projects.

### Delivery priorities in 2025/26

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

### Anticipated priorities in 2026/27 and 2027/28

- Research and innovation will start to be seen as embedded within the Health Board, Research and innovation activity will continue to increase, with reinvestment of revenue to further increase capacity and capability

## 5C: Academic Careers

### Overview

As the academic and research sectors in North Wales grow, particularly in dentistry and pharmacy, opportunities for enhancing academic career development are increasing.

As well as collaborating with university partners to utilise the combined expertise and resources of all stakeholders, the Health Board is a part of national discussions led by Health and Care Research Wales about academic careers. Whilst this work progresses, the Health Board is keen to develop links between Health Board colleagues who have academic careers and develop a network of colleagues who practice in healthcare settings with academic research and teaching.

Clinical academics improve the quality of healthcare delivery by combining clinical practice with simultaneously researching how to improve patient outcomes. Other healthcare organisations have experienced that progressing academic career pathways can assist in attracting and retaining healthcare professionals, particularly in hard to recruit clinical areas and as healthcare evolves, academic career pathways can provide valuable opportunities for new, innovative and varied skills within the workforce.

### Delivery priorities in 2025/26

- 5C.1 – Whilst awaiting a national definition, hold a multidisciplinary workshop with those currently working in academic careers, and with those who aspire to this career pathway, to agree a local working definition
- 5C.2 – Explore the academic career pathway framework, utilising the outputs from the workshop to inform a paper, which will be built upon with proposals for the supporting governance framework, and supplemented by learning and best practice from other health and academic organisations.

### Anticipated priorities in 2026/27 and 2027/28

- During 2026/27, the Health Board will build upon the academic career pathway framework to understand the key barriers to establishing academic careers and develop a proposal as to how these may be overcome with clear implementation timelines.
- During 2027/28, the Health Board will show an increase in academic career activity and can begin to demonstrate the improvements being made.

## 5D: Intelligence Led

### Overview

The Health Board has an opportunity to be rich in data and to join this with other useful data across health, social care and beyond. When in a usable format, data can be used to generate evidence-based insights, improve planning, prevention to support more proactive and personalised care, the speed of diagnosis and improve decision-making.

Improved decision-making leads to better services, experiences and outcomes for patients and their families and for staff. It also supports the evidence-based development of services to meet the future needs of the North Wales population.

The work described is structured within five workstreams: data governance, technology and infrastructure, skill and capability, shift from data to intelligence and insight, and clinical coding.

Improving the quality and use of data will help the Health Board to make better decisions on how to use its resources. For example, by ensuring that accurate records of demand and waiting list pathways are maintained avoids duplication, reduces administrative burden and improves patient experience and outcomes. Linking multiple datasets allows us to better understand the whole patient journey and experience and the consequences of changes or delays within healthcare systems.

#### Delivery priorities in 2025/26

- 5D.1 – Build on proof-of-concept work to develop proposals for Robotic Process Automation (RPA) to reduce reliance on manual processes
- 5D.2 - Delivery of a Health Board data quality kite-mark to improve data for decision making, supported by the extension of data models written for RTT.
- 5D.3 - Continued development of forecasting capabilities and proposals for the introduction of predictive analytics that will in turn support improved planning and decision making around planned and urgent and emergency care.
- 5D.4 Roadmap for the further development of data warehousing will be documented, incorporating the de-commissioning of the Health Board’s legacy warehouse. Commence implementation of Cloud Based technology through transition to the National Data Analytics Platform for submitting data and establishing arrangements for transition from On-Premise to Cloud, all aligned to the Care Data Resource.
- 5D.5 – As part of Operational dashboard (IRIS2) rollout, implement the necessary foundations that will enable use across all types of device in an intuitive and bespoke manner.
- 5D.6 - Building on the progress made with Planned care data, the Health Board will undertake a data maturity assessment of urgent and emergency care and develop a programme of work to develop the use of intelligence and insight in this area.

#### Anticipated priorities in 2026/27 and 2027/28

- Embedding of clinical analyst roles, combining clinical coding and analytical expertise into hybrid roles to create a clinical insight function.
- Agreement of robust, multi-year demand and capacity models, based on population health data and forecasts
- Continued improvement of data governance and architecture to enable further triangulation of datasets and support service planning and delivery with intelligence across a broad range of services based on modern analytical services.
- Commence deployment of Artificial Intelligence (AI) for Clinical Coding to automate processes whilst simultaneously seeking further opportunities to deploy AI
- Utilising the analytics capabilities within the National Data Resource and realising benefits of National Data Analytics Platform (NDAP)

## 5E: Learning Organisation

### Overview

The Health Board continues to proactively develop its approach to becoming a learning organisation, fostering the essential characteristics to adapt more effectively to continuously improve services.

Many of the priorities already outlined within the Plan relate to the importance that the Health Board now places upon becoming a learning organisation.

The Health Board recognises the opportunities that exist from building further upon this work and developing the organisational culture in tandem with the development of systems and processes to nurture organisational learning.

Since having a consistent and effective approach to learning as an organisation is part of the foundations of an effective Quality Management System, the organisation is responding to these opportunities to test and challenge the emerging QMS design process.

Significant events and complaints provide powerful opportunities to drive continuous improvement. Using learning as shared knowledge is an asset that everyone can draw from. The Health Board will demonstrate and evaluate how the Integrated Concerns and Complaints Policy (introduced in 2024/25) is supporting the organisation to recognise, respond, learn and improve from incidents, complaints and mortality reviews.

#### Delivery priorities in 2025/26

- 5E.1 - The Health Board will evaluate how the organisation learns from its investigations of serious incidents and complaints following the introduction of the Integrated Concerns and Complaints Policy.
- 5E.2 - The Health Board will improve its systems and processes to ensure the transfer of learning as a Learning Organisation is increasing the opportunity to share learning and improve patient care.

#### Anticipated priorities in 2026/27 and 2027/28

- The Health Board will maximise its learning capability by developing its skills to maximise learning capacity. The Health Board will be building its supportive learning cultural values.
- The Health Board will be able to demonstrate that it has configured itself to maximise, mobilise, and retain its learning potential as a learning organisation.

## Section 4: Delivering the Plan

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The previous sections of the plan focus on providing the strategic and local context within which the Health Board is operating, the key challenges it faces and how we intend to address them. This section focuses on how the organisation will ensure effective delivery of the necessary change, monitor and track improvements and manage and mitigate risk associated to delivery. It then goes on to outline the workforce and finance implications of delivering the plan.

### Effectively delivering change

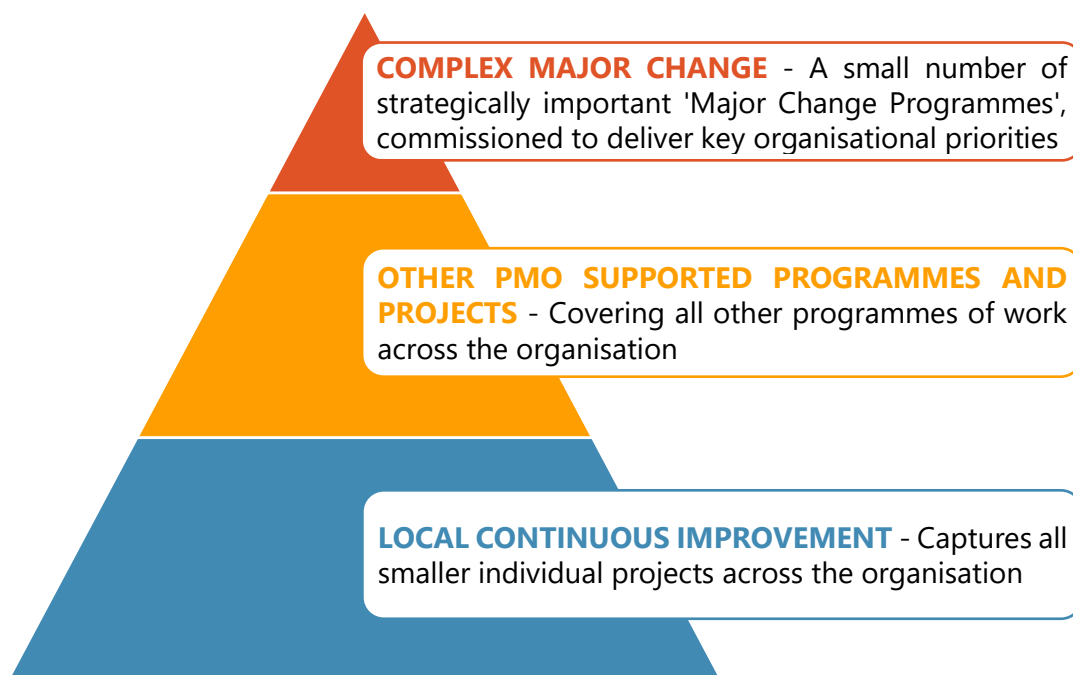
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At times, the Health Board has found it difficult to balance the approaches taken to delivering change in ways that provide the greatest likelihood of timely and enduring success. Adopting evidence-based approaches to the delivery of important pieces of 'change' is a well-recognised way to improve likelihood of success.

During the last year, the Health Board has continued to develop experience in structured project and programme management and has established an infrastructure built upon a strong methodology, supported by an international evidence base. This has led to the creation of the Betsi Way Programme toolkit, which following some initial testing in 2023/24 was further developed during 2024/25 to change projects and programmes of different size, scale and complexity.

In keeping with this evidence base, the Health Board established a Portfolio Management Office to provide oversight, coordination and support for organisational change. The Portfolio Management Office has continued to build upon the approach taken in Special Measures reporting and assurance, applying this to the entire Annual Delivery Plan during 2024/25. This, along with taking a more structured approach to prioritisation and resource allocation, led to a higher proportion of milestones being delivered on time and to a higher quality than in previous years.

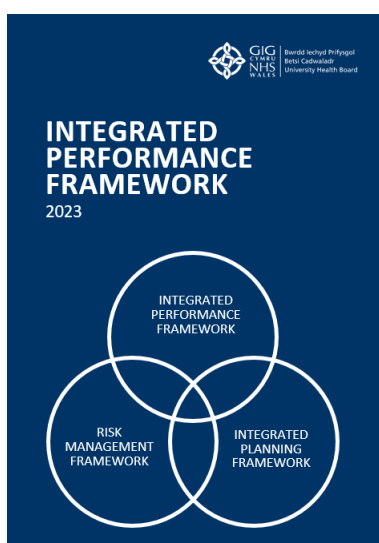
There are three categories of Change that encompass all the main pieces of transformation and improvement work across the organisation.



1)	2)	3)
Focused support, reporting and oversight to deliver, using industry standard Programme Management best practice.	Provision of skills and support as included in the first category, but on an ad-hoc basis according to the specific requirements and capacity to meet them.	Training, coaching, guidance and support available when requested, covering disciplines such as improvement, project delivery, pathways and change science.

Holding firm to evidence-based change management science will lead to greater tangible improvements from respective programmes, delivered in a more timely way. Establishing a systematic, prioritised approach to change management will take a number of years to mature, during which time it will continue to evolve. Bringing more rigor to change initiatives of all sizes will help the Health Board to bring about improvements faster.

## Performance and accountability



The Health Board has approved an Integrated Performance Framework during 2023/24 to underpin the improvement of performance monitoring and performance leadership. Whilst the Health Board has made important steps forward during 2024/25 in this regard, it is recognised that further development is required in performance oversight, improving performance projections and early intervention when off-course to limit adverse impact.

The Framework supports performance improvement through a partnership approach of openness and innovation, and by engendering a commitment at all levels of the organisation to improve.

The Health Board has significant performance issues across multiple domains. It is vital that the Health Board has the correct suite of information being reported and used within the organisation to support delivery.

The use of performance monitoring and clear performance objectives that are grounded in the Three-Year Plan will provide the basis for a more robust accountability model for the Health Board. The use of delivery confidences will be an important mechanism to track and intervene where the greatest areas of risk and therefore focus need to be.

This work will improve delivery against key national and local performance indicators, Special Measures expectations and against activity and financial metrics.

Successful delivery will lead to better quality of care, improved outcomes for citizens and staff, and ensure that all involved are clear on their roles, responsibilities, and accountabilities.

## Risk Management

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To ensure effective delivery of the plan, we will implement a structured approach to monitoring delivery, performance and managing risks, strategically and operationally.

- **Monitoring Delivery:** The implementation of plans will be closely tracked, with progress regularly reviewed and reported to the Board. This will provide a clear and transparent view of achievements against set objectives.
- **Risk Management:** In alignment with the Risk Management Framework, risks associated with plan delivery will be continuously monitored through the Board Assurance Framework. These risks will be formally reviewed and reported to the Board and its committees regularly, ensuring a proactive approach to risk mitigation.
- **Integrated Risk Approach:** All corporate risks have been assessed to align with an integrated risk management approach, ensuring that service plans consider future risks and prioritise mitigation strategies ensuring the safety and sustainability of services.
- **Performance Triangulation:** Performance metrics have been linked to planned objectives and delivery outcomes. This triangulation across quality, safety, outcomes and risk ensures that key performance indicators (KPIs) reflect progress and highlight areas requiring intervention.

By embedding these mechanisms and ensuring good governance the Health Board will maintain a robust risk management governance structure that drives successful delivery of the plan while ensuring service quality, sustainability and transparent reporting to the Board and its committees.

## Workforce

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The Health Board is developing a skilled, effective workforce to meet North Wales residents' needs. This allows greater collaboration with staff and partners to create sustainable workforce solutions, tackle future challenges, and deliver innovative, high-quality, patient-centered services.

## ***Skills and Engagement***

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With the increased use of digital solutions across the Health Board, a stable and skilled, multidisciplinary workforce is required to embrace this journey with the ability to adapt in this space to exploit new technology and maximise patient outcomes. The Health Board will support staff in a way that enables effective deployment of teams with the right skills to deliver quality patient care. Building on work already started, a culture is being developed where all staff have a voice and can contribute to the success of the organisation, leading to opportunities to transform traditional ways of working, developing new skills to deliver innovative models of care through local initiatives whilst further embedding the national improvement and transformation programmes.

## ***Recruitment and Retention***

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The recruitment and retention of staff with the values and behaviours required to work across services is key to deliver quality patient outcomes.

Workforce teams through the Value & Sustainability programme will support challenged areas across the Health Board to firstly stabilise workforce numbers by ensuring key gaps are filled, whilst alongside this enabling staff to deliver their key skills to ensure quality based effective patient care. Some key service areas for 25/26 in focus include Orthopaedics, Oncology, Orthodontics, Dermatology, Vascular, Urology, Ophthalmology and Plastics as outlined earlier in the plan.

This work will align with the development of detailed workforce plans across key services areas to ensure targeted recruitment and retention interventions are highlighted and implemented. This will be delivered through targeted support to enable collaboration across teams to deliver sustainable solutions to enable quality patient outcomes. Workforce teams will continue to work with services to ensure they have the support required to hire staff in an efficient way by reducing barriers to seamless recruitment.

Specific recruitment work is already underway with several initiatives in place and planned for medical and nursing professionals. This will supplement the existing work being undertaken regarding UK recruitment with a more streamlined and innovative approach to attract staff to come to work and stay in North Wales.

As well as registrant workers, the Health Board will build on work already carried out to support local access routes to roles across the organisation for the local people of North Wales. This will involve further strengthening of the existing links with our Further and Higher Education partners to build new pathways and opportunity pipelines across the Health Board.

A specific focus on staff wellbeing is being adopted across the Health Board to identify the root causes of sickness absence and ensure targeted support is in place to allow staff to return to work in an efficient and timely manner where possible. Staff turnover is also a focus of work ongoing within the Health Board to understand why staff leave and to deliver interventions at key points within staff's career journey to maximise opportunities for development and progression.

## Workforce Staffing Position

The current resources and planned resources available across the organisation are outlined in tables below.

The focus in 2025-2026 will be to ensure the workforce productivity and efficiency is maximised to ensure we only grow only where it is necessary to grow. More efficient ways of working include more effective and consistent job planning, standardisation of approaches to rostering, the enablement of effective workforce planning, and the use of alternative roles-diversification and skill-mix redesign. The strategic priorities outlined within this plan, include these principles, and redesign or reconfiguration of services will always require safe and deliverable workforce plans at their core before being agreed. Beyond 2025-2026 the Health Board will need to reshape its workforce to meet the changing demands of service provision. This will mean a shift towards integrating new roles such as Physician Associates and Anaesthetics Associates into service level workforce models.

The tables below outline the current workforce establishments for the Health Board alongside the actual staff currently in post. Forecast projections for 2026-27 and beyond are coloured grey at this time to reflect the need for change in the current structure of our workforce. Completion of the Foundations for the Future design work alongside the development of Clinical Service plans will be pivotal to this reshaping of current workforce profiles. Broadly, over the coming years it is expected that lower admin and clerical staffing numbers will be seen with a move towards more digitally enabled clinical services. Alongside this the development of more advanced clinical practitioner roles being embedded into service delivery will lead to more integrated skills based clinical service delivery changing the role profiles across traditional staffing groups.

WORKFORCE ESTABLISHMENT WTE	Actual 31/3/24	Forecast 31/03/25	25/26 Forecast			Plan End 2025/26	Plan End 2026/27	Plan End 2027/28
			End Q1	End Q2	End Q3			
Admin, Clerical & Board Members	4,002	4,021	4,021	4,021	4,021	4,021	4,021	4,021
Medical & Dental	1,752	1,808	1,808	1,808	1,808	1,808	1,808	1,808
Nursing & Midwifery Registered	6,323	6,278	6,278	6,278	6,278	6,278	6,278	6,278
Prof Scientific & Technical	861	867	867	867	867	867	867	867
Additional Clinical Services	4,265	4,207	4,207	4,207	4,207	4,207	4,207	4,207
Allied Health Professionals	1,280	1,316	1,316	1,316	1,316	1,316	1,316	1,316
Healthcare Scientists	346	348	348	348	348	348	348	348
Estates & Ancillary	1,522	1,498	1,498	1,498	1,498	1,498	1,498	1,498
Students	22.5	22.5	23	23	23	23	23	23
<b>TOTAL</b>	<b>20,374</b>	<b>20,366</b>	<b>20,366</b>	<b>20,366</b>	<b>20,366</b>	<b>20,366</b>	<b>20,366</b>	<b>20,366</b>

Substantive Deployed WTE	Actual 31/3/24	Forecast 31/03/25	25/26 Forecast			Plan End 2025/26	Plan End 2026/27	Plan End 2027/28
			End Q1	End Q2	End Q3			
Admin, Clerical & Board Members	3,647	3,616	3,627	3,638	3,649	3,657	3,689	3,721
Medical & Dental	1,166	1,163	1,172	1,181	1,189	1,198	1,214	1,230

Registrant Nurse & Midwifery	5,653	5,812	5,839	5,865	5,892	5,918	5,978	6,038
Prof Scientific & Technical	758	774	779	783	787	791	807	823
Additional Clinical Services	4,011	3,928	3,937	3,946	3,955	3,963	3,995	4,027
Allied Health Professionals	1,211	1,237	1,241	1,244	1,248	1,252	1,256	1,260
Healthcare Scientists	329	324	325	326	326	327	329	331
Estates & Ancillary	1,329	1,326	1,331	1,337	1,343	1,348	1,368	1,388
Students	23.5	18.9	22.5	22.5	22.5	22.5	22.5	22.5
Medical & Dental (Central Shared Service)	460	488	488	488	488	488	488	488
<b>TOTAL</b>	<b>18,588</b>	<b>18,687</b>	<b>18,760</b>	<b>18,830</b>	<b>18,900</b>	<b>18,964</b>	<b>19,146</b>	<b>19,328</b>

## Finance

### Overview of the Financial Plan

The core purpose of the Financial Plan is to reflect the financial impact of the decisions and service developments contained within the IMTP and support the fundamental aims and strategic objectives of the Health Board. The Health Board has a statutory duty to breakeven against the resource limit set by Welsh Government over a three-year period.

The 2024/25 financial year reflects the financial challenges from 2023/24 continuing; with the ability to achieve financial balance and the key financial duty remaining a challenge in the current climate, despite the receipt of an uplift in funding. The initial plans set a £19.7m deficit plan. This position was improved following an additional allocation of £11.15m to recognise the consistent pressures being experienced by all Health Boards, which was supported in part by non-recurrent funding in 2023/24. Specifically, this was to support continued demand and inflationary pressures in relation to prescribing, secondary care medicines, and packages of care (CHC/FNC). The result is for the Health Board to have an improved initial plan of a £8.6m deficit for the 2024/25 financial year.

The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even, laying the foundations that will enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable. Expenditure commitments will need to be prioritised to enable the key financial duty and the performance ask to be attained.

### Underlying Deficit

The Health Board has faced a significant underlying deficit position, which is an accumulation of drivers that include cost pressures, historic investment decisions and non-delivery of savings programmes.

The Health Board is forecasting a deficit of £8.6m for 2024/25, following the issue of additional recurrent Welsh Government financial resources totalling £11.15m (which improved the original planned deficit of £19.7m). In addition to the in-year allocation, the Health Board was also in receipt of £82m allocated by Welsh Government for each of the last four financial years supporting service

improvements and transformation, and £74.6m received for the last two financial years to support the underlying deficit and inflationary increases.

The Health Board continues to experience pressures from use of additional capacity to service unplanned care demand, Continuing Healthcare, Prescribing and Secondary Care Drugs. An assessment of the cost pressures and underspends contributing to the 2024/25 position has been undertaken that identified a net recurrent overspend of £23.3m that will continue into 2024/25.

This opening deficit of £8.6m combined with high levels of non-recurrent income and cost pressures experienced in 2024/25 is expected to continue into 2025/26, and gives an opening underlying deficit of £188.5m, this being the starting point for the 2025/26 Financial Plan.

<b>Underlying Deficit</b>	<b>£m</b>
Forecast deficit outturn for 2024/25	8.6
Non-recurrent Welsh Government Strategic Support for deficit 2021/22	40.0
Non-recurrent Welsh Government Performance and Transformation Fund	42.0
Conditionally recurrent Welsh Government support – underlying deficit & inflation	74.6
Recurrent overspends and reversal of balance sheet mitigation from 2024/25	23.3
<b>Opening underlying deficit 2025/26</b>	<b>188.5</b>

It is of note that the underlying deficit improves significantly upon the Health Board satisfying the conditions associated with retention of the conditionally recurrent funding (£74.6m) and Welsh Government Strategic and Transformation resource allocations (£82m).

### ***Our Resources***

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The Welsh Government draft budget announcement for 2025/26 confirmed a planned increase in the Health and Social Care budget of £435m revenue and £175m capital funding. This has been allocated to largely support the assessed cost of inescapable demand growth and unavoidable inflationary pressures, and to deliver progress on capital requirements. It is essential that organisations continue to deliver actions to mitigate expenditure growth, achieve savings and efficiency, alongside an increase in productivity.

The Welsh Government Strategic Support funding that was to conclude in 2024/25 (totalling £82m per year) has been continued on a conditional basis, subject to delivering the target control total of a £8.6m deficit for 2024/25 and achieving a balanced IMTP. Welsh Government have also confirmed that the £74.6m conditionally recurrent funding that the Health Board received in 2023/24 and 2024/25 has been included in the allocation for 2025/26 and remains conditionally recurrent. This allocation has been classed as recurrent in principle; conditional on progress in delivering the target control total that has been issued to the organisation.

The Welsh Government allocation growth for 2025/26 represents a 1.77% uplift in funding, which equates to £31.9m for BCU (pay award not required to be serviced by this uplift and thus is excluded from the plans at this time). This core funding increase therefore supports NHS organisations with the unavoidable inflationary and demand pressures that are forecast for 2025/26. Funding for NHS

pay awards in 2025/26 is being held centrally and will be allocated to employers once awards are made.

The additional resources available next year are shown in the table below:

	<b>Recurrent £m</b>	<b>Non- recurrent £m</b>	<b>Total £m</b>
<b>Allocation Income</b>			
Non-recurrent Welsh Government Strategic Support for deficit 2021/22		-40.0	-40.0
Non-recurrent Welsh Government Performance and Transformation Fund		-42.0	-42.0
Conditionally recurrent Welsh Government support - underlying deficit & inflation		-74.6	-74.6
Allocation uplift (incl. Mental Health)	-31.9		-31.9
Covid Programme Funding	-0.7		-0.7
Allocations for specific priorities (Planned Care, VBHC, FF & Six Goals)	-43.1		-43.1
Allocations for specific schemes (MH SIF, Optoms, Genomics, Palliative Care less Flu Vaccines)	-6.3		-6.3
<b>Total Additional Allocation</b>	<b>-82.0</b>	<b>-156.6</b>	<b>-238.6</b>
<b>Other Income</b>			
Provider Income uplift	-0.4		-0.4
<b>Total Other Income</b>	<b>-0.4</b>		<b>-0.4</b>
<b>Total Additional Income</b>	<b>-82.4</b>	<b>-156.6</b>	<b>-239.0</b>

It is of note that a large element of the additional income relates to conditionally recurrent resources; inflationary uplift and retention for a further year of the transformation and performance fund.

### ***Demand Growth, Inflation and Cost Pressures***

The Financial Plan has considered and estimated the underlying costs, historical commitments, inflationary impacts and cost pressures that are likely to affect the Health Board over the next year. Service and workforce plans have been included in the assessment, alongside identification of potential transformational schemes, financial efficiencies and savings plans required to achieve financial balance.

Demand growth and inflation estimates have been assessed using a range of information sources. The total estimated inflation, including contractual cost increases, is £20.6m and total estimated growth is £12.2m.

In addition, there are new known cost pressures for 2025/26 that the Health Board cannot avoid. Many of these relate to all-Wales schemes and business cases for which commitments have already been made. These total £7.5m. A further £1m has been included for Prevention.

The costs related to the additional funding for Planned Care Sustainability, Value Based Healthcare, Further Faster and Six Goals have been included. Additional resources for enhanced care are modelled at current planned expenditure levels.

The use of the Performance and Transformation fund resource is being reviewed in light of the enabling actions contained within the Planning Framework. The Health Board will ensure resources are deployed to deliver key targeted interventions and benefits, acknowledging the close scrutiny that will be applied to use in year.

### **Financial Improvement**

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Health Boards are expected to implement the actions of national priorities on value and efficiency, implementing the agreed outputs of the national Value & Sustainability Board. Delivering a material level of savings will support moving towards a more sustainable financial position. Delivery should focus on addressing unwarranted variation, and improvements in those areas that can increase productivity, value, and outcome with no additional cost. Health Boards are also expected to fully implement the priority enablers set out by the Cabinet Secretary in the NHS Wales Planning Framework 2025-2028.

Organisations are required to ensure that actions to deliver financial improvement in 2024/25 are maintained, with a minimum savings delivery in 2025/26 of at least 2% of total baseline expenditure, and consistent with what has been achieved in the current financial year.

To attain the Health Board's key financial duty and deliver a break-even outturn the savings ask totals a £40m requirement. This represents a challenging but achievable target for BCU and is above the minimum set for Health Boards of 2% by Welsh Government.

The Health Board is seeking to enhance the traditional transactional savings approach through the Value & Sustainability transformation vehicle. This is focused on delivering patient benefits within the core domains of Clinical Value, Workforce, Continuing Healthcare, Medicines Management and Non-Pay & Procurement. Work is progressing at pace to increase the savings pipeline and commencement of delivery.

### **Summary Financial Plan**

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The table below provides a high-level summary of the overall financial position for 2025/26, along with indicative positions for 2026/27 and 2027/28. The overall position is across the three years is breakeven.

	2025/26 £m	2025/26 £m	2026/27 £m	2027/28 £m
<b>Opening underlying deficit</b>		<b>188.5</b>	<b>188.5</b>	<b>188.5</b>
Additional allocation income	-238.6		-232.2	-233.9
Additional other income	-0.4		-0.5	-0.6
<b>Total additional income</b>		<b>-239.0</b>	<b>-232.7</b>	<b>-234.5</b>

Inflation	20.6		20.6	21.6
Growth	12.2		12.3	12.6
New cost pressures (including Prevention)	8.5		8.2	8.7
Expenditure for specific priorities (Planned Care, VBHC, FF & Six Goals)	43.1		43.1	43.1
Expenditure for specific schemes (MH SIF, Optoms, Genomics, Palliative Care less Flu Vaccines)	6.1			
<b>Total additional costs</b>		<b>90.5</b>	<b>84.2</b>	<b>86.0</b>
<b>Savings target</b>		<b>-40.0</b>	<b>-40.0</b>	<b>-40.0</b>
<b>Net planned position</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

The opening underlying deficit reflects the conditionally recurrent and Welsh Government Strategic funds remaining non-recurrent allocations throughout the lifespan of the IMTP. This may change, which will give rise to a reduction in underlying deficit and increase in base allocations on an equal and equivalent basis.

### **Financial Risks**

There are significant risks contained within the Financial Plan, which will need to be monitored and managed throughout the year. In particular the level of savings required within the plans will be dependent on the Health Board enacting a number of transformational and improvement opportunities.

There are also significant risks in relation to cost overruns from additional bed use, with mitigation centring on discharge and reablement wards. Inflationary pressures remain and risks are focused on inflationary funding requests exceeding the base funding awards of 1.77% within the modelling, particularly in areas such as CHC and Prescribing.

Risks to the financial plan are shown in the table below:

<b>Risks</b>	<b>£m</b>	<b>Likelihood</b>
<b>Quantifiable risks</b>		
Failure to deliver savings not yet identified	20.0	Medium
Cost overruns from additional bed use	12.0	High
Inflationary impacts	10.0	High
<b>Total quantifiable risks</b>	<b>42.0</b>	
<b>Other non-quantified risks</b>		
Investments within services - additional allocations and re-prioritisation of funds		

<b>Opportunities / mitigations for the identified risks</b>
Further development of transformation savings through a programme for delivery of Value and Sustainability – whilst this programme develops, continuation of control measures deployed in 2024/25
Medically fit for discharge wards (reablement)

The targeting of improvements through implementation of a Value & Sustainability approach to enhance delivery for the local population, securing gains in productivity and efficiency through service reviews aligned to benchmarking with improvements to financial standing is a key strategic focus.

The financial plans aligning to the strategic ambition of the Health Board in attaining the key financial duty to break-even. This lays the foundations to enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable.

## Section 7: Appendices

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The following appendices are supplied as separate documents:

- Appendix 1: A Healthier Wales refreshed actions
- Appendix 2: Cabinet Secretary Enabling Actions baseline assessment
- Appendix 3: Cabinet Secretary Delivery Expectations trajectories
- Appendix 4: Special Measures De-escalation Criteria

## Section 8: Abbreviations & Glossary

A Healthier Wales refresh		A Healthier Wales' is a Plan set out by Welsh Government in 2018 setting out a long-term vision of how health and social care services in Wales will ensure people in Wales stay well and independent for as long as possible.
Activities of Daily Living	ADL	Activities of daily living are the essential tasks that individuals perform as part of their daily routines, for example eating, drinking, bathing and dressing. These activities are fundamental for maintaining a good quality of life and form the basis of the assessments that health and social care professionals undertake to determine an individual's functional abilities and needs.
Anchor institution		Anchor institutions are public sector organisations whose long-term sustainability is intrinsically tied to the wellbeing of the populations they serve. Anchor institutions have a significant opportunity to make large impacts upon their local communities depending upon how they approach procurement, the use of their buildings and estate, their workforce policies, how they work together, and environmental impact.
Atrial Fibrillation	AF	Atrial fibrillation is a heart condition where the heartbeat is irregular. It is important because the irregularity can affect blood flow leading to clots and strokes unless effectively treated.
Attention Deficit Hyperactivity Disorder	ADHD	ADHD is a condition, most usually diagnosed in childhood that is characterised by hyperactivity and impulsiveness.
Audit Wales		Audit Wales is the organisation that provides independent scrutiny and audit of public service providers in Wales.
Autistic Spectrum Disorders	ASD	Autistic Spectrum Disorder is term used to describe a closely related range of developmental condition, previously commonly referred to as 'autism'.
Board		The Board governs the organisation. Membership of the Board comprises of the Chairman, the Vice Chair, Independent Members (who are appointed by the Minister for Health and Social Services), and Executive Members. Together, they form a unitary Board.
Board Assurance Framework	BAF	The BAF brings together information related to risks of not delivering the board's strategic objectives, including how those risks are being managed and mitigated.
Board Committee		The Health Board has a number of Board Committees that each have specific areas of responsibility, for example Audit Committee and Performance, Finance and Information Governance Committee. Board Committees provide scrutiny and report assurance to the Board.
Business Case	BC	A document that outlines the justification for pursuing a project or initiative.
Business continuity		Business Continuity arrangements are the plans put in place by organisations to ensure that they can respond and continue to deliver essential services when incidents occur that threaten this, for

		example losses of power, IT failures and major incidents affecting staffing availability.
Business partnering		Business partnering is an approach that aligns functional expertise in areas such as finance, workforce, and improvement science, with the operational teams throughout the organisation.
Child and Adolescent Mental Health Services	CAMHS	The overarching term for mental health services for those aged under 18. This comprises of a range of in-reach services, community services, inpatient and high intensity services, and specialist services.
CHKS	CHKS	CHKS is a provider of healthcare intelligence and quality improvement services, including hospital benchmarking data. This is used to compare hospital performance against the performance of other similar hospitals to identify opportunities to improve.
Chronic Obstructive Pulmonary Disease	COPD	COPD is a long-term condition, including emphysema and chronic bronchitis, which affects breathing. Most cases of COPD are associated with a history of smoking, making COPD a preventable condition for many.
Civil contingencies		The Civil Contingencies Act 2004 places obligations on Health Board and other public services to prepare for emergencies.
Clinical Services Plan	CSP	A plan for how to configure the delivery of clinical services in order to deliver the strategic intent of the Health Board.
Cluster		A collaboration, covering populations of around 25,000 to 50,000, that brings together Health Board service colleagues, Local Authority, independent contractor health care services, third sector, and others, to identify improved ways of meeting the community health and social care needs to local residents.
Colonoscopy		An examination of the bowel using a fine, flexible tube with a camera attached.
Community Health Pathways		Community Health Pathways, or HealthPathways, is a portal for healthcare professionals providing guidance aimed at reducing unnecessary referrals to secondary care hospital services.
Community pharmacy		Sometimes termed 'high street pharmacy', community pharmacy providers dispense prescriptions, sell over the counter products, but also do much more, including providing consultations on a range of healthcare problems and prescribing of certain medications.
Compassionate leadership		Compassionate leadership is an approach to leadership that involves actively listening to, understanding and supporting colleagues. It is well researched to lead to more engaged and motivated staff, higher levels of well-being and the delivery of higher quality care.
Computerised Tomography	CT	Computerised tomography is a type of scan that uses x-rays inside a large tube in which the patient lies.
Continuing healthcare funding	CHC	Continuing healthcare funding, also known as CHC funding, is an NHS framework that assesses individuals who have significant ongoing healthcare needs outside of hospital. If the CHC threshold is met, then ongoing care needs are fully funded by the NHS.
Control total		A financial control totals represents a financial targets that must be achieved and defines the maximum amount of spending allowed.

Decarbonisation Action Plan	DAP	The Health Board plan to reduce greenhouse emissions.
Delivery plan 2024-25		The Health Board annual delivery plan for 2024-25 provides a detailed mapping of how and when the priorities for 2024-25 in the plan will be delivered and who the senior accountable officer overseeing delivery is for each element.
Demand and Capacity	D&C	This is the overarching term used to describe the methodologies of identifying how much planned care capacity there is compared to what the expected demand will be from referrals.
Discharge to Recover then Assess	D2RA	This approach supports people to remain at home or to be discharged as soon as possible to recover at home before being assessed for any ongoing need.
District General Hospital	DGH	A district general hospital is a traditional term given to a hospital delivering secondary care services within a particular area, or district. In North Wales we have three hospitals that would be considered to be DGH's, Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan, and Wrexham Maelor Hospital in Wrexham.
Duty of Quality		The Health and Social Care (Quality and Engagement) (Wales) Act 2020 includes the Duty of Quality with the goal of continually enhancing the quality of services provided. The Duty of Quality applies to all aspects of NHS Wales, whether clinical or non-clinical.
Electronic Health Record	EHR	A computerised medical record that fully replaces the use of handwritten paper records.
Emergency Preparedness, Resilience, and Response	EPRR	EPRR is the term given to the continual planning and preparation undertaken by NHS organizations in order to be able to swiftly and effectively respond to a range of incidents and emergencies that could impact health or patient care, such as infectious disease outbreaks, extreme weather, and major accidents.
Endoscopy		Endoscopy is a diagnostic test that uses a long, thin tube with a small camera inside, called an endoscope.
Executive Member		Executive Directors are responsible for the operational running of the organisation. Within Health Board arrangements in Wales, Executive Directors work alongside Independent Members as equal members of the unitary Board.
Executive Team		The Executive members of the unitary Board, led by the Chief Executive Officer. They are the most senior officers of the organisation, responsible for the operational leadership of the Health Board.
Funded nursing care	FNC	FNC is closely related to continuing healthcare funding. Individuals not eligible for CHC funding may be eligible for FNC if they are living in a care home setting and require care from a registered nurse. If eligible FNC covers the nursing care component of costs.
Foundation for the Future	FFF	'Foundations for the Future' ( <i>formerly the Operating Model Review</i> ) is one of BCUHB's Four Major Change Programmes and is utilising a model based on Tushman and O'Reilly 'Leading Organisational Change and Renewal. For the organisation to be effective, it needs an Operating Model that enables both the day-to-day leadership and management of services and improvement to take place systematically. This means giving equal weight to strategy, people, culture, processes, and structures.

Further, Faster		Further Faster is a workstream of the A Healthier Wales long term plan to increase momentum in community care to reduce pressures on hospitals.
General Medical Service contract	GMS	The way in which independent GP/Primary Care practitioners work with the Health Board to run their practices.
Genomic Medicine		Genomics is the study of individual patient's genes to make more accurate or earlier diagnoses. It is anticipated that this will make it possible for genetic information to be matched to the most effective medications and interventions.
Getting It Right First Time	GIRFT	GIRFT is a national NHS programme designed to improve the treatment and care of patients by reducing unwarranted variations using benchmarking data and applying the best practice from high performing providers to others.
GP with a special interest	GPwSI	Also referred to as a General Practitioner with Extended Roles (GPwER), a GPwSI is a GP who takes on a role that extends beyond the normal scope of general practice in a particular specialist area. GPwSI often take relevant referrals from other GPs as an alternative to referring patients to hospital specialists.
Health and Safety Executive	HSE	The Health and Safety Executive is the UK national regulator for workplace health and safety.
Health Education and Improvement Wales	HEIW	Health Education and Improvement Wales (HEIW) is the strategic workforce body for NHS Wales and provide strategic and specialist workforce support and advice across Wales.
High Volume, Low Complexity	HVLC	High Volume Low Complexity procedures are routine surgical procedures, such as cataract removal, and straight forward joint replacements, that can be delivered more efficiently by agreeing standardised pathways, pooling capacity and resources, and improving theatre use and day case rates.
Human Papilloma Virus	HPV	Human papillomavirus is the term given to a group of viruses a small number of which can cause genital warts or cancer.
Improvement Cymru		Improvement Cymru is the improvement service for NHS Wales, hosted by Public Health Wales.
Independent Member	IM	Within Health Board arrangements in Wales, Independent Members work alongside Executive Directors as equal members of the unitary Board.
Independent Prescribing	IP	The prescribing of prescription only medication by healthcare professionals who are not doctors, after being given additional training.
Institute of Healthcare Improvement	IHI	The Institute for Healthcare Improvement is an independent not-for-profit organisation, international recognised, that provides advice and support in the field of healthcare improvement science.
Institution Of Occupational Safety And Health	IOSH	The IOSH is an international organisation that sets standards for, and provides guidance to, professionals working in the fields of workplace health and safety.
Integrated Health Community	IHC	IHC is the term given to the three geographical divisions within the Health Board - East, Centre and West. Each IHC is responsible for organising and delivering the general healthcare services within the

		District General Hospital within the respective area alongside the community services in the area.
Integrated Medium-Term Plan	IMTP	An IMTP is a plan, set within a three-year context that sets out the how the Health Board intends to deliver the long-term vision for NHS services in Wales. IMTPs must reflect the strategic and legislative landscape within Wales, including Ministerial priorities.
Integrated Planning Framework		The Framework in the Health Board that draws together the various different aspects across the organisation where planning skills are required.
Integration and Rebalancing Capital Fund	IRCF	A Wales-wide funding initiative aimed at enhancing health and social care services.
Internal Audit		Internal Audit is a function, independent of the Health Board that audits services and governance systems within the Health Board. Internal Audit services are hosted by NHS Wales Shared Services Partnership.
Inverse Care Law	ICL	The Inverse Care law describes the phenomenon where people who most need health care are least likely to receive it, leading to disparities in access. This often occurs when those who are less well-off face barriers.
Joint Advisory Group (JAG) on GI Endoscopy Accreditation		JAG accreditation is a nationally recognised accreditation system used to quality assure gastrointestinal endoscopy services.
Klebsiella		Klebsiella is a bacterium that can cause serious infections, especially in hospital settings, and that can sometimes be resistant to common antibiotics.
Length of Stay	LoS	The number of days that an inpatient stays in hospital.
Living Healthier, Staying Well'		The Health Board strategy consulted upon in 2017.
Llais		Llais is the national, independent body set up by the Welsh Government to give the people of Wales a stronger voice in their health and social care services.
Long Term Condition	LTC	Long-term conditions are illnesses that cannot be cured although they may be controlled with medicines or other treatments, for example asthma and diabetes.
Magnetic Resonance Imaging	MRI	Magnetic resonance imaging is a type of scan that uses magnetic fields and radio waves inside a large tube in which the patient lies.
Mass immunity		Sometimes referred to as 'herd immunity' mass immunity describes the need to vaccinate a certain percentage of the population in order to prevent the ongoing spread of an infectious illness in those not fully vaccinated. Once mass immunity has been reached, disease gradually disappears from the population.
Medically Fit for Discharge	MFD	This is the point from which an individual remains in hospital for reasons other than because they require inpatient medical oversight.

Methicillin Resistant Staphylococcus Aureus	MRSA	MRSA is a type of bacterial infection that can cause serious infection if it gets into the body. It can be associated with the overuse of antibiotics.
Methicillin-Susceptible Staphylococcus Aureus	MSSA	MSSA is a type of bacterial infection similar to MRSA but more likely to be treatable with antibiotics.
Mid-Wales Collaborative		The Mid Wales Healthcare Collaborative, now the Mid Wales Joint Committee for Health and Care, was established in response to the Mid Wales Healthcare Study with the aim of ensuring that healthcare services in Mid Wales are effective for its population.
Minor Injury Unit	MIU	MIUs are a walk-in service able to deal with minor injuries without needing to visit an Emergency Department. The Health Board has 9 MIUs.
More Than Just Words'		More Than Just Words is the Welsh Government's framework for promoting the use of the Welsh language in health and social care.
Multi-parametric Magnetic Resonance Imaging	mpMRI	A type of prostate scan that creates more detailed images than a standard MRI scan.
National Institute for Health Research	NIHR	The National Institute for Health Research supports and enables health and social care research in the UK.
Neurodevelopmental services	ND	The branch of healthcare services that manages neurodevelopmental conditions. The most common conditions are Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder.
Nuclear Medicine		Nuclear medicine uses radioactive material to diagnose disease. Due to the use of radioactivity, nuclear medicine is subject to tight legislative regulation and inspection.
Operating model		A financial control totals represents a financial targets that must be achieved and defines the maximum amount of spending allowed.
Organisational Development	OD	Organisational development is the approach taken to systematically support those working within an organisation to be their best and most satisfied. This involves promoting a positive organisational culture, developing workforce and leadership skills and enhancing communication.
Patient Reported Experience Measure	PREM	PREMS are tools where individuals can report the experience of receiving health care from their perspective. They are often used following treatments or interventions to assess how receiving interventions feel for individuals in order to improve services.
Patient Reported Outcome Measure	PROM	PROMS are tools where individuals can report health outcomes from their perspective. They are often used following treatments or interventions to assess the impact that those interventions have had.
Pharmaceutical Needs Assessment	PNA	The PNA is an assessment of the current and future pharmaceutical service requirements within individual areas. The Health Board uses the PNA to inform planning to improve pharmacy services.
Planning template		The mandatory templates issued to Health Boards by NHS Wales used to provide structured additional detail for plan priorities.

Population Needs Assessment	PNA	The population needs assessment is an assessment of the care and support needs in North Wales, identifying the services available to meet those needs and any gaps and actions required. It has been created by North Wales Regional Partnership Board, in line with the requirements of the Social Services and Well-being (Wales) Act 2014. The most recent PNA was completed in 2022, though kept under continual review.
Portfolio & Programme Management Office	PMO	A support structure within the Health Board that ensures improvement and change management science is best utilised when managing business change. This is sometimes referred to as making sure we are "doing the right work and doing it in the right way" when delivering major change.
Positron Emission Tomography	PET	A positron emission tomography (PET) scan is a modern type of nuclear medicine imaging test that provides detailed 3-dimensional images of the inside of the body.
Primary Care Model for Wales		The national model for Primary Care in the future in Wales. It makes better use of the skills of everyone working in the local area, and that empowers individuals to take control of their own health and choices.
Prioritisation		The process by which healthcare service improvements that offer the highest value to individuals and communities are progressed when allocating the use of limited resources.
Pseudomonas Aeruginosa		Pseudomonas is a bacterium that can cause serious infections, especially in hospital settings, and that can sometimes be resistant to common antibiotics.
Public Service Board	PSB	Public Services Boards (PSBs) are a requirement of the Well-being of Future Generations (Wales) Act to improve joint working across public services. There are three PSBs in North Wales - Anglesey & Gwynedd PSB, Conwy & Denbighshire PSB and Flintshire & Wrexham PSB.
Quadruple Aim		The Quadruple Aim is an internationally recognised approach to driving improvements in healthcare. The four themes of the Quadruple Aim, interpreted for Wales are improved population health and wellbeing; better quality and more accessible health and social care services; higher value health and social care; and a motivated and sustainable health and social care workforce.
REGO	REGO	Renewable Energy Guarantees Origin
Regional Partnership Board	RPB	RPBs are a requirement of the Social Services and Well Being Act to improve the well-being of the population and improve how health and care services are delivered. There is a single 2G in North Wales.
Risk register		A risk register provides a structured record of any significant risks being managed by the Health Board that might impact upon the work of the Health Board. Risk registers are regularly reviewed and include response plans to how the risks are being reduced or controlled.
Same Day Emergency Care	SDEC	Same day emergency care (SDEC) is a service providing urgent care to patients without the need for an overnight admission to hospital.

Sentinel stroke national audit programme	SSNAP	The Sentinel Stroke National Audit Programme (SSNAP) is a quality improvement initiative. SSNAP measures the quality and organization of stroke care.
Service Level Agreement	SLA	A documented agreement between a service provider and a commissioner of that service that clearly lays out the level of service expected and the monitoring arrangements that will be used.
Six goals for Urgent and Emergency Care Programme	6 Goals	The 6 Goals Programme is a national programme of initiatives to help transform access to urgent and emergency care.
Small Business Research Initiative Centre of Excellence	SBRI	The Small Business Research Initiative Centre of Excellence in Wales is hosted by the Health Board and collaborates with public sector bodies in Wales. By running competitions and inviting industry participation, the SBRI Centre of Excellence aims to develop innovative solutions that enhance the health and well-being of those living in Wales. It is funded by the Welsh Government.
Special Measures		Special measures', now referred to as level 5 escalation, is highest level of escalation within the NHS Wales escalation and intervention framework arrangements.
Standard Operating Procedure	SOP	A Standard Operating Procedure is a set of step-by-step instructions to guide those carrying out particular tasks, with the intention of improving efficiency, quality and consistency.
Stereotactic Ablative Radiotherapy	SAbR	Stereotactic Ablative Radiotherapy is a highly specialised type of precision focused radiation treatment.
Straight to Test		The approach of requesting diagnostic tests, such as scans, before a patient is seen in outpatients, so that a treatment decision can be made when they are seen.
System		Sometimes referred to as 'whole system', the term is usually used to describe the collaborative approach involving multiple partners that is required to best deliver health and care services. The Health Board cannot deliver its best if it works in isolation without drawing in the support of others.
Systemic anti-cancer therapy	SACT	Systemic anti-cancer therapy is a description given to a range of treatments used to target cancer, such as chemotherapy.
Timely Access to Care	TAtC	These are five strategic priorities that must be delivered by all health boards and other NHS organisations over the next three years.
Third sector		The 'third sector' is an umbrella term covering a range of organisations with different structures and purposes, belonging neither to the public sector nor to the private sector. This includes charities, housing associations, voluntary and community organisations and social enterprises and cooperatives.
Unscheduled care		Now usually referred to as 'urgent and emergency care', this relates to the unplanned care requirements of patients that are either urgent or emergencies in nature. This includes services delivered in Emergency Departments but also includes many other services, for example the use of 111, minor injury units, out of hours primary care services, community pharmacy minor illness services.
Value and Sustainability Board		A national collaborative healthcare approach in Wales to identify and benchmark opportunities to increase value within the NHS, and

		to make services more sustainable. Individual Health Boards are expected to apply the findings to the services they deliver.
Value based care		Value-based care is an established approach to healthcare in Wales that aims to improve patient outcomes by making the best use of the resources available. It is about achieving meaningful results that matter most to patients.
Well-being goals		The seven well-being goals established by the Well-being of Future Generations Act
Well-being of Future Generations		The Well-being of Future Generations Act in Wales requires public bodies such as the Health Board to work better with others and take a joined up, long-term approach, thinking about the long-term impact of decisions, working better with people, communities and each other. The act is about improving the social, economic, environmental and cultural well-being of Wales.
Welsh Index of Multiple Deprivation	WIMD	This is the Welsh Government's official measure of relative deprivation for small areas in Wales, made up of 1,909 areas ranked from 1 (most deprived) to 1,909 (least deprived).
Wider Determinants of Health		The wider determinants of health describe a wide range of social, economic, and environmental factors that significantly influence people's mental and physical well-being. For example, poverty, poor housing, a lack of employment, and access to green spaces.

## A Health Wales – Actions refresh 2024

Preventative	Person Centred	Sustainable	Equitable	High Quality and Safe
Promote a collective responsibility to maintain good health for individuals, communities and the health and social care system with a focus on preventing the onset of poor health and disease and on identifying and intervening early where disease occurs	Ensure that all citizens can receive timely health and care services equitably, regardless of the language or communication format they need	Embed action on the climate emergency in decision-making and plans across the health and social care system	Reduce health inequalities by ensuring equality of access to the health and social care system to achieve equity of outcomes	Standardise and reduce variation in pathways, service models and processes, through implementing standardised models and maximising the use of technology on a once for Wales basis
Through Primary, Community and Social Care services, help people stay well at or closer to home, through an integrated approach to improving the nation's health and wellness. With a focus on rehabilitation, reablement and recovery, provide active support to keep people healthy and maintain independence	Establish and deliver against clear visions and plans for women's health and children's health from pre-birth to end of life	Through the national direction of the Value & Sustainability Board embed a value-based health care approach across the system to focus on how we use our resources wisely to get the best possible evidenced based outcomes for patients	Ensure Health and Social Care in Wales achieves its vision to provide an equitable whole system person centred approach, delivering more equal health and wellbeing outcomes for the population of Wales	Drive the containment, control and mitigation of Antimicrobial Resistance (AMR) in Wales, the UK, and beyond
Prevent and detect disease and illness earlier to improve individual and population health outcomes through targeted health screening, delivery of the National Immunisation Framework for Wales and delivering against the World Health Organisation targets for disease elimination	Continue to implement an integrated community care system for Wales that delivers seamless place-based care planned and delivered around the needs of individuals and groups of people	Embed A Healthier Wales into a National Plan, which can then be translated for the NHS through the planning framework cascading into planning at the national, regional and local level		Maximise the use of the NHS Executive to drive improvements in the quality and safety of care
Build and strengthen the health protection system to prevent, prepare and respond to existing and future health protection threats, including pandemics, on an 'all hazards' basis	Create an age friendly Wales that supports people of all ages to live, age and die well	Recover, reset and transform planned care services by focusing on clearing the backlog of those waiting for treatment, resetting the service with a focus on a value-led and efficient service model and driving transformation by embedding sustainable services		Towards a National Care and Support Service for Wales
		Ensure that NHS Wales provides the very best care for patients at all times through the performance, oversight and escalation framework		
		Ensure partnership arrangements at national, regional and local levels drive system change, efficiency and sustainability through collaboration and a 'one Welsh public service' approach		

A Health Wales – Actions refresh 2024

Digital and Data	Workforce	Research, Development and Innovation	Co-production and Partnership	Integration
Deploy with industry partners, proven clinical systems, electronic care records and medical technologies to deliver greater standardisation of care pathways, improved productivity and support clinicians and professionals in decision making and enable wider population health planning	Deliver an inclusive, flexible, multi-professional workforce able to work across sectors and traditional boundaries by ensuring the Workforce Strategy is implemented and underpinned by excellent workforce data and planning to attract, recruit and retain talented people to train, work and live in Wales	Strengthen research capacity and capability, and raise awareness of research across the health and social care sectors by developing targeted improvement plans and strategic funding partnerships, and promoting the effective use of research to inform policy and service improvement	Ensure the people of Wales have a strong voice to inform the ongoing development of an effective, joined up health and social care system	Develop and scale up models of integrated community based services in line with population health and wellbeing needs to achieve a consistent model of Integrated Community Care across Wales
Through a strengthened digital and data profession boost significantly the digital and data maturity required to meet international best practice and standards in cyber, infrastructure, user design, data sharing and recording, workforce development, electronic health and wellbeing records, agile procurement and clinical safety	Embed compassionate leadership and building a positive culture across the NHS and social care system in Wales to become exemplar employers for health, wellbeing, diversity and inclusion at work with the intent to share this approach across the wider economy	Develop and deliver a comprehensive vision for life sciences and innovation that serves as a catalyst for enhancing the health and wealth of the Welsh population and its economy	Ensure individuals and their carers are enabled to work as key partners in co-producing and owning their own health and care plans	Build on regional and local partnership arrangements to ensure closer alignment in the planning, commissioning and delivery of health and care services to maximise assets and resources
Establish a clear and agreed-upon National Enterprise Architecture built around core standards and with clear understanding of how data, applications and technology underpins national health and care transformation and policy priorities	Deliver effective and efficient deployment of the workforce to make the most of our investment in the skills of the workforce and technology to deliver safe patient outcomes	Use modern and emerging technologies, innovations and biosciences, including genomics and personalised treatments, to deliver greater value and sustainability across all national improvement and transformation programmes and initiatives		
Ensure the complete deployment of key national digital capabilities, such as diagnostic and specialist systems, the Wales NHS App and electronic prescribing to support patients and public in accessing their own data and managing their care, while ensuring that no one is left behind by digital exclusion				
Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system to deliver improved health and wellbeing outcomes				

Annex 2 - 2025/26 Cabinet Secretary's Enabling Actions

Thematic Area	Objective	Enabling Actions	Director Lead(s)	Current Position As At March 25 Implemented Yes (Y) In Progress (IP) No (N)	Expected Delivery During 2025/26 Full Adoption (FA), Partial Adoption (PA), No Adoption (NA)	Delivery Confidence High (H) Medium (M) Low (L)
Operational Productivity & Efficiency - Urgent and Emergency Care	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation	Implementation of the Community Based Falls Response - 6 Goals Programme	Chief Operating Officer	IP	PA	H
		Implementation of the remote clinical assessment services framework - 6 Goals Programme	Chief Operating Officer	IP	PA	H
		Implementation of acute Frailty model at the Front Door - 6 Goals Programme	Chief Operating Officer	IP	PA	H
		Implementation of the Welsh Health Circular - Ambulance Handover Guidance - 6 Goals Programme	Chief Operating Officer	IP	PA	M
		Implement the Optimum Hospital Flow Framework - 6 Goals Programme	Chief Operating Officer	IP	PA	H
		Maintaining the actions within the 50 day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements. Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme	Chief Operating Officer	IP	FA	H
Operational Productivity - Planned Care	Improving timely access to care, reducing unwarranted variation in clinical productivity	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. The included delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CIN's will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	Chief Operating Officer, Medical Director	IP	PA	M
		All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2	Chief Operating Officer, Medical Director	IP	PA	M
		Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored	Chief Operating Officer, Director of Performance & Commissioning	IP	FA	H
		Implementation of CIN follow up criteria both prospectively and retrospectively to establish Follow-up waiting lists	Chief Operating Officer, Medical Director	IP	PA	M
		On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1	Chief Operating Officer	IP	PA	M
		Ensure effective utilisation of the theatre capacity through: - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GIRFT standard of 85% by March 2026	Chief Operating Officer	IP	PA	H
		Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: - Arthroplasty 90% compliance with GIRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per list by end of Q2 - 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2	Chief Operating Officer	IP	FA	H
		Deliver improvements in day surgery rates, with an expectation to achieving a BACDS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025	Chief Operating Officer	Y	FA	H
		Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact	Chief Operating Officer	Y	FA	H

Thematic Area	Objective	Enabling Actions	Director Lead(s)	Current Position As At March 25 Implemented <small>Yes (Y)</small> In Progress (IP) <small>No (N)</small>	Expected Delivery During 2025/26 <small>Full Adoption (FA)</small> , Partial Adoption (PA), <small>No Adoption (NA)</small>	Delivery Confidence <small>High (H)</small> Medium (M) <small>Low (L)</small>
Workforce Productivity	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	Director of Finance & Workforce Director	IP	FA	H
		Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off- contract expenditure	Workforce Director & All Directors	IP	PA	H
		Ensure a reduction in agency spend on Healthcare support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025	Workforce Director & All Directors	IP	FA	M
		Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30th September 2025	Workforce Director & Medical Director	IP	FA	M
		Ensure reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels	Workforce Director & All Directors	IP	FA	M
Maximising Value for Money	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which included local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value	Director of Finance	IP	IP	M
		Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)	Pharmacy Director	IP	FA	M
		CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This included implemented a standard digital solution to support effective intelligence capture on a national basis	Director of Finance	IP	PA	M
		Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate	Director Estates	IP	PA	M
Improving Value, Optimising Outcomes, & Minimising Variation	Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised and focus on improving outcomes.	Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme	Chief Operating Officer, Medical Director	IP	PA	M
		Ensuring full compliance with straight to test guidance	Chief Operating Officer, Medical Director	IP	PA	M
		Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	Director of Public Health	IP	PA	M
		Ensure progress with the implementation of Value & Sustainability Board High Value High Impacts pathway - Bone Health	Executive Medical Director / Chief Operating Officer	IP	PA	H
		Ensure progress with the implementation of Value & Sustainability Board High Value High Impacts pathway - Arthroplasty (Hip & Knee)	Executive Medical Director / Chief Operating Officer	IP	FA	H
		Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app	Chief Digital Officer	IP	FA	M
		Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions	Chief Digital Officer	IP	PA	M
		Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation	Chief Digital Officer	IP	PA	M
		Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1	Medical Director	IP	FA	H
		Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	Medical Director	IP	FA	H
Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.	Chief Operating Officer, Medical Director	IP	PA	M		

2025-2026 Ministerial Priorities - BCUHB Trajectories

Timely Access to Care							
Priority Area	Target	Baseline	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Comments
Timely Access - UEC Ambulance 1+ Hour BCU	0	6,524	<= 6524	1,731	1,029	= Q3	
Timely Access - UEC ED 12+ Hours BCU	0	3,598	<= 3,598	3,000	1,803	= Q3	
Timely Access - Cancer*	70%	52%	60%	62%	68%	80%	Achievement of trajectory contingent on agreement of additional Welsh Government funding
Timely Access - Diagnostics (over 8 weeks) All*	0	10,643	9,284	7,925	3,950	0	Achievement of trajectory contingent on agreement of additional Welsh Government funding
Timely Access - Planned Care RTT 52W Stage 1 BCU*	0	31,000	26,739	24,656	22,573	20,811	Achievement of trajectory contingent on agreement of additional Welsh Government funding
Timely Access - Planned Care RTT 104W All Stages BCU*	0	6,800	4,950	2,800	0	0	Achievement of trajectory contingent on agreement of additional Welsh Government funding
Population Health & Prevention							
Priority Area	Target	Baseline	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Comments
Population Health Prevention - Diabetes		37.70%	Awaiting access to Primary Care data				
Population Health Prevention - Vaccs COVID-19	75%	74%	75%	75%	75%	75%	
Population Health Prevention - Vaccs Flu (A)	75%	72%	75%	75%	75%	75%	
Population Health Prevention - Vaccs Flu (Ch)	75%	50%	50%	55%	60%	65%	
Population Health Prevention - Vaccs Flu (S)	75%	36%	36%	41%	46%	51%	
Population Health Prevention - IMMS Flu	75%	43%	43%	48%	53%	58%	
Population Health Prevention - IMMS MMR	95%	90%	90%	95%	95%	95%	
Population Health Prevention - Vaccs HPV (Y8)	95%	65.10%	65%	70%	75%	80%	
Population Health Prevention - Vaccs HPV (Y9)	95%	83.90%	84%	87%	90%	95%	
Population Health Prevention - Vaccs MenACWY (Y9)	95%	66.00%	66%	71%	76%	81%	
Population Health Prevention - Vaccs MenACWY (Y10)	95%	77.70%	78%	83%	88%	95%	
Population Health Prevention - Vaccs MenACWY (Y11)	95%	83.80%	84%	89%	94%	95%	
Building Community Capacity							
Priority Area	Target	Baseline	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Comments
Building Community Capacity - Number of POCD Delays	Reduction	915	900	830	765	765	
Building Community Capacity - Number of POCD Assessment Delays	Reduction	462	400	360	320	320	
Building Community Capacity - GMS (P1)	100%	98.96%	100%	100%	100%	100%	
Building Community Capacity - GMS (P2)	100%	97.91%	100%	100%	100%	100%	
Building Community Capacity - Pharmacy	Increase	7,600	7,900	8,100	8,400	8,700	
Building Community Capacity - Dental Adult		32.20%	43.00%	43.00%	43.00%	43.00%	Work in progress - final version to be submitted 31st March 2025
Building Community Capacity - Dental Child		56.80%	55.00%	55.00%	55.00%	55.00%	Work in progress - final version to be submitted 31st March 2025
Building Community Capacity - Palliative (EoLC)		No target available					
Mental Health Access							
Priority Area	Target	Baseline	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Comments
Adult Mental Health - Part 1a	80%	80.04%	75.00%	80.00%	75.00%	80.00%	
Adult Mental Health - Part 1b	80%	87.44%	80.00%	80.00%	80.00%	80.00%	
Adult Mental Health - Part 2	90%	86.61%	87.00%	85.00%	86.00%	87.00%	
Adult Psychology	80%	80.00%	80.00%	80.00%	80.00%	80.00%	
CAMHS - Part 1a	80%	91%	80%	80%	80%	80%	
CAMHS - Part 1b	80%	27%	49%	60%	70%	80%	
CAMHS - Part 2	80%	90%	90%	90%	90%	90%	
Women's Health							
Priority Area	Target	Baseline	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Comments
Women's Health Hub	N/A	Not applicable					

## Special Measures De-escalation Criteria

### Finance de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) Demonstrated improvement and evidence of robust financial governance and a robust financial control environment.</li> <li>2) Substantial progress to be made in delivering the SM action plan including actions to improve the organisation's understanding of the existing deficit and key drivers, development and realisation of opportunities.</li> <li>3) Annual Plan developed with Board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum, the target control total.</li> </ol>	<ol style="list-style-type: none"> <li>1) The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.</li> <li>2) Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.</li> <li>3) Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum, the target control total.</li> </ol>

### Strategy and Planning de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) Submission of an approvable annual plan in line with the NHS Wales planning framework 2024 to 2027.</li> <li>2) Evidence of improving integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.</li> <li>3) Board clarity on the strategic vision for the organisation.</li> <li>4) Evidence of a clear roadmap and implementation of the health board's multi-professional clinical services plan.</li> <li>5) Deliver commitments set out within the annual plan, particularly in relation to the ministerial priorities.</li> <li>6) Sustained improvements in delivery of the plan throughout the year.</li> <li>7) Welsh Government's confidence in delivery based on the health board self-assessment against the planning maturity matrix.</li> </ol>	<ol style="list-style-type: none"> <li>1) Submission of an acceptable annual plan in line with the current planning framework.</li> <li>2) Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.</li> <li>3) Board clarity on the strategic vision for the organisation.</li> <li>4) Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.</li> <li>5) Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities.</li> <li>6) Significant progress on a clinical services plan.</li> <li>7) Sustained improvements in delivery of the plan throughout the year.</li> <li>8) Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.</li> <li>9) Establishment of a Joint Committee and demonstrate improved regional collaboration where required to ensure continued safety, quality and ongoing viability and sustainability of regional services; including orthopaedics and ophthalmology.</li> </ol>

## Planned Care and Cancer de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) 55% performance maintained for 4 months against the SCP target.</li> <li>2) 98% of open outpatient pathways are waiting less than 52 weeks and maintained for 4 months</li> <li>3) Continuous improvement to ensure that 97% of open pathways are waiting less than 104 weeks and maintained/improved for 4 months.</li> <li>4) Continuous reduction in the number of patients delayed by 100% for their follow up appointment.</li> <li>5) 75% of patients waiting for a diagnostic test to be waiting less than 8 weeks maintained for 4 months.</li> <li>6) 80% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 4 months.</li> </ol>	<ol style="list-style-type: none"> <li>1) 60% performance maintained for 3 months against the SCP target.</li> <li>2) 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.</li> <li>3) 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.</li> <li>4) 80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.</li> <li>5) 15% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)</li> <li>6) 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.</li> <li>7) 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.</li> <li>8) 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.</li> <li>9) 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.</li> <li>10) 85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.</li> <li>11) Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.</li> </ol>

## Urgent and Emergency Care de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) Continuous reduction of ambulance handovers over one hour of at least 17% maintained over 4 consecutive months.</li> <li>2) Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.</li> <li>3) Continuous improvement towards no more than 10% of patients waiting over 12 hours at each individual site and across the health board.</li> <li>4) Continuous reduction of 5% in pathways of care delays for 3 consecutive months and then maintained for 4 months.</li> <li>5) Evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.</li> </ol>	<ol style="list-style-type: none"> <li>1) A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).</li> <li>2) Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.</li> <li>3) Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.</li> <li>4) A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline).</li> <li>5) Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.</li> </ol>

## Adult Mental Health and CAMHS de-escalation criteria

Level 5 > 4	Level 4 > 3
<p><b>Adult Mental Health</b></p> <ol style="list-style-type: none"> <li>65% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral for 4 months (Part 1a).</li> <li>65% of therapeutic interventions started within 28 days following an assessment by LPMHSS for 4 months (Part 1b).</li> <li>65% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan for 4 months (Part 2).</li> </ol> <p><b>CAMHS</b></p> <ol style="list-style-type: none"> <li>75% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral for 4 months (Part 1a).</li> <li>60% of therapeutic interventions started within 28 days following an assessment by LPMHSS for 4 months (Part 1b).</li> <li>75% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan for 4 months (Part 2).</li> </ol>	<p><b>Adult Mental Health</b></p> <p>Not covered in the Hywel Dda de-escalation criteria.</p> <p><b>CAMHS</b></p> <ol style="list-style-type: none"> <li>80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.</li> <li>65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.</li> <li>80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.</li> </ol>

## Primary and Community Care de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>Primary and community care is supported by strong clinical leadership, at Board and Executive level, an effective integrated improvement plan, project management structure and effective transformation support.</li> <li>Evidence of improved activity within community opportunities, urgent primary care centres</li> <li>A clear strategy and plans for GMS managed practices, and fragile GMS practices.</li> <li>All GDS and PDS dental contracts in place with a clear plan for the commissioning of tier 2 dental services across North Wales.</li> </ol>	<p>Not covered in the Hywel Dda de-escalation criteria.</p>

## Fragile Services de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, AW, HM Coroners, Royal Colleges, HTA, MHRA, Llais etc), mortality reviews, duty of quality/candour, infection prevention and control, performance, clinical and medical leadership.</li> <li>2) For each fragile service evidence: <ul style="list-style-type: none"> <li>• Whether staff have all the information they need to deliver safe care and treatment to people?</li> <li>• How are people's care and treatment outcomes monitored and how do they compare with other similar services?</li> <li>• How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?</li> <li>• How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?</li> <li>• How consent to care and treatment is sought in line with legislation and guidance?</li> <li>• Clear and effective processes for managing risks, issues and performance.</li> </ul> </li> <li>3) Fragile services (as highlighted above) are supported by strong clinical leadership, have an effective integrated improvement plan, project management structure and effective transformation support. Where appropriate, key performance metrics will be agreed.</li> <li>4) Evidence that all recommendations from the Royal Colleges, HIW and other reviews are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.</li> <li>5) Evidence that the Board is sighted on fragile services and has a robust response to these issues that is being addressed by the health board.</li> </ol>	<ol style="list-style-type: none"> <li>1) Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, AW, HMC, RC, Llais etc), mortality reviews, duty of quality/candour, infection protection control, performance, clinical and medical leadership.</li> <li>2) Fragile services (including but not limited to stroke, primary care, orthopaedics and ophthalmology) are supported by strong clinical leadership, have an effective integrated improvement plan, project management structure and effective transformation support. Where appropriate key performance metrics will be agreed.</li> <li>3) Evidence that all recommendations from the Royal Colleges, HIW and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.</li> <li>4) Evidence that the Board is sighted on fragile services and has a robust response to these issues that is being addressed by the health board</li> <li>5)</li> </ol>

## Governance de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) A vision, credible strategy and supporting plans to deliver organisational priorities which are underpinned by a culture of quality, sustainable care.</li> <li>2) Governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes with effective Board oversight and a clear performance and delivery framework that drives improvement.</li> <li>3) Responsibilities, roles and systems of accountability and escalation to support good governance and management.</li> <li>4) Effective oversight and scrutiny being consistently provided by the Board and/or the appropriate Committee with clear evidence, recommendations, risks and opportunities outlined in Committee and Board papers.</li> <li>5) An effective risk management framework for identifying, recording and managing risks across the organisation. The Board and the relevant Committee is sighted on the organisation's strategic risks and areas of concern on a regular basis.</li> <li>6) Processes ensure the Board and the relevant Committees are provided with regular reports on performance to maintain an appropriate level of oversight and so they can scrutinise effectively.</li> <li>7) Processes ensure the Board and the relevant Committees are provided with regular reports on fragile services so that they can maintain an appropriate level of oversight and so they can scrutinise effectively and provide guidance.</li> <li>8) Clinical strategy and supporting plans are developed, agreed and communicated internally and to the public; deliver realistic actions early on to gain confidence and trust that sustainable longer-term continuous improvement is achievable.</li> <li>9) Regular self-assessment against the agreed governance framework to identify risks and opportunities and ensure continuous improvement.</li> </ol>	<ol style="list-style-type: none"> <li>1) Effective oversight and scrutiny of current service provision consistently being provided by the Board and the appropriate Committee as demonstrated by Committee and Board papers.</li> <li>2) Evidence of Board considering the Duty of Quality to inform their decision making and evaluating their compliance with the Duty.</li> <li>3) Effective programme and performance management structure is in place, which defines objectives of the improvement work, has plans which show how the work is delivered and what barriers could impact on delivery of outcomes; structures have effective, open and transparent reporting, with effective Board oversight and a clear performance and delivery framework that drives improvement.</li> <li>4) Risk management arrangements are in place for identifying, recording, managing risks across the organisation. Board is sighted on key risks and areas of concern on a regular basis and is able to offer constructive scrutiny on performance and effective oversight and scrutiny of fragile services provided by QSE and Board.</li> <li>5) Clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes.</li> <li>6) Self-assessment against an agreed governance maturity matrix with evidence the agreed level.</li> </ol>

## Leadership, Capability and Culture de-escalation criteria

Level 5 > 4	Level 4 > 3
<ol style="list-style-type: none"> <li>1) Succession and development plan in place to ensure adequate capacity and capability in all areas of the organisation.</li> <li>2) A clear organisational structure led by an effective and complete executive team with the leadership capacity and capability to deliver high quality, sustainable care.</li> </ol>	<ol style="list-style-type: none"> <li>1) A full and substantive Executive Director Team, with a clear organisational structure is in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality, sustainable care.</li> <li>2) Effective leadership programmes are in place to support the ongoing development of leadership and</li> </ol>

<ul style="list-style-type: none"> <li>3) Effective leadership programme in place to support ongoing development of leadership and management skills at all levels/professions to strengthen management maturity.</li> <li>4) Strategic workforce planning is undertaken to maximise skills of current staff.</li> <li>5) Continued embedding of a values and behaviours framework throughout the organisation.</li> <li>6) Systems and processes for learning, continuous improvement and innovation.</li> <li>7) Mechanisms in place to ensure lessons learned are recorded, communicated and used to drive improvements.</li> <li>8) Positive staff engagement in NHS Wales surveys.</li> <li>9) Local surveys showing increasing confidence and trust in the organisation's leaders and an awareness of strategies.</li> <li>10) Plans are in place and being implemented to reduce the number of interim and agency staff.</li> <li>11) Positive feedback from leadership programmes.</li> <li>12) A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.</li> <li>13) Demonstrate how people's concerns and complaints are listened to, and responded to, and used to improve the quality of care and how the people who use services, the public, staff and external partners are engaged and involved to support high quality sustainable services</li> </ul>	<p>management skills at all levels / professions to strengthen management maturity. Evaluation of the impact of these programmes including decision making, use of equality impact assessment, safeguarding and participant feedback.</p> <ul style="list-style-type: none"> <li>3) Positive staff engagement in NHS Wales surveys.</li> <li>4) Plans are in place to develop a sustainable workforce resulted in improved staff retention and staff well-being, a reduction in the number of vacancies and the number of interim and agency staff, workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan</li> <li>5) Whether the people who use services, the public, staff and external partners are engaged and involved to support high quality sustainable services, demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies.</li> <li>6) Clinical change is led and driven forward by clinical leaders at all levels of the organisation.</li> <li>7) A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including quality, mortality, staffing levels, patient outcomes, user and staff feedback.</li> <li>8) Effective use of data to help demonstrate improvements in leadership.</li> </ul>
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## Quality of Care de-escalation criteria

Level 5 > 4	Level 4 > 3
<ul style="list-style-type: none"> <li>1) An integrated and effective quality management system operating throughout the organisation.</li> <li>2) Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by Quality, Safety and Experience Committee and Board.</li> <li>3) The health board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs. <ul style="list-style-type: none"> <li>a. C-Diff: reduce the number of hospital onset infections by 15% and maintain for 4 months (from a baseline of the average number of cases in quarter 3 of 13 cases to no more than 11 per month)</li> <li>b. E-coli: reduce the number of hospital onset infections by 15% and maintain for 4 months (from a baseline of the average number of cases in quarter 3 of 10 cases to no more than 8 per month)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>1) Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by Quality Safety Committee and the Health Board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs. <ul style="list-style-type: none"> <li>a. C-Diff: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 8 cases to no more than 6 per month).</li> <li>b. Staph aureus: reduce the number of hospital onset infections by 33% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 3 cases to no more than 2 per month)</li> <li>c. E-coli: reduce the number of hospital onset infections by 25% and maintain for 3 months (from</li> </ul> </li> </ul>

- 4) 68% of complaints that had final reply (Reg 24)/interim reply (Reg 26) to be closed within less than 30 working days of concern received maintained for 3 months
- 5) Effective response from the health board to external reports and reviews including those from Audit Wales, Public Services Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.
- 6) Demonstrate how service user and staff experience/involvement is being used to improve quality processes and inform service development across the organisation.
- 7) Demonstrate the progress made against implementing the requirements of the Duty of Candour and Duty of Quality including the embedding of the Care and Quality Standards throughout the organisation from Board to service area delivery.
- 8) Oversight of safeguarding arrangements to ensure the Board has sufficient, meaningful assurance that the organisation is delivering against its safeguarding statutory responsibilities.
- 9) Use of national clinical audit and outcome review programme and Value in Health dashboards to support quality improvement and address unwarranted variation in care (including the use of patient and staff feedback to influence service design).

- a baseline of the average number of cases in quarter 3 of 7 cases to no more than 5 per month).
- 2) 70% of complaints that had final reply (Reg 24)/interim reply (Reg 26) to be closed less than 30 working days of concern received.
  - 3) Effective response from the health board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.
  - 4) Demonstrate how service user and staff experience/involvement is being used to improve quality processes and inform service development across the organisation.
  - 5) Demonstrate the progress made against implementing the requirements of the Duty of Candour and Duty of Quality including the embedding of the Care and Quality Standards through the organisation from Board to service area delivery.
  - 6) Oversight of safeguarding arrangements to ensure the board have sufficient, meaningful assurance that organisation is delivering against its safeguarding statutory responsibilities.
  - 7) Use of National Clinical Audit and Outcome Review Programme and Value in Health dashboards to support quality improvement and address unwarranted variation in care. (including the use of patient and staff feedback to influence service design).



Teitl adroddiad: Report title:	Establishing the North Wales Medical School			
Adrodd i: Report to:	Health Board			
Dyddiad y Cyfarfod: Date of Meeting:	27 <sup>th</sup> March 2025			
Crynodeb Gweithredol: Executive Summary:	<p>The purpose of this paper to provide the Board with update the North Wales Medical School and the future work the Health Board is intending to take forward under the collaborative partnership arrangements that has been developed with Bangor University under a Memorandum of Understanding.</p> <p>The business case for the Medical School will be considered by the Board on 27<sup>th</sup> March 2025 in private due to commercial sensitivity.</p>			
Argymhellion: Recommendations:	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the successful establishment of the North Wales Medical School which was delivered one year ahead of the original target and the ongoing development of the collaborative relationship with Bangor University.</li> </ul>			
Arweinydd Gweithredol: Executive Lead:	Dr Sreeman Andole – Interim Executive Medical Director			
Awdur yr Adroddiad: Report Author:	<p>Lea Marsden – Programme Director North Wales Medical School, BCUHB Emma Woolley – Director of Medical &amp; Dental Education, BCUHB Dr Jim McGuigan – Deputy Executive Medical Director, BCUHB</p>			
Pwrpas yr adroddiad: Purpose of report:	<p>I'w Nodi For Noting <input checked="" type="checkbox"/></p>	<p>I Benderfynu arno For Decision <input type="checkbox"/></p>	<p>Am sicrwydd For Assurance <input type="checkbox"/></p>	
Lefel sicrwydd: Assurance level:	<p>Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  High level of confidence/evidence in delivery of existing mechanisms/objectives</p>	<p>Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  General confidence / evidence in delivery of existing</p>	<p>Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  Some confidence / evidence in delivery of existing mechanisms / objectives</p>	<p>Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  No confidence / evidence in delivery</p>

	mechanisms / objectives
<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:	5A – University Partnership 5B: Research, Development and Innovation 5C: Academic Careers
Link to Strategic Objective(s):	
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	There are no known regulatory or legal implications relating to the content of this paper.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	Not applicable to this paper.
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 to this paper.
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)	Not applicable to this paper.
Goblygiadau ariannol o ganlyniad i roi'r <i>argymhellion ar waith</i> Financial implications as a result of implementing the recommendations	Not applicable to this paper.
Goblygiadau gweithlu o ganlyniad i roi'r <i>argymhellion ar waith</i> Workforce implications as a result of implementing the recommendations	Not applicable to this paper.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable to this paper.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	<b>BAF24-08</b> - Ineffectively Implementing Evidenced Based Improvement and Innovation  <b>Associated Threat:</b> <i>Ineffective university partnerships, inadequate joint investment in research, and supporting academic career development to sustain a joint effective environment for learning</i>

Rheswm dros gyflwyno adroddiad i fwrdd  
cyfrinachol (lle bo'n berthnasol)

Reason for submission of report to  
confidential board (where relevant)

Public

List of Appendices: None

## NORTH WALES MEDICAL SCHOOL

### 1. BACKGROUND TO MEDICAL EDUCATION IN NORTH WALES

There is a long and proud tradition of undergraduate and postgraduate medical education in North Wales. This forms an important part of part of the training and education component of University Status accreditation of Betsi Cadwaladr University Health Board, alongside research and development, and innovation.

Betsi Cadwaladr University Health Board is commissioned by Health Education and Improvement Wales and Health Education England North West (in small numbers) to provide placements for over three hundred postgraduate doctors on formal training programmes. Betsi Cadwaladr University is also responsible for the professional development of 'locally-employed doctors' i.e., those not on these formal training programmes but nevertheless form a considerable cohort of doctors who stay and work in North Wales.

Numerous Medical Schools from Wales and the wider United Kingdom have placed undergraduate medical students in North Wales for many years. These placements provide clinical teaching and experience in both Betsi Cadwaladr University Health Board speciality services and North Wales General Practices.

The provision of an undergraduate medical degree course specifically based in North Wales began in 2019 through the development of the C21 North Wales Medicine programme (C21NW), a partnership between Bangor and Cardiff Universities.

The C21NW programme provided the opportunity for medical students to choose to study in North Wales, although the numbers of available placements were low. This led to the development of the North Wales Medical School at Bangor University. The North Wales Medical School accepted its first intake of eighty students in September 2024.

### 2. ESTABLISHING THE NEED FOR A NORTH WALES MEDICAL SCHOOL

The journey to establishing the independent North Wales Medical School (NWMS) began in earnest in 2020 when Betsi Cadwaladr University Health Board and Bangor University agreed a shared vision that a transformational medical school for North Wales should be developed by 2025.

The strategic case for the School was submitted to Welsh Government in July 2020. Following consideration by the Minister for Health and Social Services the case received Welsh Government support.

The strategic vision was:

- That prevention would be at the heart of the curriculum though a community-based focus in support of the aims of the NHS Wales strategy *A Healthier Wales*. This is achieved through the Longitudinal Integrated Clerkship in Year 3 which will see students undertaking placements across North Wales thereby exposing them to both urban and rural communities. The aim of the programme is to ensure that the NWMS's curriculum can evolve over time, enabling the curriculum to reflect BCUHB's long term strategies for the health and well-being of the local population. This approach offers opportunities,

unique to North Wales, as Bangor University and BCUHB have the same regional boundaries and the collaborative relationship that has been built upon since 2020.

- That establishing the medical school would help to address workforce challenges through educating students in North Wales and also improving recruitment and retention through the development of academic roles. Evidence from around the world indicates that medical students choose to work near to where they studied their degree. The aim is to encourage students to develop lifelong careers within North Wales, benefitting the local population and its communities.
- Welsh language provision of health care would be improved by increasing the numbers of Welsh students reading medicine, especially those with Welsh language skills. Welsh speaking students will be offered the provision of teaching and learning opportunities in Welsh
- That the North Wales economy would be boosted through an increase in research between Betsi Cadwaladr University Health Board, Bangor University, and wider industry partners
- That increasing research capacity and its impact would support the achievement of better outcomes for patients.

The importance of the NWMS was highlighted by Welsh Government including the NWMS in the Programme for Government, as part of their commitment to provide effective, high quality and sustainable healthcare across Wales.

### **3. ESTABLISHING THE MEDICAL SCHOOL**

Bangor University, Cardiff University, Betsi Cadwaladr University Health Board and the Welsh Government agreed to work in partnership to set up the school.

The NWMS proposal was developed nationally to ensure that the NWMS was considered at a national level, acknowledging the existing Welsh medical schools at Swansea and Cardiff Universities.

Simultaneously Betsi Cadwaladr University Health Board and Bangor University worked jointly to progress the detailed planning required to establish the NWMS. The planning was supported by Cardiff University, allowing the NWMS built upon the experienced gained by hosting C21 programme. C21 is the name of the medical degree programme delivered by Cardiff University which was initially adapted for the curriculum for C21NW and latterly the basis of the curriculum for the NWMS. Betsi Cadwaladr University Health Board and Bangor University worked jointly across the breadth of activities needed to launch the NWMS, including satisfying the rigorous statutory approval process overseen by the General Medical Council.

National arrangements progressed the proposal in phases between the autumn of 2020 and January 2023. This culminated in an announcement by the Minister for Health and Social Services on 26<sup>th</sup> January 2023 which confirmed that funding for up to 140 medical student places, through direct intake to Bangor University, would start from 2024. This meant that students would be able to study the whole of their degree in North Wales and that degree would be awarded by Bangor University rather than Cardiff University.

Having welcomed its first 80 students in September, the NWMS was officially launched by the First Minister for Wales, Eluned Morgan, and Health Secretary Jeremy Miles on 3<sup>rd</sup> October 2024 – a full year ahead of the original aspiration.

At its [launch](#) the First Minister for Wales said, “*Recruiting skilled doctors is a major challenge across the UK and Europe. The medical school will be a game-changer for doctor recruitment in Wales, enabling more medical students to train in the region, which is good for our NHS, especially in North Wales.*”

*“The North Wales Medical school marks the delivery of a key Programme for Government commitment for North Wales and is the culmination of five years’ hard work by the health board and the universities. The school will soon be providing the NHS with doctors with world-class, modern training to deliver excellent and compassionate care in our NHS for the future.”*



#### **4. BCU ROLE IN DEVELOPMENT**

Undergraduate and postgraduate medical education in the Health Board is led by the Director of Medical and Dental Education, Emma Woolley. Supported by the medical education team, formal teaching and education takes place predominately in the three Education Centres at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Medical Institute.

In order to do this Betsi Cadwaladr University Health Board is a GMC-approved Local Education Provider (LEP) of medical education and is therefore responsible for meeting the GMC standards of the learning environment and clinical culture in its primary, secondary and community sites. The quality of medical education provided by LEPs is formally evaluated on an annual basis and BCUHB has consistently provided undergraduate medical education that is above the national average, and frequently, the best for Wales. BCUHB is proud of its status as an LEP and aims to maintain this excellent standard of teaching for the NWMS as student numbers grow.

The medical education team have been integral to the establishment of the NWMS collaborating in joint workstreams with Bangor University to develop the curriculum, scope requirements for clinical placements and teaching environments. This will continue as students progress through the curriculum towards the completion of the degree.

#### **5. THE REGULATORY PROCESS**

All new UK medical schools, and the degree they offer, are required to follow a rigorous eight stage statutory approval process overseen by the General Medical Council (GMC).

In this process, medical schools are rigorously assessed at each of the first six stages against published standards. Once a medical school has passed stage 6 it is granted permission to recruit students.

Alongside the national and local work, the NWMS passed the first 6 stages without delay and was therefore able to successfully recruit its first 80 students in September 2024.

Stage 7 begins with a rolling programme of quality assurance. Stage 7 will now continue through the first 5 years of the medical programme during which time the number of students will continue to increase.

The final stage is when a new medical school is formally approved and granted the powers to award a medical degree to its students. This only occurs at the point the medical school's first students graduate in their final year (2019).

## 6. GROWING STUDENT NUMBERS

The intake of students is split between undergraduate, typically students who have recently passed their A Levels, who enter in Year 1 of the five-year course and graduate entry at Year 2 for students who have already been awarded a relevant degree.

Following the establishment of the initial 80 places in 2024, the intake for undergraduate entry will then grow by 10 students per year in each of the five successive years. The total number of students also increases year-on-year as the higher intake for the NWMS flow through the five-year programme.

The table below is based on the numbers and phasing agreed between Bangor University and Welsh Government. Numbers highlighted in 2024/25 through to 2026/27 represent the number of students who will complete their studies under existing arrangements for the C21NW programme. The full numbers are reached in 2033 at which point the NWMS will have total of 670 students studying medicine across the 5 years of the programme with an annual intake of 140 students.

	Academic Year - August to July									
	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34
Year 1	60	70	80	90	100	110	110	110	110	110
Year 2	20	80	90	100	110	130	140	140	140	140
Year 3	30	20	80	90	100	110	130	140	140	140
Year 4	23	30	20	80	90	100	110	130	140	140
Year 5	20	23	30	20	80	90	100	110	130	140
<b>Total Students</b>	<b>153</b>	<b>223</b>	<b>300</b>	<b>380</b>	<b>480</b>	<b>540</b>	<b>590</b>	<b>630</b>	<b>660</b>	<b>670</b>

## 7. WIDENING ACCESS TO MEDICINE



Widening Access to Medicine (WAM) is the concept of helping students to enter medical or dental school who might not otherwise pursue such a career. The Seren Programme is a Welsh Government initiative to help the most able state school children (Years 8-13) achieve their potential. The initiative is delivered by local authority hubs.

BCUHB has worked in partnership with local government across 3 North Wales sites since 2015 hosting 15 events per year and work experience which includes small group work, lectures, mock interviews and home assignments.

More recently BCUHB has established a Seren programme for dentistry and the model is held up as an exemplar in Wales. It reflects the passion, innovation and collaboration of BCUHB clinicians and educators.

Over 150 students from the region participated in 2023-24, across all 4 programmes and two-year groups. Approximately 50 students graduated from the programme. 70% of students for whom we have outcome data, received an offer to study medicine or dentistry.

The partnership between BCUHB and BU has facilitated discussions with the NWMS admissions teams to further benefit the aim of achieving an increased number of Welsh/North Walian and Welsh-speaking domiciled doctors.

## **8. WELSH DOMICILED STUDENTS**

The NWMS is aiming to increase the proportion of Welsh-domiciled medical students studying in Wales. Students from Wales are under-represented in medical schools in Wales and across the UK, and widening participation efforts have particularly focused on this cohort. In the first year, Welsh-domiciled students made up 38% of the total intake.

As part of the strategy to improve performance against this objective, a Gateway to Medicine Year has been proposed. This would accept around 10 students annually from widening participation backgrounds, who because of lack of opportunity, have not been able to achieve their full potential at A-level. Subject to satisfactory performance, these students would progress into Year 1 of the NWMS Medicine course at the end of the Gateway Year thereby increasing the opportunities for students to study medicine.

## **9. WELSH LANGUAGE**

In terms of Welsh Language 21% of students are Welsh Speakers with 15% being fluent. To support the increase in the use of Welsh Language a new programme; 'Mwy na geiriau – y Gymraeg fel sgil glinigol' 'More than words – The Welsh as a clinical skill' has been established by Bangor University.

In addition, to enhance the quality of healthcare for the population it serves, BCUHB has scoped the resources required to offer teaching and learning in the medium of Welsh in the clinical placements it will provide.

## **10. PRIMARY CARE LONGITUDINAL INTEGRATED CLERKSHIP**

In the main, medical schools across the UK follow a traditional curriculum model which offers short, block, placements in primary care. The innovative C21 North Wales model, delivered via Bangor University, includes an agreed adaptation to include a Longitudinal Integrated Clerkship (LIC) in primary care.

An LIC is an extended clinical learning model which replaces traditional block rotations. For the NWMS this approach takes place in Year 3 of the degree when students are placed in GP practices for 2 days per week over 38 weeks, almost the whole of their entire academic year.

This unique approach has been well received by both students and placement practices with students being able to gain an immersive insight into General Practice early in their medical education. The LIC is included in the curriculum to support students to:

- Develop their patient centred skills;
- Better develop their higher order clinical thinking;
- Positively influence students towards primary care and rural career choices through experience of living and working in rural areas;
- There is evidence that longer LIC placements have greater impact than more traditional, short block placements.

## **11. NEXT STEPS FOR THE NORTH WALES MEDICAL SCHOOL**

The next step for the North Wales Medical School is to seek capital investment to enhance and expand the educational environments in both BCUHB and Bangor University. To do this a comprehensive joint business case has been developed which provides a clear rationale for investment. This case is due to be considered by the Board in private due to the commercially sensitive information it contains and once approved the business case will be submitted to Welsh Government for their consideration and scrutiny.

## **12. COLLABORATIVE PARTNERSHIP BETWEEN BCUHB AND BANGOR UNIVERSITY**

The establishment of the NWMS has been successfully achieved through the collaborative partnership between BCUHB and BU in a shared vision. Both organisations recognise the importance of this relationship and its ability to be a catalyst for growth. To support this aim, a Memorandum of Understanding, which formalises the relationship between the two organisations, has recently been renewed and strengthened with the aim of supporting joint work across the following areas:

- **Establishment of a North Wales Pharmacy School in 2025** – whilst still subject to General Pharmaceutical Council approval, it is envisaged that the School will open in September 2025.
- **Development of a strategic case to establish a North and Mid-Wales Dental School** – the scope for a Dental School has been established but planning for this endeavour is at a very early stage and funding is yet to be identified. However, it is hoped that this will be taken forward in 2025 through establishing a partnership between BU, BCUHB, Aberystwyth University, Powys Health Board and Hwyl Dda University Health Board.
- **Growing Research and Research and Innovation Infrastructure** – based on evidence that research-rich organisations achieve better outcomes for patients, we will continue to drive forward an ambition for growth in the research activities.
- **Education and Training in Health and Allied Health professions** – we will continue to collaborate in the development and delivery of opportunity for the education and skills needs of the wider health care workforce. Collaborating to deliver a skills environment which responds to the needs of professions in North Wales.
- **Developing the Professional and Corporate Service Teams of the Future** – we will establish a new collaborative thread building pathways between the University's student base and the Health Board's Corporate Services, enhancing the employability of undergraduates/graduates through placements, work experience and internships, enhancing the student experience at Bangor University whilst strengthening the homegrown talent pipeline for BCUHB.

### **13. CONCLUSION**

In the words of the First Minister for Wales, the North Wales Medical School will be a '*game changer*' for North Wales. Applications for the School are high and efforts are being made to increase the opportunities for Welsh-domiciled and Welsh-speaking students and the continued commitment to partnership working between BCUHB and Bangor University will see further benefits realised for the population of North Wales.

### **14. RECOMMENDATION**

Members are asked to:

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



<b>Teitl adroddiad:</b> <i>Report title:</i>	Equality Annual Report 2023-24			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 27 March 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to present to the Board, the Annual Equality Monitoring Report for 2023-24. The Gender Pay Gap Report and the First Health Board Race Pay Gap Report are available for information in the supporting pack.</p> <p>This report demonstrates some of the work the Health Board has undertaken to meet the Strategic Equality Objectives set out in the Strategic Equality Plan 2020-2024, focusing on the last year of the plan as well as the development of objectives for the next four-year Strategic Equality Plan.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Annual Equality Report, Annual Equality Monitoring Report, Gender Pay Gap Report and Race Pay Gap Report for the Health Board to meet its legal obligations to publish by the 31st March 2025.</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Jason Brannan - Deputy Director of People Services			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Ceri Harris – Head of Equality and Human Rights			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <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><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p>				

<b>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:</b>	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	Strategic Equality Objectives - 2020-2024
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	Equality Act 2010
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	Yes as part of the wider remit of work within the Strategic Equality Action Plan
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	Yes as part of the wider remit of work within the Strategic Equality Action Plan
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	The risks associated with this paper are: <ul style="list-style-type: none"> <li>• Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011</li> <li>• Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan</li> </ul>
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b>Financial implications as a result of implementing the recommendations</b>	Training needs to ensure compliance with actions in the Health Boards Strategic Objectives and National Equality Action Plans
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <b>Workforce implications as a result of implementing the recommendations</b>	Workforce and Organisational Development support regarding the WorkForce Race Equality Standards (WRES) recommendations.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <b>Feedback, response, and follow up summary following consultation</b>	Papers on these key areas have been provided to Equality and Human Rights Strategic Forum, Local Partnership Forum and Executive Committee.
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	Risks identified above.

<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Publishing of the Reports on the Health Board Website</b>	
<b>List of Appendices (published in the supporting pack):</b> <b>Annual Equality Report</b> <b>Gender Pay Gap Report</b> <b>Race Pay Gap Report</b>	

## 1. Introduction/Background

The purpose of this report is to present to the Board, the Annual Equality Monitoring Report for 2023-24. The Gender Pay Gap Report and the First Health Board Race Pay Gap Report are available for information in the supporting pack.

This report demonstrates some of the work the Health Board has undertaken to meet the Strategic Equality Objectives set out in the Strategic Equality Plan 2020-2024, focusing on the last year of the plan as well as the development of objectives for the next four-year Strategic Equality Plan.

The report has been presented to the Equality and Human Rights Strategic Forum, Executive Committee, and People and Culture Committee before being presented to the Board.

## 2. Background

Each year the Health Board is required to publish its Equality Annual Report. The report outlines information on equality activities and achievements undertaken within Betsi Cadwaladr University Health Board (BCUHB) during the period 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024. This report looks at how the Health Board has met its legal duties and progress made against its Strategic Equality Action Plan 2020-2024.

It is not an exhaustive list of activities, but a snapshot, highlighting the work undertaken to meet our Public Sector Equality Duty as well as actions identified in the Welsh Government Action Plans.

Within the report, the achievements and progress highlights an alignment to the national Welsh Government Equality Programmes, such as the Anti-racist Wales Action Plan, LGBTQ+ Action Plan and Code of Practice for Autism, as well as the Strategic Equality Objectives for the period 2020-2024 and the Health Boards Three-Year plan 2024-2027.

Incorporated into the Annual Report are 3 additional documents. These are the Annual Equality Monitoring Report, which provides data on all our staff and their protected characteristics; the Gender pay Audit, which focuses on the pay gap between Men and Women, based on current binary data and for the first time a Race Pay Audit, looking at our data in relation to race and ethnicity, identifying potential disparities.

## **Executive Summary of the Annual Equality Report**

### Governance and Leadership

- The Health Board recognises that there is significant progress to be made in the leadership and culture of our organisation, and equality and inclusion alongside compassionate leadership will be at the heart of these improvements. It also recognises the impact that has on our workforce and public reputation.

### Partnership working and Engagement

- Proving examples of partnership and engagement work over the past 12 months and the impact that has made to service delivery, equality visibility and staff and patient experiences.

### Inclusive Services

- Defining what inclusive services look like, providing case study examples of both best practice and where learning has been made.

### Training and Awareness

- Highlighting the expansion of training provision within the Health Board, both internally and via partnerships, community groups and external organisations.

### Staff Support and resources

- Building staff networks and resources and making sure this is communicated widely throughout the Health Board.

## **Progress Made**

Significant progress been made to embed equality within strategies and ensuring Equality Impact Assessments (EQIA) and Socio-economic risks assessments are undertaken. The re-establishment of the EQIA Scrutiny Group provides another level of scrutiny and quality control of key assessments. More areas of the Health Board have signed up to complete the Cultural Competence Certification Scheme and there has been more visibility of the Equality Teams work through newsletters, intranet, public engagement activities and partnership events.

## **Barriers and Risks**

As with many areas, a shortage of resources to meet the actions within the plan will remain a risk. Such as the training demands for 20,000 staff above and beyond the Treat Me Fairly e-learning resource. The need for further Board Equality Development to ensure that they understand the demands within the National Action Plans and their responsibility to meet their duties.

## **Conclusion**

The focus for this period is to build visibility of Equality, Diversity and Inclusion into all aspects of the Health Board’s workforce and service delivery. The Health Board is required to improve inclusive services, embed equality into existing strategies to ensure that it meets the legal requirements under the Equality Act 2010, building on the positive work that has taken place, and take that forward into the next four-year Equality Plan.

**Focus on Gender Pay Audit Report**

The Gender pay audit is based on a snapshot date of the 31<sup>st</sup> March 2024, BCUHB employed 19,990 Women and 4968 men, therefore 80% of the workforce are women. All data is provided by Electronic Staff Records (ESR).

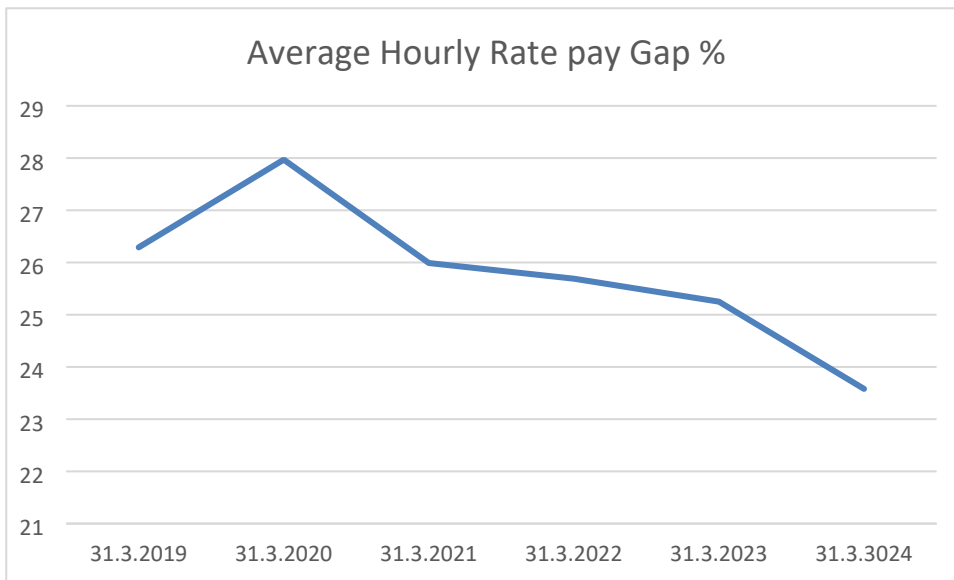
Gender	People	%
Female	19990	80.09%
Male	4968	19.91%
Grand Total	24958	

The Gender Pay report provides data on the Mean and Median hourly rates for men and women, The mean hourly rate is the average hourly wage across the entire organisation, whereby the median hourly rate is calculated by arranging the hourly pay rates of all male or female employees from highest to lowest and finding the point that is in the middle of each range.

	Mean Hourly Rate	Median Hourly Rate
Male	24.67	18.31
Female	18.86	17.09
Difference	5.81	1.21
Pay Gap %	23.58	6.65

**Trends in Data**

	2019	2020	2021	2022	2023	2024
<b>Average Hourly Pay Gap %</b>	26.29	27.97	25.99	25.69	25.25	23.58



The data shows that the pay gap has improved over the past five years.

### Focus on Race Pay Audit Report

To support our actions within the Strategic Equality Plan, Anti-racist Plan, in specific the Workforce Race Equality Standard (WRES), a Race Pay Audit is included within the annual reporting cycle based on the structure of the gender pay audit and a snapshot of equality data.

As of 31<sup>st</sup> December 2023, BCUHB employed 18,367 white staff, 1441 non-white staff, and 1885 staff who had not declared their ethnicity, therefore 84.7% of the workforce were white, 6.6% were non-white and 8.7% of staff had not declared. Our Mean Race Pay Gap was -53.33%, and Median Race Pay Gap was -24.59%.

Ethnicity	People	%
White	18367	84.7%
Non-White	1441	6.6%
Not Declared	1885	8.7%
Grand Total	21,104	

The data on the Mean and Median hourly rates

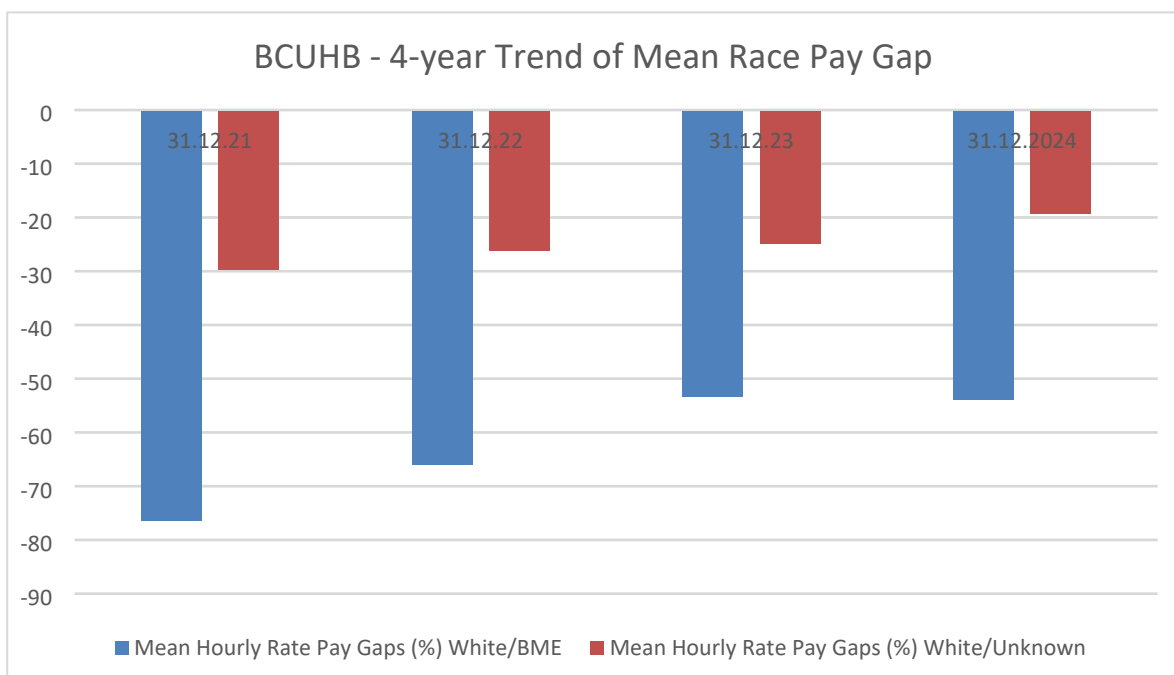
Ethnicity	Mean Hourly Rate	Median Hourly Rate
White	18.9426	16.6508
Non White	29.0438	20.7458
Not Declared	22.8920	17.9511
Difference between White & Non White	-10.1012	-4.0950
Difference between White & Not Declared	-3.9494	-1.3003
Pay Gap % between White & Non White	-53.33%	-24.59%

Pay Gap % between White & Not Declared	-20.85%	-7.81%
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### Trends in Data

	2021		2022		2023		2024	
	White/BME	White/Unknown	White/BME	White/Unknown	White/BME	White/Unknown	White/BME	White/Unknown
Mean Hourly Pay Gap %	-76.33	-29.66	-65.88	-26.15	-53.33*	-24.80*	-53.78	-19.21

\*2023 data generated 'manually' prior to the All Wales ESR Race Pay Gap dashboard being created.



N.B. All pay gap results in this table are negative, i.e. the mean hourly pay rate for Black and Asian Minority Ethnic staff is higher than that of White staff.

As the data collection has not long commenced, we can currently only map the trends over 4 years.

This data provides us with a baseline that can now measure progress and improvement against, and in particular focus on, the not declared ethnicity of staff within ESR, that was also highlighted in the first Workforce Race Equality Standard (WRES) report from Welsh Government.

### 3. Goblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications

There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are incorporated into existing action plans.

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

The risks associated with this paper are:

- 1971 - Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011
- 4986 - Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan

#### **5. Equality and Diversity Implications**

The areas identified in this paper are incorporated into the Health Board's Strategic Equality Objectives and Action Plan, which has an associated WP7 Equality Impact Assessment and Socio-economic Assessment completed.

Progress is also included in quarterly assurance reports that are presented to the Equality and Human Rights Strategic Forum, as well as being published on the equality pages of the intranet for full transparency.

The Health Board's strategic equality plans, together with current and previous strategic equality objectives and actions plans can be found [here](#).



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

<b>Board Date</b>		27/03/2025	
<b>Date of Committee</b>		20/02/2025	<b>Report of:</b> Quality Safety and Experience Committee
<b>Quoracy met:</b>		Yes	
<b>1</b>	Agenda	The Quality, Safety and Experience (QSE) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: <a href="https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/quality-safety-and-experience-committee/qse-agenda-bundle-241024-public-v10opt-compressedpdf/">https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/quality-safety-and-experience-committee/qse-agenda-bundle-241024-public-v10opt-compressedpdf/</a>	
<b>2a</b>	Alert	The QSE Committee wish to alert members of the Board that: <ol style="list-style-type: none"> <li>1. A demonstration of the Quality Management System and was received positively.</li> </ol>	
<b>2b</b>	Assurance	The QSE Committee wish to assure members of the Board that: <ol style="list-style-type: none"> <li>1. In reviewing the Integrated Quality Report, the Committee were assured that complaints are now consistent with what the performance data is saying</li> <li>2. Assurance was received around the development of the individual challenged services risks.</li> <li>3. Received the DECLO Annual Report and were assured with</li> </ol>	
<b>2c</b>	Advise	The QSE Committee wish to advise members of the Board that: <ol style="list-style-type: none"> <li>1. The Committee will have a deep dive on PALS at a future development session.</li> <li>2. The Committee will review the Clinical Audit as a substantive agenda item in a future meeting.</li> <li>3. DECLO Annual Report will be added to the Cycle of Business</li> </ol>	
<b>2d</b>	Review of Risks	The Committee reviewed the risks that the Committee had oversight and were assured that these were being reviewed thoroughly and reflected the discussions taking place in Committee.	
<b>2e</b>	Sharing of learning	No specific areas of learning were asked to be shared, however, how learning would be captured was clearly identified in the demonstration of the Quality Management System.	
<b>3</b>	Actions to be considered by the People & Culture Committee	There were no actions to be considered or referred to another Committee: <ul style="list-style-type: none"> <li>• All Wales Anti Sexual Harassment policy to be reviewed at the P&amp;C Committee</li> </ul>	

<b>Teitl adroddiad:</b> <i>Report title:</i>	Improving Quality Report – December 2024 & January 2025			
<b>Adrodd i:</b> <i>Report to:</i>	Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	27 <sup>th</sup> March 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on quality issues and information on the improvements underway.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Board is asked to note this report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	<ul style="list-style-type: none"> <li>Angela Wood, Executive Director of Nursing and Midwifery</li> <li>Dr Sreeman Andole, Interim Executive Medical Director</li> <li>Teresa Owen, Executive Director of Allied Health Professionals and Health Science</li> <li>Dr Jane Moore, Executive Director of Public Health</li> </ul>			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	<ul style="list-style-type: none"> <li>Patient Safety: Chris Lynes, Deputy Director of Nursing</li> <li>Patient and Carer Experience Mandy Jones, Deputy Director of Nursing</li> <li>Clinical Effectiveness: Dr James Risley, Deputy Medical Director</li> <li>Safeguarding: Michelle Denwood, Director of Safeguarding &amp; Public Protection</li> <li>IPC: Andrea Ledgerton, Deputy Director of Nursing IPC</li> <li>Quality Assurance: Joanne Kendrick, Head of Quality</li> <li>Healthcare Law: Matthew Joyes, Deputy Director of Legal Services</li> </ul>			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b> <b><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></b></p>				
There is confidence in the data provided in the report however, the pace of learning and improvement remains an area of concern and is a key focus of work. This is being addressed through a range of measures including the actions aligned to Special Measures and the Board Assurance Framework.				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b><i>Link to Strategic Objective(s):</i></b>	Outcome 4 - Improved access, outcomes and experience for citizens			

	Outcome 5 - Recognition of BCU as a learning and self-improving organisation
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020.  The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards.  Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <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? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A
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) <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: Gweithredu argymhellion <b>Next Steps: Implementation of recommendations</b> N/A	
Rhestr o Atodiadau: <b>List of Appendices:</b> 1. Board Improving Quality Report	

## Board Improving Quality Report – March 2025

### INTRODUCTION

For the NHS in Wales, quality is considered to be defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, under the statutory Duty of Quality, Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable** and **person-centred**. Underpinning these domains are six enablers, which are **leadership, workforce, culture, information, learning and research** and **whole-systems approach**. These domains and enablers form the Health and Care Quality Standards for Wales introduced in April 2023 through statutory guidance.

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

Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee in specific reports, and high-level quality data is provided in the Integrated Performance Report to the Board.

The report is structured, for ease, around the three high level domains of quality: patient safety, patient experience and clinical effectiveness, with specific sections on safeguarding, infection prevention and control (IPC), quality assurance and healthcare law.

### PATIENT SAFETY

#### Nationally Reportable Incidents (NRI)

17 NRIs occurred through December 2024 and January 2025. The main themes were as follows:

- Delayed or misdiagnosis (3)
- Infection outbreak (2)
- Medication prescribing error (2)
- Neonatal related incidents including stillbirth, low Apgar scores and congenital anomaly (2)
- Death of patients known to mental health services (2)

There have been zero never events during December 2024 and January 2025 (none since July 2024).

All NRIs are subject to a Rapid Review, at an Executive Integrated Concerns Oversight Panel (EICOP) which is led by a clinical executive or deputy with agreed learning investigation if proportionate to incident. The learning and actions from each are recorded on the Datix Cymru incident management module. Learning forms are drafted for each investigation and are submitted nationally to the NHS Wales Executive to provide assurance of learning and actions.

As at the end of January 2025, there were 56 NRI's open of which 5 were overdue. This is an improvement from the previous month when where there were 7 overdue. N.B the Beacon dashboard shows 11 open 90 working days or more but this is due to a delay in NHS Wales Executive processing following our submission or complex NRIs that have been given 120 days for investigation that are over 90 days but are not overdue.

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

In relation to the total volume and proportion of NRIs open 90 days or more, the Health Board currently has the lowest percentage across Wales of 18.3% (down from 28.6%) with the lowest median of 79 days open (all Wales 130 days open).

### **Oxygen cylinder safety**

The Board is aware of incidents involving oxygen cylinders and the work being done to improve staff awareness and training.

Due to the change in Health Board policy i.e. only registered staff can transfer patients on oxygen, the eLearning training package needed to be changed to reflect this. This has now been completed and is with workforce systems for allocation to appropriate staff.

Focus continues via the task and finish group with an improvement plan for IHCs and Divisions to update on their position and compliance. The latest meeting was held on 28<sup>th</sup> February 2025.

BOC the oxygen supplier is still progressing with the development of the Single Valve cylinder. No recent update received, but anticipated it will be available in the summer of 2025. There will likely be a cost implication when these are in circulation.

### **Inpatient Falls**

The Patient Safety team in collaboration with Workforce colleagues have collated the evidence to demonstrate the progress and improvements the Health Board has made following the HSE Notice of Contravention.

The strategic falls group continues to review progress against the actions within the overarching improvement plan which includes actions following the HSE notice, and the Internal Audit review and KPI's for the National Audit of Inpatient Falls. There is a particular focus on temporary staffing, training, risk assessments and post falls management. Each of the IHCs and Divisions present their compliance with improvement actions at this monthly forum.

December 2024 compliance for part 1a and 1b training has seen continued improvement with the compliance exceeding the Health Board standard of 85% for Health Board staff. Workforce colleagues are still working with Nursing Agencies to assess their compliance with falls training; our Health Board modules have been made available to these agencies.

Following December 2024 Executive Falls review group, the chair and membership agreed to introduce an additional one-off senior peer review process (reviews will be undertaken by Matron, Head of Nursing and Directors of Nursing) due to commence this in February that will be an addition to the existing review processes by Ward Managers and Matrons.

All IHC leads report the challenge of sustaining the ward level peer review process and discussion with the membership felt this had reached saturation point for improvement and that the processes developed in the last 6 months whereby risk assessments are reviewed now as business as usual is sufficient. The processes are embedded within each IHC and were having a positive impact on the outcome of quality and detailed interventions within the risk assessments.

### **Pressure Ulcer Prevention and Management (PUPM)**

NU38 SOP is now in place to promote patient cooperation and self-management to reduce the risk and treat and manage pressure ulcers, previous policies have now been removed from the Health Board Policy Library. This steers away from the term non-concordance and advocates all staff adopting a patient centred approach to Pressure Ulcer Prevention and Management incorporating the aSSKING framework to ensure pressure ulcer prevention and management is individualised, (aSSKING - assess risk; skin assessment and skin care; surface; keep moving; incontinence or increased moisture; nutrition and hydration assessment / support; and give information).

All weekly reviews across each IHC have adopted the title Pressure Ulcer Learning Forum and will follow the aSSKING framework; an agreed Terms of Reference across each IHC is now in place. Data will be extracted from themes and trends to inform improvement focus across the Health Board.

Weekly learning Forums are supporting timely reviews utilising the All-Wales Focused review tool prior to presentation. Further analysis of themes of learning will be discussed by each IHC in the PUPM strategic Group meeting.

Core level mandatory training is now in the final stages with a hopeful launch for the end of February 2025. The focus will then move swiftly to the development of

- Level 1 – Health care Professionals with responsibility of undertaking risk assessments and planning care for PUPM.
- Level 2 – Registered Healthcare Professionals holding caseload of patients with pressure ulceration.

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

## **Referral documentation**

Radiology teams and staff have reviewed and updated radiology referrals and patient transfer processes. Regrettably, it is not possible to identify one system change that would eliminate the 'human factors' from existing in the process of referrals. It is planned to fully transfer over to electronic referrals. This would eliminate the issue of the 'incorrect' label being used on a referral. It is not a given that this will eliminate the risk of this incident occurring, but it should reduce the risk and help the clinical staff in having a greater awareness of the patient record they are accessing at any given moment.

## **Infection outbreak**

An outbreak of carbapenemase producing enterobacterales (CPE) was declared on 26<sup>th</sup> August 2024 leading to closure of the ward in Wrexham Maelor Hospital to admissions. Typing found that the cases were non-distinguishable which means that they were the same and indicated a cross infection transmission event.

Actions and Learning:

- Admission/weekly/discharge and contact CPE screening continued
- Daily hand hygiene audits completed and uploaded to IRIS
- PPE monitoring and CPE checklists implemented
- Enhanced cleaning instigated
- Care bundle compliance monitoring
- Micro - teaching sessions on the ward for all staff
- Ongoing monitoring through Ward manager, Matrons and Infection prevention team visits daily.

## **Care and treatment in relation to extravasation injury**

Following incidents that have occurred, a programme of work has commenced. Extravasation is when fluid such as blood, lymph or medication leaks from a vein or tube into the surrounding tissue. It can occur when fluids or medications are administered intravenously. Significant work is ongoing to learn and adapt practice to reduce the likelihood of this occurring.

Actions and Learning:

- Introduction of insertion bundle sticker as visual reminder to staff.
- Refresher training for all staff.
- Extravasation awareness to be added to ED induction programme.
- Extravasation advice to be shared with all clinical staff members via ED team meetings and supported by practice development nurses working alongside clinical staff within the department.
- Development of an extravasation guideline: Lead nurse intravenous access service
- Upload version 2 hyperkalaemia guidance to ED policies and share with all clinicians.

## **Access to services or admission delayed**

The Health Board is aware of the lack of capacity within dermatology services and associated risks to patients who have been seen on the urgent suspected cancer pathways who require follow up treatment and appropriate management. Management of such risks

is being overseen by the Executive Team and solutions are continuing to be worked through and appropriately funded.

**Actions and Learning:**

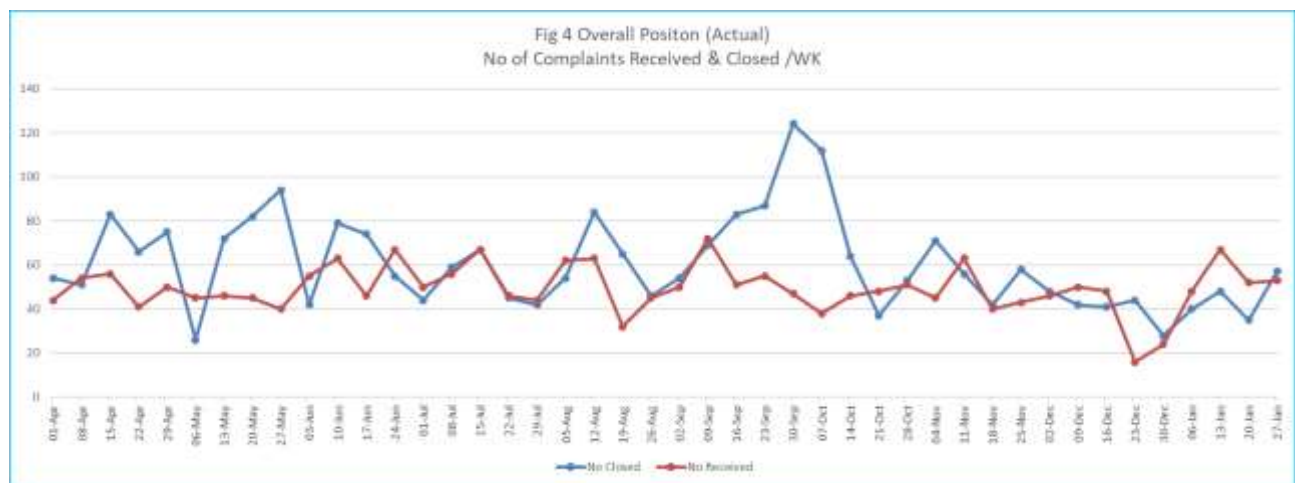
- Collaborate with senior leaders and dermatology services across the Health Board to work through appropriate solutions, such as insourcing and different workforce models.
- Commence work with NHS Executive on a demand and capacity model for follow up capacity to identify the size of the gap to inform appropriate solutions.
- Establish regular meetings between dermatology West and Executive Team representatives and NHS Executive.
- Develop a tool which demonstrates the number of follow ups outstanding.

**PATIENT EXPERIENCE**

**Complaints**

Between the 1st of December 2024 and 31<sup>st</sup> January 2025, the BCUHB received 404 complaints and closed 383 complaints, a negative variance of 21.

The chart below provides further detail:



**Complaint’s position as of 31<sup>st</sup> January 2025**

Total Number of open complaints – 199 (Increase from 179 in the previous reporting period)

Number of Complaints Less than 30 working days – 162

Number of Complaints overdue = 37 (a reduction from 43 in the previous reporting period)

Compliance with 75% target of overdue complaints – 81.41% (an Increase from 75.98% in the previous reporting period)

## **Compliance Breakdown by IHC / Service**

<b>IHC/Service</b>	<b>&lt;=30 Days</b>	<b>&gt;30 Days</b>	<b>Total</b>	<b>(%)</b>
Cancer Services	3	2	5	60.00%
Corporate Services	2	2	4	50.00%
Dentistry	1	1	2	50.00%
Diagnostics and Specialist Clinical Support Services	2	3	5	40.00%
IHC Central	43	9	52	82.69%
IHC East	39	7	46	84.78%
IHC West	40	5	45	88.89%
Mental Health and Learning Disabilities	21	0	21	100.00%
Midwifery and Women's Services	11	8	19	57.89%
<b>Total</b>	<b>162</b>	<b>37</b>	<b>199</b>	<b>81.41%</b>

## **Average complaint closure time (Including historical complaints)**

As of 31<sup>st</sup> January 2025, the average number of working days / months a complaint is open is as follows, with the average time 22.31 working days (an improvement from 33.29 working days in the previous reporting period).

Note: the average length of time for complaint responses includes longest wait (20 months) which directly impacts the average.

## **Complaint themes**

Our top 4 themes of complaints are, broken down by sub theme below

- Clinical treatment and assessment (125/199 = 62.81%)
- Communication Issues (15/199 = 7.5%)
- Attitude and Behaviour of staff (13/199 = 6.5%)
- Access to Services (10/199 = 5%)

## **Learning from complaints**

The Complaints Team continue to support Integrated Health Communities (IHC) and Divisions to monitor and track complaints performance with the objective to reduce both the total number of complaints and those that are overdue (beyond 30 working days).

## **Patient Advice and Liaison Service (PALS)**

From December to January 2024, the Patient Advice and Liaison Service (PALS) facilitated the resolution of 994 enquiries, received 75 compliments in writing and 32 suggestions for improvement.

The key themes identified from PALS enquiries within this reporting period include:

- Appointments
- Clinical treatment or assessment
- Communication

In January 2025, PALS Officers visited Hebog Ward and Francon Ward at Ysbyty Gwynedd, and Ward 5, Ward 7 and the Emergency Department at Ysbyty Glan Clwyd to undertake 'Care to Share' Discovery Interviews. As part of the 'Care to Share' Discovery Interview process patients were asked a series of qualitative questions to capture their real time experience of being an inpatient. Following the patient interviews, PALS worked with relevant Ward Managers to identify areas of improvement based on patient feedback through 'you said, we did' learning methodology. Feedback from patients highlighted positive experiences with areas of improvement related to call bells not being responded to timely. PALS are working with relevant services to improve these experiences.

PALS delivered a series of patient experience awareness training sessions to Ward Managers and Matrons, Central IHC Radiology Service, Gogarth Ward at Ysbyty Gwynedd and Nurse Forum's to promote PALS and patient feedback.

On a weekly basis PALS are supporting Gogarth Ward, Ysbyty Gwynedd by visiting the ward weekly to develop a routine which will enable staff to increase the number of patient feedback survey returns. West IHC have recruited staff representatives from each ward to become Patient and Carer Experience Champions to raise awareness of the importance of positive patient experiences.

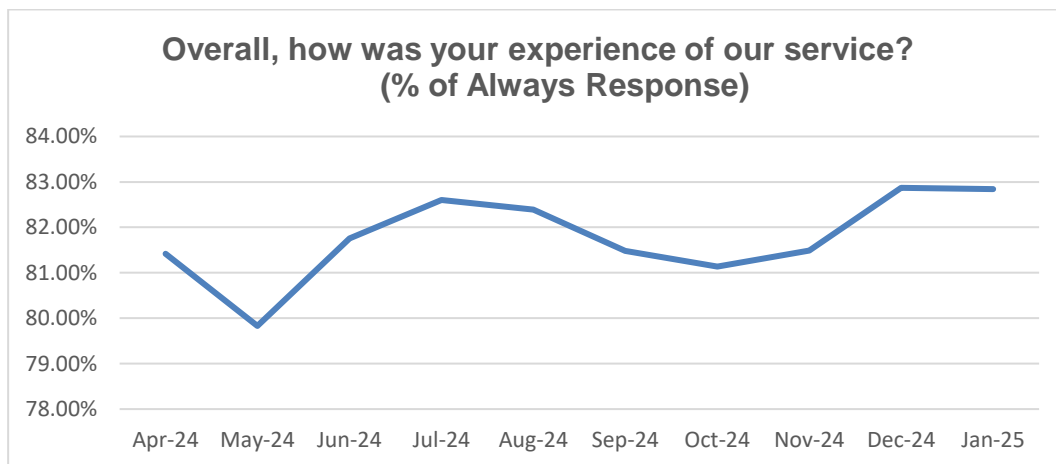
In January 2025, Carers Trust Wales commissioned a short film to showcase the positive partnerships between local carer organisations and Health Boards, in particular the relationship between NEWCIS and Wrexham Maelor Hospital where there are NEWCIS hospital facilitators in place. The film included interviews with carers, staff from the Health Board talking about the difference carer support has made to carer/patient experience, particularly at key transition points such as admittance to hospital and in facilitating smooth and safe discharge. The film was shown at Carers Trust's Network celebration event at the Senedd on 4 February 2025, which was attended by Dawn Bowden MS, Minister for Children and Social Care. The film will be published on Carers Trust's YouTube including as part of the assets for the Welsh Government-funded Carer Aware programme, and will also be used to support Welsh Government training as part of the Carer Aware programme. This programme is led by Carers Trust and has received support from BCUHB since its inception in 2020.

Throughout January and February 2025 PALS are working with Ysbyty Glan Clwyd Emergency Department to capture experiences of patients who are being cared for in the corridors. As part of the interviews with patients PALS Officers are asking patients for how

their experience can be improved. Improvements will be identified based on patient feedback.

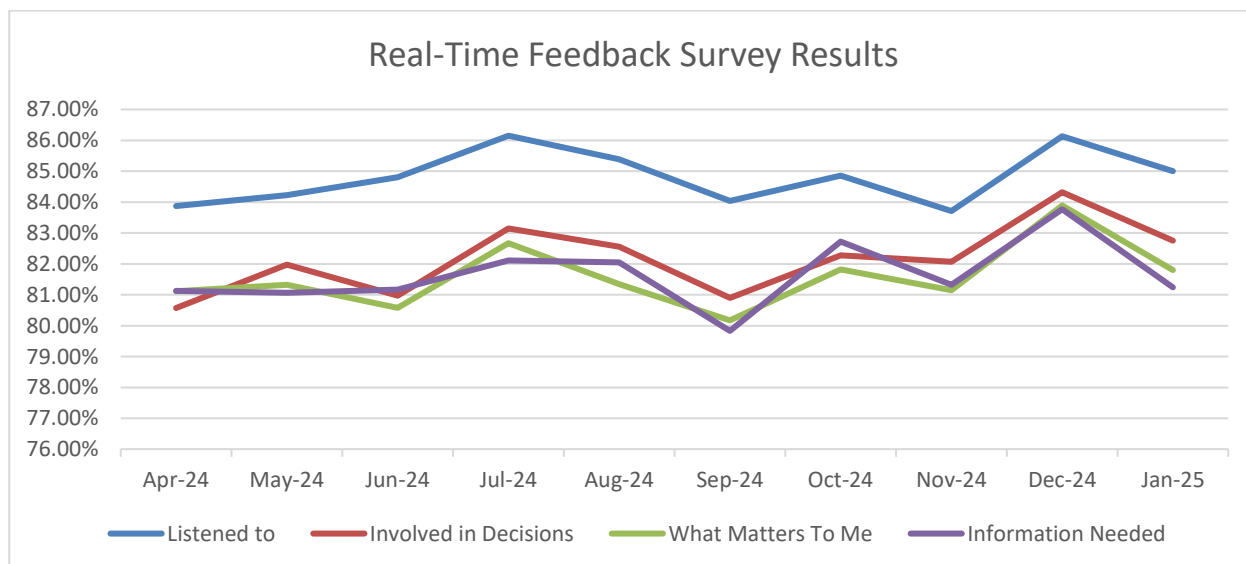
## **Patient Feedback**

From the 1 December 2024 to 31 January 2025, 6681 All Wales Real-Time Patient Feedback survey responses were received. There was a reported increase in respondents rating their overall experience of accessing Health Board services as 'very good' (82.88%).



Key findings from the All-Wales Real-time Feedback Survey include:

- 85.72% of survey respondents always felt listened to
- 83.73% of respondents were always involved in decisions about care
- 83.08% of respondents felt staff always took time to understand what matters most
- 82.87% of respondents always got all the information needed



There are high levels of satisfaction from respondents reporting 'always' feeling listened to. In December 2024, 86.13% of respondents 'always' felt listened to, this is above the All-Wales NHS satisfaction benchmark score of 85%.

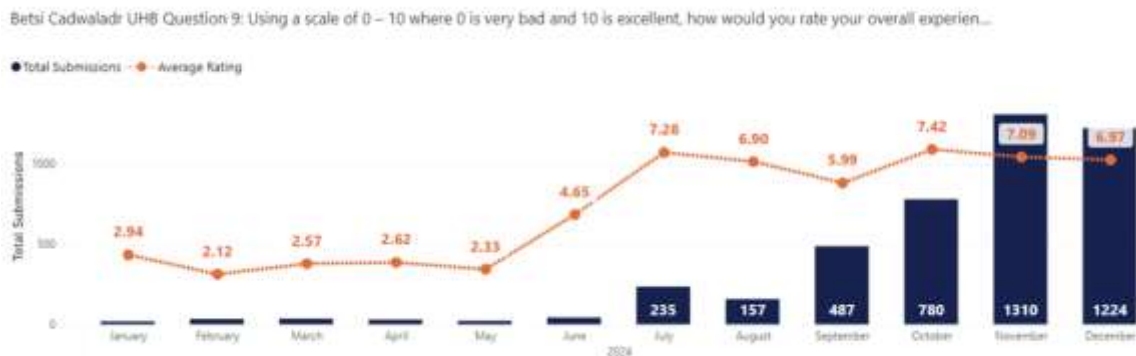
In January 2025 there was a slight reduction in satisfaction levels around respondents 'always' being involved in decision making, 'always' understanding what matters to me, and 'always' having all of the information needed.

From the 1 December 2024 to 31 January 2025, 2041 All Wales Real-Time Emergency Department Patient Feedback survey responses were received via Civica feedback system.

Key findings from the Emergency Department All-Wales Real-time Feedback Survey include:

- 67.08% of survey respondents always felt listened to
- 60.72% of respondents always felt well cared for
- 63.32% of respondents were always involved in decisions about their care
- 68.08% of respondents reported things were always explained to them

In December 2024, patients rated their overall experience of accessing the Emergency Department as 6.97 out of 10, with 10 being excellent.



(Beacon Dashboard 6/2/2025)

Although the Health Board was late to implement SMS Feedback surveys, it has the 3<sup>rd</sup> highest number of feedbacks and returns across Wales, and the 4<sup>th</sup> highest patient satisfaction levels in Wales (Beacon Dashboard 6/2/2025).

Average experience rating (for completed surve...

Organisation	Total Submissions (excluding Did not answer)	Average Rating (0-10)
CTMU UHB	11,291	7.69
CVU UHB	5,775	7.45
BCU UHB	4,371	7.02
HDU UHB	2,632	7.69
SBU UHB	1,124	6.30
ABU UHB	221	6.17
<b>All Wales</b>	<b>25,414</b>	<b>7.44</b>

## Patient Communication and Information

The Health Board has a duty to provide quality information, whilst adhering to statutory legislation when producing any form of patient information whether it be verbal or written.

The Patient Information Readers Panel continues to meet monthly to review patient information leaflets. Within the reporting period 24 patient information leaflets were reviewed by the Readers Panel. Below are examples of leaflets reviewed:

- Information for patients having a Vascular Embolisation
- Information for patients having a Fistulogram, Fistuloplasty and venogram
- Information for parents and guardians of children having a Magnetic Resonance Imaging scan under general anaesthetic
- Patient information - Monitoring blood glucose when you are receiving steroid therapy

The Radiology Service have now completed a full review of their patient information leaflets to ensure consistent information is being given to patients across North Wales.

### **NHS Wales Accessible Communication Standard**

The All-Wales Standards for Accessible Communication and Information for People with Sensory Loss (2013) sets out the level of service delivery people with sensory loss should expect to be met with when they need healthcare. In October 2023, the Minister for Health and Social Services approved the recommendations to broaden and renew the All-Wales Standards for Accessible Communication and Information for People with Sensory Loss.

A national working group has been established with representation from NHS Wales Health Boards to review the standard. Thirty-one new objectives have been identified broadening the standard to now apply to adults, young people, and children including:

- People who are D/deaf, deafened, or hard of hearing, and British Sign Language (BSL) signers or users
- People who are blind or partially sighted
- People who are deafblind
- People who have language and communication access barriers arising from impairments (including dementia, cognitive impairment, and mental health conditions)
- People who have language and communication barriers arising from neurodivergence
- Parents and carers who experience language or communication barriers
- People whose preferred language is not English or Welsh (including people seeking sanctuary, refugees, and migrants)

The All-Wales Standards for Accessible Communication is included in the BCUHB Strategic Equality Plan 2024-28, Objective B 'achieving equity by providing high quality inclusive services'. A Task and Finish Group led by the Equality and Human Rights Team will be established in February 2025 to develop an Accessible Communication Action Plan. This plan will be reported into the Patient and Carer Experience Group and Equality and Human Rights Strategic Forum.

### **NHS Wales People's Experience Framework**

The NHS People's Experience Framework is due to be launched on 1 April 2025. The Patient and Carer Experience Team have undertaken an initial pre-self-assessment against

the draft People’s Experience Framework. The self-assessment has been shared across IHC and Specialist Services for review. A Task and Finish Group will be established to identify gaps in compliance against the new framework, and to identify opportunities for improvement.

In preparation for the launch of NHS Wales People’s Experience Framework IHC and Specialist Services reviewed the Civica Hierarchy to ensure all services are open to receive patient feedback. PALS are working with service areas who receive low feedback returns, providing training to increase returns. Priority areas include Vascular Service, Urology Service and inpatient wards.

A campaign was launched to staff promote the value of compliments to support feedback, learning and staff recognition.

## CLINICAL EFFECTIVENESS

National Clinical Audits (Tier 1) are mandated audits that provide benchmarking reports to help Health Boards clinically monitor performance against national standards and identify areas of improvement. These audits are crucial for maintaining high standards of care and ensuring continuous improvement in the NHS.

Within BCUHB Tier 1 audits are monitored quarterly, a report is collated and shared within the Strategic Clinical Effectiveness Group (SCEG) and then within the Chair’s Report in Executive Quality Delivery Group (EQDG). There were 16 Tier 1 nationally published reports within Quarter 3 (the information in the report is relating to the care received by patients for the relevant audit topic) 4 are noted below, and the remaining 12 will be captured in Quarter 4, when the response is due.

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

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 Emergency Laparotomy Audit (NELA)	NELA Year 9 Report	10-Oct-24	05-Dec-24	Yes - Draft	Yes - Draft	No - Overdue	Service Assessment of Compliance (SAoC) received from IHC West & Central undergoing Clinical Effectiveness (CE) Team Review. SAoC not received from IHC East, escalated to IHC Management Structure in line with CE Team process.
MBRRACE - Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal surveillance (UK wide, 2022)	Saving lives, improving mothers care report	10-Oct-24	12-Dec-24	Yes - Draft	Yes - Draft	Yes - Draft	SAoC undergoing CE Team Review
FFFAP: National Audit of In-patient Falls (NAIF)	2024 Audit report	10-Oct-24	25-Dec-24	Yes - Draft	Yes - Draft	No - Overdue	SAoC received from IHC West & Central undergoing CE Team Review SAoC not received from IHC East, escalated to IHC Management Structure in line with CE Team process
National Early Inflammatory Arthritis Audit (NEIAA)	State of the Nation Summary Report 2024	10-Oct-24	26-Dec-24	No - Overdue	No - Overdue	No - Overdue	SAoC not received from all areas, escalated to IHC Management Structure in line with CE Team process

The Clinical Effectiveness Team have made significant changes in the way that Tier 1 audits and NICE guidelines compliance are now monitored on the software Audit

Management and Tracking (AMaT). This has meant a more structured approach in our reporting across BCUHB. All information is uploaded monthly to our website [BCU.ClinicalEffectivenessTeam@wales.nhs.uk](mailto:BCU.ClinicalEffectivenessTeam@wales.nhs.uk)

We are currently reviewing the **Tier 2 audit list** for 2025-2026, which are Health Board's local priority audits, which support the delivery of the Quality Improvement Strategy goals and priorities, or those related to identified clinical risks. The review will take place in Strategic Clinical Effectiveness (SCEG) meeting in February to discuss which current continuous Tier 2 audits are to be carried over and which will be new Tier 2 audits identified for approval. With the current Tier 2 audits, we will be contacting the audit leads to provide an update on lessons learnt, where this information has been shared and any action plan that has been developed and this will be fed back through relevant meetings and within the Quarterly and Annual Clinical Effectiveness reports.

## **NICE GUIDELINES**

The Clinical Effectiveness Facilitator for NICE (CEF for NICE) is continuously working to support departments with guidance and training where needed, and any overdue guidance is escalated via the Strategic Clinical Effectiveness Group (SCEG) when necessary. There has been improvement in all aspects of NICE guidance compliance since the introduction of the Audit Management and Tracking (AMaT) tool, as demonstrated below. The overall Health Board compliance status is improving with only 13% (up to end of January 2025) outstanding as overdue (non-responses).

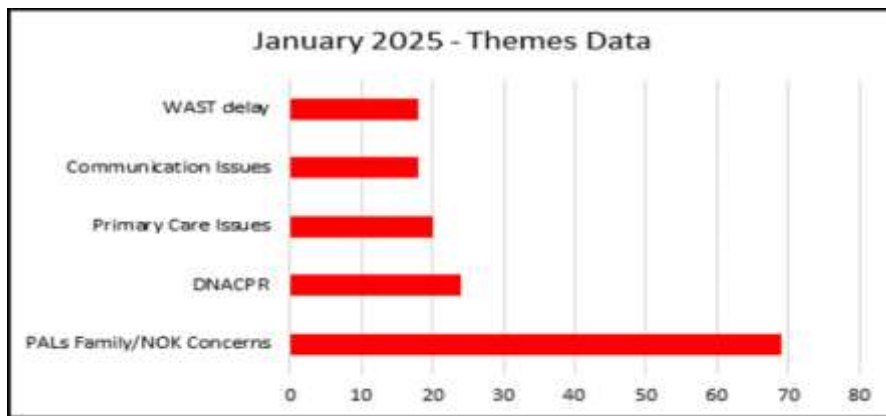
The recently reviewed **NICE Protocol** has been approved in January SCEG and will be available on Betsinet shortly.

## **MORTALITY REVIEW**

### **Corporate Mortality Update:**

An extraordinary Learning from Mortality Panel meeting was held in January 2025, discussing learning cases from July 2024 – October 2024. Triangulation of common themes from Medical Examiner (ME) Scrutiny summaries, HM Coroners Inquests via the mortality review process will inform discussion within our monthly learning from mortality panel and target appropriate organisational learning. We have developed a short training video on end of life (EOL) decision-making to support thematic learning within specialty Mortality and Morbidity (M&M) meetings; this is available on the BCU intranet.

The top 5 themes for Medical Examiner cases that have been clinically reviewed by the Clinical Effectiveness team in January 2025 are below. It is important to note these are potential themes noted by the Medical Examiner Service as true themes and outcomes will be identified following ICH/service review:



Quarterly data from the ME Service has shown that the percentage of deaths returned to the Health Board for consideration of internal review are below the national average. The profile of related categories of concern is similar across all Health Boards. More detailed analysis of the nature of concerns raised in scrutiny summaries has highlighted concerns around EOL decision-making and broader aspects of advance and future care planning. We plan to routinely share ME feedback with clinicians where possible concerns about any aspect of EOL decision-making. We hope this will promote reflective practice and related discussion in an M&M setting.

We have recognised from Creditable Health Accreditation Data (CHKS), that elective post-op mortality in BCUHB was above baseline between November 2020 and September 2023. On further analysis, rolling mortality for this period is much closer to the national baseline. These trends will be discussed in upcoming surgical M+M meetings and mortality panel meetings in each of our Integrated Health Care Communities. We have asked that local outcome data for the period is formally reviewed. Next steps will then be discussed at our BCUHB Learning from Mortality Panel and Reducing Avoidable Mortality Steering Group Collaborative meeting.

There remains a high number of cases outstanding IHC/service reviews. Both East and Central IHC's are in the process of re-booting their mortality panels, and Centre has recently appointed a new secondary care Mortality Lead. The Mortality AMD's and Facilitator have met with Central colleagues to discuss the backlog of cases within Central IHC and the revised process going forward. Dr Thomas has met with East's Secondary Care Mortality Lead, to discuss the backlog of cases within East and the proposal to move cases further through the process with the inclusion of Primary and Community Medical Examiner deaths. Cases in which identified learning is relevant to the Health Board are escalated by the IHC's/services to the learning from mortality panel.

Mortality review processes continue to dovetail with the integrated concerns hub to minimise duplication and ensure timely investigation of any significant issues.

We have refined mortality review processes so that information relating to common themes are identified and recorded to facilitate appropriate organisational learning and related quality improvement.

We have highlighted significant delays in the Medical Certificate Cause of Death (MCCD) process following the rollout of the Medical Examiner Service scrutiny process. Statutory change has introduced multiple steps into the MCCD process and inevitably increased the likelihood of related delays. We continue to work with the ME Service to streamline processes and minimise related delays. Turnaround times for MES review are at least 6

days in most cases. We suspect that this may relate to limited capacity in the system, and it may be necessary for the ME service to acknowledge increased turnaround times so that public expectations can be managed.

At a Health Board level, we are prospectively monitoring and recording timelines so that the reasons for delays can be identified in individual cases and recurrent patterns can be seen and intervention targeted where appropriate. We anticipate that the transparency this provides, will enable us to work with colleagues in the ME service to minimise any delays at any stage in the process.

**OTHER CLINICAL EFFECTIVENESS CONCERNS AND IMPROVEMENTS**

Below is an update on areas of data collection issues reported for review raised through Quarter 3. Local Clinical Effectiveness meetings are updated each month on any areas of concerns and if no improvement is made then this will be escalated to IHC/Divisions, who will be asked to submit to Strategic Clinical Effectiveness group an SBAR or through Chair’s report as a risk and upload to the risk register. Strategic Clinical Effectiveness Group will raise with Quality Development Group, and this would be monitored through an action tracker.

Title of National Audit/ Clinical Outcome Review	West	Central	East
	Participation/Data collection issues reported	Participation/Data collection issues reported	Participation/Data collection issues reported
NELA - National Emergency Laparotomy Audit	The Anaesthetic department has recently recruited a specialist who will spend some SPA time working with the NELA audit. The department is also in the process of trying to secure admin support for NELA.		
National Major Trauma Registry (NMTR) (formerly Trauma Audit & Research Network - TARN)	The data sharing agreement was signed off in November 2024 and data entry to the new platform is now legal. Data from the point of the TARN database shut down 16.06.2023 to the 31.03.2024 has been lost. BCU acute sites are now working to address the backlog of data entry for the current audit year April 2024 to March 2025. East has recently appointed a new Trauma lead.		

**SAFEGUARDING & PUBLIC PROTECTION**

The Safeguarding activity continues to challenge the current resource. This mirrors the National picture which recognises the increase in demand, complexity and multi-agency engagement, post COVID.

**Inflicted Injury Cases**

The Safeguarding quality and assurance processes which are in place, have identified areas of safeguarding practice which require further and targeted assurance. This is regarding the child protection medical processes when a child or young person accesses our care and services.

The implication of non-compliance:

- There is a risk of harm to children and any siblings due to a failure to follow statutory safeguarding policies, procedures and guidance.
- Professional and reputational damage.

- Damage to professional and multi-agency relationships.

Actions undertaken to date:

- Safeguarding Desktop reviews have been undertaken to identify learning. An Action plan was developed and all actions were implemented.
- To ensure transparency and statutory compliance, suspected inflicted injury cases are reported to the North Wales Safeguarding Board; Single Unified Safeguarding Review Group (SUSR) for the consideration of a multi-agency statutory review (formerly known as Child Practice Review Sub Group).
- Individual and Group Safeguarding supervisions have taken place with particular focus upon inflicted injuries which includes targeted adhoc Supervision within DGH's.
- Daily reviews of all paediatric attendances in Emergency Departments & MIUs to offer safeguarding assurance, and make safe actions if required.
- Weekly Safeguarding ED Meetings to review particular attendances for children, relating to, burns, fractures and head injury.
- S47 / Joint Investigation Training provided by North Wales Safeguarding Board to a number of cohorts during 2024/25. These sessions are supported by Safeguarding Lead Consultant Paediatricians and Safeguarding Practice Development Leads.
- An Inflicted Injury SOP is under development, led by BCUHB Safeguarding Children; Named Doctor; first draft completed and work is in progress to develop this as a national procedure.
- Reporting and Governance continues to follow BCUHB Governance and Performance Framework.
- Productive meetings have been held with Gwynedd LA and West IHC Paediatricians and this will continue.
- Registered audit to explore clinical activity relating to 30 inflicted injury cases across the three IHCs.

Further actions taking place:

- Continue to progress with the Inflicted Injury audit 2024-2025 Q3/Q4
- Report on the Audit Report and Recommendations 2025-2026 Q1/Q2
- Finalisation of the Standard Operating Procedure for Child Protection Medicals for suspected physical abuse and neglect Q4 2024/25

### **BCUHB Safeguarding Training**

The BCUHB Safeguarding Training data is reported and escalated following the Safeguarding Reporting Framework in line with BCUHB Governance arrangements.

The data is scrutinised and interrogated to highlight Department, Profession and Service to enable targeted intervention and appropriate escalation and improvement.

A key area of focus is the targeted intervention for Violence Against Women, Domestic Abuse, Sexual Violence [VAWDASV] throughout the organisation, recognising Mental Health & Learning Disabilities are compliant at 85.9%.

In addition, escalation with monitoring arrangements is targeting Medical & Dental compliance across all areas.

**Violence Against Women, Domestic Abuse, Sexual Violence [VAWDASV] Training Compliance Trend Dec-24 – Jan-25**

**Table 1** Highlights an overall improvement in VAWDASV training compliance from December 2024 to January 2025.

<b>Violence Against Women, Domestic Abuse and Sexual Violence</b>			
<b>Org L4</b>	<b>Dec-24</b>	<b>Jan-25</b>	<b>Trend</b>
Health Community Centre (HCCX)	79.2%	79.6%	↑
Health Community East (HCEX)	81.4%	81.6%	↑
Health Community West (HCWX)	78.8%	79.2%	↑
Integrated Clinical Delivery - Primary Care (ICDP)	83.9%	83.4%	↑
Integrated Clinical Delivery - Regional Care (ICDR)	75.1%	75.9%	↑
Mental Health & LDS (MX00)	85.2%	85.0%	↓
Midwifery and Womens Services (WXXX)	77.7%	78.5%	↑
Corporate Services	68.0%	69.1%	↑
<b>Total</b>	<b>75.4%</b>	<b>76.1%</b>	↑

A Task & Finish group has been set up to develop and progress interventions to achieve the BCUHB KPI of 85% in VAWDASV to be presented in Q4 2024/2025.

Assurance:

- Targeted analysis is in place within departmental and staff groups, and reported into the IHC/Division Safeguarding Forums, EQDG and monitored by the Safeguarding Governance and Performance Group.
- Safeguarding and Public Protection continue to develop training packages and utilise many platforms to support the access to training and appropriate learning materials.
- The Prevent Awareness Raising Training package has been agreed to be a Mandatory Training requirement within BCUHB. Work remains ongoing to ensure the Package can be monitored via ESR.

Challenges:

- The pace of change on a National and Local footprint requires continued update of training materials.
- High number of staff are not attending training events after booking.
- Additional dates, outside of working hours which challenge current resources are required.
- National requirement for the implementation of additional multi-agency training events, these require full engagement of BCUHB on behalf of the North Wales Safeguarding Board and Vulnerability and Exploitation Board.

## **Single Unified Safeguarding Reviews [SUSR's]**

There are currently 19 SUSR's taking place across North Wales.

Status	Ongoing
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**Table 2** illustrates the SUSR type by Area.

<b>SUSR's</b>				
<b>Area</b>	<b>West</b>	<b>Central</b>	<b>East</b>	<b>Total</b>
Adult Practice Review [APR]	0	1	0	1
Child Practice Review [CPR]	2	5	2	9
Domestic Homicide Review [DHR]	3	2	1	6
Multi Agency Professional Forum [MAPF]	0	3	0	3
<b>Total</b>	<b>5</b>	<b>11</b>	<b>3</b>	<b>19</b>

### **Themes**

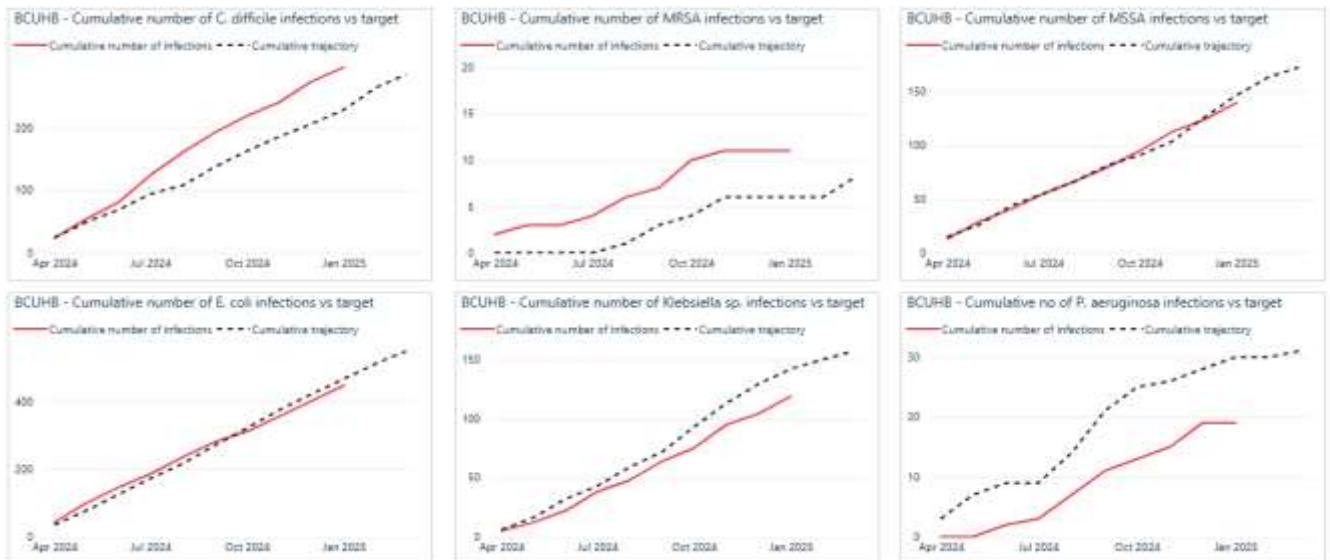
- Poor communication
- Lack of the voice of the child and lived experience
- Disguised compliance
- Was not Brought Policy not followed
- Increase in Cannabis use
- Professional optimism
- 5 DHR's with victim suicide (2 ongoing / 3 completed)

### **Challenges**

- High number of reviews
- Changes in personnel, leavers/sickness
- Family involvement and engagement
- Number of reviews in different areas
- Chairs and Reviewers availability and experience
- Transitioning to the SUSR process

## **INFECTON PREVENTION AND CONTROL**

At the end of January, when considering the Healthcare Acquired Infection (HCAI) Improvement Goals outlined in the Welsh Health Circular (WHC) 2024/2025 HCAI and AMR (Antimicrobial Resistance) set against the 2023/24 outturn, BCUHB were below trajectory for MSSA, E. coli, Klebsiella and Pseudomonas, and above for MRSA and C.diff.



When considering the improvement goals to have fewer Staphylococcus aureus BSI than in 2024/2025 and to reduce hospital onset (HO) cases of Pseudomonas, E. coli and C. diff by 10% and 20% for Klebsiella against 2023/24 BCUHB are:

- Above trajectory for C. diff by 43 cases
- Above trajectory for E. coli by 2 cases
- Above trajectory for Klebsiella by 2 cases
- Below trajectory for MSSA by 3 cases
- Below trajectory for Pseudomonas by 5 cases

It is no longer possible for the Health Board to achieve the 2024/2025 improvement goal for MRSA.

Organism Type	BCU HO Numbers 24/25	BCU HO Numbers 23/24	Year on Year	BCU HO Trajectory	BCU Comparison to Trajectory
C.diff	131	110	21 ↑	88	43 ↑
E.Coli	98	107	-9 ↓	96	2 ↑
Klebsiella	30	35	-5 ↓	28	2 ↑
MRSA	3	3	0 →	3	0 →
MSSA	30	33	-3 ↓	33	-3 ↓
Pseudomonas aeruginosa	6	11	-5 ↓	11	-5 ↓
<b>Total</b>	<b>298</b>	<b>299</b>	<b>-1 ↓</b>	<b>259</b>	<b>39 ↑</b>

When compared to other Health Boards, at the end of January 2025, BCUHB remained in 1<sup>st</sup> position for MSSA and 2<sup>nd</sup> for Pseudomonas, dropping to 2<sup>nd</sup> position for Klebsiella also. An improvement to 3<sup>rd</sup> position was observed for MRSA and we remained at 4<sup>th</sup> position for E. coli and 5<sup>th</sup> for C.diff.



In line with the National C. difficile Framework (2025 -2027) recommendation for improved access to Microbiology, Pharmacy & Gastroenterology for C. Difficile MDT ward rounds, discussions have taken place with the IHC Medical Directors to look to introduce enhanced MDT C. Difficile ward rounds in adults across BCUHB. It is acknowledged that for Gastroenterologists that this may have to be part of a sessional job plan that may or may not already exist, and whilst there is an appetite for this, further consideration is needed (e.g., recruitment to vacant posts). The Interim Executive Medical Director has also been alerted of this recommendation.

In addition to the IHCs, Learning Reviews have now been conducted across pan BCUHB Cancer and Mental Health and Learning Disability Services. Improvement plans with measurable outcomes are currently in development, will be presented at the Strategic Infection Prevention Group (SIPG) and overseen at Local Infection Prevention Groups (LIPGs).

HARP/PHW conducted a supportive external visit during the week of 9<sup>th</sup> December 2024, meeting with key stakeholders to discuss the IP agenda/strategy for BCUHB, whilst also visiting several wards/departments across the three IHCs. Whilst a formal report has not yet been provided, the preliminary verbal feedback was reassuring, however did stress the importance for improved medical engagement within the IPC agenda. Subsequent discussions have taken place amongst the Clinical Executives in relation to this.

The Infection Prevention Team and Communications Team have met to examine how the HABITS campaign can be extended to a more patient and public focus. An SBAR on the concept, specific target audience, media platforms and how the impact will be evaluated is currently in development and will be presented at SIPG.

An SBAR has been presented to OLT on how to progress some of the decontamination operational challenges and risk. There's a concern that the current Pan BCUHB Decontamination Group is mainly attended by the Users e.g., Theatre Managers/Sterile Services who may not carry the authority to make decisions and authorise some of the high-level decisions needed. The Deputy Director of Infection Prevention and Decontamination is due to revise the SBAR to make a recommendation to review attendance at the Pan BCUHB Decontamination meeting that currently takes place, and in the meantime, strengthen the decontamination element within LIPGs.

A programme of Microteaching sessions relating to the six key performance indicators are being formally scheduled with attendance recorded across each IHC.

Through a monthly Executive Integrated Concerns Policy (EICOP) meeting, all significant and catastrophic infection related incidents will be presented. A selected Post infection Review is now being presented at each Local Infection Prevention Group and learning is also being presented at the Strategic Infection Prevention Group and there is a plan to present also at the Organisational Learning Forum.

- High Level Disinfection (HLD) in the form of Hydrogen Peroxide Vaporisation or Hypochlorous Acid has now been re-established within all IHCs.
- A work plan is being compiled in preparation for the imminent publication of the revised National Cleaning Standards.
- Each IHC now has a named ANTT Lead. The IPT ANTT Lead is planning to meet with the leads to discuss responsibilities and priorities to ensure ANTT training compliance is robust across all IHCs.
- Following the major water disruption affecting regions within North Wales, the Infection Prevention Team (IPT) have not observed any increase in infections. Infection prevention recommendations were made at the time, but it has been identified that these could be strengthened. The IPT will participate in any post incident briefing sessions and ensure any learning for BCUHB will be fed back through SIPG.

## QUALITY ASSURANCE

**Healthcare Inspectorate Wales (HIW)** is the independent inspectorate and regulator of healthcare in Wales who inspect NHS services and regulate independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. HIW also monitor the use of the Mental Health Act and review the mental health services to ensure that vulnerable people receive good quality of care in mental health services.

**Care Inspectorate Wales (CIW)** regulate adult services such as care homes for adults, domiciliary support services, adult placement services and residential family centre services. As the Health Board is one legal entity, it is a registered provider for multiple services which includes Enhanced Community Residential Service (MHLD) and Tuag Adref (across all three Integrated Health Communities).

To help strengthen governance and assurance, a Quality-of-Care Review process has been implemented in line with the requirements set out in the Social Care (Wales) Act 2016. A standard six-month service quality review template has been developed for all registered services to complete (aimed at encouraging a culture of quality improvement) which includes the four well-being areas, alongside a quarterly assurance declaration. These two formal processes support the overall annual declaration made by the Health Board.

The Nursing Professional Education and Revalidation Team have introduced a Social Care Wales Registration Pathway to ensure that all healthcare support staff who are working in a

CIW registered service are regulated with Social Care Wales. The pathway also aims to increase assurance and oversight.

### **Quality of Care Review visits**

The Health Board aims to undertake six-monthly Quality of Care Review visits. Ahead of a visit, services are asked to complete a Quality-of-Care Review Report which gives the service an opportunity to demonstrate that they are meeting the four key well-being areas in line with legal requirements. The purpose is for them to assess their performance and look at any opportunities to improve and develop. No immediate issues were raised during the visits undertaken by the Health Boards Responsible Individual during 2024.

The visit schedule for 2025 is underway to ensure that the Health Board meets its legal requirements for undertaking Quality of Care Reviews.

### **Amendment to CIW Registration**

Both IHC Centre and IHC West have made a formal request to amend their service registration with CIW which has been initially reviewed by the Quality Assurance and Regulation Team and the Responsible Individual for the Health Board. The requests have been reviewed and approved at the Regulatory Assurance Group.

The request has been made in line with the considerations outlined in the Regulation and Inspection of Social Care (Wales) Act 2016, confirming that the services are no longer providing the 'care' and 'support' as set out in the Regulation and Inspection of Social Care (Wales) Act 2016.

The Health Boards Responsible Individual approved the requests, and the Health Board is liaising with CIW in terms of the next steps required as it still has two services (IHC East and Enhanced Community Residential Care ECRS) which are providing domiciliary care.

### **The Public Services Ombudsman for Wales**

The **Public Services Ombudsman for Wales (PSOW)** has legal powers to look into complaints about public services and independent care providers in Wales. PSOW investigates complaints from members of the public about alleged maladministration and service failure.

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

### **Public Interest Reports (PIRs)**

In 2023-24, a total of 3 Public Interest Reports have been issued to the Health Board. An action plan was developed for all 3 cases. The recommendations made by the Ombudsman have all been actioned and evidence of compliance has been submitted to the Ombudsman's office.

PIR received June 2024 (Case Ref ID1962 / 202300527):

The Ombudsman has confirmed compliance has been met on 23 October 2024 and closed the case. The committee has been sighted on this case previously.

PIR received July 2024 (Case Ref ID5663 / 202207270):

The Ombudsman has confirmed compliance has been met on 1 October 2024 and closed the case. The committee has been sighted on this case previously.

PIR August 2024 (Case Ref ID753/202206250):

The investigation considered the care and treatment provided by the Health Board between January 2021 and the patient's death on 31 January 2022 from biliary sepsis, and following discharge in January 2021 (after admission with abdominal pain), whether monthly blood tests were an appropriate way to monitor the patient's condition. The Ombudsman upheld these complaints. The Ombudsman did not uphold the complaint that there was a lack of follow-up care following a biliary stent being fitted in November 2021.

The Health Board has written to the family and has issued a fulsome apology in line with the recommendations made by the Ombudsman, along with a financial redress payment of £4,000, reflecting the serious failings and the resulting and lasting significant impact upon the patient and their family.

The recommendations due before 15 September 2024 and before 13 December 2024 have all been completed with evidence of compliance submitted to the Ombudsman on 10 December 2024. The Health Board is awaiting confirmation from the Ombudsman's office that compliance has been met. The report and action plan were provided to the Committee back in December 2024.

### **Average Variance to Target (AVT)**

The Ombudsman measures responsiveness using a measure called Average Variance to Target (AVT). This is regularly shared with all Health Boards. Anything over a '0' is seen as days over target date on average for the Health Board to provide compliance evidence and anything with a minus indicates the number of days under, on average, a Health Board takes to provide evidence to comply with a target date to provide evidence to comply with a recommendation.

The Health Board's AVT for November 2024 is currently -1. This means that the Health Board is responding to the Ombudsman 1 day ahead of the target date. For context, the NHS average for November is 0.10 compared with 1.69 in October 2024. On average, compliance evidence is reaching the Ombudsman's office on time against the target dates.

The Quality Assurance and Regulation Team continue to network with other Local Health Boards and Trusts to identify ways which the Health Board can improve how it captures, tracks and monitors Ombudsman recommendations and compliance. The Health Board continues to meet with the Ombudsman's Complaints Standards Authority to ensure good working practices and to facilitate awareness training for staff working within the Health Board.

## HEALTHCARE LAW

**Coroners** investigate all deaths where the cause is unknown, where there is reason to think the death may not be due to natural causes, or which need an inquiry for some other reason. An **inquest** is an inquiry held by the coroner into the circumstances surrounding a death. The inquest does not set out who is responsible for a death. It is not the coroner's role to determine any civil or criminal liability or to apportion blame.

No Prevention of Future Death (PFD) Notices were issued during the reporting period.

The number of PFD notices issued to the Health Board since January 2023 currently stands at 32. As the Board will know, a large number were issued in 2023/24 (25) which was a significant outlier compared to previous years and other NHS Wales bodies (although of these 25 Notices, 11 were issued to other organisations jointly as well as the Health Board which reflects many of the concerns were system wide issues). However, since April 2024 the Health Board has received 5 notices, a significant reduction compared to the number issued in same period of the prior year and now in-line with other NHS Wales bodies.

The Health Board is working with both Senior Coroners in North Wales to maintain its strong working relationship with a number training sessions, Meet the Coroner Events and mock inquests planned. An event was held virtually on 27 November 2024, covering "The inquest process and giving evidence at inquest" with the Senior Coroner for North East/Central Wales, with over 300 Health Board staff attending. A further event was held at Ysbyty Gwynedd on 31 January 2025 with over 50 staff attending.

A Judicial Review was heard in February 2025 brought by a patient's relative against HM Senior Coroner for North West Wales. The relative sought the inquest outcome (from 1994) be quashed and a fresh inquest ordered. The Health Board and Chief Constable of North Wales were also named as Respondents due to involvement in the original 1994 inquest (the Health Board as successor to the Gwynedd health authority). The new Senior Coroner for North West Wales (Ms Kate Robertson) agreed with the application by the relative. The Health Board and North Wales Police took a neutral position but did make clear that due to the passage of time it will be difficult to provide any information. The Court ruled in favour of the applicant and the original inquest was quashed and the Senior Coroner ordered to hold a fresh inquest. This will now enter the normal inquest process

**Claims** must usually be brought within 3 years of the alleged negligence taking place or from the point of knowledge (a minor will generally have until their 21st birthday to submit a claim). In order to bring a claim a claimant would need to show there was a 'breach of duty of care' and that 'causation' had taken place. All claims are brought against the Health Board and not against any individual clinicians. The **Welsh Risk Pool** is part of the NHS Shared Service Partnership Legal and Risk Service. It provides the means by which all Trusts and Health Authorities in Wales are able to indemnify against risk. The role of the Welsh Risk Pool is to have an integrated approach towards risk assessment, claims management, reimbursement and learning to improve.

Legal Services estimate that £266,990 was saved during December 2024 and January 2025 as a result of effective personal injury claims management. In the financial year to date, it is estimated personal injury claim related savings of £2,980,304 have been achieved.

16 penalties were applied by the Welsh Risk Pool in January 2025 for delayed submission of Learning from Events Report (LFER) Forms or supporting evidence, totalling £40,000. 44

penalties have been applied this year to date costing the Health Board £110,000. As reported previously, the Health Board has a number of overdue forms with these largely related to the Central IHC, East IHC, Women's Services and Cancer Services. A report was presented to the Executive Team in December, and a new LFER process was rolled out from January 2025 alongside further training. Services will be asked to develop recovery plans to address the overdue position by 30 June 2025. The bi-weekly inquest escalation group has extended its remit to LFERs to support this recovery effort. The position is being reported on the Conformance Report to the Audit Committee and has escalated for ongoing monitoring by the Executive Integrated Performance Delivery Group.

## CONCLUSION

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

### The key points of note are:

- In relation to the total volume and proportion of NRIs open 90 days or more, the Health Board currently has the lowest percentage across Wales of 18.3% (down from 28.6%) with the lowest median of 79 days open (all Wales 130 days open).
- December 2024 compliance for Falls Training, part 1a and 1b training has seen continued improvement with the compliance exceeding the Health Board standard of 85% for Health Board staff. Workforce colleagues are still working with Nursing Agencies to assess their compliance with falls training; our Health Board modules have been made available to these agencies.
- All weekly reviews across each IHC have adopted the title Pressure Ulcer Learning Forum and will follow the aSSKING framework; an agreed Terms of Reference across each IHC is now in place. Data will be extracted from themes and trends to inform improvement focus across the Health Board.
- Total Number of open complaints – 199 (Increase from 179 in the previous reporting period).  
Number of Complaints Less than 30 working days – 162.  
Number of Complaints overdue = 37 (a reduction from 43 in the previous reporting period).  
Compliance with 75% target of overdue complaints – 81.41% (an Increase from 75.98% in the previous reporting period).
- From the 1 December 2024 to 31 January 2025, 6681 All Wales Real-Time Patient Feedback survey responses were received. There was a reported increase in respondents rating their overall experience of accessing Health Board services as 'very good' (82.88%).
- Although the Health Board was late to implement SMS Feedback surveys, it has the 3<sup>rd</sup> highest number of feedbacks returns across Wales, and the 4<sup>th</sup> highest patient satisfaction levels in Wales (Beacon Dashboard 6/2/2025).

- When compared to other Health Boards, at the end of January 2025, BCUHB remained in 1<sup>st</sup> position for MSSA and 2<sup>nd</sup> for Pseudomonas, dropping to 2<sup>nd</sup> position for Klebsiella also. An improvement to 3<sup>rd</sup> position was observed for MRSA and we remained at 4<sup>th</sup> position for E. coli and 5<sup>th</sup> for C.diff.
- The Health Board is working with both Senior Coroners in North Wales to maintain its strong working relationship with a number training sessions, Meet the Coroner Events and mock inquests planned. An event was held virtually on 27 November 2024, covering “The inquest process and giving evidence at inquest” with the Senior Coroner for North East/Central Wales, with over 300 Health Board staff attending. A further event was held at Ysbyty Gwynedd on 31 January 2025 with over 50 staff attending.

The Health Board will continue to submit more detailed information to the QSE Committee.

The Health Board is asked to note the report.



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

<b>Board Date</b>		27/03/2025	
<b>Date of Committee</b>		25/02/2025	<b>Report of:</b> Performance, Finance and Information Governance
<b>Quoracy met:</b>		Yes	
<b>1</b>	Agenda	The Performance Finance and Information Governance Committee (PFIGC) continues to meet bi-monthly. The Committee considered an agenda which is attached: <a href="#">Performance, Finance and Information Governance Committee - Betsi Cadwaladr University Health Board</a>	
<b>2a</b>	Alert	<p>The PFIG Committee wish to alert members of the Board that:</p> <ul style="list-style-type: none"> <li>• While there is good progress in terms of reducing the number of people waiting more than 104 weeks for planned care treatment, with the prospect of reaching or coming close to the revised trajectory of 5040 by the end of the year, this is largely due to strategic deployment of additional resources to in-sourcing and out-sourcing: the challenge of improving productivity within our core delivery of planned care remains acute.</li> <li>• It is increasingly apparent that the fundamental problems with regard to Urgent and Emergency Care are to do with patient flow: but this needs to be tackled both through measures to speed discharge of clinically optimised patients but also to prevent admission of patients who do not unequivocally need care in an acute setting and risk deconditioning by being hospitalised.</li> <li>• Despite our actual WTE employee numbers being below establishment, a significant driver of budget overspends is staff costs: this is the result of the higher costs of paying over-time or employing bank or agency staff to fill shifts which would otherwise be undertaken by staff within the establishment. This means that holding vacancies open for patient facing posts within the establishment is a false economy.</li> </ul>	
<b>2b</b>	Assurance	<p>The PFIG Committee wish to assure members of the Board that:</p> <ul style="list-style-type: none"> <li>• Prospects for achieving the revised control total for set by the Welsh Government are improving: the additional measures discussed in the private session of the January Board meeting have been put in place.</li> <li>• Despite figures presented in the Finance Report for end of January, there is confidence that our cash balance will be in credit at the year end: we are awaiting confirmation of the cash only support from the Welsh Government and there is no reason to believe this will not be forthcoming.</li> </ul>	

		<ul style="list-style-type: none"> <li>The Health Board is working hard with care homes to prevent unnecessary admissions to hospital and these efforts are reflected in the data.</li> </ul>
<b>2c</b>	Advise	<p>The PFIG Committee wish to advise members of the Board that:</p> <ul style="list-style-type: none"> <li>Work is ongoing to improve and reduce variation in the deployment of good practice in monitoring and supporting patients with diabetes in primary care.</li> <li>It is increasingly clear that the forward strategy for the Health Board has to have a relentless focus on productivity in planned care, guided by the good practice set out in GIRFT and that, if achieved, this can free up resources both to 'shift left' and to make service improvements in secondary care.</li> </ul>
<b>2d</b>	Review of Risks	<ul style="list-style-type: none"> <li>Continued risk of failing to meet revised control total with the potential loss of funding which is currently non-recurrent.</li> <li>Lack of short/medium-term clear solutions to poor performance of Urgent and Emergency Care.</li> <li>While there is clear potential to achieve significantly improved performance with no substantial increase in revenue funding, the lack of adequate capital investment in our estate and digital infrastructure remains a very significant risk.</li> </ul>
<b>2e</b>	Sharing of learning	Importance of drawing on good practice elsewhere in the UK on GIRFT.
<b>3</b>	Actions to be considered by other Committees	People and Culture to consider how to meet the strategic challenge of ensuring that a larger proportion of posts within the agreed establishment are filled substantively, in order to reduce the costs of making good vacancies through bank, agency and overtime working.



<b>Teitl adroddiad:</b>	<b>2024-25 Month 11 (February) Finance Report</b>
<b>Report title:</b>	
<b>Adrodd i:</b>	Health Board
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Thursday, 27 March 2025
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	This report provides a briefing on the financial performance of the Health Board for the year-to-date position as at the end of Month 11 (February 2025). In addition, the report includes an update on delivery of the approved capital programme and savings delivery against target.
<b>Executive Summary:</b>	<p><u>Finance Report</u></p> <p>In November 2024, Welsh Government (WG) recognised the continuing pressures reported within the Health Board and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m. Attaining the control total £8.6m deficit outturn is key to securing the £82m received non-recurrently 2024/25 into 2025/26. Year to date adverse variance and in month performance indicates risk to delivery of c£5.5m and opportunities of c.£3.9m.</p> <p>It is of note that the 2024/25 £8.6m planned deficit outturn position does not attain the key duty of the Health Board to have a balanced financial position.</p> <p>As requested by WG, the Health Board has reviewed the treatment of the conditionally recurrent allocation of £74.6m received in 2023/24. This is now re-stated as recurrent following instruction from WG on the Monthly Monitoring Letter dated 25<sup>th</sup> February 2025 to treat as recurrent (noting the allocation tables identify this resource as non-recurrent based on the conditional nature of the award) based on the Health Board forecasting to attain the target control total of an £8.6m deficit for the 2024/25 financial year (the allocation then becoming unconditionally recurrent).</p> <p>As at close of February 2025 (Month 11) the Health Board is reporting a deficit of £10.2m, an improvement of £2.7m from previous month but still representing a £2.3m adverse variance compared to 11/12ths of the revised £8.6m full year planned deficit. This is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary &amp; Secondary Care Drug costs.</p> <p>February (Month 11) is reporting an in-month surplus of £2.7m, (£3.4m surplus compared to the in-month planned deficit of £0.7m), an improvement of £0.8m from previous month's surplus of £1.9m.</p> <p>£1.4m Accountancy Gains were identified by the Health Board in February. Year to date Accountancy Gains totals £12.6m.</p>

## Risks & Mitigations

In November 2024 the Integrated Performance and Executive Delivery Group (IPEGD) instructed all Divisions (Areas & Directorates) to reduce expenditure forecasts by 1.4%, identifying areas where expenditure could be reduced to mitigate any potential risks to delivery of the financial plan. Whilst this delivered reductions in forecast expenditure, it was not sufficient to bring the position back to the planned deficit of £8.6m.

Additional centralised controls and enhanced oversight have been implemented following endorsement at the January IPEGD meeting. Escalation meetings continue to be held for services where they do not meet their required targeted reductions and control totals.

The additional controls implemented with immediate effect include cease use of non-clinical agency, all non-clinical requests for the use of Bank, acting up and additional hours to follow the Enhanced Establishment Control process for non-clinical roles. In addition, all discretionary non-clinical expenditure to be directed to the Executive Director of Finance for scrutiny and approval.

These additional controls are designed to protect delivery of patient's services (non-clinical) and therefore avoid impacting upon patient care.

The risk of attainment of the 2024/25 financial plan assessed at Month 11 is circa £5.5m, with opportunities of circa £3.9m. Within the additional Planned Care funding received to address the 104-week waits there is a potential slippage of c.£2.4m which is reported as an opportunity. Work is ongoing in an attempt to secure additional activity which will incur additional costs and reduce potential slippage.

## Capital Programme

The finance report articulates performance within the Capital Programme which consists of Discretionary funding plus specific funding for Major Projects. The approved Capital Resource Limit (CRL) for 2024/25 is £49.7m, which includes £0.9m IFRS16 and £48.8m Capital. Year to date expenditure is £20.1m against a year-to-date plan of £29.2m, reporting a year to date underspend of £9.1m as at Month 11.

The underspend is largely against Orthopaedics, Backlog Maintenance, IT equipment and Estates Discretionary which are all closely being monitored. Regularly updates are being communicated and any risks flagged with Welsh Government.

## Savings

The Health Board's financial plan set a recurrent savings target of £48.0m to be delivered in 2024/25. The £48.0m target plan is profiled on an equal twelfth's basis. The 2024/25 Savings Programme has been developed through a Value & Sustainability thematic model which is to be delivered within five core domains (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management.

	<p>Full year forecast value of Green Schemes totals £44.5m with fortuitous Accountancy Gains of £12.6m, giving a combined total of £57.1m, an increase of £2.2m from January (Month 10). Of these, £29.0m have been identified as recurring, with a full year effect of £42.4m, and £28.0m identified as non-recurring savings. The recurrent shortfall to be identified is therefore £5.6m. Accountancy Gains of £1.4m were identified in month, which contributed to the in-month delivery.</p>			
	<p>Whilst the Health Board has identified savings above the planned savings requirements through a combination of Savings Schemes and Accountancy Gains, the focus is now on containing cost overruns and recovering the year-to-date deficit above plan.</p>			
	<p>The Value &amp; Sustainability program is also focusing upon identification of 2025/26 improvement and saving plans, with an expectation of a total savings ask of approximately £40m for the financial year.</p>			
<p><b>Argymhellion:</b> <b>Recommendations:</b></p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Receive</b>, and scrutinise this report</li> </ul>			
<p><b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b></p>	<p>Russell Caldicott, Interim Executive Director of Finance.</p>			
<p><b>Awdur yr Adroddiad:</b> <b>Report Author:</b></p>	<p>Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development</p>			
<p><b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b></p>	<p>I'w Nodi <i>For Noting</i> <input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i> <input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/></p>	
<p><b>Lefel sicrwydd:</b> <b>Assurance level:</b></p>	<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><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><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></b></p>				

<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><i>Link to Strategic Objective(s):</i></p>	<p>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.</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>	<p>The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.</p>
<p><b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></p>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</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><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></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>Current risks and mitigations are shown in Appendix A, Slide 13.</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><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b></p>	<p><b>Appendix A</b></p>

<p>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p><b>BAF risks</b> BAF SP14 – Estates &amp; 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><b>Link to Corporate Risk Register:</b> CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 24/25 Financial Plan</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b> <b>Implementation of recommendations</b></p>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <p>A - 2024/25 Finance Report (Revenue, Capital and Savings) – February (Month 11)</p>	

# Finance Report February- Month 11 2024/25

**Russell Caldicott**  
**Executive Director of Finance**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Executive Summary

<b>Objective</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	
<b>Statutory Financial Duties</b>	<b>Revenue</b>	<ul style="list-style-type: none"> <li>Health Board received an additional recurrent allocation of £11.15m in Month 8, with the planned outturn improving from a £19.8m deficit to £8.6m deficit. A condition of accepting the additional income being the improvement in outturn, the £8.6m deficit being the new control total.</li> <li>In-month surplus of £2.7m, an improvement of £0.8m from previous month's surplus of £1.9m.</li> <li>Year to date total deficit of £10.2m, which is £2.3m over the £7.9m year to date planned deficit (11/12ths of the £8.6m full year planned deficit).</li> <li>Full year forecast outturn position remains at £8.6m deficit. This does not attain breakeven and the key first duty to break-even.</li> </ul>
	<b>Cash</b>	<ul style="list-style-type: none"> <li>Closing cash balance as at 28th February 2025 was £14.4m, including £6.4m revenue cash and £8.0m for capital projects.</li> <li>The Health Board is forecasting a closing cash balance for 2024-25 of £5.6m made up of £3.1 revenue cash and £2.5m capital cash.</li> </ul>
	<b>Savings</b>	<ul style="list-style-type: none"> <li>The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25.</li> <li>Month 11 forecast is to deliver £57.1m (including £12.6m Accountancy Gains). An increase of £2.2m from Month 10 that exceeds plan requirements.</li> <li>Of the £57.1m forecast delivery, £29.0m is recurring schemes with a full year effect of £42.4m. The gap of recurrent savings to the target is £5.6m.</li> <li>Savings delivered in Month 11 totalled £5.6m, of which £2.9m is recurring. Accountancy Gains of £1.4m were also identified in month which contribute to the in-month delivery.</li> </ul>
	<b>Capital</b>	<ul style="list-style-type: none"> <li>Approved Capital Resource Limit (CRL) for 2024/25 is £49.7m. Year to date expenditure is £20.1m against a year to date plan of £29.2m.</li> </ul>
<b>Key Messages</b>	<ul style="list-style-type: none"> <li>➤ In November 24, Welsh Government recognised the continuing pressures reported within the Health Board and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m.</li> <li>➤ Year to date financial position exceeds planned deficit by £2.3m. This will need to be recovered over the remainder of the financial year by minimising expenditure and keeping control of emerging pressures to recover the overspend against plan. Focus continues to be on containing cost overruns and recovering the year-to-date deficit above plan. All divisions and IHC's have been instructed to identify cost reductions to recover the overspend and allow sufficient headroom to mitigate any potential risks to delivery of the financial plan.</li> <li>➤ Attaining the control total of £8.6m deficit outturn is key to securing the £82m received non-recurrently 2024/25 into 2025/26 and beyond. The £74.6m allocation received as conditionally recurrent in 2024/25 is also potentially at risk should the control total deficit of an £8.6m outturn deficit not be delivered.</li> <li>➤ Additional controls and enhanced oversight agreed and endorsed at the January Integrated Performance Delivery Group (IPEDG) meeting. Escalation meetings are being held for services where they do not meet their required reductions and control totals. The additional controls implemented with immediate effect include cease use of non-clinical agency, all non-clinical requests for the use of Bank, acting up and additional hours will need to follow the Enhanced Establishment Control process for non-clinical roles. In addition, all discretionary non-clinical expenditure to be directed to the Executive Director of Finance for scrutiny and approval.</li> <li>➤ The risk of attainment of the 2024/25 financial plan assessed at Month 11 is circa £5.5m, with opportunities of circa £3.9m. Within the additional Planned Care funding received to address the 104-week waits there is a potential slippage of c.£2.4m which is reported as an opportunity. Work is ongoing in an attempt to secure additional activity which will incur additional costs and reduce potential slippage.</li> </ul>	

# Key Performance Indicators



## Month 11 Position

In Month: £198.9m against plan of £202.4m  
**£3.4m favourable above Plan (Total £2.7m favourable variance)**

YTD: £2,069.0m against plan of £2,066.7m  
**£2.3m adverse above £7.9m YTD planned deficit (Total YTD deficit is £10.2m)**



## Forecast

**£8.6m planned deficit**

There remains risk to delivery of the control total for 2024/25 (evidenced by the year to date deficit totalling £10.2m.

The Health Board (following initiation of a series of control measures for non-clinical costs) remains forecasting delivery of this forecast outturn

## Month 11 Divisional Performance

West IHC	£10.9m adverse
Central IHC	£18.4m adverse
East IHC	£22.7m adverse
Womens	£0.7m adverse
MH & LD	£16.7m adverse
Commissioning Contracts	£1.5m favourable
ICD Primary Care	£4.5m favourable
ICD Regional Services	£3.9m adverse
Support Functions	£1.5m favourable
Other Budgets	£63.5m favourable



## Savings

In-month: £5.6m against target of £4.0m  
**£1.6m favourable**

YTD: £53.2m (includes £12.6m accountancy gain) against a target of £44.0m  
**£9.2m favourable**



## Savings Forecast

£57.1m against target of £48.0m

**£9.1m favourable**



## COVID-19 Impact

£10.0m YTD cost

**£11.0m forecast cost against £12.2m COVID funding allocation from Welsh Government**



## Year to Date Income

£151.4m against budget of £144.3m

**£7.1m favourable**



## Year to Date Pay

£1,025.4m against budget of £994.3m

**£31.1m adverse**



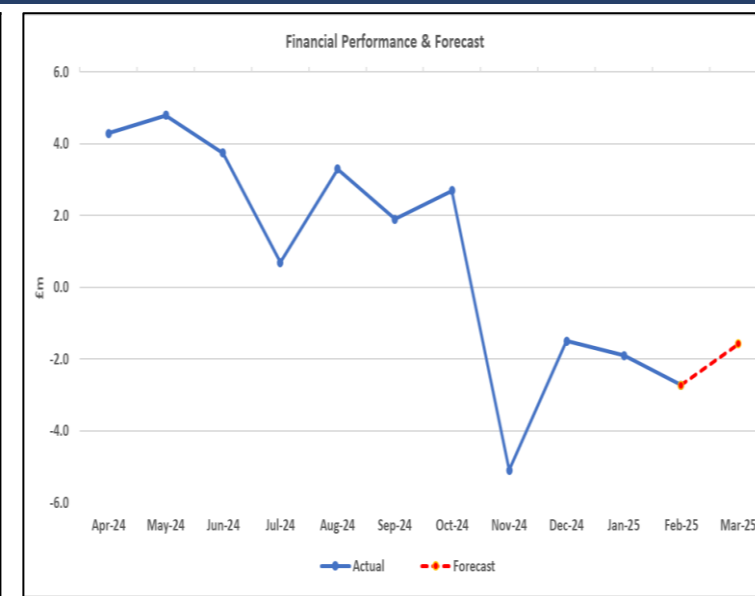
## Year to Date Non-Pay

£1,195.0m against budget of £1,208.8m

**£13.8m favourable**

# Revenue Position

	Actual											2024/25 Cumulative against Plan				Actual Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(172.4)	(171.6)	(172.4)	(178.2)	(178.6)	(186.2)	(184.8)	(227.6)	(188.2)	(197.1)	(201.7)	(2,058.8)	(2,058.8)	0.0	0.00%	(2,252.7)
Miscellaneous Income	(13.1)	(12.8)	(13.5)	(13.4)	(13.7)	(13.2)	(14.5)	(13.8)	(13.4)	(14.8)	(15.2)	(144.3)	(151.4)	-7.1	4.92%	(167.5)
Health Board Pay Expenditure	86.7	87.2	86.7	87.7	87.5	96.5	88.7	122.5	92.2	96.0	93.6	994.3	1,025.4	31.1	3.13%	1,119.7
Non-Pay Expenditure	103.1	102.0	102.9	104.6	108.1	104.9	113.2	113.8	107.8	113.9	120.6	1,208.8	1,195.0	-13.8	-1.14%	1,309.0
<b>Total Deficit / (Surplus)</b>	<b>4.3</b>	<b>4.8</b>	<b>3.7</b>	<b>0.7</b>	<b>3.3</b>	<b>1.9</b>	<b>2.7</b>	<b>(5.1)</b>	<b>(1.5)</b>	<b>(1.9)</b>	<b>(2.7)</b>	<b>(0.0)</b>	<b>10.2</b>	<b>10.2</b>		<b>8.6</b>
Planned Deficit	1.6	1.6	1.6	1.6	1.6	1.6	1.6	(5.8)	0.7	0.7	0.7	7.9	0.0	7.9	100.00%	
<b>Total Deficit / (Surplus) above Plan</b>	<b>2.6</b>	<b>3.2</b>	<b>2.1</b>	<b>(0.9)</b>	<b>1.6</b>	<b>0.3</b>	<b>1.0</b>	<b>(0.7)</b>	<b>(2.2)</b>	<b>(2.6)</b>	<b>(3.4)</b>	<b>7.9</b>	<b>10.2</b>	<b>2.3</b>		



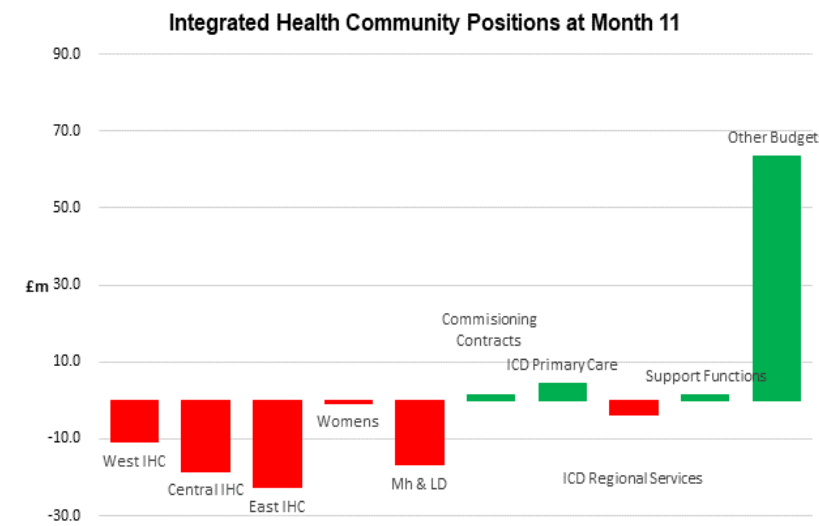
- Within the 204/25 financial plan Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) was allocated for an additional year on a non-recurrent basis in 2024/25. The £74.6m non-recurrent additional support issued in 2023/24 was agreed as recurrent for 2024/25; giving an opening recurrent underlying deficit position of £178.2m. In November 2024, Welsh Government have recognised the continuing pressures, which were in part funded on a non recurrent basis in 23/24, and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m.
- As requested by WG, the Health Board has reviewed the treatment of the conditionally recurrent allocation of £74.6m received in 2023/24. This is now re-stated as recurrent following instruction from WG on the MMR Reply Letter dated 25<sup>th</sup> February 2025 to treat as recurrent based on the Health Board forecasting to attain the target control total of an £8.6m deficit for the 2024/25 financial year (the allocation then becoming unconditionally recurrent).
- Month 11 position is reporting an in-month surplus of £2.7m, an improvement of £0.8m from previous month's surplus of £1.9m. Year to date is reporting a deficit of £10.2m. This represents a £2.3m adverse variance compared to 11/12ths of the revised £8.6m full year planned deficit. This is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs. Risks to delivery of the plan totals £0.5m (See Slide 14).
- Additional controls and enhanced oversight have been agreed and endorsed at the January IPEDG meeting. Escalation meetings are being held for services where they are not meeting their required reductions and control totals. The additional controls implemented with immediate effect include cease use of non-clinical agency, all non-clinical requests for the use of Bank, acting up and additional hours will need to follow the Enhanced Establishment Control process for non-clinical roles. In addition, all discretionary non-clinical expenditure to be directed to the Executive Director of Finance for scrutiny and approval.

# Divisional Positions

	In Month			
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %
<b>WG RESOURCE ALLOCATION</b>	(201.7)	(201.7)	0.0	0%
<b>WEST INTEGRATED HEALTH COMMUNITY</b>				
Management	0.1	0.1	0.0	
West Area	20.0	19.2	0.8	
Ysbyty Gwynedd	11.4	11.8	(0.4)	
Facilities	1.1	1.2	(0.1)	
<b>Total West</b>	<b>32.6</b>	<b>32.3</b>	<b>0.3</b>	<b>1%</b>
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>				
Management	0.1	0.1	(0.0)	
Central Area	25.1	24.6	0.5	
Ysbyty Glan Clwyd	14.1	15.1	(1.1)	
Facilities	1.3	1.3	(0.1)	
<b>Total Central</b>	<b>40.6</b>	<b>41.2</b>	<b>(0.7)</b>	<b>-2%</b>
<b>EAST INTEGRATED HEALTH COMMUNITY</b>				
Management	0.1	0.1	(0.0)	
East Area	28.8	30.9	(2.1)	
Ysbyty Wrexham Maelor	12.5	12.4	0.1	
Facilities	1.2	1.3	(0.1)	
<b>Total East</b>	<b>42.6</b>	<b>44.7</b>	<b>(2.1)</b>	<b>-5%</b>
<b>Total Midwifery and Women's Services</b>	<b>4.1</b>	<b>4.1</b>	<b>0.0</b>	<b>1%</b>
<b>Total Mental Health and LDS</b>	<b>14.8</b>	<b>15.3</b>	<b>(0.6)</b>	<b>-4%</b>
<b>Total Commissioning Contracts</b>	<b>27.9</b>	<b>27.7</b>	<b>0.2</b>	<b>1%</b>
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>				
Covid Programmes	0.5	0.6	(0.0)	
Dental North Wales	4.7	4.0	0.7	
Community Dental Services	0.6	0.5	0.1	
Other Primary Care	0.1	0.1	0.0	
<b>Total Integrated Clinical Delivery Primary care</b>	<b>5.9</b>	<b>5.1</b>	<b>0.8</b>	<b>13%</b>
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>				
Provider Income	(1.9)	(2.4)	0.5	
Diagnostic and Specialist Clinical Support	7.2	7.3	(0.0)	
Cancer Services	5.6	5.8	(0.2)	
<b>Total Integrated Clinical Delivery</b>	<b>11.0</b>	<b>10.7</b>	<b>0.3</b>	<b>3%</b>
<b>Total Service Support Functions</b>	<b>14.8</b>	<b>14.7</b>	<b>0.0</b>	<b>0%</b>
<b>Total Other Budgets</b>	<b>8.1</b>	<b>3.0</b>	<b>5.1</b>	<b>63%</b>
<b>Total HB Position</b>	<b>0.7</b>	<b>2.7</b>	<b>3.4</b>	<b>479%</b>

Cumulative			
Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %
(2,058.8)	(2,058.8)	0.0	0%
1.3	1.2	0.1	
190.5	192.0	(1.5)	
122.2	130.8	(8.5)	
12.0	13.0	(1.0)	
<b>326.0</b>	<b>336.9</b>	<b>(10.9)</b>	<b>-3%</b>
1.1	1.1	(0.0)	
249.0	250.1	(1.1)	
152.7	168.9	(16.3)	
14.2	15.2	(1.0)	
<b>417.0</b>	<b>435.3</b>	<b>(18.4)</b>	<b>-4%</b>
1.1	1.1	(0.0)	
276.8	290.0	(13.1)	
133.0	141.3	(8.3)	
13.0	14.2	(1.2)	
<b>424.0</b>	<b>446.6</b>	<b>(22.7)</b>	<b>-5%</b>
45.5	46.1	(0.7)	-1%
162.1	178.8	(16.7)	-10%
278.3	276.8	1.5	1%
6.6	6.5	0.1	
33.1	28.7	4.4	
6.2	6.4	(0.2)	
1.5	1.3	0.2	
<b>47.3</b>	<b>42.8</b>	<b>4.5</b>	<b>9%</b>
(20.6)	(22.6)	2.1	
76.6	81.0	(4.3)	
62.3	63.9	(1.6)	
<b>118.4</b>	<b>122.3</b>	<b>(3.9)</b>	<b>-3%</b>
153.7	152.3	1.5	1%
94.4	30.9	63.5	67%
<b>7.9</b>	<b>(10.2)</b>	<b>(2.3)</b>	<b>-29%</b>

Forecast Year End Variance against the Plan £m
0.0
0.1
(1.5)
(9.3)
(1.1)
<b>(11.8)</b>
(0.0)
(2.1)
(17.8)
(1.1)
<b>(21.0)</b>
(0.0)
(13.2)
(8.9)
(1.4)
<b>(23.5)</b>
(0.7)
(17.8)
1.6
0.1
4.6
(0.3)
0.2
<b>4.5</b>
2.2
(3.9)
(1.3)
<b>(3.0)</b>
0.9
70.8
<b>(0.0)</b>



- In-month surplus of £2.7m (£3.4m surplus compared to the in-month planned deficit of £0.7m), an improvement of £0.8m from previous month's surplus of £1.9m.
- Year to date deficit of £10.2m and £2.3m adverse variance compared to 11/12<sup>ths</sup> of the £8.6m full year planned deficit, an improvement of £3.4m from previous month. This is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.

# Expenditure – Pay & Non-Pay

Pay Costs as per Monitoring Return Table	Actual											Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	11.9	11.9	12.1	12.0	11.9	12.0	12.1	16.9	13.0	13.2	12.8	147.1	139.9	7.2	161.7
Medical & Dental	19.7	20.0	19.5	20.3	20.3	29.0	20.8	29.4	21.5	23.0	22.1	227.2	245.5	(18.3)	249.7
Nursing & Midwifery Registered	26.6	26.8	26.9	27.0	26.9	26.9	27.4	38.3	28.4	29.2	28.6	303.0	313.0	(10.0)	346.0
Additional Clinical Services	13.5	13.6	13.5	13.6	13.6	13.7	13.3	17.5	13.7	14.0	13.8	143.2	153.7	(10.6)	171.3
Add Prof Scientific & Technical	3.5	3.5	3.5	3.5	3.5	3.6	3.6	5.2	3.8	4.1	3.9	45.1	41.7	3.4	43.8
Allied Health Professionals	5.8	5.7	5.6	5.7	5.7	5.8	5.9	8.3	6.2	6.5	6.4	65.3	67.6	(2.2)	74.2
Healthcare Scientists	1.5	1.5	1.5	1.5	1.5	1.5	1.6	2.0	1.6	1.7	1.7	17.0	17.5	((0.4)	18.6
Estates & Ancillary	4.1	4.0	4.1	4.1	4.0	4.1	4.0	5.1	4.1	4.2	4.2	45.5	46.0	(0.5)	53.4
Students	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.9	0.6	0.3	1.0
<b>Health Board Total</b>	<b>86.7</b>	<b>87.2</b>	<b>86.7</b>	<b>87.7</b>	<b>87.5</b>	<b>96.5</b>	<b>88.7</b>	<b>122.5</b>	<b>92.2</b>	<b>96.0</b>	<b>93.6</b>	<b>994.3</b>	<b>1,025.4</b>	<b>(31.1)</b>	<b>1,119.7</b>
Other Services (Incl. Primary Care)	2.6	2.6	2.8	2.8	2.9	2.9	3.7	3.5	3.0	3.0	5.1	28.8	35.0	(6.2)	38.2
<b>Total Pay</b>	<b>89.3</b>	<b>89.8</b>	<b>89.6</b>	<b>90.5</b>	<b>90.5</b>	<b>99.4</b>	<b>92.4</b>	<b>126.0</b>	<b>95.2</b>	<b>99.0</b>	<b>98.7</b>	<b>1,023.1</b>	<b>1,060.5</b>	<b>(37.3)</b>	<b>1,157.9</b>

Non-Pay Costs as per Monitoring Return Table	Actual											Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	19.6	18.6	20.0	19.6	19.6	19.6	20.3	21.7	20.1	19.1	32.4	231.8	230.5	1.3	251.3
Primary Care – Drugs and Appliances	10.9	10.5	10.2	10.8	11.6	10.8	12.4	11.3	10.8	11.4	10.5	113.1	121.3	(8.2)	132.1
Provider Services – Non Pay (excluding drugs & depreciation)	19.0	16.1	16.6	20.2	19.0	19.0	19.4	20.7	19.1	21.5	19.1	252.9	209.6	43.3	236.3
Secondary Care - Drugs	7.9	8.2	7.8	9.0	8.3	8.1	9.3	8.0	8.9	8.9	8.4	84.7	92.7	(8.0)	101.3
Healthcare Services Provided by Other NHS Bodies	30.5	31.5	30.8	22.3	30.0	29.5	32.1	34.0	30.4	35.3	33.0	339.4	339.4	0.0	370.1
Continuing Care and Funded Nursing Care	10.6	11.9	11.6	11.3	11.9	11.2	12.5	11.6	11.7	10.8	10.0	121.7	125.0	(3.3)	136.4
Other Private & Voluntary Sector	1.2	1.5	1.6	6.8	2.6	2.6	2.7	2.3	2.2	2.2	2.9	18.0	28.6	(10.6)	31.8
Joint Financing and Other	0.0	0.3	0.2	0.3	0.5	0.1	0.3	0.2	0.4	0.3	0.3	2.9	2.9	0.0	3.3
Losses, Special Payments and Irrecoverable Dets	0.2	0.3	0.3	0.3	0.5	0.2	0.3	0.4	0.4	0.5	0.3	2.7	3.6	(0.9)	4.0
<b>Non-Pay Costs</b>	<b>99.9</b>	<b>98.8</b>	<b>99.1</b>	<b>100.6</b>	<b>104.1</b>	<b>101.0</b>	<b>109.4</b>	<b>110.0</b>	<b>104.0</b>	<b>110.2</b>	<b>116.8</b>	<b>1,167.4</b>	<b>1,153.7</b>	<b>13.6</b>	<b>1,266.7</b>
AME/DEL Depreciation	3.2	3.2	4.0	4.0	3.9	3.9	3.9	3.9	3.9	3.9	3.9	41.4	41.4	0.0	42.5
<b>Total Non-Pay</b>	<b>103.1</b>	<b>102.0</b>	<b>103.0</b>	<b>104.5</b>	<b>108.1</b>	<b>104.9</b>	<b>113.2</b>	<b>113.8</b>	<b>107.8</b>	<b>114.0</b>	<b>120.6</b>	<b>1,208.8</b>	<b>1,195.1</b>	<b>13.6</b>	<b>1,309.2</b>

## Health Board Pay:

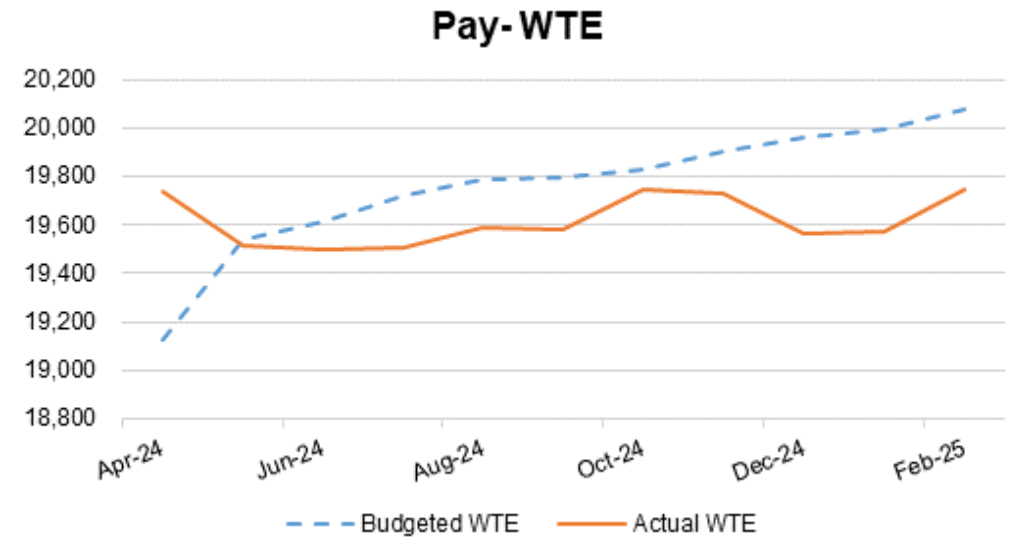
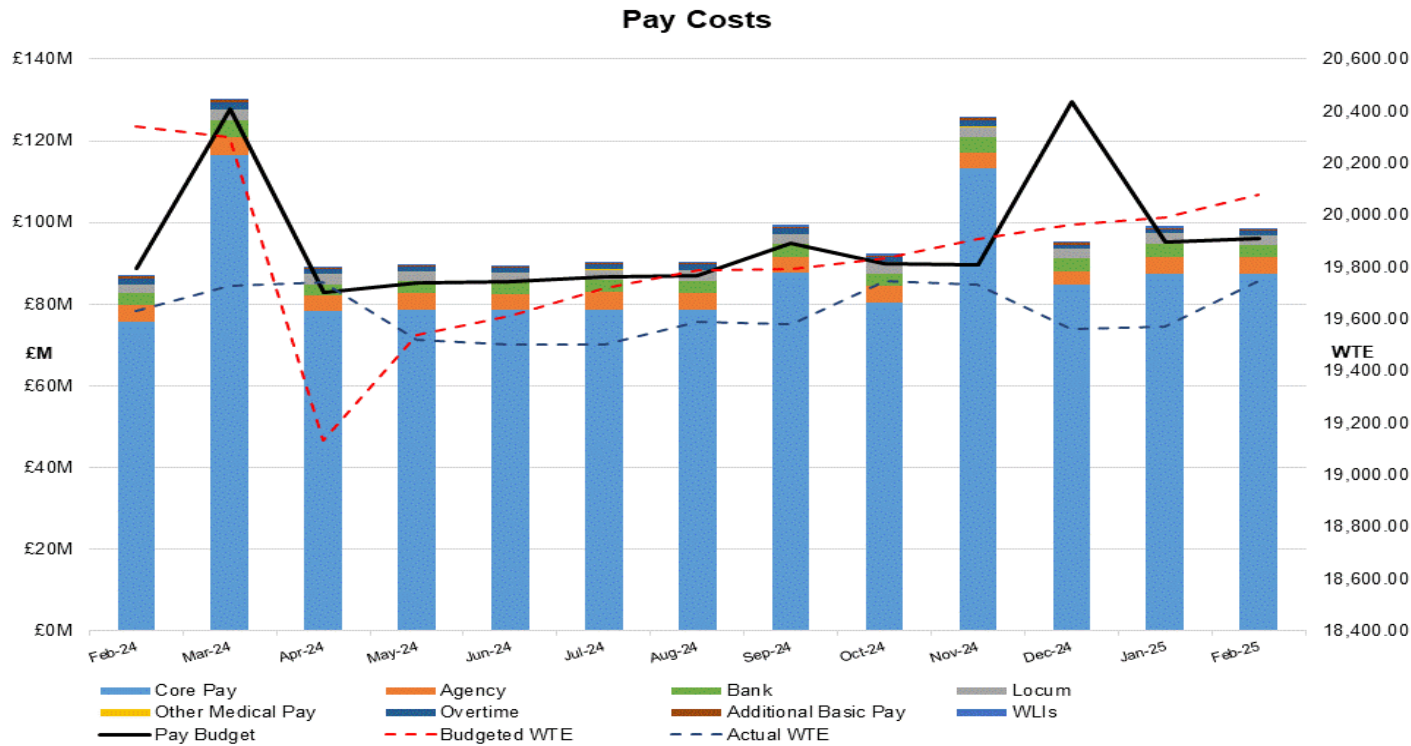
- Month 11 Provider Services Pay decreased by £2.5m (2.6%), however £1.4m of the movement relates to the year-to-date impact of the Band 8a and above incremental progression and £0.9m M&D pay award on fees and allowances paid in January.
- February Pay costs reported an increase of £0.4m when compared to previous months monthly average.
- Provider Services Pay - £31.1m year to date adverse variance.

- Total updated cost of the Pay Award as at Month 11 is £73.8m (including M&D, Band 8 incremental pay points, RLW and additional costs outside of payroll). See Slide12 for further detail.

## Non-Pay Expenditure (excluding Depreciation):

- Non-Pay expenditure increased by £6.6m from previous month, which is predominately made up of a £13.2m increase in Primary care contractor, this is offset by reductions in other areas.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

# Expenditure – Pay



2024-25 Variable Pay	Actual											YTD £m
	Apr-24 £m	May-24 £m	Jun-24 £m	Jul-24 £m	Aug-24 £m	Sep-24 £m	Oct-24 £m	Nov-24 £m	Dec-24 £m	Jan-25 £m	Feb-25 £m	
Agency	4.0	4.2	3.8	4.2	4.2	3.7	4.2	3.9	3.4	3.9	3.9	43.4
Overtime	1.1	1.3	1.2	1.4	1.3	1.4	1.2	1.7	1.0	1.0	1.1	13.7
Locum	2.6	2.3	2.3	2.5	2.6	2.4	2.8	2.6	2.3	2.6	2.4	27.3
WLI's	0.3	0.2	0.2	0.3	0.3	0.4	0.4	0.4	0.3	0.4	0.3	3.6
Bank	2.6	2.9	2.8	3.0	3.1	3.2	3.0	3.7	3.1	3.2	3.0	33.6
Other Non Core	0.0	0.0	0.0	0.0	0.1	0.2	0.1	0.1	0.1	0.0	0.1	0.7
Additional Hours	0.4	0.3	0.3	0.4	0.4	0.3	0.4	0.5	0.4	0.3	0.4	4.1
<b>Total</b>	<b>11.1</b>	<b>11.1</b>	<b>10.8</b>	<b>11.8</b>	<b>11.9</b>	<b>11.6</b>	<b>12.1</b>	<b>12.8</b>	<b>10.5</b>	<b>11.5</b>	<b>11.2</b>	<b>126.4</b>

- Variable Pay totals £11.2m for February, a reduction of £0.3m from previous month driven by a fall of £0.2m in Locum, £0.2m in Bank and £0.1m in WLI's.



# Pay - WTE

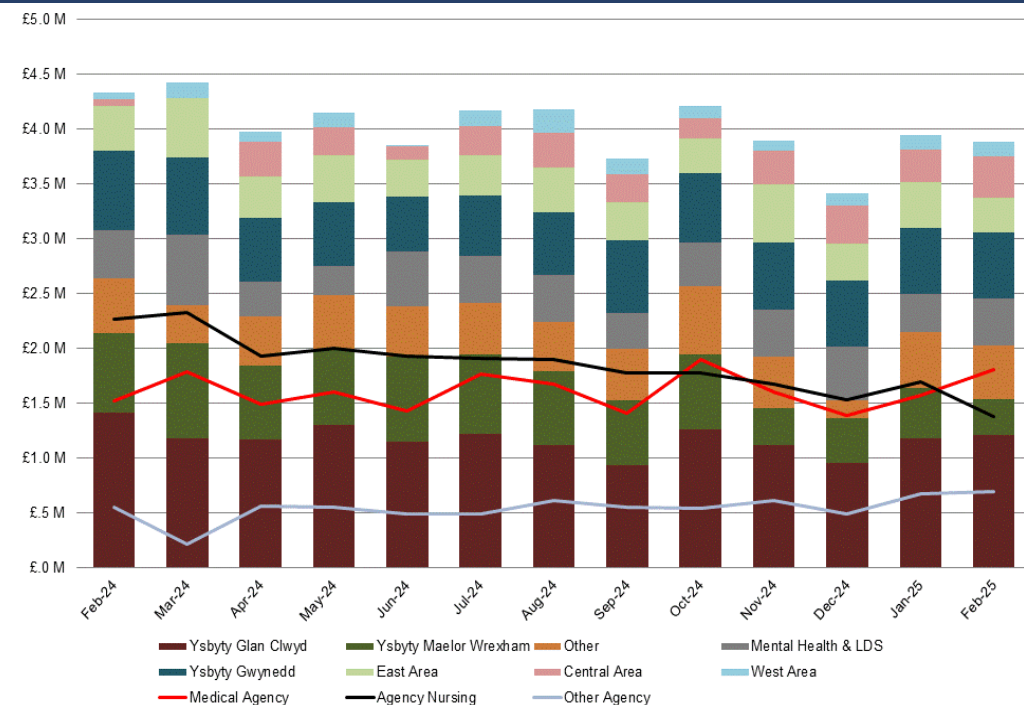
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Movement M11 v M10
<b>Budgeted WTE</b>	19,130	19,537	19,611	19,721	19,789	19,792	19,833	19,906	19,962	19,992	20,086	94
<b>Actual WTE</b>	19,740	19,518	19,500	19,503	19,590	19,580	19,746	19,731	19,562	19,571	19,745	174

- Actual worked in February is 19,745, an increase of 174 WTE from January.
- Budgeted WTE increased by 94 WTE between February and January.
- Below table provides a breakdown of Budgeted WTE movement by Division from Months 1 to 11:

BUDGETED WTE	Apr WTE	May WTE	June WTE	July WTE	Aug WTE	Sept WTE	Oct WTE	Nov WTE	Dec WTE	Jan WTE	Feb WTE	Movement M11 v M10	Explanation of M11 v M10 Key movements
West IHC	3,636	3,664	3,685	3,700	3,716	3,711	3,712	3,722	3,724	3,715	3,715	-1	
Centre IHC	4,631	4,737	4,737	4,758	4,798	4,818	4,828	4,862	4,878	4,857	4,861	4	
East IHC	4,493	4,513	4,535	4,567	4,581	4,581	4,586	4,589	4,608	4,610	4,674	63	YWM – Reserves and NSA adjustments to match agreed funding
COVID Response	33	168	134	134	134	134	134	134	137	137	139	2	
Dental GDS	14	14	16	16	16	14	14	14	14	14	14	0	
Dental CDS	173	173	173	173	173	172	172	172	172	172	172	0	
Women’s	685	691	694	694	697	697	698	698	698	697	697	0	
Diagnostics	935	964	964	974	977	979	979	980	982	980	980	0	
Cancer Services	370	392	392	399	400	401	405	411	419	417	417	0	
Mental Health & LDS	2,245	2,247	2,255	2,255	2,262	2,265	2,273	2,278	2,277	2,277	2,289	12	9WTE Band 5 posts funded by HMPPS & North Wales APB via WCBC
Other Primary Care	14	15	15	15	15	15	15	15	15	15	15	0	
Corporate	1,900	1,958	2,011	2,037	2,020	2,007	2,017	2,031	2,041	2,102	2,116	14	Chief Digital Information Officer – 8WTE Budget for MH Project
<b>TOTAL</b>	<b>19,130</b>	<b>19,538</b>	<b>19,611</b>	<b>19,721</b>	<b>19,789</b>	<b>19,792</b>	<b>19,833</b>	<b>19,906</b>	<b>19,962</b>	<b>19,992</b>	<b>20,086</b>	<b>94</b>	

# Pay Costs – Agency

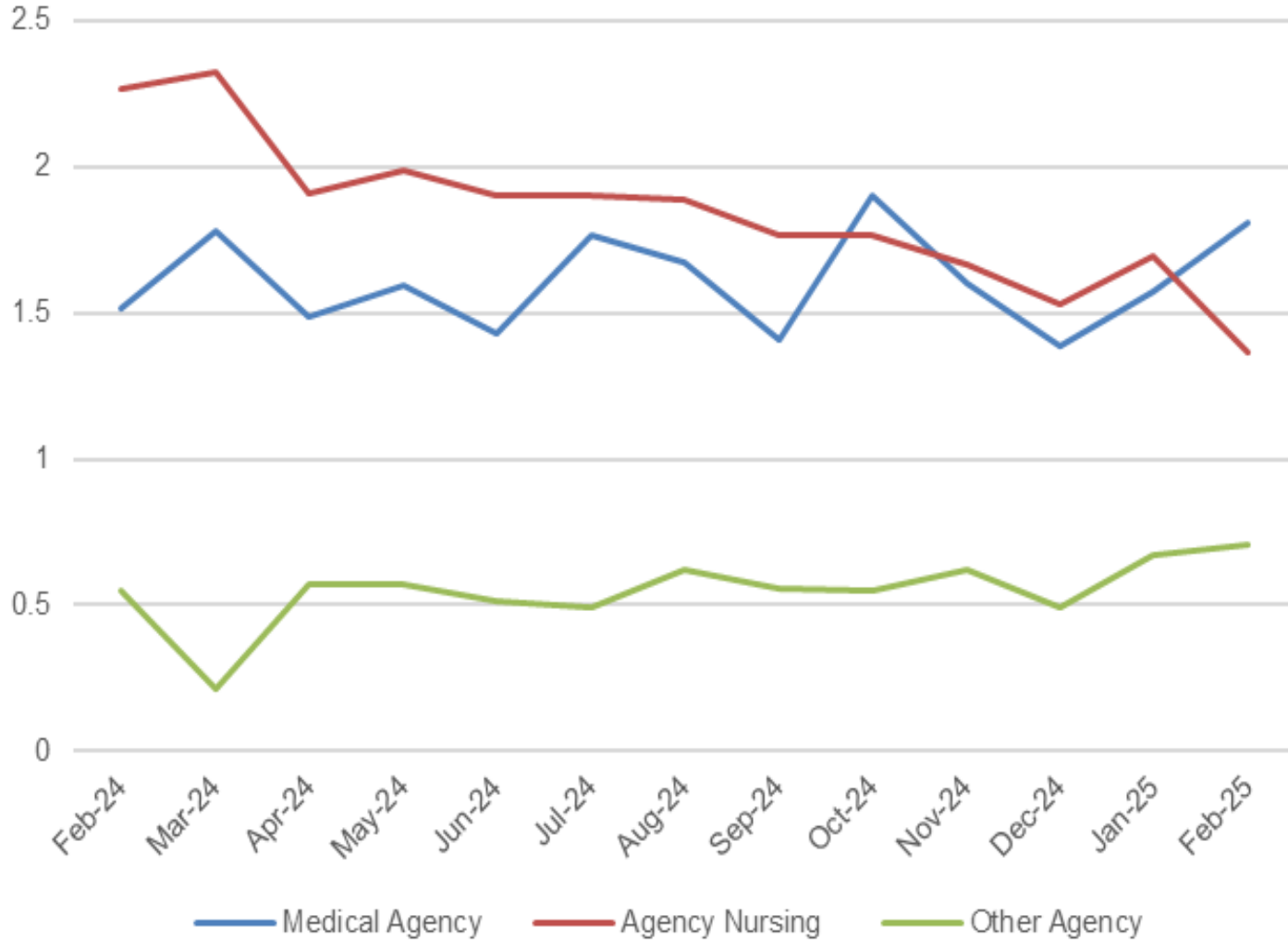
	2024-25 Agency Spend £'m											Total Year to Date £m	Total Forecast £m
	Actual												
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11		
West Area	0.1	0.1	0.0	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	1.3	1.4
Central Area	0.3	0.3	0.1	0.3	0.3	0.2	0.2	0.3	0.4	0.3	0.4	3.1	3.5
East Area	0.4	0.4	0.3	0.4	0.4	0.4	0.3	0.5	0.3	0.4	0.3	4.2	4.5
Ysbyty Gwynedd	0.6	0.6	0.5	0.6	0.6	0.7	0.6	0.6	0.6	0.6	0.6	6.5	7.1
Ysbyty Glan Clwyd	1.2	1.3	1.2	1.2	1.1	0.9	1.3	1.1	0.9	1.2	1.2	12.6	13.9
Ysbyty Maelor Wrexham	0.7	0.7	0.8	0.7	0.7	0.6	0.7	0.3	0.4	0.5	0.3	6.3	6.7
Mental Health & LDS	0.3	0.3	0.5	0.4	0.4	0.3	0.4	0.4	0.5	0.3	0.4	4.4	4.8
Womens	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.1	0.2	0.2	1.9	2.1
Other inc pan BCU Cancer Services and Corporate	0.3	0.3	0.3	0.3	0.2	0.3	0.3	0.3	0.1	0.4	0.3	3.1	3.5
<b>Total Agency</b>	<b>4.0</b>	<b>4.2</b>	<b>3.8</b>	<b>4.2</b>	<b>4.2</b>	<b>3.7</b>	<b>4.2</b>	<b>3.9</b>	<b>3.4</b>	<b>3.9</b>	<b>3.9</b>	<b>43.4</b>	<b>47.5</b>



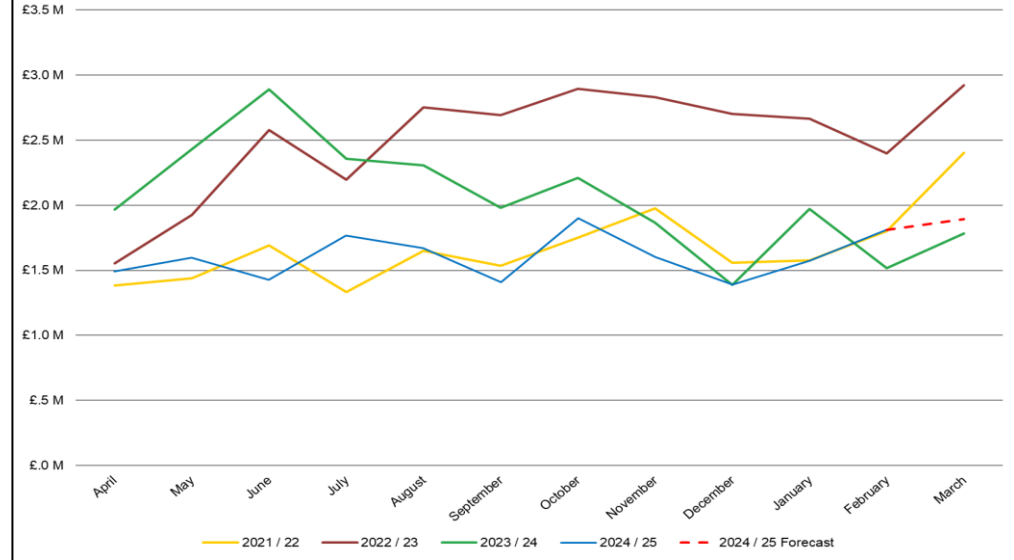
- Agency expenditure for Month 11 is £3.9m the same as last month representing 3.9% of total pay. 2024/25 monthly average Agency spend is £3.9m compared to a monthly average of £5.6m in 2023/24. The 2024/25 total Agency year end forecast outturn has increased by £0.4m, from £47.1m reported at Month 10 to £47.5m reported at Month 11.
- Month 11 Medical Agency expenditure is £1.8m, an increase of £0.2m from previous month and in line with 24/25 previous months monthly average. The monthly average medical agency expenditure for 2023/24 was £2.1m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.6m), Ysbyty Gwynedd (£0.4m) and Mental Health (£0.2m) covering Medical vacancies and sickness.
- Nurse agency costs totalled £1.4m for the month, a reduction of £0.3m from previous month spend. Month 11 Nurse Agency spend is £1.4m lower than the 2023/24 monthly average costs of £2.8m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.5m), Ysbyty Maelor Wrexham (£0.2m), Ysbyty Gwynedd (£0.2m), Mental Health (£0.2m) and East Area (£0.1m) to staff escalated beds and cover ward vacancies to ensure the Nurse Staffing Act ward staffing levels are maintained.
- Other agency costs totalled £0.7m in Month 11 the same as in month 10. Other Agency costs mainly consist of Allied Health Professionals (£0.6m).

# Pay Costs – Agency

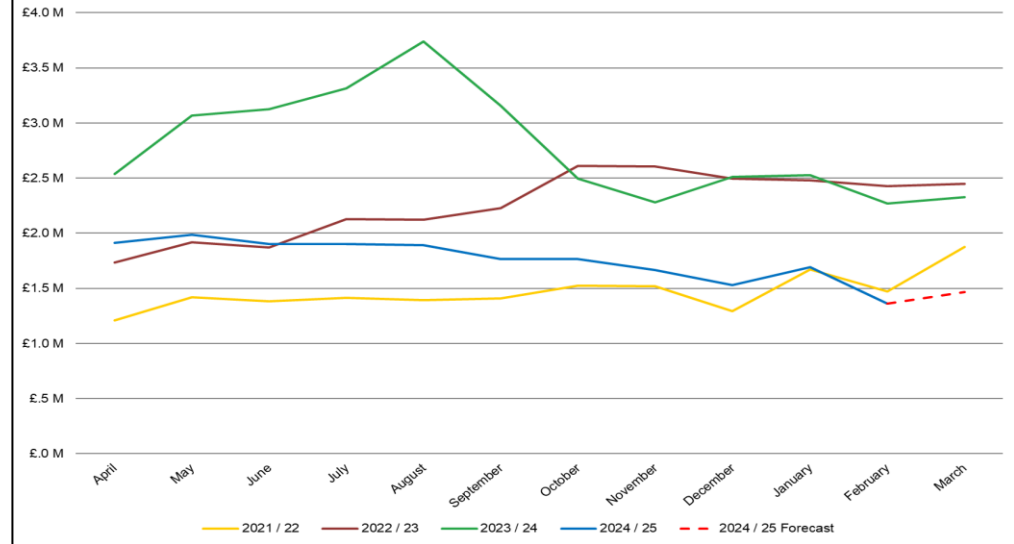
## Agency Costs



## Medical Agency Costs

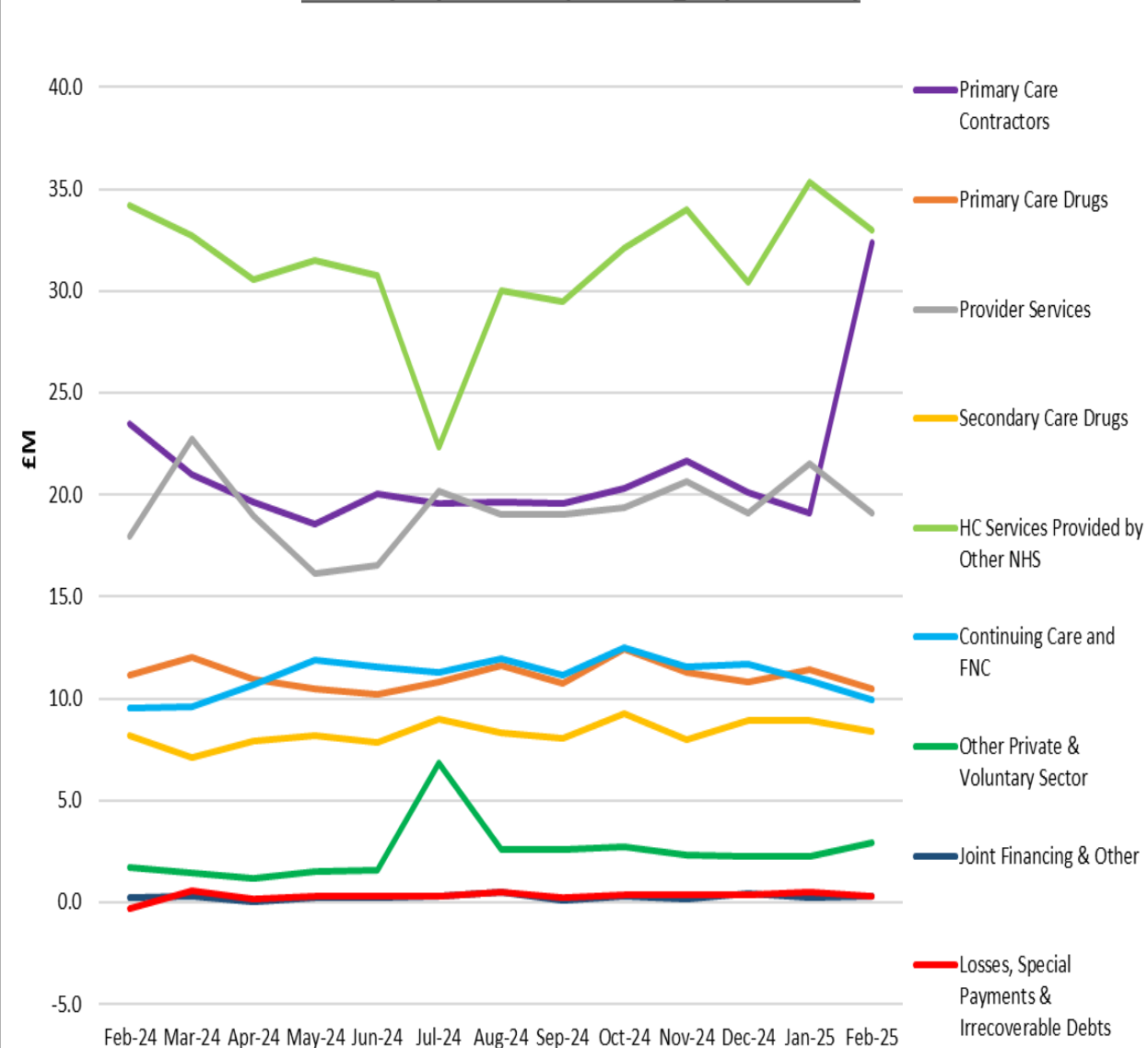


## Nursing Agency Costs



# Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** February expenditure is £13.2m (69.9%) higher than previous month due to additional WG allocation received in month 11 for Dental Contract Pay Award uplift, GMS Contract agreement and IT Support System & Services Contract.
- Primary Care Drugs:** Expenditure is £0.9m (8.1%) less than the previous month due to a reduction in prescribing days in February compared to January and cost per prescribing day being down by 4% and c.1.1% down on a cost per item basis.
- Provider Services Non-Pay:** Expenditure decreased by £2.4m (11.3%) due to a £0.8m reduction in Clinical Services & Supplies, £0.2m reduction in External Contract staffing & consultancy costs, £0.7m reduction in General Services & Supplies and £0.7m reduction in Energy costs.
- Secondary Care Drugs:** Expenditure decreased by £0.5m (6.1%) from previous month with the reduction being reported across all specialties due to February having fewer prescribing days compared to January plus an additional £0.1m savings reported for Secondary Care Drugs.
- Healthcare Services provided by Other NHS Bodies:** A decrease of £2.4m (6.7%) from previous month (which also included the impact of £6.9m JCC backdated spend). When comparing February spend to previous months monthly average the increase is £2.3m, of which £2.6m is additional Vertex spend funded by WG, offset by a reduction in English provider contracts spend and in-year creditor writebacks.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £0.9m (8.1%) less than previous month being predominantly due to a £1.2m CHC accountancy gain reported in month.
- Other Private & Voluntary Sector:** Spend increased by £0.7m from previous month due to the insourcing and outsourcing activity being mobilised late January.

# Allocations

Description	£m
Allocations Received	2,254.4
<b>Total Allocations Received</b>	<b>2,254.4</b>

Description	£m
<b>Allocations anticipated</b>	
AME/DEL Capital Adjustments	0.7
Removal of IFRS-16 Leases (Revenue)	-4.7
Pay Award 2024-25	1.3
International Recruitment QTR's 3 & 4	0.4
Other	0.5
<b>Total Allocations Anticipated</b>	<b>1.8</b>

	£m
Total Allocations Received	2,254.4
Total Allocations Anticipated	-1.8
<b>Total Welsh Government Income</b>	<b>2,252.6</b>

COVID-19 Funding	£m
Total 23/24 COVID-19 Forecast Expenditure	12.2
Received	12.2
Anticipated	0.0

- Total Revenue Resource Limit (RRL) for the year is £2,252.6m. £2,058.8m of the RRL has been profiled into the cumulative position, £6.1m less than 11/12ths of the RRL (£2,064.9m).
- Confirmed allocations to date is £2,254.4m, offset by a (£1.8m) reversal of anticipated allocations. Total COVID-19 funding allocation is £12.2m, with £10.9m of the COVID-19 funding profiled into the cumulative position. It is forecast that a surplus of £1.2m can be retained as confirmed within the Month 8 response letter.
- Total cost of Pay Award impact is c.£73.8m, of which £68.6m is recurrent costs and £5.2m is non-recurrent. £72.5m Pay Award funding allocation has been received from WG non recurrently to date, with the remaining balance of £1.3m reported as anticipated income.

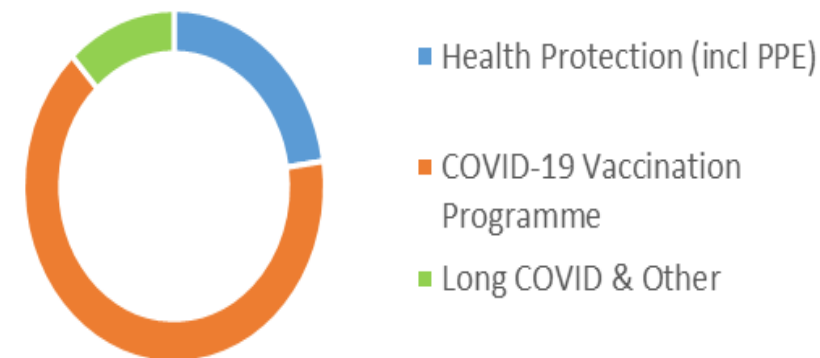
2024/25 Pay Award impact	Total £'m
November Pay Award Costs	£51.5m
RLW Bank	£0.7m
Real Living Wage (RLW) Adjustments	£3.8m
September M&D Pay Award	£14.2m
Additional costs outside of direct payroll (English rotational Doctors) and Apprenticeship Levy	£0.5m
Band 8a and above additional increments	£1.7m
M&D Intensity fees and allowances pay award paid in January	£1.0m
February M&D Salaried GP Pay Award Costs	£0.4m
<b>Total</b>	<b>£73.8m</b>

- Pay award impact on centrally held balance sheet accrual and provisions is estimated at c.£1.5m and is excluded from the above calculation. Welsh Government have confirmed that they have not funded such issues historically and therefore expect organisations to manage the impact on accruals as part of the annual planning and meet these costs from existing resources

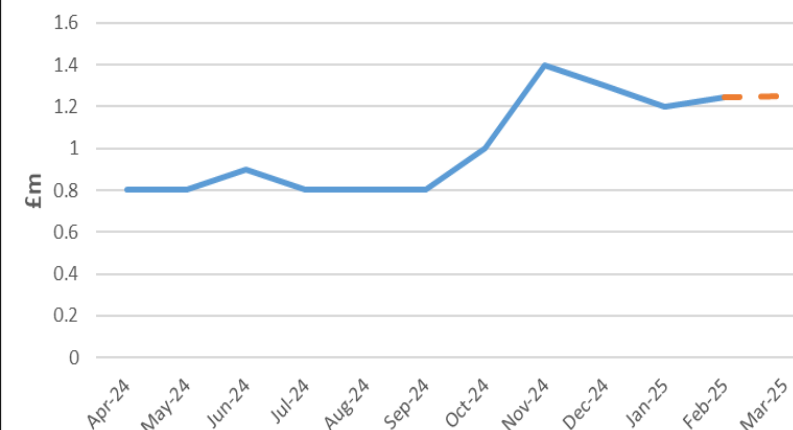
# Impact of COVID-19

	Actual											Year to Date Expenditure £m	Forecast 2024/25 £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m		
Health Protection (incl PPE)	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.2	2.3	2.5
COVID-19 Vaccination	0.5	0.6	0.5	0.5	0.5	0.5	0.7	0.9	0.6	0.6	0.6	6.6	7.2
Long COVID & Other	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	1.1	1.3
<b>Total COVID-19 Expenditure</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>1.0</b>	<b>1.4</b>	<b>1.0</b>	<b>1.0</b>	<b>0.9</b>	<b>10.0</b>	<b>11.0</b>
Welsh Gov COVID-19 Income	0.8	0.8	0.8	0.8	0.8	0.8	1.0	1.4	1.3	1.2	1.2	10.9	12.2
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.3)</b>	<b>(0.2)</b>	<b>(0.3)</b>	<b>(0.9)</b>	<b>(1.2)</b>

## COVID-19 Cost Distribution 2024/25



## Total COVID-19 Expenditure Per Month



- Total COVID expenditure for WG funded programmes in Month 11 is £0.9m, with an year-to-date total cost of £10.0m. Total full year forecast spend is £11.0m against a COVID funding allocation of £12.2m for 2024/25. It is forecast that the projected surplus of £1.2m can be retained.
- Month 11 Health Protection expenditure is £0.2m, with an annual forecast expenditure of £2.5m.
- COVID-19 Vaccination Programme expenditure for Month 11 is £0.7m and annual forecast expenditure is £7.2m.
- Month 11 Long COVID expenditure is £0.1m, with an annual forecast expenditure is £1.3m.
- All COVID programmes expenditure plans continue to be assessed and refined. The COVID-19 forecast at Month 11 is projecting slippage of c.£1.2m against the COVID funding allocation (Health Protection including PPE £0.3m, Vaccination Programme £0.3m and Long Covid £0.6m). WG have confirmed that the Health Board can retain slippage against the 2024/25 COVID funding allocation to support the delivery of sustainable services.

# Risks and Opportunities (not included in position)

- Following further assessment of Risks at Month 11, a number of risks have been revised as per below table. The remaining risks will continue to be monitored and managed throughout the year.
- The below are current risks and opportunities to the Health Board's financial position for 2024/25 as at Month 11.

	Risks	£m	Level
1	Prescribing – growth above original plan expectation	0.5	Medium
2	Medicines (secondary and prescribing)	1.0	Medium
3	Attainment of targeted expenditure reductions	2.7	Medium
4	Receipt in full of the pay award impact 2024/25	1.3	Low
	<b>Total Quantifiable Risks</b>	<b>5.5</b>	

	Opportunities	£m	Level
1	Targeted expenditure reductions exceed that modelled	1.5	Low
2	Potential slippage against Planned Care Funding	2.4	Medium
	<b>Total Opportunities</b>	<b>3.9</b>	

- The additional Health Care support workers ongoing discussions have not been incorporated into either the risk tables or the Health Board's financial position.
- WG have confirmed that the underspend against the Dental ringfenced allocation can be retained by the Health Board, therefore the risk of potential clawback has been removed from the risk table in Month 10.
- Within the additional Planned Care funding received to address the 104-week waits there is a potential slippage of c.£2.4m which is reported as an opportunity in the above table. Work is ongoing in an attempt to secure additional activity which will incur additional costs and reduce potential slippage.

# Balance Sheet

- The closing cash balance as at the 28<sup>th</sup> February 2025 was £14.4m, this includes £6.4m cash held for revenue expenditure and £8.0m for capital projects. This closing balance was significantly higher than the £5.7m forecast in the January Monitoring Return due to:

- Revenue receipts of £1.958m being received from NHS and local government bodies in the last two days of the month following closure of the Health Board's final BACS payment run.
- Delays in receiving both contractor's final certificates for capital expenditure and delivery of IT equipment.

- The Health Board is currently forecasting a closing cash balance for 2024-25 of £5.6m made up of £3.1m revenue cash and £2.5m capital cash.

	Opening Balance Beginning of Apr-24 £m	Closing Balance End of Feb-25 £m	Forecast Closing Balance End of Mar-25 £m
<b>Non-Current Asset</b>			
Property, plant and equipment	724.0	704.4	732.6
Intangible assets	1.2	0.8	1.2
Trade and other receivables	84.6	84.9	84.6
<b>Non-Current Assets sub total</b>	<b>809.7</b>	<b>789.6</b>	<b>818.3</b>
<b>Current Assets</b>			
Inventories	20.9	21.0	20.9
Trade and other receivables	107.7	149.3	156.2
Cash and cash equivalents	5.0	14.4	5.6
Non-current assets classified as held for sale	0.4	0.4	0.0
<b>Current Assets sub total</b>	<b>134.0</b>	<b>185.1</b>	<b>182.8</b>
<b>TOTAL ASSETS</b>	<b>943.7</b>	<b>974.7</b>	<b>1,001.1</b>
<b>Current Liabilities</b>			
Trade and Other Payables	209.6	202.1	201.6
Provisions	47.1	104.4	104.8
<b>Current Liabilities Sub Total</b>	<b>256.7</b>	<b>306.5</b>	<b>306.4</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>687.1</b>	<b>668.2</b>	<b>694.7</b>
<b>Non-Current Liabilities</b>			
Trade and Other Payables	27.5	27.4	28.4
Provisions	85.9	85.8	85.8
<b>Non-Current Liabilities Sub Total</b>	<b>113.4</b>	<b>113.2</b>	<b>114.2</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>573.7</b>	<b>555.0</b>	<b>580.5</b>
<b>FINANCED BY:</b>			
<b>Taxpayers' Equity</b>			
General Fund	353.6	334.9	360.4
Revaluation Reserve	220.1	220.1	220.1
<b>Total Taxpayers' Equity</b>	<b>573.7</b>	<b>555.0</b>	<b>580.5</b>



# Capital

- The approved Capital Resource Limit (CRL) for 2024/25 is £49.7m, which includes £0.9m IFRS16 and £48.8m Capital. Year to date expenditure is £20.1m against a year-to-date plan of £29.2m. The Month 11 position is reporting an year to date underspend of £9.1m.
- The underspend is largely against Orthopaedics, Backlog Maintenance, IT equipment and Estates Discretionary which are all being closely monitored. Regular updates are being communicated and any risks flagged with Welsh Government.

## BUDGET 2024/25

1) Capital Resource Limit 2024/25	£m	Brief Overview / Update
WG Discretionary Capital	12.4	The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).
All Wales Scheme	36.4	
<b>Total CRL</b>	<b>48.8</b>	

CAPITAL PROGRAMME 2024/25	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.9	1.9	4.5	0.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.4	0.9	1.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	1.9	2.3	2.2	-0.3	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.4	2.0	3.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	0.8	0.0	0.0	0.8	Brokerage managed within the programme.
<b>WG Discretionary Capital</b>	<b>12.4</b>	<b>7.125</b>	<b>11.5</b>	<b>0.9</b>	<b>Under Commitment</b>

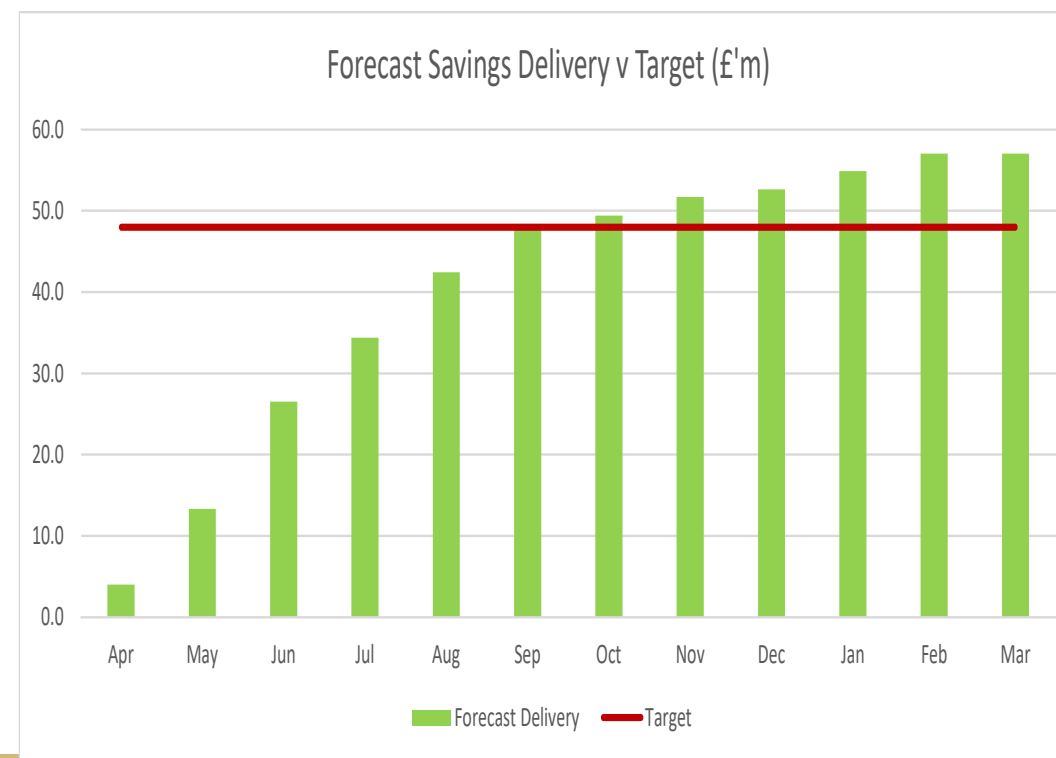
# Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Conwy & Llandudno Junction Health & Social Care Centre	0.2	0.1	0.3	-0.1	BCUHB has received approval to proceed with the design and FBC proposal.
Estates Facility Advisory Board - Fire	2.8	1.3	2.6	0.2	Planned works are in situ with all project closely monitored and reviewed to achieve the forecast outturn to meet the CRL.
Estates Facility Advisory Board - Infrastructure	0.7	1.0	1.3	-0.6	Planned works are in situ with all project closely monitored and reviewed to achieve the forecast outturn to meet the CRL.
Estates Facility Advisory Board - Decarbonisation	0.4	0.3	0.4	-0.1	Planned works are in situ with all project closely monitored and reviewed to achieve the forecast outturn to meet the CRL.
Regional Orthopaedic Hub at Llandudno Hospital	11.3	6.4	11.6	-0.2	Contractors on site and programme of works are progressing to handover in 2025/26. There is a continuous process to review the works and cashflow to meet the critical path. It is acknowledged and has been communicated to WG that the project is currently behind the spend profile with formal commercial meetings taking place to mitigate risks.
Substance Misuse Building, Llandudno	0.1	0.1	0.1	0.0	The tenders has been received and there is current value engineering (VE) exercise taking place. The planning approval for change of use has now been received. However, as result of the VE the CRL has been revised and brokered into 2025/26 to manage the delay.
CAMHS Crisis Hub	0.3	0.2	0.3	0.0	Project is now completed and final account is being agreed.
Diagnostic Equipment 2024-25 - YG CT	2.9	0.5	2.9	0.0	Allocation for YG CT, fully implemented in the last quarter of the financial year.
Development of Flucloxacillin OPAT and Automation	0.1	0.1	0.1	0.0	The capital purchase of equipment to be delivered by the 31st March 2025
Backlog Maintenance	5.0	0.9	5.0	0.0	There has been a small delay in getting all the tenders issued and instructed. Planned works are due to be completed in March 2025.
Year End Funding – October 2024	1.7	0.1	1.7	0.0	Additional slippage monies has been received in month 6. The majority of the allocation is for 3 x DR Rooms, purchase orders are in place and delivery is time for March 2025.
Diagnostic and Medical Equipment 2024-25	2.5	1.4	2.5	0.0	Various medical equipment items form part of the £2.5m allocation. All purchase orders have been raised with delivery by the 31st March 2025.
Digital Equipment - December 2024-25	1.5	0.5	1.5	0.0	The funding is for additional hardware equipment and the transaction will complete by March 2025.
End of Year Funding - January 2025	0.9	0.0	0.9	0.0	The equipment has been ordered and deliveries due to take place throughout March 2025.
End of Year Funding - January - Imaging 2025	0.5	0.0	0.5	0.0	The equipment has been ordered and deliveries due to take place throughout March 2025.
End of Year Funding - January - Digital - 2025	0.2	0.0	0.2	0.0	The Tripleplay Patient Signeage will be procurement by the 31st march 2025.
YGC Electrical Infrastructure	1.9	0.2	2.0	-0.1	The Electrical Infrastructure will be done over a couple of years. The expenditure in year is the first instalment for the energy centre.
Year End Digital Funding - February 2025	0.5	0.0	0.5	0.0	The hardware equipment has been procured and the budget will be fully spent by the 31st March 2025
DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	1.0	0.0	1.0	0.0	The EPMA project implementation is over 2 years. The CRL forecast will be spent by the of the financial year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	0.0	The IT project is being implemented over a couple of year and this allocation if for hardware that will be procure by March 2025.
HCF – Bladder Scanners	0.0	0.0	0.0	0.0	The equipment has been delivered and project is complete.
IRCF - Waunfawr Primary Care Hub – Fees to develop BJC	0.1	0.0	0.0	0.0	The project is in design stage and the fees will be spent as forecasted.
IRCF - Caledfryn, Denbigh Health and Wellbeing Hub – acquisition costs and related fees	1.1	0.0	1.1	0.0	The purchase of the building will be in March 2025.
<b>All Wales Capital</b>	<b>36.4</b>	<b>13.0</b>	<b>37.3</b>	<b>-0.9</b>	<b>Over commitment</b>
<b>Total Capital Funding Available</b>	<b>48.8</b>	<b>20.1</b>	<b>48.8</b>	<b>0.0</b>	

# Savings Performance against Target

- The Health Board's financial plan has set a recurring savings target of £48.0m to be delivered in 2024/25, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable forecasts.
- Full year forecast value of Green Schemes totals £57.1m (including £42.4m Savings, £1.4m Income Generation, £12.6m Accountancy Gains and £0.7m Cost Avoidance), a forecast increase of £2.2m from Month 10. Of these, £29.0m have been identified as recurring, with a full year effect of £42.4m, and £28.0m are non-recurring savings. Accountancy Gains of £12.6m are fortuitous non-recurring reductions in expenditure resulting from reviews of accruals from the previous financial year. The gap of recurrent savings to the target is £5.6m, an improvement of £0.5m.
- In-month delivery includes Savings of £4.0m, £0.1m Income Generation and £1.4m Accountancy Gains totalling £5.6m, against a £4.0m Target
- The combined year to date delivery is £53.2m, of which £26.3m is recurring, against a £44.0m Target.

Service Performance against Target	Annual			Full Year Effect	Year to Date		
	Target	Forecast Delivery	Delivery v Target (+ve = adverse)		Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	6.7	2.0	8.7	8.0	6.2	1.8
Central Integrated Health Community	10.9	8.3	2.6	8.1	10.0	7.7	2.3
East Integrated Health Community	11.2	10.8	0.4	9.3	10.3	9.9	0.4
MHLD	4.2	7.8	-3.6	12.8	3.9	6.6	-2.7
Womens Services	1.4	1.4	-0.1	0.7	1.2	1.3	-0.1
Diagnostic and Specialist Clinical Support	2.1	1.2	0.9	0.2	1.9	1.2	0.8
Cancer Services	1.6	1.2	0.3	1.1	1.4	1.2	0.3
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.1	0.1	0.0	0.2	0.1	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.0	1.0	-1.0
Corporate & Support Services	3.7	4.4	-0.7	1.5	3.4	4.1	-0.7
Reserves	4.0	1.4	2.6	0.0	3.7	1.4	2.3
<b>Saving Total</b>	<b>48.0</b>	<b>44.5</b>	<b>3.5</b>	<b>42.4</b>	<b>44.0</b>	<b>40.6</b>	<b>3.4</b>
Accountancy Gains		12.6	-12.6			12.6	-12.6
<b>Total</b>		<b>57.1</b>	<b>-9.1</b>	<b>42.4</b>	<b>44.0</b>	<b>53.2</b>	<b>-9.2</b>



# Savings Performance by Category

Savings - V&S Annual Performance against Target (£'m)	Target £m	Forecast Delivery								Delivery v Target (+ve = adverse) £m	
		V&S Board Categories									
Service / Area		Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other – Commissioning £m	Other - Primary Care £m	Income £m	Total £m	
West Integrated Health Community	8.7	2.6	2.8	0.5	0.5	0.0	0.0		0.3	6.7	2.0
Central Integrated Health Community	10.9	2.6	4.1	0.4	0.8	0.0	0.4		0.0	8.3	2.6
East Integrated Health Community	11.2	5.4	3.8	0.8	0.7	0.0	0.0		0.1	10.8	0.4
MHLD	4.2	1.1	0.1	0.1	2.5		4.1			7.8	-3.6
Womens Services	1.4	1.4	0.0	0.0						1.4	-0.1
Diagnostic and Specialist Clinical Support	2.1	0.1		1.1					0.0	1.2	0.9
Cancer Services	1.6	0.4	0.8	0.0						1.2	0.3
Dental North Wales	0.0			0.0						0.0	0.0
Community Dental Services	0.2	0.1		0.0						0.1	0.1
Other Primary Care	0.0			0.0	0.0					0.0	0.0
Contracts & Provider Income	0.0						1.1			1.1	-1.1
Corporate & Support Services	3.7	2.6	0.0	1.8	0.0	0.0	0.0	0.0	0.0	4.4	-0.7
Reserves	4.0		0.4	1.0						1.4	2.6
<b>Total Cash Releasing Savings</b>	<b>48.0</b>	<b>16.2</b>	<b>12.0</b>	<b>5.7</b>	<b>4.5</b>	<b>0.0</b>	<b>5.6</b>	<b>0.0</b>	<b>0.5</b>	<b>44.5</b>	<b>3.5</b>
Accountancy Gains		0.3	2.2	3.4	3.1		1.8	1.7		12.6	-12.6
<b>Total</b>		<b>16.6</b>	<b>14.3</b>	<b>9.0</b>	<b>7.6</b>	<b>0.0</b>	<b>7.4</b>	<b>1.7</b>	<b>0.5</b>	<b>57.1</b>	<b>-9.1</b>

Recurring Performance against Target	Annual			Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
Recurring	48.0	29.0	19.0	44.0	26.3	17.7
Non Recurring	0.0	28.0	-28.0		26.9	-26.9
<b>Total</b>	<b>48.0</b>	<b>57.1</b>	<b>-9.1</b>	<b>44.0</b>	<b>53.2</b>	<b>-9.2</b>



# Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Cancer	Agency 6 Month Review of Accruals	NR	125,433	125,433	0	125,433	125,433	0
Cancer	Biosimilar Initiation, switching	R	17,952	47,761	29,809	16,456	46,520	30,064
Cancer	Clatterbridge EOY Contract Reconciliation	NR	143,000	143,000	0	143,000	143,000	0
Cancer	DOAC prescribing	R	39,156	37,027	-2,129	35,893	36,403	510
Cancer	Medical Agency	R	83,865	96,568	12,703	77,244	89,947	12,703
Cancer	National agreed contracts for secondary care drugs	R	888,869	577,471	-311,398	803,539	551,341	-252,198
	Optimising medicine prescribing within clinical pathways (NICE TA)	R	33,372	2,781	-30,591	30,591	2,781	-27,810
Cancer	Outsourcing savings (aseptics SACT)	R	17,550	1,950	-15,600	15,600	1,950	-13,650
Cancer	Outsourcing savings (homecare)	R	325,110	169,382	-155,728	298,017	169,382	-128,635
Contracts & Income	NCA unused 23/24 provision	NR	900,000	900,000	0	840,000	840,000	0
Contracts & Income	NHS E 2023/24 Contract Drugs Challenges	NR	597,042	597,042	0	597,042	597,042	0
Contracts & Income	RJAH Contract Underperformance	NR	600,000	600,000	0	600,000	600,000	0
Corporate	AG Venue Cymru	NR	115,000	115,000	0	115,000	115,000	0
Corporate	CCS Framework Rebate	NR	23,444	23,444	0	23,444	23,444	0
Corporate	Cessation of RPO (Medacs) Gain share Contract	R	387,000	387,000	0	354,750	354,750	0
	Cessation of RPO (Medacs) Gain-share contract: VAT & credit notes	NR	92,823	92,823	0	92,823	92,823	0
	DDaT - Hold on scanning patient paper records due to EPR review	NR	80,000	80,000	0	73,333	73,333	0
Corporate	DDaT - McAfee Subscription & CISCO DUO	R	66,590	66,590	0	60,536	60,536	0
Corporate	DDaT - Pay Savings	NR	241,887	241,887	0	240,298	240,298	0
	DDaT - Reduction in external storage of records - Oasis	NR	30,000	30,000	0	27,500	27,500	0
Corporate	Director of Primary Care (vacancy)	NR	80,772	61,860	-18,912	80,772	61,860	-18,912
Corporate	Executive Vacancy - Chief Operating Officer 24/25	NR	112,602	80,430	-32,172	112,602	80,430	-32,172
Corporate	Finance Departement Staff Savings 24/25	R	134,845	134,845	0	108,666	108,666	0
Corporate	Finance Departement Staff Savings 24/25	NR	345,347	345,347	0	331,556	331,556	0
Corporate	Free of Charge Drugs	NR	406,963	406,963	0	406,963	406,963	0
	New Medacs Contract - Medical Bank & Medical Agency Optimisation	R	261,625	261,625	0	224,250	224,250	0
	Non recurrent vacancy slippage, Local Public Health team 24/25	NR	121,713	121,713	0	121,713	121,713	0
Corporate	Review of Invoices on Hold	NR	448,239	448,239	0	448,239	448,239	0
Corporate	RSUK - VAT Recovery - Prior Year	NR	729,365	729,365	0	729,365	729,365	0
Corporate	Staff savings oppurtuinities 24/25	R	127,193	127,193	0	116,594	116,594	0
Corporate	VAT Recovery	NR	963,882	963,882	0	963,882	963,882	0
DSCS	Contract Monitoring - Radiology AML	NR	24,316	24,316	0	24,316	24,316	0
DSCS	Financial Accounting Gains	NR	86,641	86,641	0	86,641	86,641	0
DSCS	Financial Accounting Gains - Roche Contract	NR	190,430	190,430	0	190,430	190,430	0
DSCS	FIT Testing Endoscopy PHW Contract	R	52,680	52,680	0	48,290	48,290	0
DSCS	LINC Project	NR	453,000	875,148	422,148	415,250	823,344	408,094
DSCS	Powys SLA Audiology Adults	R	38,306	38,306	0	35,114	35,114	0
DSCS	Radiotherapy Linear Accelerator Warranty	NR	36,490	36,490	0	36,490	36,490	0
DSCS	Recruit substantive staff instead of using agency	R	21,555	21,555	0	19,160	19,160	0
DSCS	Toxicology Service	R	29,202	29,202	0	26,769	26,769	0
Estates	23/24 Gas energy accruals	NR	431,893	431,893	0	431,893	431,893	0
Estates	Director of Estates (vacancy)	NR	176,716	196,351	19,635	176,716	196,351	19,635
Estates	Disposal of Ala Road	R	60,738	6,746	-53,992	53,992	0	-53,992
Estates	Disposal of Buildings - Cilan	R	4,969	4,969	0	4,416	4,416	0
Estates	Rates Rebate - Preswylfa	NR	185,612	185,612	0	185,612	185,612	0
HC - Centre	Biosimilar Initiation, switching	R	538,273	1,187,603	649,330	516,399	1,105,560	589,161

# Savings Variance

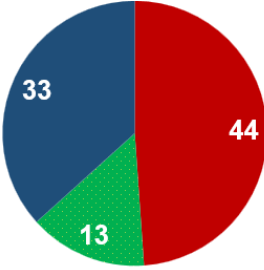
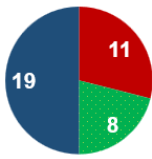
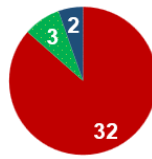
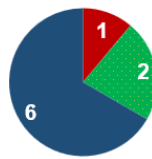
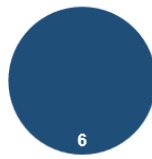
			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - Centre	CAMHS Non-Recurrent Vacancy Savings	NR	547,985	547,985	0	502,319	502,319	0
HC - Centre	CAMHS OOA Acccountancy Gains	NR	626,000	626,000	0	626,000	626,000	0
HC - Centre	Closure of 4 X GP Beds - Holywell Community Hospital	NR	19,092	19,092	0	17,501	17,501	0
HC - Centre	Community Hospital Management Support	NR	48,997	48,997	0	44,914	44,914	0
HC - Centre	Continuing Health Care (CHC) AG	NR	517,013	517,013	0	517,013	517,013	0
HC - Centre	Continuing Health Care Schemes	R	734,000	771,110	37,110	672,837	771,110	98,273
HC - Centre	De-commissioning of Ward 11 as escalation space	R	680,814	222,394	-458,420	595,712	137,292	-458,420
HC - Centre	DOAC prescribing	R	1,353,976	1,252,607	-101,368	1,308,077	1,245,648	-62,429
HC - Centre	Dressings review	R	80,000	18,769	-61,231	73,333	18,769	-54,564
HC - Centre	GMS Accountancy Gain	NR	130,992	130,992	0	130,992	130,992	0
HC - Centre	GMS Accountancy Gain - Roche Contract	NR	397,997	397,997	0	397,997	397,997	0
HC - Centre	LAC Income over-achievement	NR	400,000	400,000	0	333,330	400,000	66,670
HC - Centre	National agreed contracts for secondary care drugs	R	135,968	98,824	-37,144	122,257	91,922	-30,335
HC - Centre	Nurse Agency Run Rate Reduction	R	268,705	270,831	2,126	235,117	237,243	2,126
HC - Centre	Optimising medicine prescribing within clinical pathways (NICE TA)	R	38,496	189,389	150,893	35,288	153,054	117,766
HC - Centre	Optomisation of generic prescribing	R	121,666	135,664	13,998	118,497	117,911	-586
HC - Centre	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	604,110	604,110	0	604,110	604,110	0
HC - Centre	PC&C Services - Contingency Reserve	R	10,000	10,000	0	9,167	9,167	0
HC - Centre	PC&C Services - Telehealth	NR	50,000	50,000	0	45,833	45,833	0
HC - Centre	PC&C Services - Temporary Vacancies	NR	245,906	245,906	0	225,415	225,415	0
HC - Centre	Polypharmacy medication reviews	R	300,000	622,960	322,960	275,000	583,580	308,580
HC - Centre	Review low value medicines prescribed including liothyronine	R	135,432	12,301	-123,131	124,146	12,301	-111,845
HC - Centre	Review of Blood glucose test strips, optimise product selection	R	40,084	75,020	34,936	33,917	75,020	41,103
HC - Centre	Scriptswitch & Optomise savings	R	250,000	526,391	276,391	229,167	483,034	253,867
HC - Centre	YGC NR Vacancies	NR	55,338	55,338	0	55,338	55,338	0
HC - East	Accountacncy Gain - Locum Medical	NR	63,764	63,764	0	63,764	63,764	0
HC - East	Accountacncy Gain - Renal PO	NR	83,000	83,000	0	83,000	83,000	0
HC - East	Accountancy Gain - ED PO	NR	24,091	24,091	0	24,091	24,091	0
HC - East	Accountancy Gain - Locum Medical Surgery	NR	51,083	51,083	0	51,083	51,083	0
HC - East	AHP Agency Reduction - Therapies	R	240,000	199,000	-41,000	220,000	186,948	-33,052
HC - East	Biosimilar Initiation, switching	R	442,735	215,575	-227,160	382,034	177,429	-204,605
HC - East	Catering Consumables	R	92,169	180,000	87,831	84,002	165,000	80,998
HC - East	Cease inco sheet usage	R	4,215	4,215	0	3,794	3,794	0
HC - East	CHC Cost containment	R	604,512	571,944	-32,568	554,512	559,944	5,432
HC - East	Childrens - Medical Agency Reduction	R	250,000	500,000	250,000	229,167	431,253	202,086
HC - East	Childrens CHC Package Review	R	120,000	106,858	-13,142	112,500	106,858	-5,642
HC - East	Consultant sessions and Intensity Bandings	R	56,628	56,628	0	49,800	49,800	0
HC - East	Continuing Health Care (CHC) AG	NR	480,267	480,267	0	480,267	480,267	0
HC - East	DOAC prescribing	R	1,489,958	1,376,198	-113,760	1,448,864	1,359,262	-89,602
HC - East	Dressings review	R	60,000	10,778	-49,222	55,000	10,778	-44,222
HC - East	GMS Accountancy Gain	NR	209,465	209,465	0	209,465	209,465	0
HC - East	GMS Accountancy Gain - Roche Contract	NR	393,501	393,501	0	393,501	393,501	0
HC - East	Increase of catering income	R	88,698	88,698	0	81,301	81,301	0
HC - East	Increased Income from Residences	R	75,521	28,320	-47,201	66,081	18,880	-47,201
HC - East	Medical Agency & Locum Reduction - Primary Care - Managed Practices	R	350,000	310,000	-40,000	319,000	291,248	-27,752
HC - East	Medical Agency Reduction - Community Services	R	261,163	460,000	198,837	239,399	394,183	154,784

# Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - East	National agreed contracts for secondary care drugs	R	157,451	126,521	-30,930	141,838	120,986	-20,852
HC - East	Nurse Staffing - Agency Reduction	NR	453,996	453,996	0	363,197	363,197	0
HC - East	Optimising medicine prescribing within clinical pathways (NICE TA)	R	40,704	70,249	29,545	37,312	66,342	29,030
HC - East	Optomisation of generic prescribing	R	223,666	280,855	57,189	218,636	260,817	42,181
HC - East	Outsourcing savings (homecare)	R	118,128	146,185	28,057	103,362	145,696	42,334
HC - East	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	783,657	783,657	0	783,657	783,657	0
HC - East	Pico dressings	NR	7,511	7,511	0	7,511	7,511	0
HC - East	Polypharmacy medication reviews	R	350,004	746,919	396,915	320,837	699,505	378,668
HC - East	Portering Staffing	R	30,996	30,996	0	28,413	28,413	0
HC - East	Recharging AMD drug costs for out of area patients	R	60,000	58,400	-1,600	55,000	53,400	-1,600
HC - East	Reduce B3 Cook/Team Leader at weekends	R	6,996	6,996	0	6,413	6,413	0
HC - East	Reduce window cleaning from twice to one per annum in hospitals	R	5,700	5,700	0	5,225	5,225	0
HC - East	Reduction in spend on Nursing Agency - EC	R	169,000	333,540	164,540	158,000	309,895	151,895
HC - East	Reduction in spend on Nursing Agency - Medicine	R	240,000	764,555	524,555	220,000	724,555	504,555
HC - East	Reduction in spend on Nursing Agency - Surgery	R	230,719	366,764	136,045	213,370	333,764	120,394
HC - East	Renal PD Accountancy Gain	NR	98,000	98,000	0	98,000	98,000	0
HC - East	Renal VAT - Mold Clinic	NR	245,869	245,869	0	245,869	245,869	0
HC - East	Review low value medicines prescribed including liothyronine	R	96,684	10,625	-86,059	88,627	10,625	-78,002
HC - East	Review of Blood glucose test strips, optimise product selection	R	47,125	74,077	26,952	39,875	72,277	32,402
HC - East	RSUK - VAT Recovery - In Year	R	138,012	138,012	0	119,001	119,001	0
HC - East	Scriptswitch & Optomise savings	R	350,004	639,237	289,233	320,837	594,677	273,840
HC - East	Theatre Consumable Savings	R	34,854	34,854	0	30,944	30,944	0
HC - East	Urology Scope Stacker	R	75,000	38,700	-36,300	65,625	29,325	-36,300
HC - West	Accruals Released - Area	NR	12,992	12,992	0	12,992	12,992	0
HC - West	Accruals Released - Area GMS	NR	211,000	211,000	0	211,000	211,000	0
HC - West	Accruals Released - YG	NR	26,154	26,154	0	26,154	26,154	0
HC - West	Acute paediatric medical staffing - Efficiencies	R	244,569	74,897	-169,672	222,797	57,375	-165,422
HC - West	BCU Accommodation for CHC West team	R	9,876	1,646	-8,230	9,876	0	-9,876
HC - West	Biosimilar Initiation, switching	R	169,915	254,590	84,676	152,341	226,138	73,798
HC - West	CAMHS - Temporary clinical efficiencies	NR	134,088	112,000	-22,088	119,933	103,000	-16,933
HC - West	Childrens CHC Package Review	R	100,000	100,000	0	91,667	91,667	0
HC - West	Continence Products	R	50,000	4,613	-45,387	45,837	0	-45,837
HC - West	Continuing Health Care (CHC) AG	NR	1,449,947	1,449,947	0	1,449,947	1,449,947	0
HC - West	Conversion of Cryocool to Ice Machine	R	2,880	2,880	0	2,520	2,520	0
HC - West	Director Post Vacancy	NR	67,000	67,000	0	67,000	67,000	0
HC - West	Directorate Grip and Control - Pay related	NR	96,500	107,000	10,500	91,320	102,000	10,680
HC - West	DOAC prescribing	R	1,095,519	995,029	-100,490	1,038,628	940,743	-97,885
HC - West	Dressings review	R	30,000	3,329	-26,671	27,500	3,329	-24,171
HC - West	Flexible Job Plan Sessions	NR	83,603	83,602	-0	73,152	73,152	-0
HC - West	GMS Accountancy Gain	NR	162,857	162,857	0	162,857	162,857	0
HC - West	GMS Accountancy Gain - Roche Contract	NR	394,344	394,344	0	394,344	394,344	0
HC - West	Grip and control measures - Acute Med Locum Reduction	R	248,000	188,000	-60,000	225,000	169,000	-56,000
HC - West	Grip and control measures - pay SDEC	R	241,500	153,000	-88,500	207,000	133,000	-74,000
HC - West	Home Enteral Tube Feeding (Ancilliary items)	NR	20,000	20,000	0	18,326	17,500	-826
HC - West	Implement Workforce Plan for Health Board Managed Practices	R	90,000	5,900	-84,100	60,000	0	-60,000
HC - West	Implement Workforce Plan for Health Board Managed Practices	NR	234,104	214,100	-20,004	224,684	200,000	-24,684

# Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - West	Increase of catering income	R	218,024	205,000	-13,024	199,848	205,000	5,152
HC - West	Llandudno Decant - Pay	NR	150,000	133,000	-17,000	150,000	133,000	-17,000
HC - West	Medicine Grip and Control - Non-Pay	R	80,000	29,000	-51,000	70,000	29,000	-41,000
HC - West	National agreed contracts for secondary care drugs	R	165,855	118,821	-47,034	149,386	115,599	-33,787
HC - West	Ophthalmology Private Patient Income	R	53,000	82,000	29,000	48,583	82,000	33,417
HC - West	Optimising medicine prescribing within clinical pathways (NICE TA)	R	30,800	107,929	77,129	28,233	103,324	75,090
HC - West	Optomisation of generic prescribing	R	107,361	127,651	20,290	104,762	123,040	18,278
HC - West	Outsourcing savings (homecare)	R	28,893	89,082	60,189	26,485	89,082	62,597
HC - West	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	556,230	556,230	0	556,230	556,230	0
HC - West	Polypharmacy medication reviews	R	250,000	606,825	356,825	229,167	553,288	324,121
HC - West	Reduction in Agency Pay - Therapies	NR	186,000	84,000	-102,000	164,500	74,000	-90,500
HC - West	Residential Accommodation rental increase (West)	R	65,416	26,000	-39,416	54,513	26,000	-28,513
HC - West	Review low value medicines prescribed including liothyronine	R	48,156	6,458	-41,698	44,143	6,215	-37,928
HC - West	Review of Blood glucose test strips, optimise product selection	R	24,375	66,642	42,267	20,625	63,874	43,249
HC - West	Review of GP Bed Fund Contract 24.25	NR	24,024	13,500	-10,524	22,022	13,250	-8,772
HC - West	RSUK - VAT Recovery - In Year	R	60,093	60,093	1	52,929	49,244	-3,685
HC - West	SACC - Efficiency - Reduce Escalated Beds	R	160,000	370,000	210,000	140,000	335,000	195,000
HC - West	SACC - Grip & Control - Medical Pay	R	260,000	319,000	59,000	210,167	296,000	85,833
HC - West	Scriptswitch & Optomise savings	R	200,000	401,882	201,882	183,333	372,685	189,352
HC - West	West IHC - Continuing Health Care Schemes	R	661,000	439,399	-221,601	605,917	402,783	-203,134
MH&LDS	Continuing Health Care (CHC) AG	NR	481,284	481,284	0	481,284	481,284	0
MH&LDS	Director of Nursing Recruitment Vacancy	NR	64,981	73,104	8,123	64,981	73,104	8,123
MH&LDS	Medical Agency Reduction	R	95,184	95,184	0	83,368	83,368	0
MH&LDS	National agreed contracts for secondary care drugs	R	71,965	21,567	-50,398	61,162	20,577	-40,585
MH&LDS	Outsourcing savings (primary care dispensed)	R	60,996	50,833	-10,163	55,913	45,750	-10,163
MH&LDS	Reduction in Nursing Agency Spend	R	254,388	218,426	-35,962	233,189	196,145	-37,044
MH&LDS	Reduction in Out of Area Placements	R	5,450,544	4,083,063	-1,367,481	4,649,832	3,282,351	-1,367,481
MH&LDS	Reduction in Unfunded Posts - Director of transformation	NR	124,128	124,128	0	113,784	0	-113,784
MH&LDS	Right Care Programme	R	2,500,000	2,500,000	0	2,263,889	2,299,249	35,361
Midw & Womens	Ceasing of Pay Protection	R	10,548	10,548	0	9,669	9,669	0
Midw & Womens	Consultant OOHs Intensity Allowance Review	R	25,925	25,925	0	23,266	23,266	0
Midw & Womens	E-roster Housekeeping	NR	53,073	53,073	0	53,073	53,073	0
Midw & Womens	Medical Agency Expenditure Reduction	R	15,259	15,259	0	13,464	13,464	0
Midw & Womens	Medical Commitment Award	NR	40,259	40,259	0	36,904	36,904	0
Midw & Womens	National agreed contracts for secondary care drugs	R	31,022	45,926	14,904	27,781	43,211	15,430
Midw & Womens	Non Recurrent BFI Re-Assessment Spend Reduction	NR	11,400	11,400	0	10,450	10,450	0
Midw & Womens	Womens BFI Accreditation	NR	11,400	11,400	0	10,450	10,450	0
Midw & Womens	Nursing & Midwifery Agency Exp Run Rate Reduction	R	65,076	41,068	-24,008	59,653	39,492	-20,161
Midw & Womens	Pay Expenditure Run Rate Reduction	NR	266,652	642,626	375,973	263,041	609,884	346,842
Midw & Womens	Vacancy Factor	R	500,000	529,685	29,685	458,333	485,544	27,211
Primary Care	Accountancy Gain - Integrated Clinical Delivery	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Primary Care	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Continuing Health Care (CHC) AG	NR	187,029	187,029	0	187,029	187,029	0
<b>Subtotal</b>			<b>47,030,457</b>	<b>47,995,428</b>	<b>964,971</b>	<b>43,915,617</b>	<b>44,968,751</b>	<b>1,053,135</b>
Procurement			1,208,051	1,657,639	449,588	979,847	1,459,580	479,734
Close of PO's AG			868,532	868,532	0	868,532	868,532	0
Enhanced mileage rates			229,230	334,142	104,912	210,127	315,040	104,912
Enhanced Recruitment Control Savings			2,272,251	6,185,656	3,913,405	2,272,251	5,548,127	3,275,876
Telephone Line Rental			12,914	12,981	67	11,838	11,893	56
<b>Total</b>			<b>51,621,436</b>	<b>57,054,380</b>	<b>5,432,944</b>	<b>48,258,212</b>	<b>53,171,924</b>	<b>4,913,712</b>

<p><b>Teitl adroddiad:</b> <i>Report title:</i></p>	<p>Integrated Quality &amp; Performance Report, Month 11</p>
<p><b>Adrodd i:</b> <i>Report to:</i></p>	<p>Health Board</p>
<p><b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i></p>	<p>Thursday, 27 March 2025</p>
<p><b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i></p>	<p>This report relates to Month 11, 2024/25</p> <p>The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027 on the 28th 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 (IPanF) 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"> <li>1. Key deliverables from the Annual Plan (IMTP)</li> <li>2. NHS Wales Performance Framework (Quadruple Aims)</li> <li>3. Key deliverables in response to Welsh Government (WG), Health Education and Improvement Wales (HEIW), and other formal recommendations including Special Measures.</li> </ol> <p>The Health Board has a number of measures rated monthly and included within this report; the below graphic indicates a number of these measures are off target.</p> <div style="text-align: center;">  <p>All Sections</p> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">  <p>Quality, Safety, Effectiveness &amp; Experience Performance</p> </div> <div style="text-align: center;">  <p>Access &amp; Activity Performance</p> </div> <div style="text-align: center;">  <p>People &amp; Organisational Development Performance</p> </div> <div style="text-align: center;">  <p>Financial Performance</p> </div> </div>

We also reflect the Health Board's current level of performance escalation with Welsh Government within the framework; the approach will be subject to review should escalation levels change.

The Performance & Commissioning Directorate has been working with our partners across the organisation, in the development of locally defined metrics, with oversight provided by the Integrated Performance Executive Delivery Group (IPEDG), and these have now been included in the IQPR, specifically in the Quality and People & Organisational Development domains.

Performance is RAG rated against the targets set within the NHS Wales Performance Framework, set by Welsh Government in the Special Measures Framework for BCUHB, or outlined in the Ministerial Priorities. However, where appropriate, BCUHB's internal improvement trajectories, as submitted and agreed by Welsh Government, have also been included.

Key areas of escalation are identified within the 'Escalated Performance Measures' section at the beginning of the report, the report composition articulating the following;

- Within the escalation section, an initial high-level one-page summary that highlights key performance across the four quadrants, followed by escalation pages to further articulate performance within the escalated metrics.
- A brief introduction to the Performance report to include a key for RAG rating and Statistical Process Control (SPC) charts.
- The further reporting contains all of the metrics by domain, so members can review performance against all metrics reported.

The intention of the report structure is to enable members to identify key escalations from sub-committees of the Health Board, whilst enabling oversight of the current reported metrics. The key performance indicators utilised are the nationally required metrics, and local metrics that give greater insight into understanding current performance (through Executive forums & Committees).

We are moving towards greater ownership by committees of the measures included within the escalation section of the report for Health Board, with areas of good practice also to be included within this section. The Performance Team continue to work with the Health Board to embed the endorsed Integrated Performance Framework. These arrangements include putting in place formal and informal integrated (accountability) review structures, and escalation / de-escalation mechanisms.

The Performance & Commissioning Directorate is working with corporate and operational leads in developing the triangulation of performance, quality and workforce intelligence at the individual

	metric level. This is an ambition of the intelligence-led organisation agenda and supported by NHS Wales Executive.			
<b>Argymhellion:</b>	The Health Board is asked to:			
<b>Recommendations:</b>	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.			
<b>Arweinydd Gweithredol:</b>	Stephen Powell, Director of Performance & Commissioning			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	Ed Williams, Deputy Director of Performance			
<b>Report Author:</b>				
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	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>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				
<b>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:</b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	The performance measures included in this report are from the NHS Wales Performance Framework 2024-25.			
<b>Link to Strategic Objective(s):</b>				

<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>This report will be available to the public once published for Health Board.</p>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>N</p> <p>The Report has not been Equality Impact Assessed as it is reporting on actual performance.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>N</p> <p>The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></b></p>	<p>There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022.</p> <p>Several corporate risks remained to be approved this month however the draft risks have included the rationale and evidence from the Acting Director of Performance.</p> <p>References to Corporate Risks have been made in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning  24-05 Financial Sustainability  24-10 Urgent and Emergency Care  24-11 Planned Care  24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology)  24-13 Timely Diagnostics</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>The delivery of the performance indicators within our IPR will directly/indirectly impact upon the financial recovery plan of the Health Board.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p>	<p>The delivery of the performance indicators within our IQPR will directly/indirectly impact on our current and future workforce.</p>

<b>Workforce implications as a result of implementing the recommendations</b>	
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b></p>	<p>This report has been reviewed by Executive Team.</p> <p>The full report has been reviewed by the Director of Performance &amp; Commissioning, and the Executive Director of Finance.</p>
<p><b>Cysylltiadau â risgiau BAF:</b>  (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b>  (or links to the Corporate Risk Register)</p>	<p>The Deputy Director of Performance continues to work with the Head of Risk Management in strengthening linkage from this report into the Corporate Risk Register and eventually Board Assurance Framework (BAF) once objectives have been set.</p> <p>References to Corporate Risks are included in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning  24-05 Financial Sustainability  24-10 Urgent and Emergency Care  24-11 Planned Care  24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology)  24-13 Timely Diagnostics</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b>  <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b>  <b>Implementation of recommendations:</b> 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 &amp; 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><b>Rhestr o Atodiadau:</b>  <b>List of Appendices: 2</b>  1: Summary of Report  2: Integrated Performance Report in PDF</p>	

**Appendix 1            Summary of Report**

**Committee:            Health Board**

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

**Report Author:        Deputy Director of Performance**  
(on behalf of the Director of Performance & Commissioning)

## **1.        Introduction**

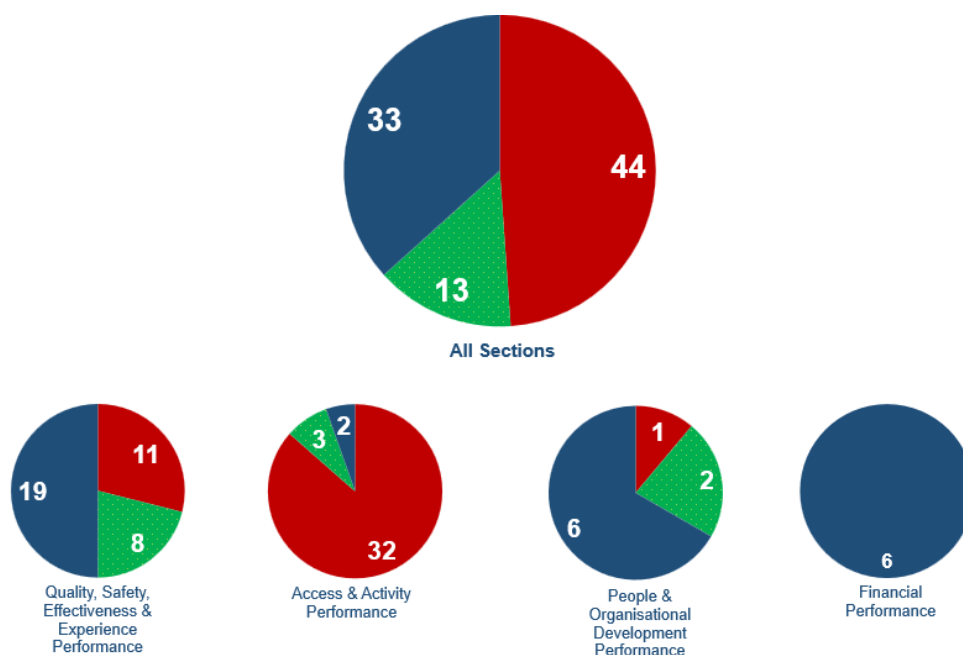
The Performance Directorate continues to develop and refine the performance report for the Health Board, the key aim being to enable focus to be placed upon areas of high performance or those metrics requiring improvement, with the 'Integrated Performance Report' including a section summarising the areas requiring escalation for Board members, divided into the following four quadrants;

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

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

This report reflects performance against the NHS Wales Performance Framework for 2024-25. Furthermore, it includes several locally defined metrics within the Quality and People & Organisational Development domains.

## **2.        Overall Summary**



Of the measures from the NHS Wales Performance Framework included in the report, 13 are on target, 44 are off target. It remains clear that there continues to be significant risks to delivery on a number of key metrics for which the attached report at appendix I, gives further detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic.

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

### 3. Key outputs from oversight of Access & Activity Performance

#### 3.1 Quality (Safety, Effectiveness & Experience) Performance

(Corporate Risk 24-04 Failure to Embed Learning)

**The key areas highlighted centre upon: -**

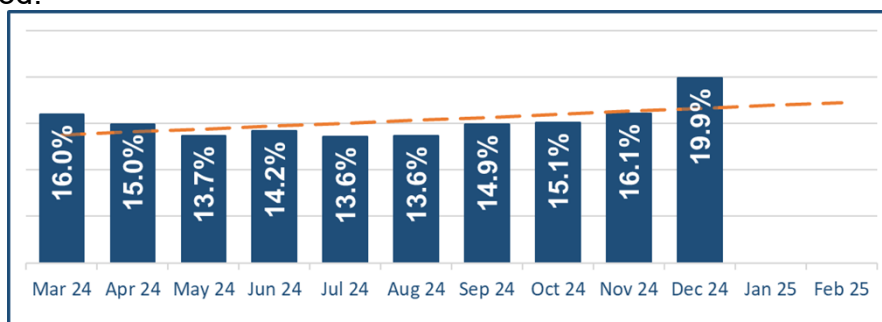
No new never events have been reported in the period between 31.07.2024 and 28.02.2025.

The measure '**Timely Submission of Learning From Event Reports (LFERs)**' was escalated in January due to an increasing number of submissions overdue, which a) has a possible impact on timely ability to embed lessons learned and organisational learning, and b) incur financial penalties at a rate of £2,500 per overdue report. Year to date £130k of penalties have been incurred. IPEDG is supporting and monitoring the urgent action now being taken to address the timely completion of LFERs and recovery of the overdue position to both avoid potential harm and further financial penalties.

**Infection rates** remain above predicted trajectories for MRSA and C.difficile. It is no longer possible for the Health Board to achieve the 2024/2025 improvement goal for MRSA. However, rates are below trajectory for MSSA, E.coli, Klebsiella and Pseudomonas. The

Infection Prevention Team are ensuring learning from post infection reviews is cascaded and improvement monitored through local infection prevention groups and delivering a robust audit programme, alongside increasing awareness through promotional campaigns with a new campaign (“HABITS”) being established to further engage staff, patients and public.

**Clinical Coding compliance** will remain a significant risk as compliance will remain low into the latter part of 2025-26. Although considerably below the 95% national target rate, the position has stabilised and has started to improve from 13.6% to 19.9% in the last 6 month reporting period.



## 3.2 People & Organisational Development

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

(Corporate Risk 24-1 Leadership / Special Measures)

### The key areas highlighted centre upon:-

Turnover rates of nursing and midwifery staff has reduced in February to 0.25% having previously been at around the 0.45% mark for the last five months. Sickness absence peaked in December at 6.8% in line with seasonal increase and replicating last year’s rates. A small drop in January and February may indicate that we’ve passed the peak sickness rate. Stress and other mental health issues continue to be the main reason for sickness absence. After falling to a low of 3.1% in November, the percentage rate of agency spend as a proportion of the total pay bill has fluctuated between 3.6% and 4% over the last three months.

## 3.3 Access & Activity Performance

(Corporate Risk 24-11 Planned Care)

(Corporate Risk 24-12 Areas of Clinical Concern)

(Corporate Risk 24-13 Timely Diagnostics)

### The key areas highlighted centre upon:-

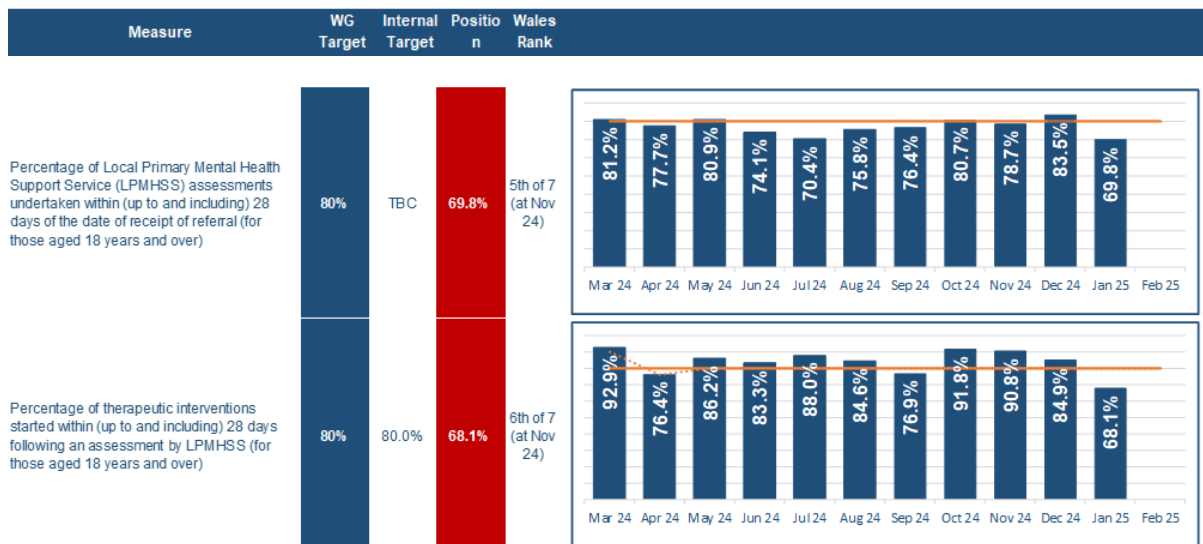
This section contains the greatest number of measures within the report, at 37, noting BCUHB is achieving the target for 3 measures. This remains a very concerning picture; however, members are asked to note performance is measured on All Wales criteria that many Health Boards are finding difficult to achieve. The Health Board continues to invest

significant time and energy in seeking to improve performance. Implementing additional oversight and escalation within the planned care space (the Chief Executive continues to chair a weekly oversight and escalation meeting).

### 3.3.1 Adult Mental Health Measures Performance

There is a downturn in performance in January due to the positive focus on long waiters along with winter pressures. Whilst the compliance rate is down, both the assessments and interventions undertaken have increased and the number of patients waiting over 28 days for assessment has reduced from 545 in December to 447 in January. Patients waiting over 28 days for first intervention has also reduced from 654 in December to 433 in January. In order to support sustainable improvement, the teams will be working with HEIW and workforce colleagues on the development of robust workforce modelling for Mental Health community services, including tailored training on the modelling methodology.

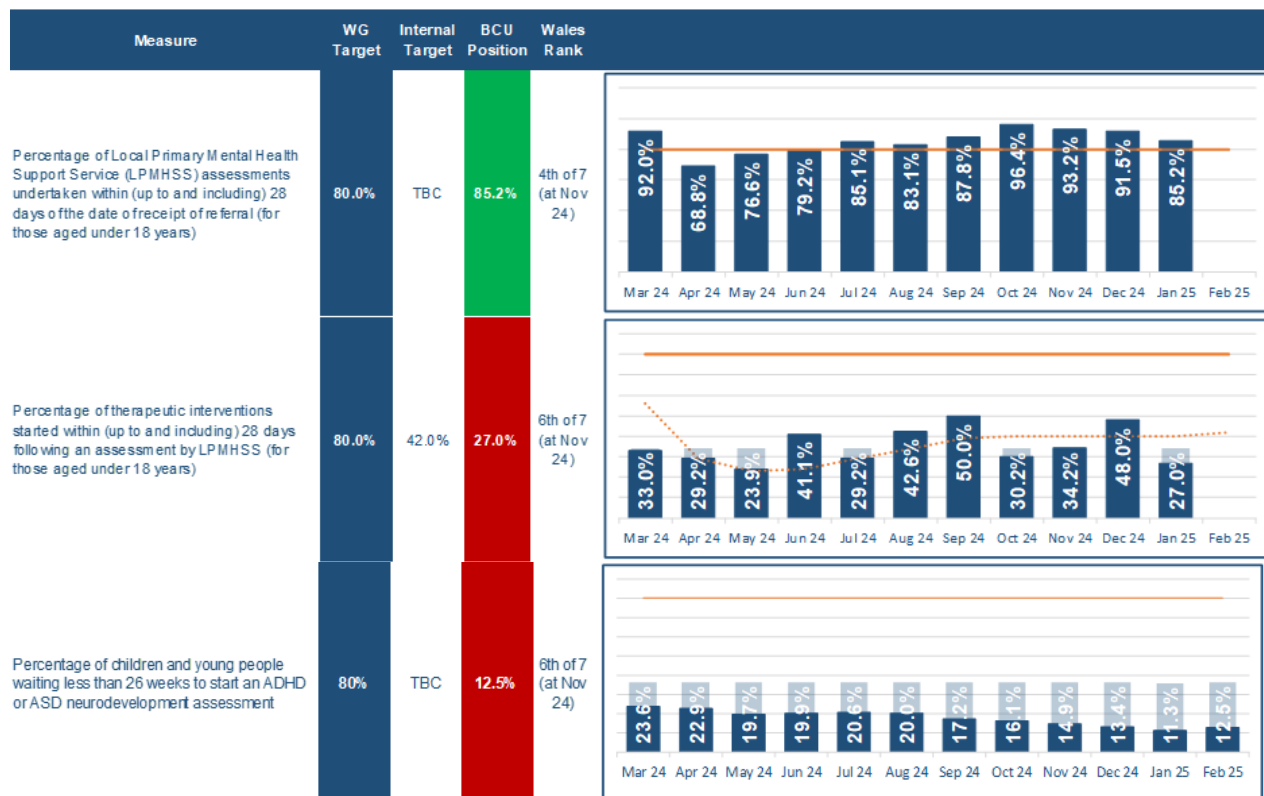
Focus is also required on equity of service across the individual areas of North Wales with Denbighshire and in particular Anglesey struggling to achieve the 80% target rate.



### 3.3.2 Children’s & Adolescent Mental Health Services (CAMHS), and Neurodivergence

Performance against Part 1a of the Mental Health Measure was 85.2% compliance in January 2025. However, Part 1b performance remains significantly below the 80% target at 27%.

With latest performance of 12.5% against the 26 weeks referral to treatment target for children requiring assessment for neurodivergence, the performance continues to deteriorate. 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. Neurodiversity is now an increased priority for the North Wales Children’s Regional Partnership Board (RPB)



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

Performance through quarter 4 of 2024-25 has seen an improvement in the flow through Emergency Departments (ED’s) with 45.6% spending less than 4-hour in our ED’s (14% improvement from Quarter 3), and the average length of stay shows a decreasing trend for January, and February. However, ED attendances has decreased by 10.7% from December 2024 to February 2025. The number of patients experiencing waits over 12 hours, and 24 hours in our Emergency Departments remains significantly high.

The Urgent & Emergency Care (UEC) major programme continues to strengthen through regional partnership working with the Welsh Ambulance Service Trust (WAST) and our 6 Local Authority Partners committed towards improving services for our local population. The improvement projects include community falls prevention, reduction in the number of ambulance delays, same day emergency model with frailty services, promoting consistent board rounds on wards and reducing our pathway of care delays. Following the 2-week rapid improvement event in February 2025 with collaboration from our Local Authority colleagues focusing on

reducing our pathway of care delays there was a 49.3% improvement during the two-week period in pathway of care delays across the Health Board for patients who were clinical optimised. The improvement was through ensuring the patients information was recorded accurately in the main with twice daily focus on escalation and expediting action with senior members of BCUH and Loal Authority. The learning and process improvements from this event are included within the delivery plan for Urgent for 2025/26.

A pilot Frailty at the Front Door model commenced on the 13th January 2025 existing within the current Ysbyty Gwynedd SDEC footprint. It was designed as a three-month proof of concept pilot until the end of the current financial year as funding ends. This initiative aimed to demonstrate its potential to manage winter pressures by improving patient outcomes and reducing unnecessary admissions of patients presenting and being assessed with frailty. To now, the Unit has accepted 204 frailty patients, 64% of those patients were discharged within 72 hours and 36% transferred to another ward.

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	62.5%	7th of 7 (at Dec 24)
CRR: 24-10 SM: DM08	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2024/25 to 2023/24) to 0	2231	3043	7th of 7 (at Dec 24)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1581	Local Metric

### 3.3.4 Planned Care Performance

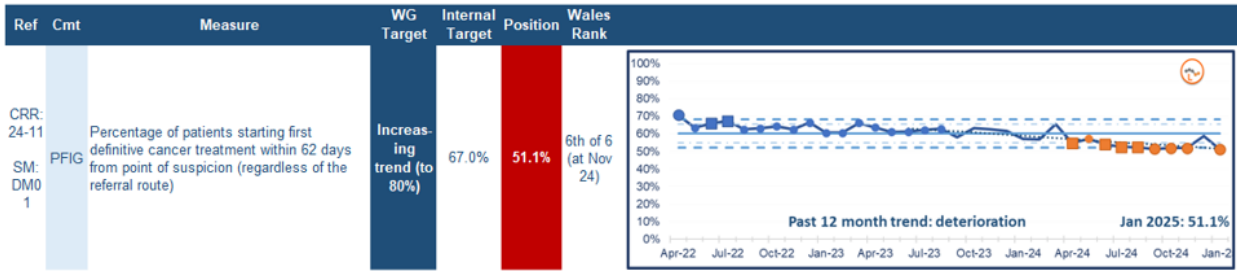
(Corporate Risk 24-11 Planned Care)

(Corporate Risk 24-12 Areas of Clinical Concern)

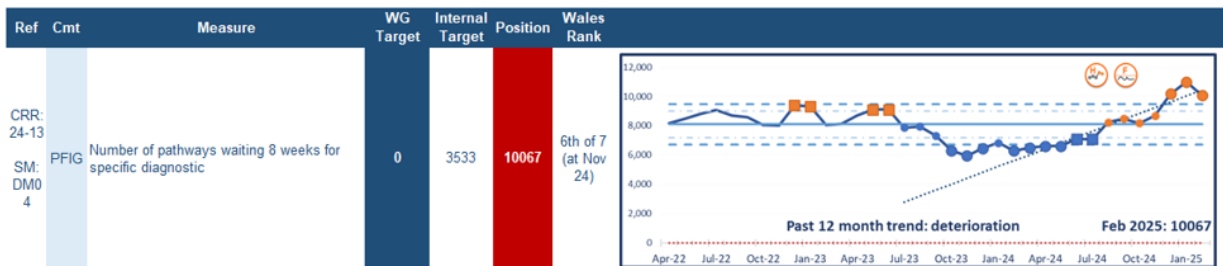
(Corporate Risk 24-13 Timely Diagnostics)

The performance against the single cancer pathway (SCP) target remains fragile, with a rate of 51.1% at the end of January 2025. Whilst trend data shows January performance is often adversely affected by the loss of capacity over the Christmas period, this performance remains below plan and trajectory.

Pressure remains within dermatology, colorectal and oncology. Since the recommencement of insourcing in October, waiting times are reducing within colorectal which should lead to improved future performance.

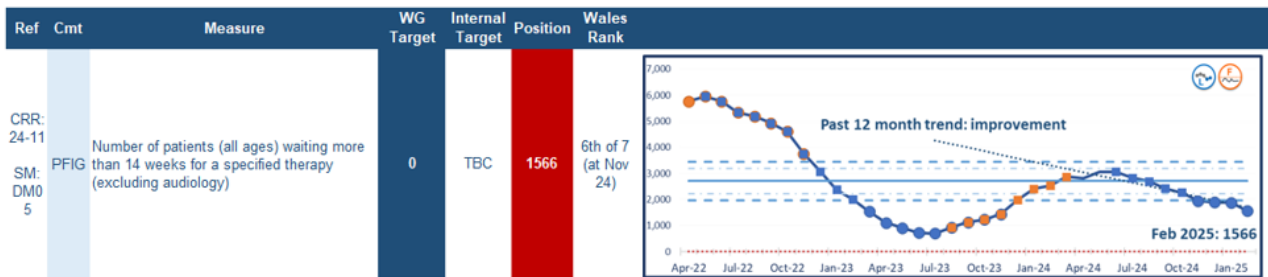


The number of patients waiting over 8 weeks for a diagnostic test decreased in the latest month to 10,067 having peaked at 10,999 at the end of January. This increase in breaches has been, in part driven by a significant increase in demand. The Health Board is re-engaging the market and endorsed placement of over £5m of contracts for insourcing support for this area through utilisation of Planned Care resources. The forecast impact being to significantly reduce these waits for over 8 weeks by 31st March 2025. It is of note this doesn't achieve the Welsh Government targeted of zero over 8 weeks, but remains a realistic and challenging target for the service to deliver when the increase in demand is taken into consideration.



The number of patients experiencing waits over 14 weeks for therapy interventions continues on a downward trend at 1,566 patients compared to 3,065 patients at the end of June 2024. Main pressures remain in Physiotherapy and include high number of vacancies, accommodation capacity in Central and East and increased demand.

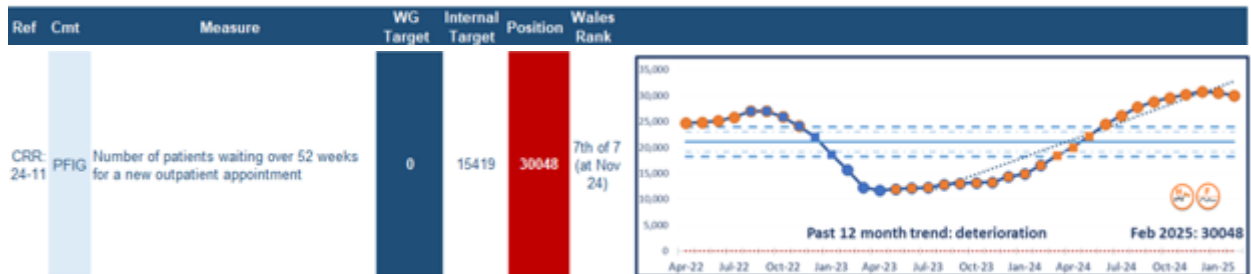
The service has reviewed models deployed through other Health Boards and has developed models that will positively impact this trend further in future months.



Whilst the number of patients waiting over 52 weeks for a new outpatient appointment has been deteriorating since April of 2023 the volume at the end of February 2024 sits

at 30,048 patients which demonstrates a small reduction during Q4 from a high of 30,799 at the end of December 2024.

Performance against this measure is an escalation for the Health board, with improvements centring upon clinics adopting Treat-in-Turn methodology and targeting patients seen in clinic at Get It Right First Time (GIRFT) numbers, with greater oversight and the setting of booking rules to deliver improved productivity.



Throughout 2023-24 and 2024-25 there has been a substantial amount of work undertaken to place focus upon longer waits. 208 weeks waits have been eradicated apart from tip-ins, which are being managed and are forecast to be zero at the end of March 2025.

Patients waiting over 156 weeks and 104 weeks have been the main focus through quarter 3 and there has been a reduction in both cohorts. The 156-week position has reduced from 2,026 at the end of July 2024 to 891 patients at the end of February 2025 (56% reduction). Similarly, the 104+ week breach performance, currently at 8,437 has improved by 22% since end of August 2024 a reduction of 2,300 patients. The Chief Executive Officer with support from the Director of Finance and Director of Performance and Commissioning have taken charge of oversight of this area through weekly meetings and daily updates.

Continued reduction is expected for patients waiting both within the 156 weeks and 104 weeks cohort in the remaining month of this year and as we move into 2025/26.



After almost 12 months of a steady state, the number of patients waiting beyond 100% of their due clinical follow up has started since quarter 3 of 2024-25 and now stands at 92,833. 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 the Corporate Planned Care team, working closely with the Interim Executive Medical Director are working on introducing an robust harms review process and exploring solutions to validate the lists and to how these patients can be seen as quickly as possible.

### 3.3.5 Summary

The Health Board are targeting use of Planned Care Funds, with the intention of significantly reducing 156 week waits and improvements in 104-week waiters, also improving 8 weeks to diagnostic. With further targeted interventions within outpatients (new and follow up) seeking to improve waiting times for patients.

In 2024-25, the Health Board continues to face many challenges and continues to meet these 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. However, 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

### 3.4 Financial Performance

(Corporate Risk 24-05 Financial Sustainability)

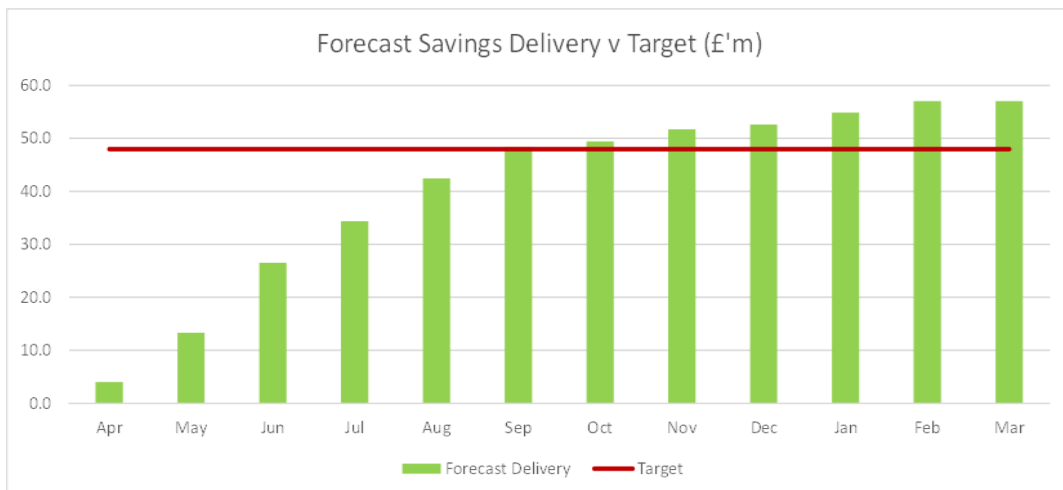
The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a conditional recurrent basis for 2024/25.

The February position is reporting an in-month surplus of £2.7m, an improvement of £0.8 from the previous month run rate. Year to date position is reporting a deficit of £10.2m. This represents a £2.3m adverse variance compared to 11/12ths of the £8.6m full year planned deficit, an improvement of £2.7m from previous month. The in year additional pressures above plan are reported as non-recurrent and are not expected to continue to rise.

Financial Position to date and forecast Position

	Actual Position												Mar £m	Forecast year end position £m
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Total YTD £m		
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7	(10.2)	1.6	(8.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(0.7)	(7.9)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	3.4	2.3	2.3	(0.0)

### Savings



The Health Board's financial plan set a savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis. The savings delivered in February totalled £5.6m, of which £2.9m is recurring. Accountancy Gains of £1.4m were also identified in month.

The full year forecast value of saving schemes is £57.1m comprising of (£42.4m Savings, £1.4m Income Generation, £12.6m Accountancy Gains and £0.7m Cost Avoidance), a forecast increase of £2.2m from Month 10. Of these, £29.0m have been identified as recurring, with a full year effect of £42.4m, and £28.0m identified as non-recurring savings. The recurrent shortfall to be identified is therefore £5.6m, an improvement of £0.5m.

#### **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.

In addition, plans are developed through use of Planned Care Funds and 'treat in turn' 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 28.02.2025



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Integrated Performance Report

Reporting Period: to 28.02.2025

Presented to **Health Board**

**Thursday, 27<sup>th</sup> March 2025**



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# Integrated Performance Escalations Report



# A Summary of Escalated Performance Measures

### Quality Performance

**(Corporate Risk 24-04 Failure to Embed Learning)**

- No **New Never Events** reported since 31.07.2024.
- Learning from Events Reports:** Significant level of penalties levied on organisation in November 2024 for overdue LFERs. Year to date there have been 52 penalties applied costing the Health Board £130k. At the end of February, there were **50 outstanding LFERs** indicating a further and higher financial risk.
- Clinical coding compliance:** will remain a significant risk as compliance will remain low into the latter part of 2025-26. Although considerably below the 95% national target rate, the position stabilised and has started to improve from 13.6% to **19.9%** in the last 5 month reporting period.

### People & Organisational Development Performance

**(Corporate Risk 24-01 People, Culture and Wellbeing)**  
**(Corporate Risk 24-1 Leadership/Special Measures)**

- At **78.9%**, **PADR** rate has improved in year but remains below the 85% target.
- At **6.3%**, **Sickness absence rate** has seen an overall increasing trend over recent months, in line with seasonal change.
- At **0.5%**, **Turnover rate** for nursing staff leaving BCUHB, aligned with the national and local retention work put in place
- At **3.9%**, focus continues on reduction of off-contract **agency spend**. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

### Access and Activity

- Referral to Treatment (RTT):** Planned Care remains in heightened escalation and intense executive support. Additional WG funding is being utilised to further reduce 156-week and 104-week breaches by 31.03.2025. (Currently, **891** and **8,437** respectively). **(Corporate Risk 24-11 Planned Care)**
- Cancer:** Performance remains fragile with a rate of 51% at the end of February 2025. Performance remains below plan and is not expected to attain the Welsh Government ask of a 70% delivery by March 2025. **(Corporate Risk 24-11 Planned Care)**
- Diagnostics waits over 8 weeks:** The number of patients increased significantly over the last three months to **10,067** waiting over 8 week at the end of February 2025 **(Corporate Risk 24-13 Timely Diagnostics)**
- Therapy waits over 14 weeks:** Continued to reduce in overall number of breaches at **1,566**. The majority of breaches are within Physiotherapy with Dietetics breaches also increasing (275).
- Pathways of Care Delays:** The 12 week Reset and Refocus programme in Urgent and Emergency Care is demonstrating some positive outcomes with delays in February 2025, at 305 compared to prior month the level was lower than same period prior year (324). **(Corporate Risk 24-10 Urgent and Emergency Care)**
- Ambulance handover waits over 4 Hours:** Although lower than the same period in 2024, the number of handover breaches remains a concern with **629** reported in February 2025. **(Corporate Risk 24-10 Urgent and Emergency Care)**
- Child Neurodevelopment** performance remains poor and in escalation under focus.

### Finance (Corporate Risk 24-05 Financial Sustainability)

The Health Board introduced expenditure control totals in November 2024 and further enhanced non-pay non-clinical expenditure controls to provide assurance over delivery of the financial plan. Delivery of the financial plan is required to secure funds included within the baseline for 2024/25 recurrently into 2025/26 (£82m strategic funds and £74.6m conditionally recurrent from 2023/24) as below;

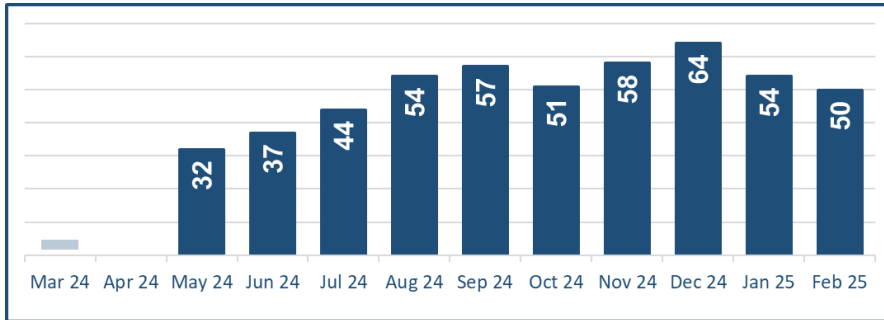
	Actual Position												Mar £m	Forecast year-end position £m
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Total YTD £m		
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7	(10.2)	1.6	(8.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(0.7)	(7.9)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	3.4	2.3	2.3	(0.0)

The deficit year to date totals £10.2m, to attain the forecast control total a surplus of £1.6m is required to be delivered in March 2025, the control total an £8.6m deficit. The position does not allow for any additional unexpected costs.

# Quality: Escalated Performance Measures

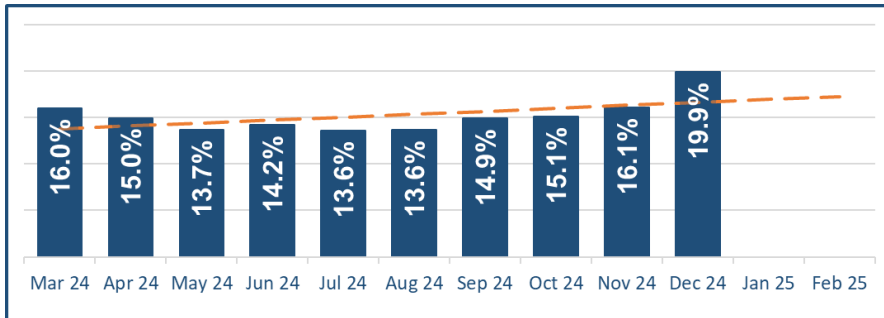
## Corporate Risk 24-04 Failure to Embed Learning

### Learning from Events Reports



**Learning From Events Reports (LFERs):** There are 50 outstanding LFERs at the end of February. This poses 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 a significant risk of further financial penalties which would exacerbate the challenged financial position of the Health Board. Welsh Risk Pool can levy a penalty starting at £2,500 per case. 52 penalties have been applied this year to date costing the Health Board £130k. Urgent action is now being taken to address the timely completion of LFERs and recovery of the overdue position with the aim of clearing the backlog by end of June 2025.

### Clinical Coding Compliance

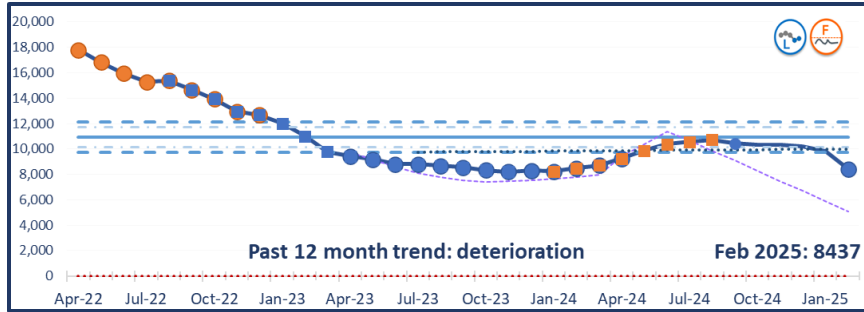


**Clinical Coding Compliance:** Will remain a significant risk as compliance will remain low into the latter part of 2025-26. Although considerably below the 95% national target rate, the position has stabilised and has started to improve from 13.6% to **19.9%** in the last 5 month reporting period.

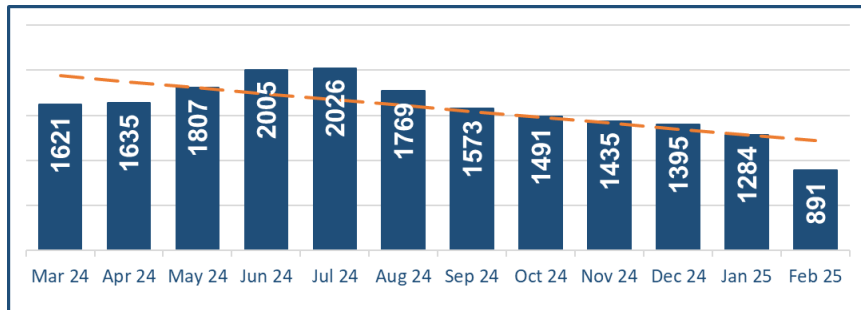
# Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern)

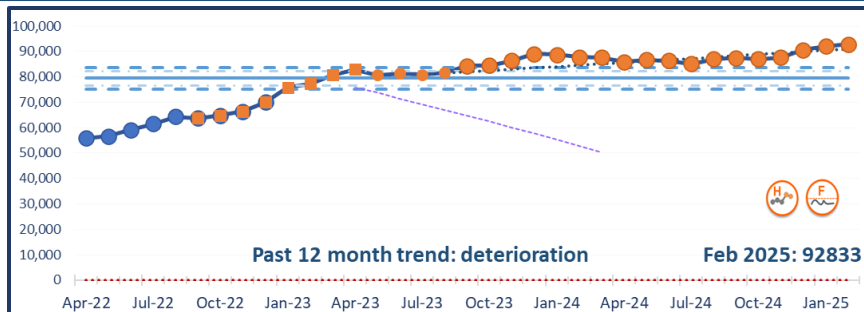
## Reduction of Extreme Waits (104 Weeks and above)



## Reduction of Extreme Waits (156 Weeks and above)



## Reduction of 100% Overdue Follow-up Backlog

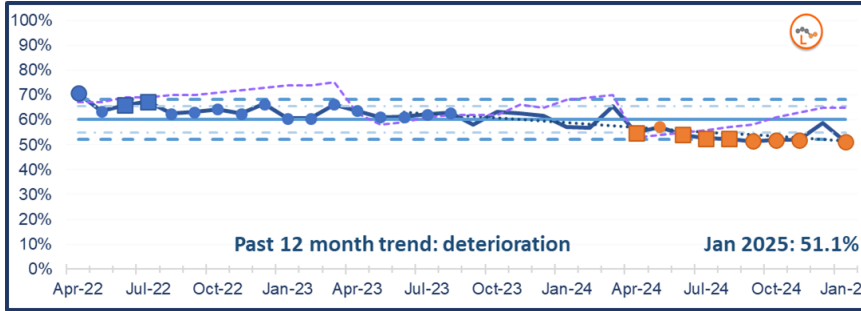


- **Referral to Treatment (RTT):** Currently BCUHB has approximately 179,000 open active RTT pathways. Whilst focus remains on treat in turn and reduction and elimination of extreme waits, focus is required across the whole pathway.
- Planned Care is under escalation and intense executive support. Planned Care funds and additional Welsh Government (WG) funding is being utilised to eradicate 208-week breaches and to reduce the number of 104-week to c.5,000 breaches by 31.03.2025.
- Significant progress has been seen in reducing the three year breaches during the February with an in month of reduction of 393 patients. C50% of this reduction has been within Dermatology supported by additional insourcing capacity.
- Other key areas driving this position are General Surgery, Orthodontics, and Oral Surgery. These specialties along with Dermatology account for c74% of the 156+ position.
- **Reduction of 100% Overdue Follow-up Backlog:** The latest waiting list position illustrates that 54% of patients on the follow up waiting list are overdue a review appointment. The three specialties with the highest volume of total follow up waiters are:
  - Ophthalmology – c34,000
  - Cardiology – c21,000
  - Trauma & Orthopaedics – c21,000

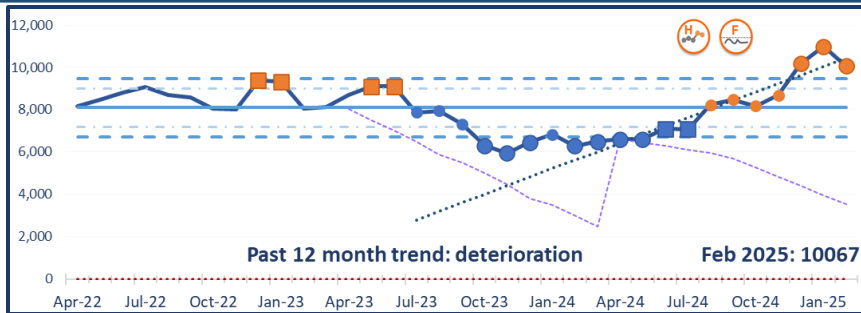
# Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care, Corporate Risk 24-12 Areas of Clinical Concern, & Corporate Risk 24-13 Timely Diagnostics)

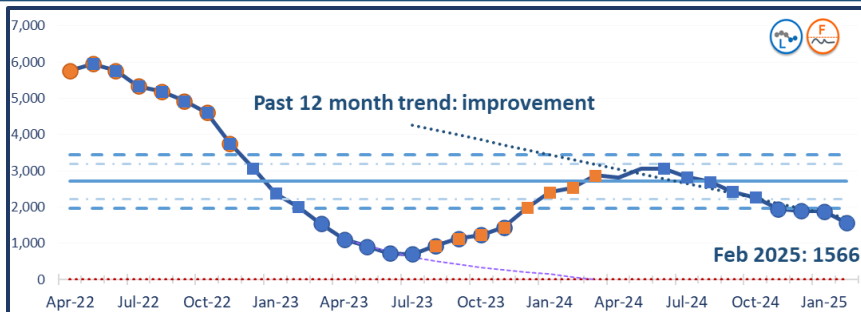
## Suspected Cancer Pathway 62 Days Performance



## Patients waiting over 8 weeks for Diagnostic tests



## Patients waiting over 14 weeks for therapy

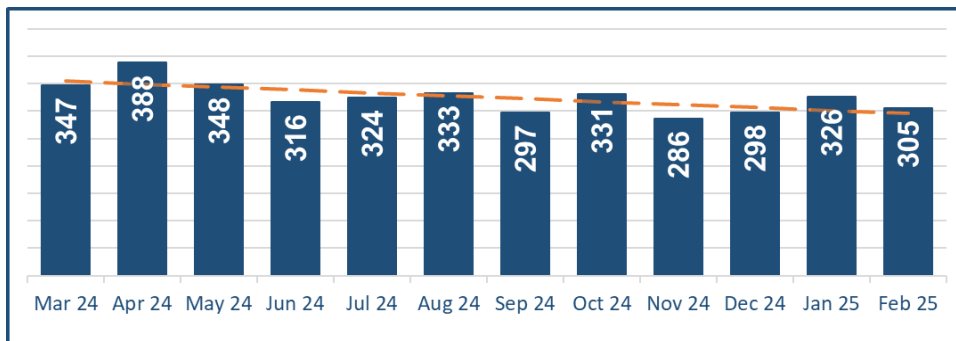


- Cancer:** Performance remains fragile with a rate in January at 51.1%. This remains below plan and significantly below trajectory driven by less waiting list initiatives (WLI) activity than planned and a later start to dermatology insourcing than anticipated. Pressure remains within dermatology, colorectal and oncology. Since the recommencement of insourcing in October, waiting times are reducing within colorectal which should lead to improved future performance. Trajectories have been revised to achieve 60% compliance by 31.03.2025 (previously 70%).
- Diagnostics waits over 8 weeks:** The number of patients remains high with end of February position of 10,067 waiting over 8 weeks. Year to date demand increase across radiology modalities and the delayed commencement of endoscopy insourcing, with prioritisation of urgent suspected cancer cases, has impacted on in year performance.
- Therapy waits over 14 weeks:** Continued reduction in overall number of breaches. The majority of breaches are within Physiotherapy in Central and East.
- Dietetics breaches in East are increasing month on month.** Short term funding for Gastroenterology led to successful change of pathway for GPs to refer to dietetics not gastroenterology (correct pathway, reduced prescription and diagnostics), however, funding was not extended but referrals are still coming in. A bid for planned care money has been submitted to restart the gastro service - feedback on the business case is awaited.

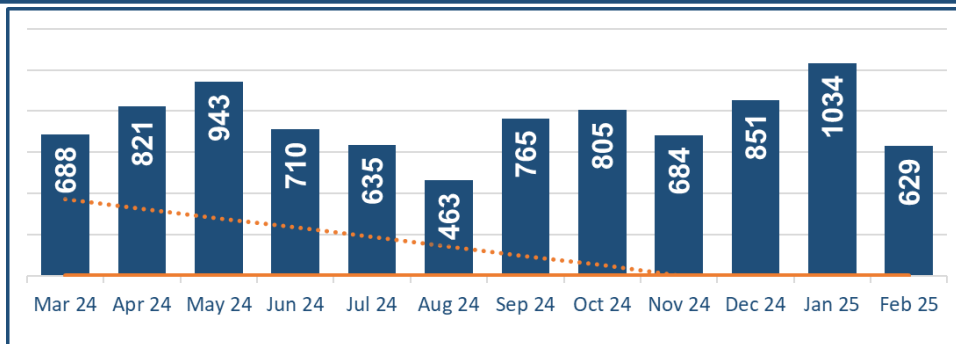
# Access & Activity: Escalated Performance Measures

(Corporate Risk 24-10 Urgent and Emergency Care)

## Number of Delayed Pathways of Care



## Number of Ambulance Patient Handover Delays of 4 Hours or more



**Ambulance handover delays over 4 hours:** Ambulance handover delays of 4 hours or more remain a significant issue at 629 in February 2025, however this was slightly lower than the same period in 2024. Focus on high risk patients including Emergency Departments and Same Day emergency Care (SDEC); Rapid response service pilot, Wrexham area, to provide direct access to diagnostics and Community Resource Teams (CRT) services; Community wraparound for patients with long waits for ambulance.

The 12 week Reset and Refocus programme in Urgent and Emergency Care is demonstrating some positive outcomes.

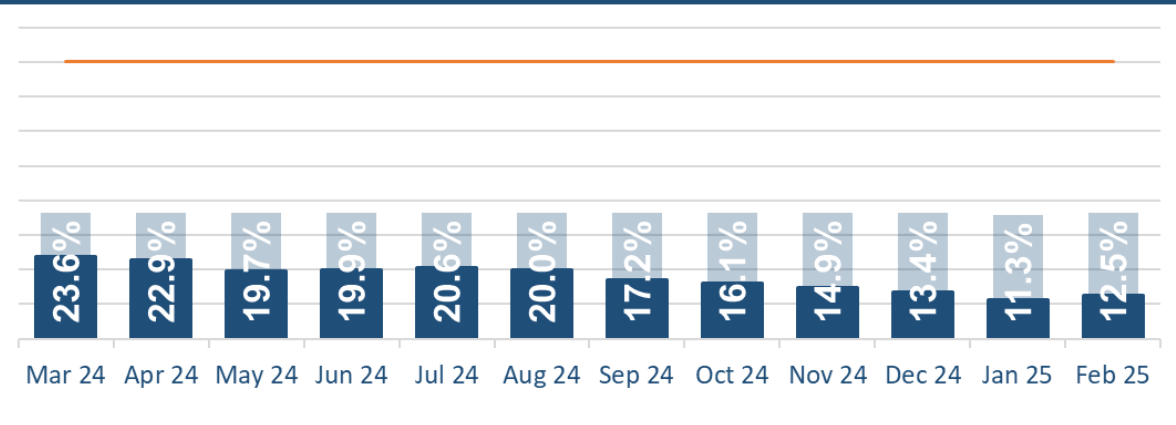
**Pathways of Care Delays:** The number of patients experiencing delays to their pathways of care was 305 in February 2025 which was slightly reduced from same period prior year, which was 324.

- Focused work on early identification of Discharge to Recover & Assess (D2RA) pathway for all patients within a day of admission a priority for optimal hospital patient flow.
- Working to ensure discharges to community are earlier in the day Monday – Friday and maximise 5 day discharges (Mon – Fri).
- Trusted Assessor model being rolled out across North Wales, some progress noted for care homes following pilots, additional resource is required to scale up at pace.
- Discharge Improvement Meetings now established in all IHCs following learning from process developed in the West
- Revised Hospital discharge policy and incorporating choice / reluctant discharge guidance ensuring implementation of consistent approach across BCUHB
- Joint Escalation meetings held with Local Authority Heads of Adult Service and led by Chief Operating Officer (COO), to support collaborative approach to progressing discharges and seeking additional support for areas of challenge across both sectors.

# Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care, Corporate Risk 24-12 Areas of Clinical Concern)

## Children's Neurodiversity (ND) Assessments



**Children's Neurodiversity:** Following allocation of additional resources to reduce waiting times plans were deployed during Q4 to reduce the longest waits by the end of March, but there isn't the capacity to maintain this performance moving into 2025/26 at this stage.

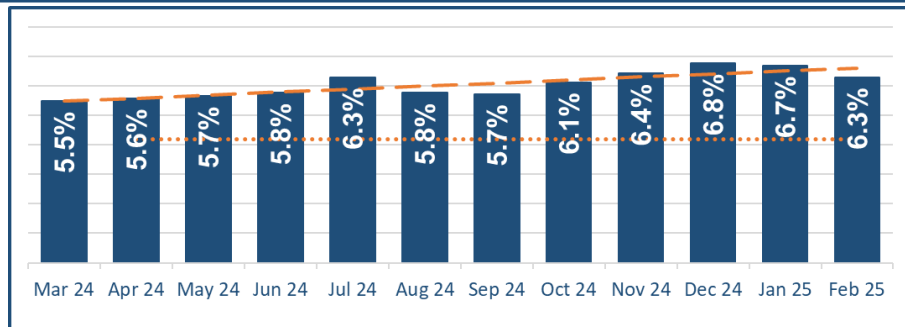
Work is ongoing across the NHS to review service provision moving forward and updates will be provided as these discussions progress.

Until the service has been redefined, performance will continue to be adverse to expected delivery levels.

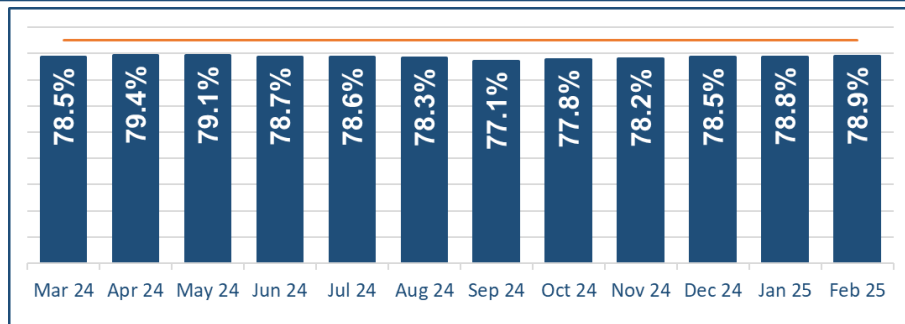
# People & OD: Escalated Performance Measures

(Corporate Risk 24-01 People, Culture and Wellbeing) (Corporate Risk 24-1 Leadership/Special Measures)

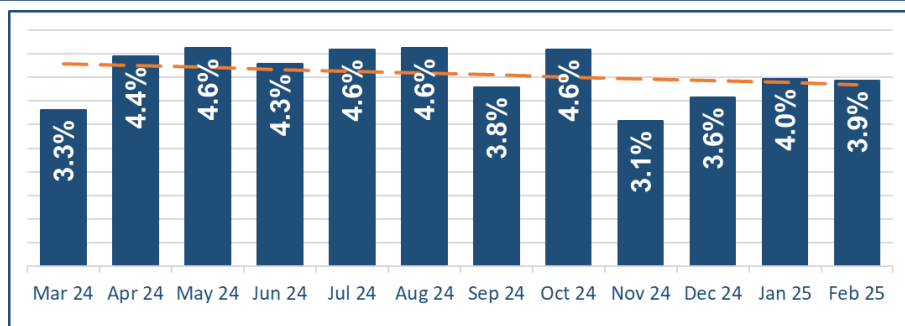
## Staff Sickness & Absence Rates



## Personal Appraisal Development Review (PADR)



## Agency spend as Percentage of Staffing Costs



- **Sickness absence rate** has seen an overall increasing trend over recent months, in line with seasonal change and was 6.3% for February 2025.
- **PADR** rate has improved in year but has remained under the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard under development for the organisation.
- At **3.9%**, focus continues on reduction of off-contract **agency spend**. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

# Finance: Escalated Performance Measures

(Corporate Risk 24-05 Financial Sustainability)

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a conditional recurrent basis for 2024/25.

The February position is reporting an in-month surplus of £2.7m, an improvement of £0.8 from the previous month run rate. Year to date position is reporting a deficit of £10.2m. This represents a £2.3m adverse variance compared to 11/12ths of the £8.6m full year planned deficit, an improvement of £2.7m from previous month. The in year additional pressures above plan are reported as non-recurrent and are not expected to continue to rise.

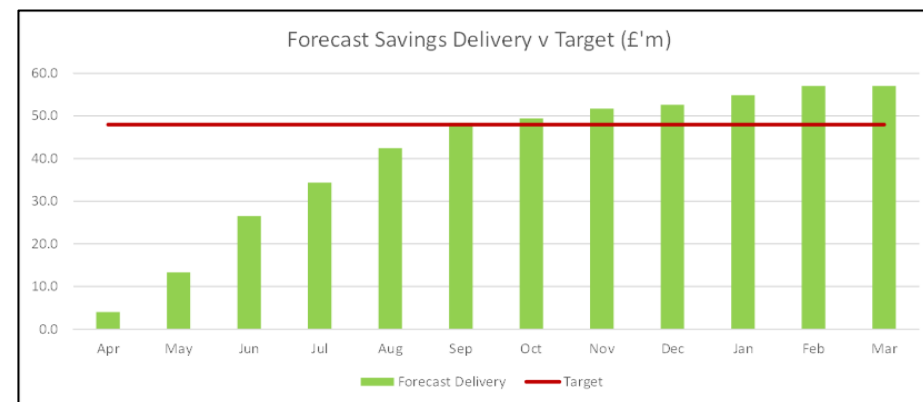
## Financial Position to-date (28.02.2025) and Forecast Position 31.03.2025

	Actual Position												Forecast	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total YTD	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	2.7	(10.2)	1.6	(8.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(0.7)	(7.9)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	3.4	2.3	2.3	(0.0)

The Health Board's financial plan set a savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis. The savings delivered in February totalled £5.6m, of which £2.9m is recurring. Accountancy Gains of £1.4m were also identified in month.

The full year forecast value of saving schemes is £57.1m comprising of £42.4m Savings, £1.4m Income Generation, £12.6m Accountancy Gains and £0.7m Cost Avoidance), a forecast increase of £2.2m from Month 10. Of these, £29.0m have been identified as recurring, with a full year effect of £42.4m, and £28.0m identified as non-recurring savings. The recurrent shortfall to be identified is therefore £5.6m, an improvement of £0.5m.

Delivery of the Capital Programme in year is referenced within a separate paper to Health Board.





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

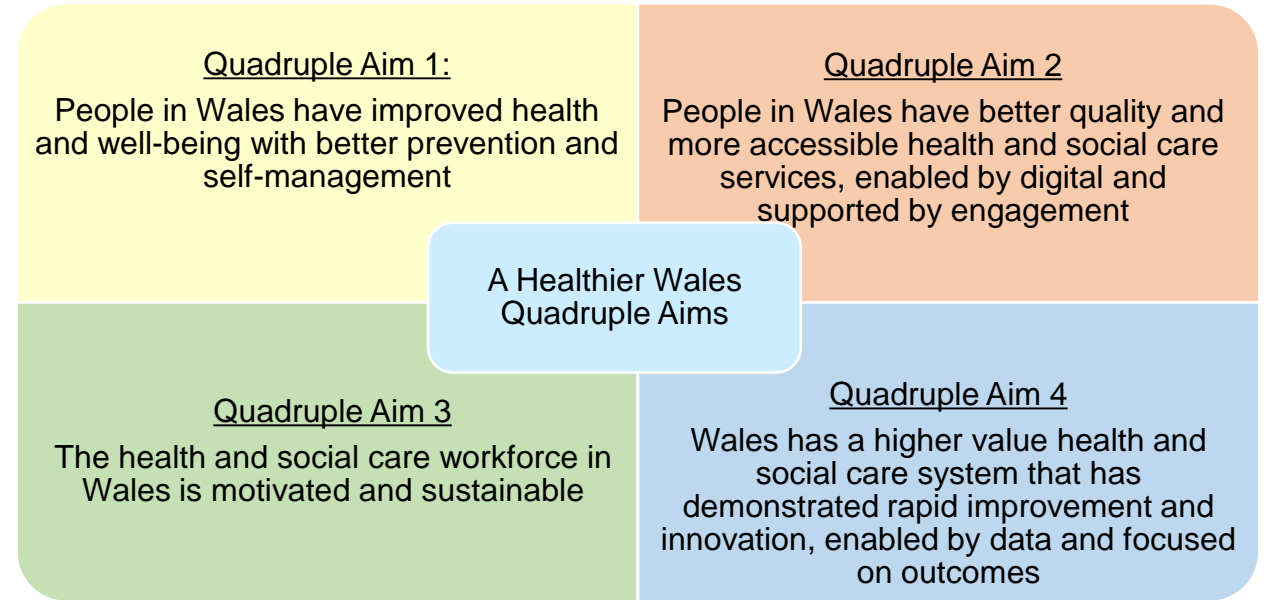
# About the Integrated Performance Report



The performance measures in the NHS Wales Performance Framework for 2024-2025 reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2024-2027.

The 2024/25 revision now consists of 54 quantitative measures and twelve policy assurance statements where assurance is sought either quarterly or bi-annually.

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.



## Our Integrated Performance Report

Our Quality, Safety, Effectiveness & Experience Performance

Our Access & Activity Performance

Our People & Organisational Development Performance

Our Financial Performance

The Integrated Performance Framework (IPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence of performance indicators gathered across key domains including quality, safety, access & activity, people, finance and outcomes.

Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Wales Performance measures, Special Measure metrics and Ministerial priority trajectories. In the Integrated Performance Review meetings we will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.

# Red, Amber & Green (RAG) Rating System

Performance is monitored against our Annual Plan but is RAG rated against the Welsh Government targets.



The latest available data point indicates that performance is at, or better than the target



It is inappropriate, or not possible, to rate available data against any available target



The latest available data point indicates that performance is worse than the target



There is no / insufficient data available to rate against the target

## Exception

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.

## Escalation

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

Any target failing an NHS Performance target, operational, or local target/trajectory

Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.

Any reportable commissioned metric where performance is not meeting national target

### Criteria for escalation








Any measure that fails a health submitted trajectory as part of the Ministers priorities.

Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)

Any significant failure of quality standard e.g. never event or failing accountability conditions.





# Interpreting Results of Statistical Process Control (SPC) Charts

## Variance










-  Common cause variation present: there is no significant change or pattern
-  Special cause variation present: changes or patterns appear to show improvement
-  Special cause variation present: changes or patterns appear to show improvement
-  Special cause variation present: concerning changes or patterns present that require investigation / action.
-  Special cause variation present: concerning changes or patterns present that require investigation / action.
-  Special cause variation present: a upwards or downwards change or pattern is evident, which is neither positive or negative in nature.
-  Special cause variation present: a upwards or downwards change or pattern is evident, which is neither positive or negative in nature.

**Orange** icons indicate negative occurrence  
**Blue** icons indicate a positive occurrence  
**Grey** icons indicate no significant data occurrence





## Assurance (\*based on data presented in the SPC only)

-  No assurance: we would expect to sometimes achieve, and sometimes miss the target
-  Positive assurance: we would consistently expect to achieve the target
-  No assurance: we would consistently expect to miss the target
-  There is no profile or target, or insufficient data, thus assurance can not be ascertained

**Legend**

 Performance	 Control Line (Mean)	 Upper Control Limit 3σ
 Lower Control Limit 3σ	 Upper Control Limit 2σ	 Lower Control Limit 2σ
 National Target	 Internal profile	 Trend

The column charts that feature within this report use the following legend:

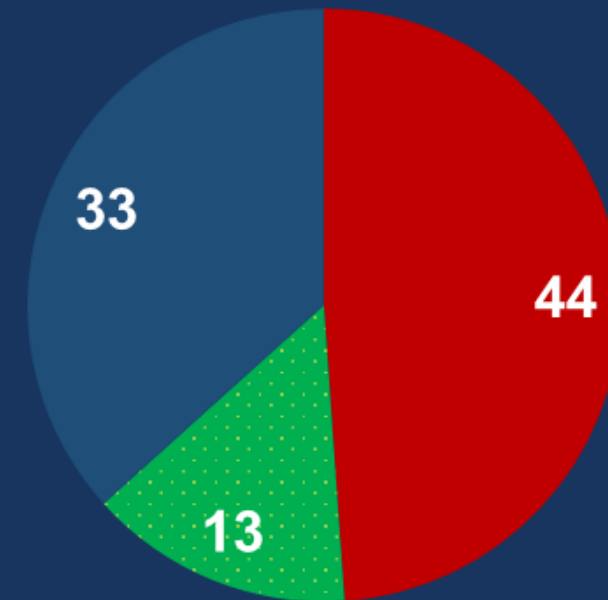
 BCU Position	 Internal Profile	 Trend (Rolling 12 Month)	 WG Target
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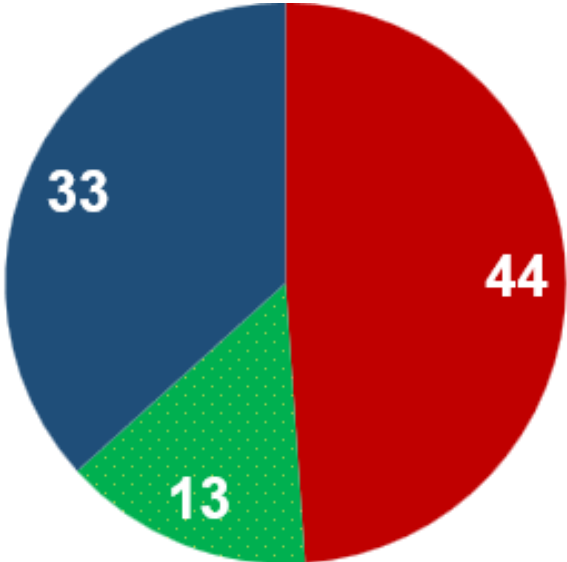
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
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University Health Board

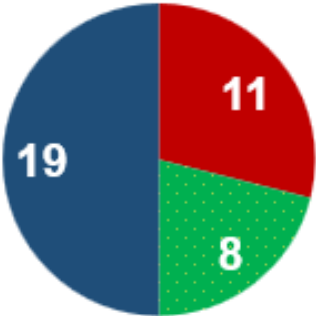
# Integrated Performance Report



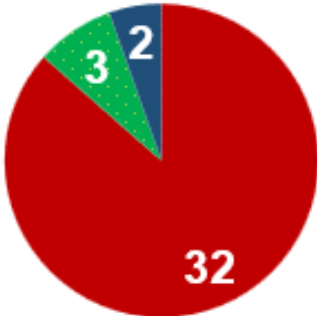
# Summary of Performance to Month 11



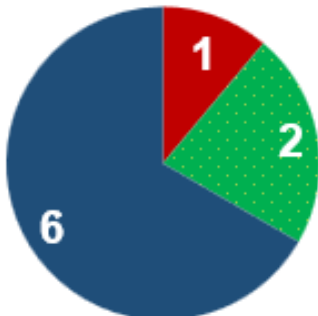
All Sections



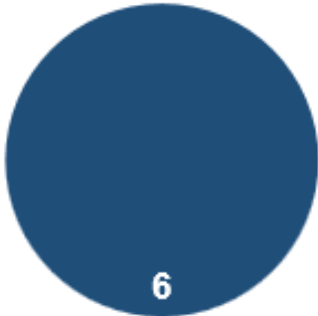
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance

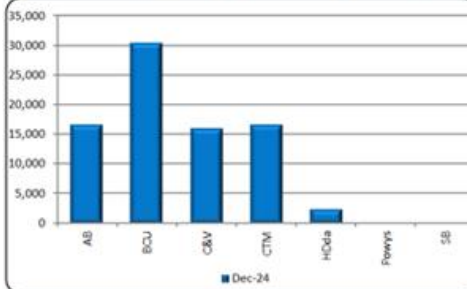


Financial Performance

# NHS Wales Performance Dashboard – part 1

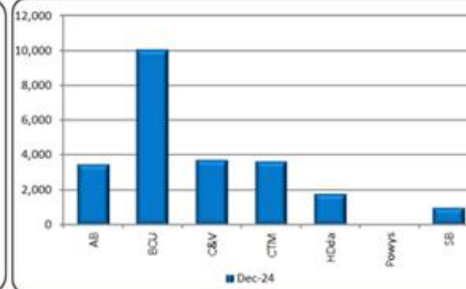
## PERFORMANCE DASHBOARD

### Number of patients waiting more than 52 weeks for a new outpatient appointment



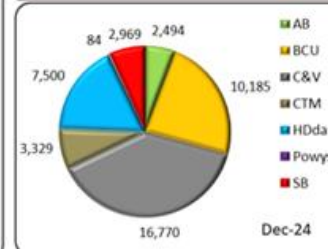
- In Dec-24, Powys and SB achieved the target of zero for the number of patients waiting over 52 weeks for a new outpatient appointment.
- At an all Wales level, the number of over 52 week new outpatient waits has decreased in Dec-24, when compared to the previous month, by 225 to 82,110, a 0.3% decrease.
- All HBs, except BCU and C&V, saw a reduction in Dec-24 compared to the previous month.
- SB and Powys had no over 52 week new outpatient waits in Dec-24, BCU had the highest number of waits at 30,402 (37.0% of the total).

### Number of patients waiting more than 104 weeks for referral to treatment

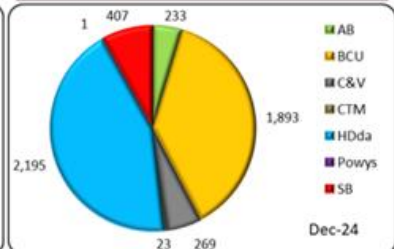


- In Dec-24, only Powys achieved the target of zero for the number of patients waiting over 104 weeks for referral to treatment.
- At an all Wales level, the number of over 104 week referral to treatment waits has decreased in Dec-24, when compared to the previous month, by 740 to 23,621, a 3.0% decrease.
- All HBs, except C&V, saw a reduction in Dec-24 compared to the previous month.
- Powys had no over 104 week referral to treatment waits in Dec-24 for the 4th month in a row, BCU had the highest number of waits at 10,070 (42.6% of the total).

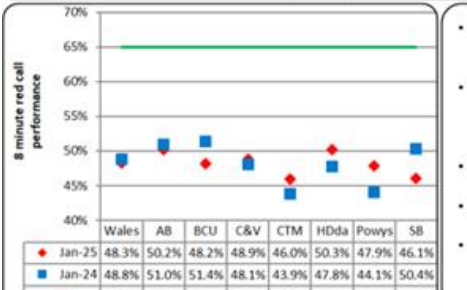
### Number of patients waiting more than 8 weeks for a specified diagnostic



### Number of patients waiting more than 14 weeks for a specified therapy

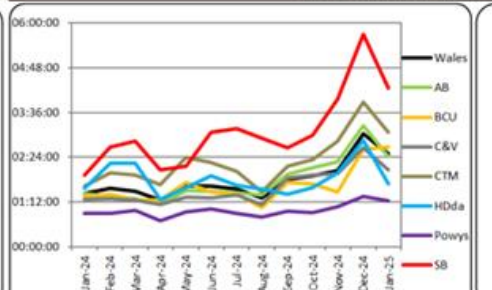


### % of emergency responses to red calls arriving within 8 minutes



- In Jan-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 Jan-25, when compared to the previous month, by 0.7 percentage points to 48.3%.
- BCU, CTM, HDda and Powys all saw an improvement in Jan-25 when compared to the previous month.
- Over the last 12 months, CTM, HDda and Powys all saw an improvement trend in performance.
- HDda was the best performing HB in Jan-25 with performance at 50.3%, CTM was the lowest with performance at 46.0%.

### Median emergency response time to amber calls



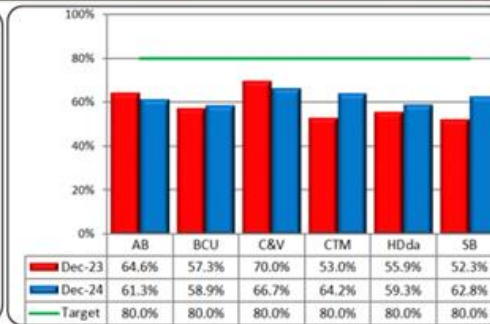
- In Jan-25, no HB achieved the 12 month reduction trend target for median emergency response time to amber calls.
- At an all Wales level, the median amber response time was quicker in Jan-25, when compared to the previous month, by 32 mins and 25 secs to 2 hrs, 29 min and 18 secs.
- Only BCU saw a deterioration in performance in Jan-25 when compared to the previous month.
- Powys was the best performing HB in Dec-24 with a median response time of 1hr 13 mins and 20 secs, SB had the longest median response time of 4 hrs, 15 mins and 23 secs.

- In Dec-24, no HB achieved the target of zero for the number of patients waiting over 8 weeks for a specified diagnostic.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has increased in Dec-24, when compared to the previous month, by 2,390 to 43,331, a 5.8% increase.
- AB, CTM and SB all saw a reduction in Dec-24 when compared to the previous month.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Dec-24 at 84, C&V had the highest at 16,770 (38.7% of the total).

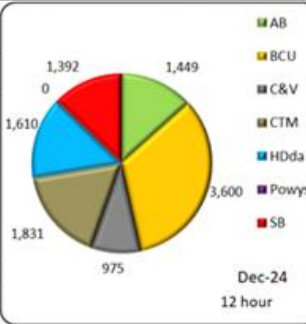
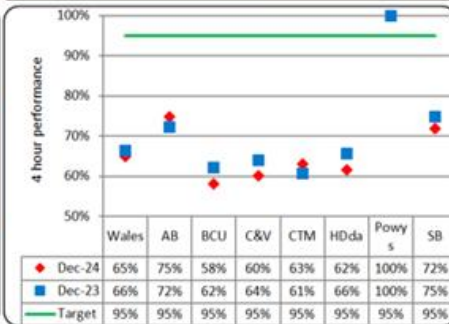
- In Dec-24, no HB achieved the target of zero for the number of patients waiting over 14 weeks for a specified therapy.
- At an all Wales level, the number of over 14 week waits for specific therapies has decreased in Dec-24, when compared to the previous month, by 96 to 5,021, a 1.9% decrease.
- All HBs, except SB and Powys, saw a decrease in Dec-24 when compared to the previous month.
- Powys had the lowest number of over 14 week waits for specific therapies in Dec-24 at 1, HDda had the highest at 2,195 (43.7% of the total).

### % of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral)

- In Dec-24, all HBs, except BCU, achieved the target of a 12 month improvement trend towards a target of 80% by 31 March 2026 for the % of patients starting first definitive cancer treatment within 62 days from point of suspicion.
- At an all Wales level, the % of patients starting first definitive cancer treatment within 62 days from point of suspicion has improved in Dec-24, when compared to the previous month, by 1.7 percentage points to 61.9%.
- BCU, CTM and HDda all saw an improvement in performance in Dec-24 when compared to the previous month.
- The best performing HB in Dec-24 was C&V with performance at 66.7%, BCU had the lowest performance at 58.9%.



### 4 hour and 12 hour A&E waiting times in all major and minor emergency care facilities - from arrival until admission, transfer or discharge

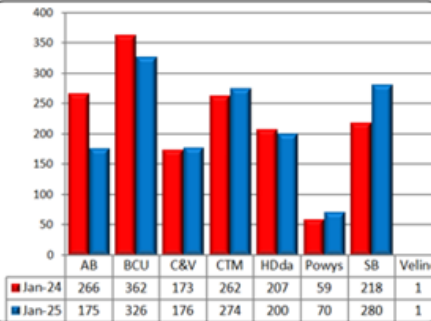


- In Dec-24 AB, CTM and Powys achieved the target of an improvement compared to the same month in the previous year, towards the target of 95%, for the % of patients who spent less than 4 hours in ED.
- At an all Wales level, the % patients who spent less than 4 hours in ED has deteriorated in Dec-24, when compared to the previous month, by 2.8 percentage points to 64.8%.
- Only C&V saw an improvement in performance in Dec-24 when compared to the previous month.
- AB was the best performing HB (exc. Powys) at 74.7%, BCU had the lowest performance at 58.1%.
- In Dec-24 AB, CTM and Powys achieved the target of a reduction compared to the same month in the previous year, towards the target of zero for the number of patients who spent more than 12 hrs in ED.
- At an all Wales level, the number of patients who spent more than 12 hours in ED has increased in Dec-24, when compared to the previous month, by 1,082 to 10,857.
- Only C&V saw an improvement in performance in Dec-24 when compared to the previous month.
- C&V had the lowest number of patients who spent more than 12 hours in A&E (exc. Powys) at 975, BCU had the highest at 3,600 (33.2% of the total).

# NHS Wales Performance Dashboard- part 2

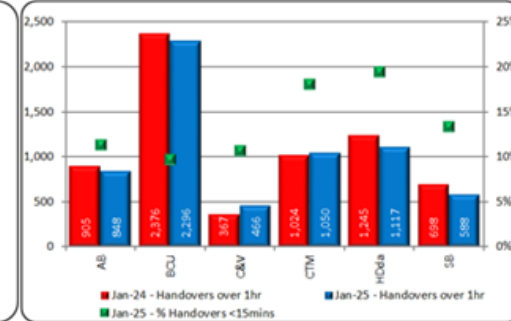
## Number of Pathways of Care delayed discharges

- In Jan-25, only Powys and SB 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 increased in Jan-25, when compared to the previous month, by 67 to 1,502, a 4.7% increase.
- AB and HDda both saw an improvement in performance in Jan-25 when compared to the previous month.
- Excluding Velindre, Powys had the lowest number of pathways of care delayed discharges in Jan-25 at 70, BCU had the highest at 326.

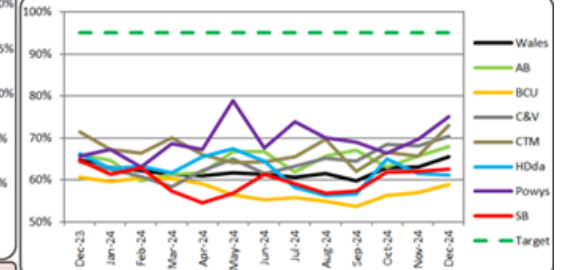


## Number of ambulance patient handovers over 1 hour and % of ambulance patient handovers within 15 minutes

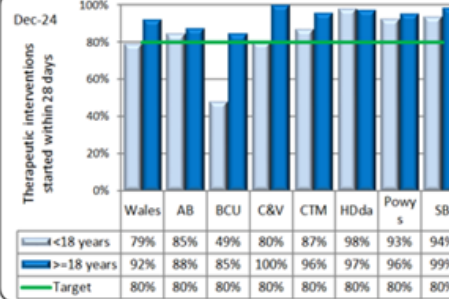
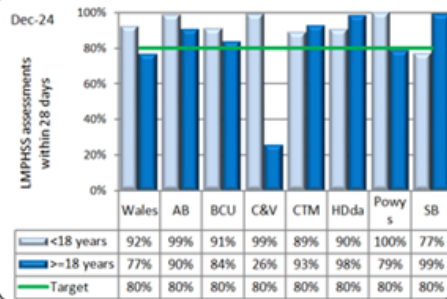
- In Jan-25, no HB achieved the zero target for handovers over 1 hour.
- At all Wales level, the number of over 1 hour handovers has increased in Jan-25, when compared to the previous month, by 182 to 6,365, a 2.9% increase.
- Over the last 12 months, CTM, HDda and SB saw an improvement trend in performance.
- C&V had the lowest number of over 1 hour handovers in Jan-25 at 466, BCU had the highest at 2,296 (36.1% of the total).
- In Jan-25, only HDda achieved the target of an improvement compared to the same month previous year, towards the target of 100% for % handovers within 15 mins.
- At all Wales level, the % of handovers within 15 mins has deteriorated in Jan-25, when compared to the previous month, by 0.8 percentage points to 13.6%.
- Over the last 12 months only CTM and HDda saw an improvement trend in performance.
- HDda had the best performance in Jan-25 at 19.5%, BCU had the lowest at 9.7%.



## % 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

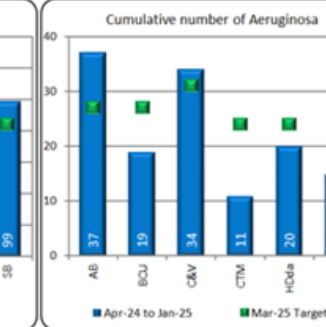
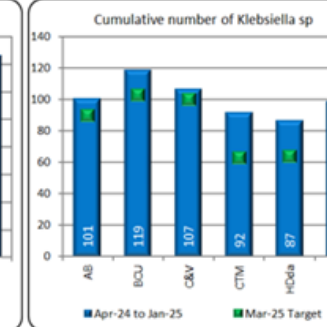
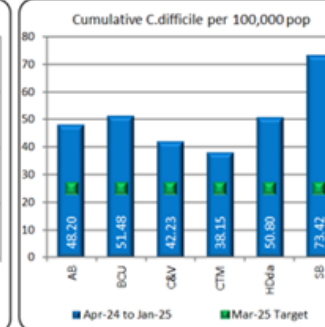
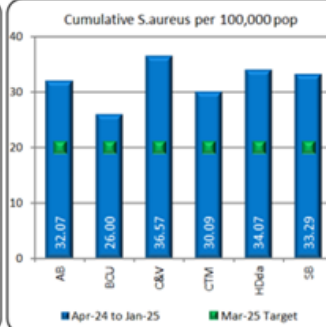
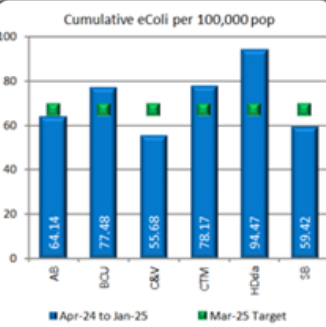
- In Dec-24, all HBs, except SB, achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was Powys at 100%, SB had the lowest performance at 76.8%. Over the last 12 months, all HBs, except CTM, saw an improvement trend in performance.
- In Dec-24, all HBs, except BCU, achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was HDda at 98.3%, BCU had the lowest performance at 48.5%. Over the last 12 months, all HBs, except SB, saw an improvement trend in performance.

### >=18 years

- In Dec-24, all HBs, except C&V and Powys, achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was SB at 99.1%, C&V had the lowest performance at 25.8%. Over the last 12 months, all HBs, except BCU and C&V, saw an improvement trend in performance.
- In Dec-24, all HBs achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was C&V at 100%, BCU had the lowest performance at 84.8%. Over the last 12 months, all HBs, except CTM and SB, saw an improvement trend in performance.

- In Dec-24, all HBs, except BCU and HDda, achieved the target of a 12 month improvement trend towards the target of 95% for the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- At all Wales level, the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date has improved in Dec-24, when compared to the previous month, by 2.4 percentage points to 65.6%.
- In Dec-24, all HBs, except HDda, saw an improvement in performance compared to the previous month.
- Powys had the best performance in Dec-24 at 75.1%, BCU had the lowest at 58.9%.

## Health Care Acquired Infections - HCAIs (provisional data)



- For eColi, AB, C&V and SB are currently achieving the Mar-25 cumulative target. In the Apr-24 to Jan-25 period, HDda had the highest rate of eColi at 94.47 per 100,000 population compared to C&V who had the lowest rate at 55.68 per 100,000 population.
- For S.aureus, none of the HBs are currently achieving the Mar-25 cumulative target. In the Apr-24 to Jan-25 period, C&V had the highest rate of S.aureus at 36.57 per 100,000 population compared to BCU who had the lowest rate at 26.00 per 100,000 population.
- For C.difficile, none of the HBs are currently achieving the Mar-25 cumulative target. In the Apr-24 to Jan-25 period, SB had the highest rate of C.difficile at 73.42 per 100,000 population compared to CTM who had the lowest rate at 38.15 per 100,000 population.
- For Klebsiella, none of the HBs are currently achieving the Mar-25 cumulative target. In the Apr-24 to Jan-25 period, BCU had the highest number of cases of Klebsiella at 119 compared to HDda who had the lowest number at 87.
- For Aeruginosa, all HBs, except AB and C&V, are currently achieving the Mar-25 cumulative target. In the Apr-24 to Jan-25 period, AB had the highest number of cases of Aeruginosa at 37 compared to CTM who had the lowest number at 11.

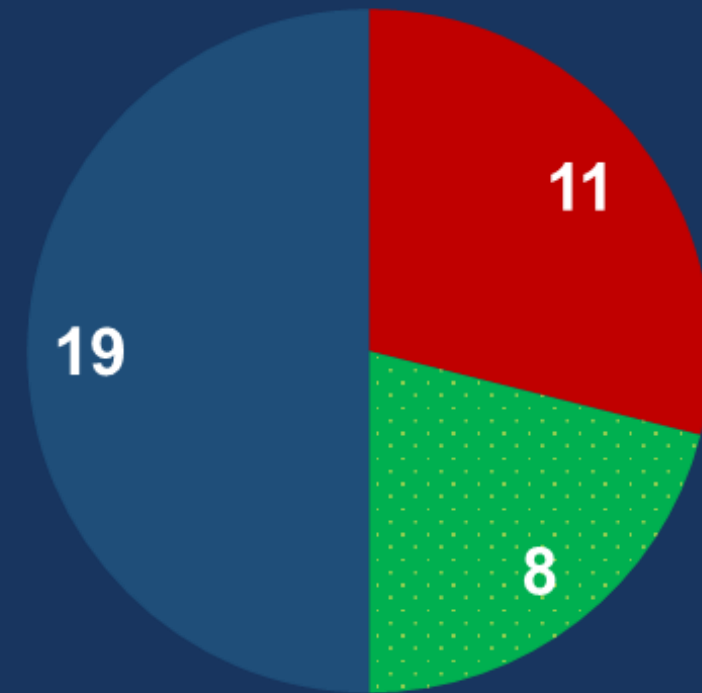
# Section 1



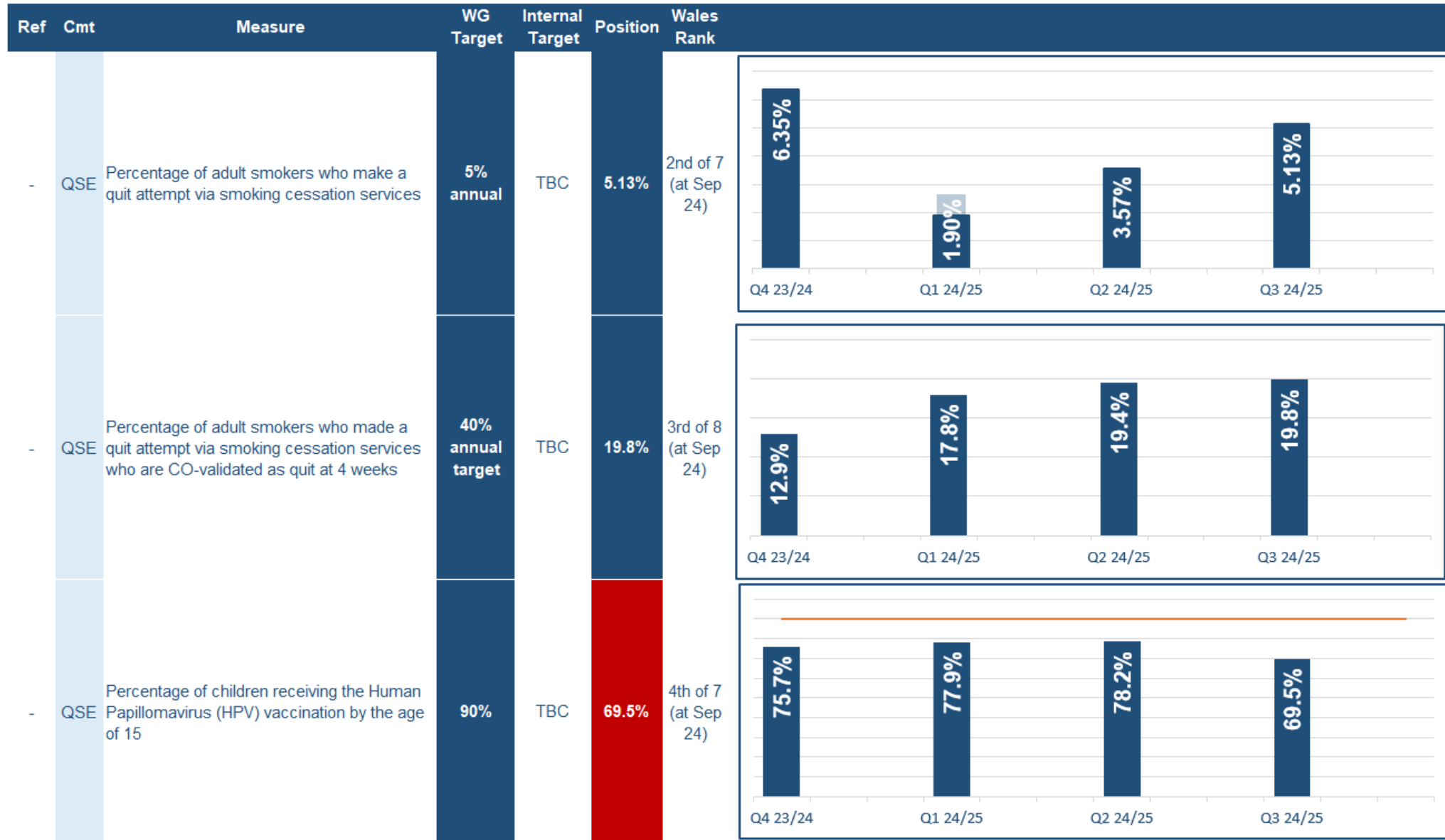
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CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

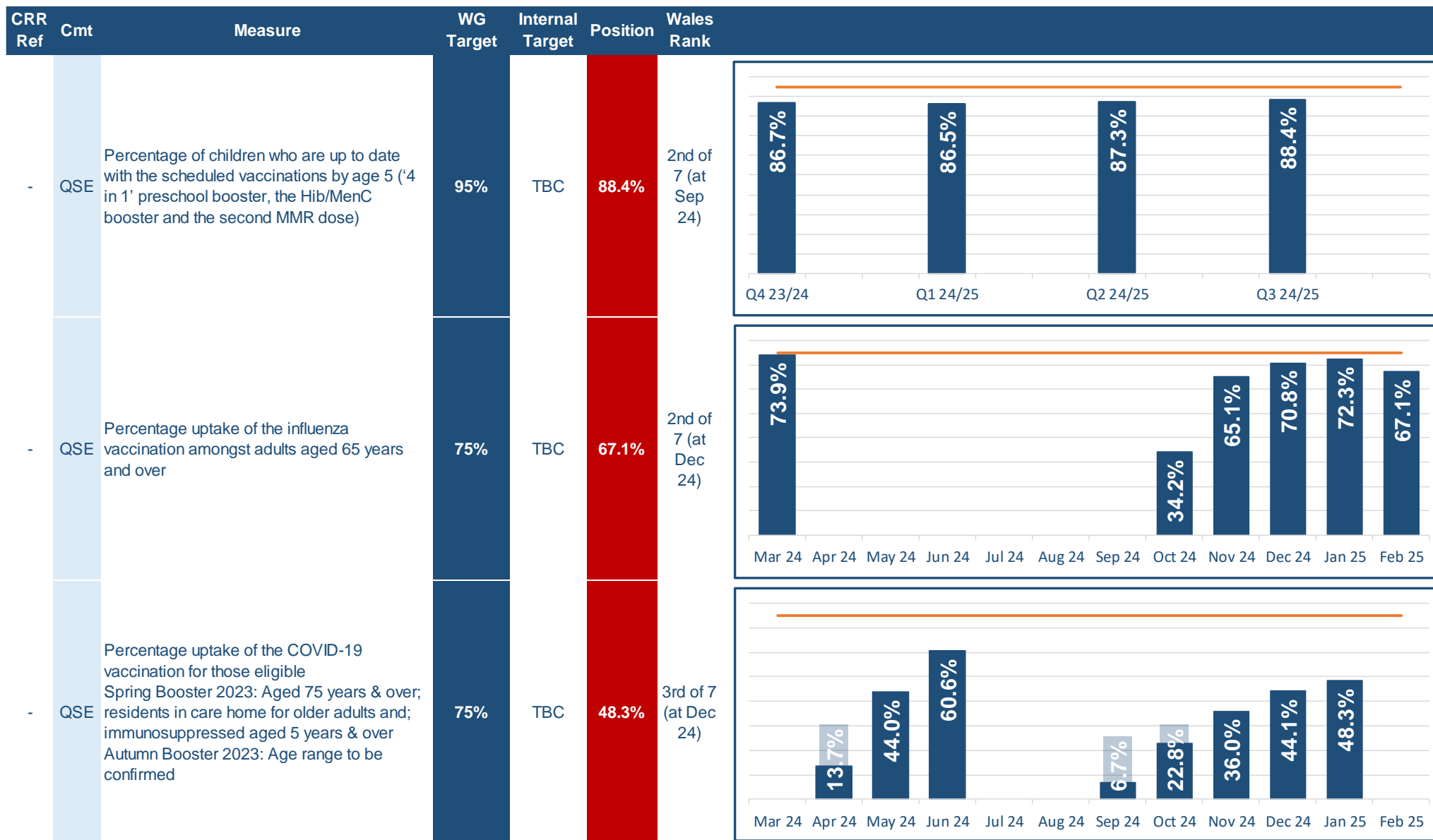
# Quality, Safety, Effectiveness and Experience Performance



# Quality: Performance

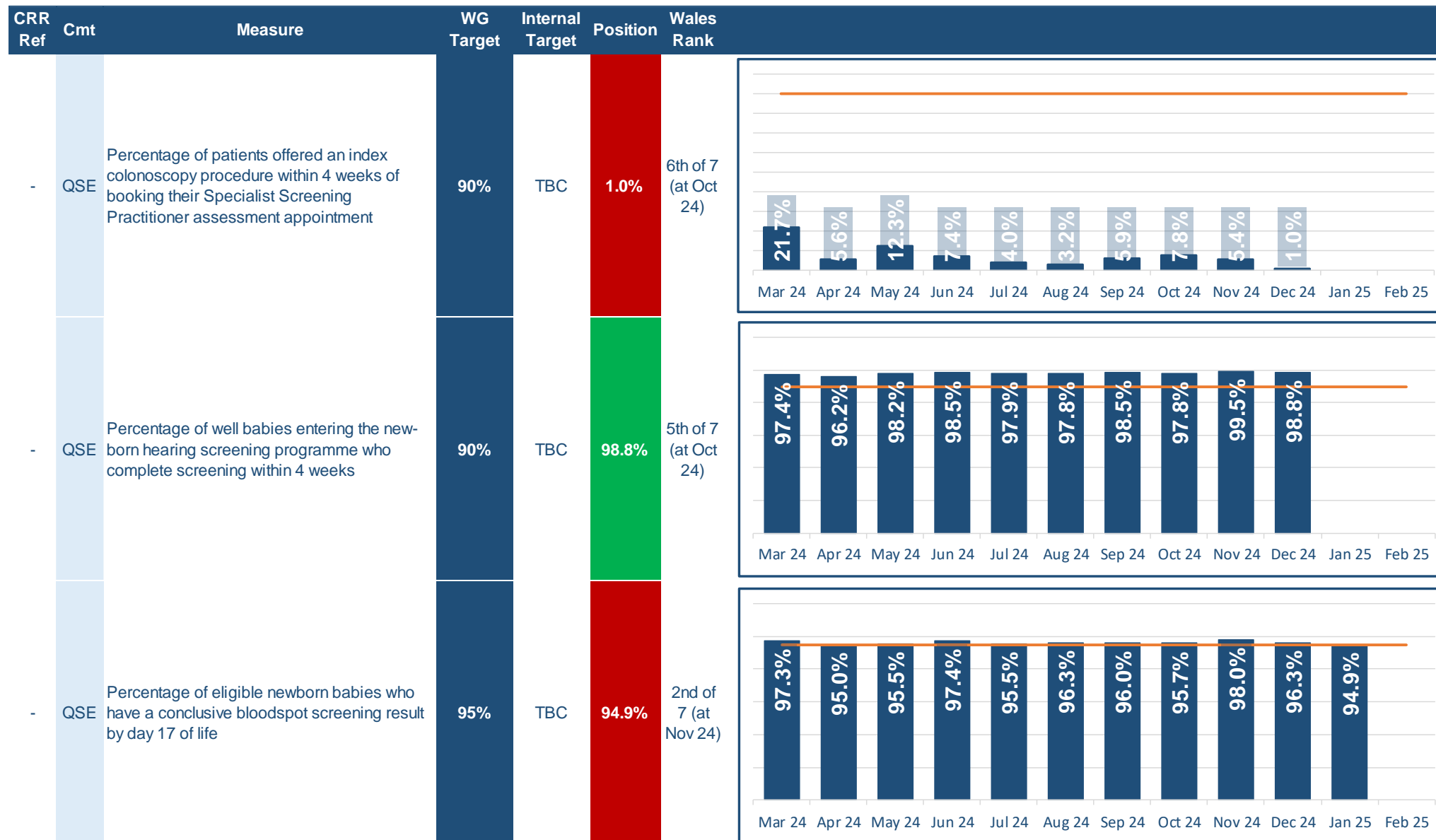


# Quality: Performance



# Quality: Performance

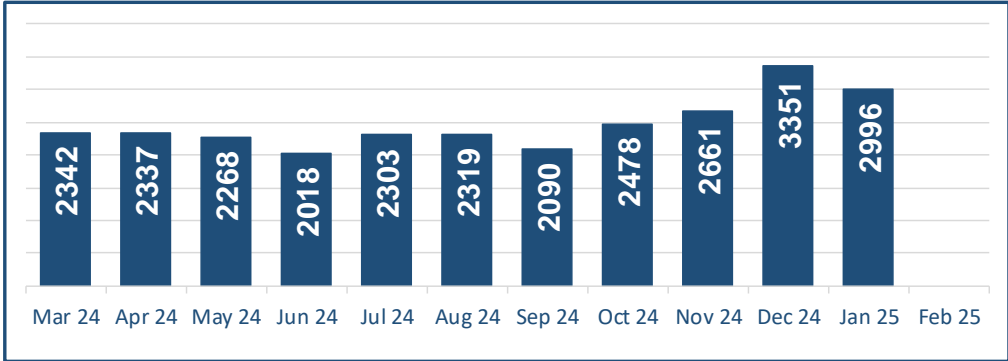
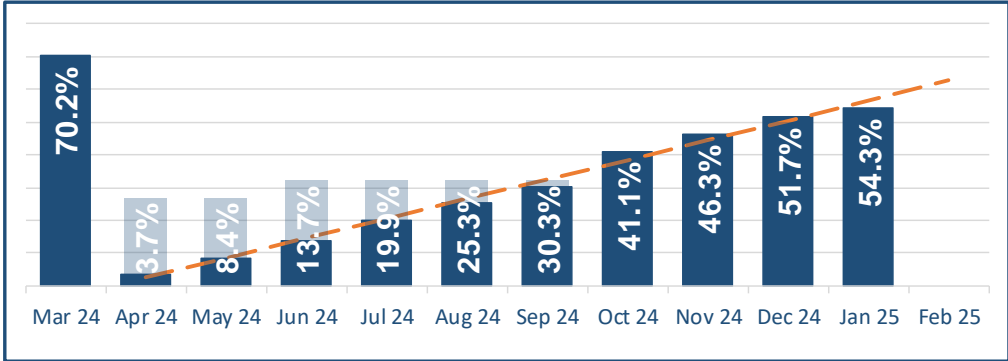
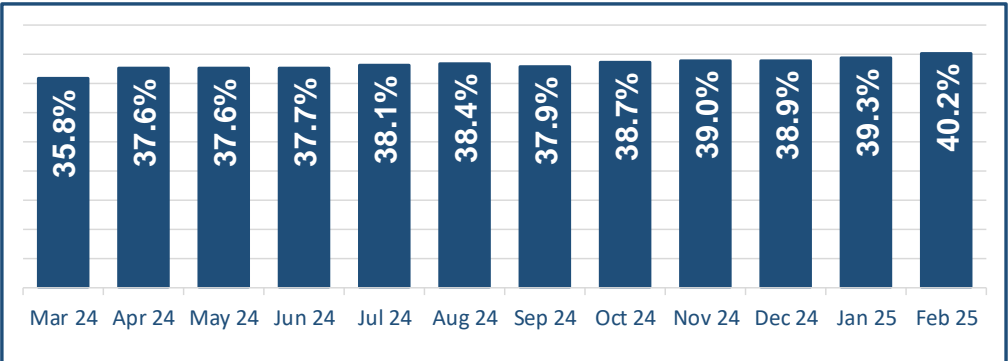
Data reported in arrears



# Quality: Performance

Some data reported in arrears

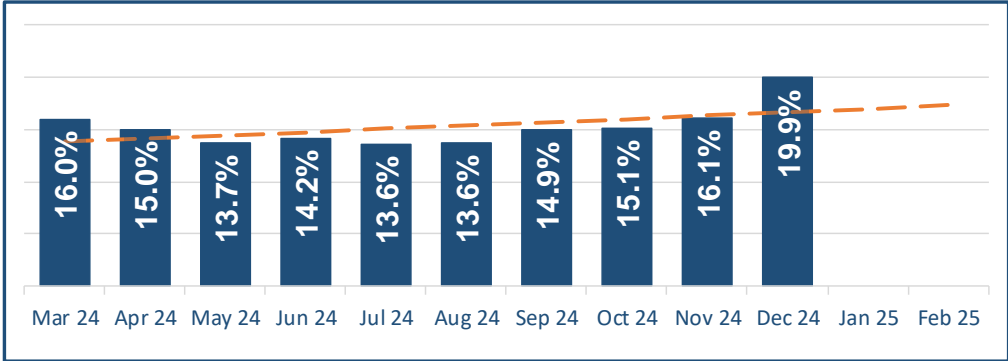
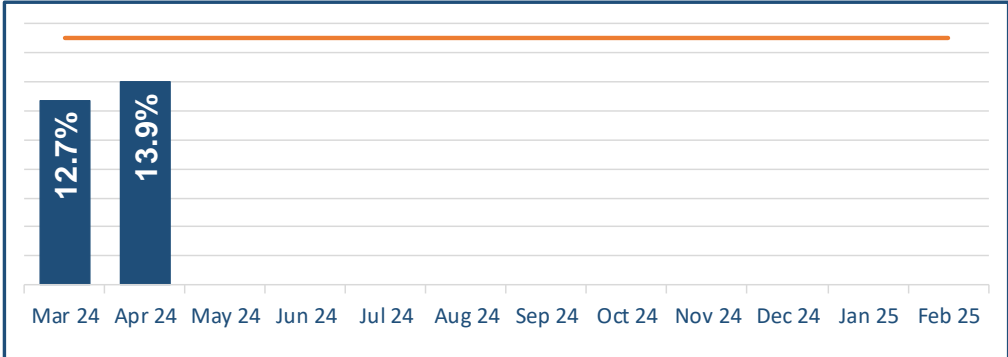
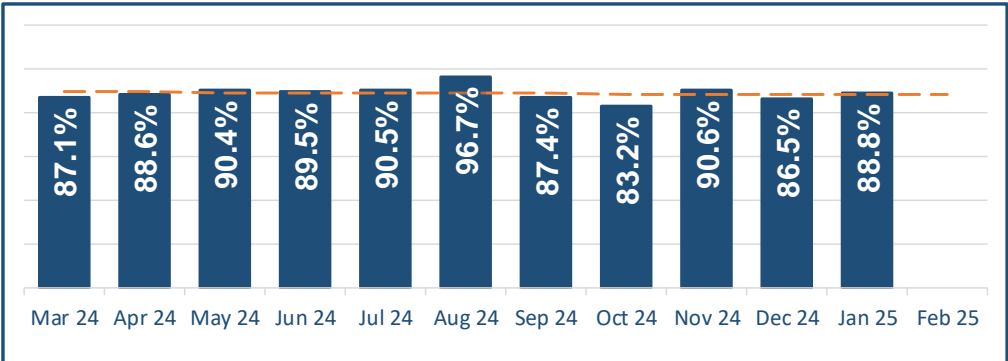
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	40.2%	7th of 7 (at Dec 24)
-	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increasing trend (to 30% (end Sept), then 100% (end Mar))	TBC	54.3%	6th of 7 (at Nov 24)
-	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2024/25 to 2023/24)	TBC	2996	1st of 7 (at Nov 24)



# Quality: Performance

Some data reported in arrears

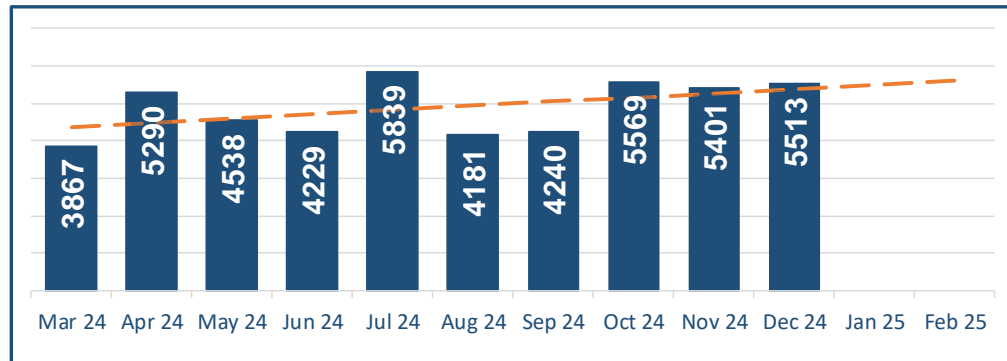
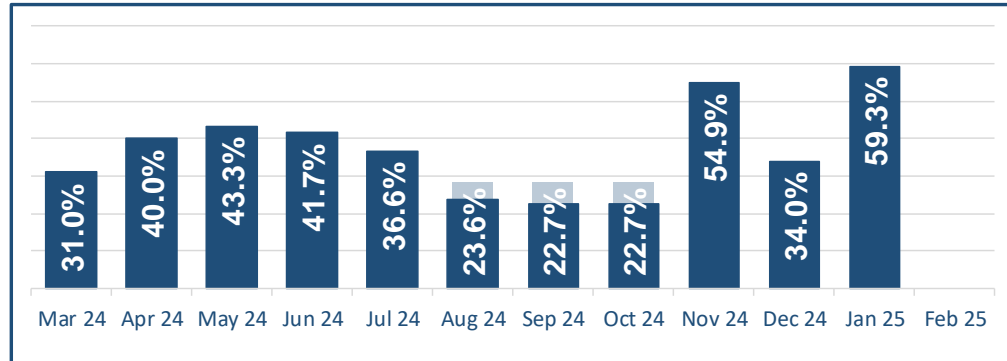
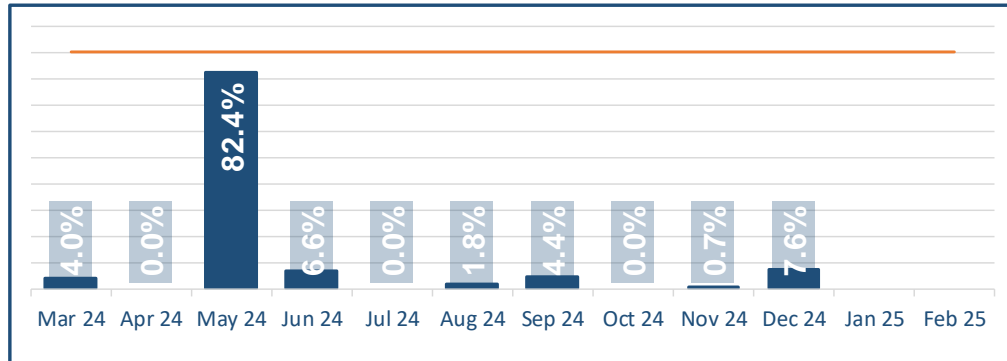
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	88.8%	4th of 7 (at Sep 24)
-	QSE	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	>17%	TBC	13.9%	5th of 7 (at Apr 24)
-	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increasing trend (to 95%)	TBC	19.9%	8st of 8 (at Oct 24)



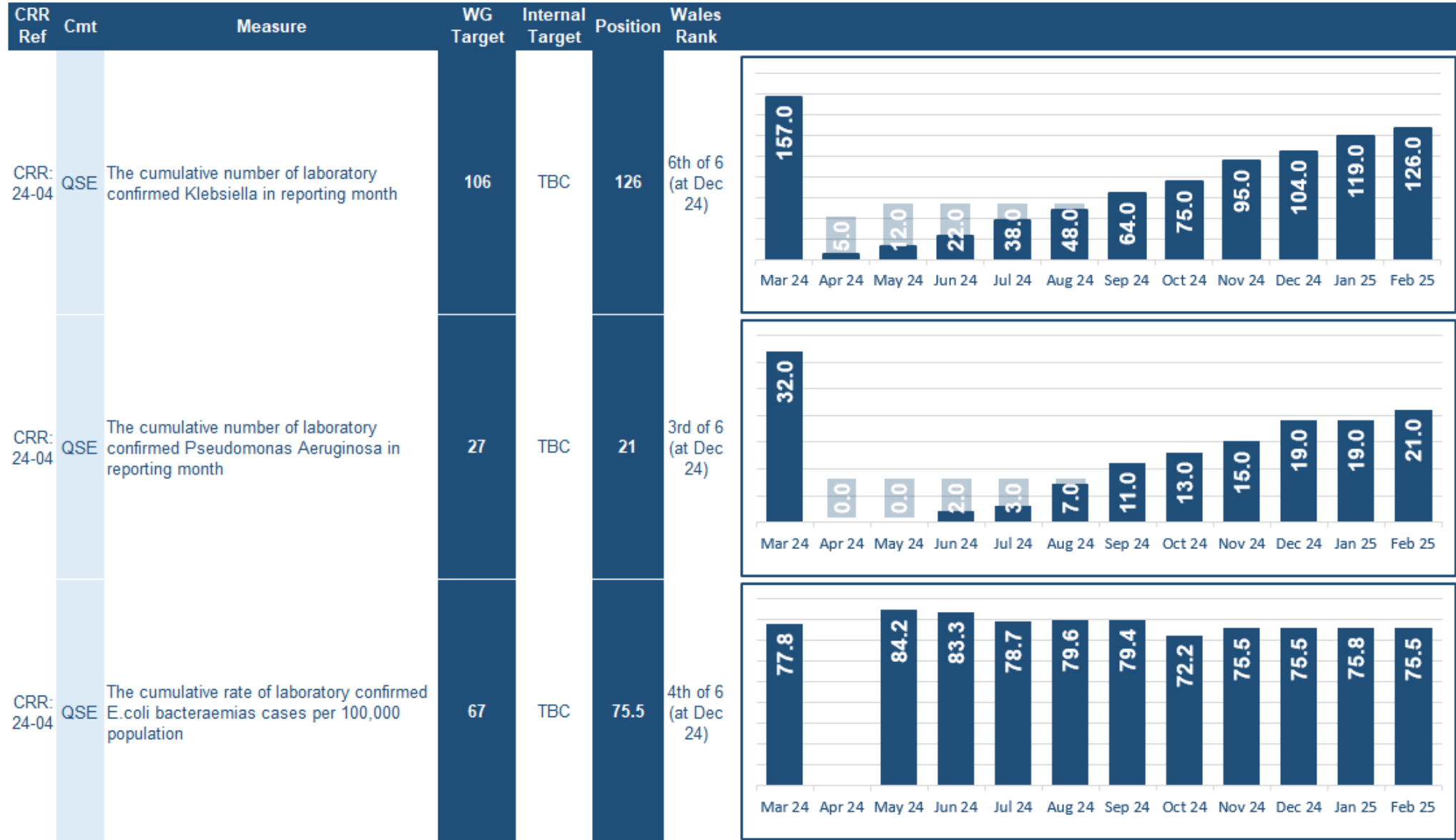
# Quality: Performance

Data reported in arrears

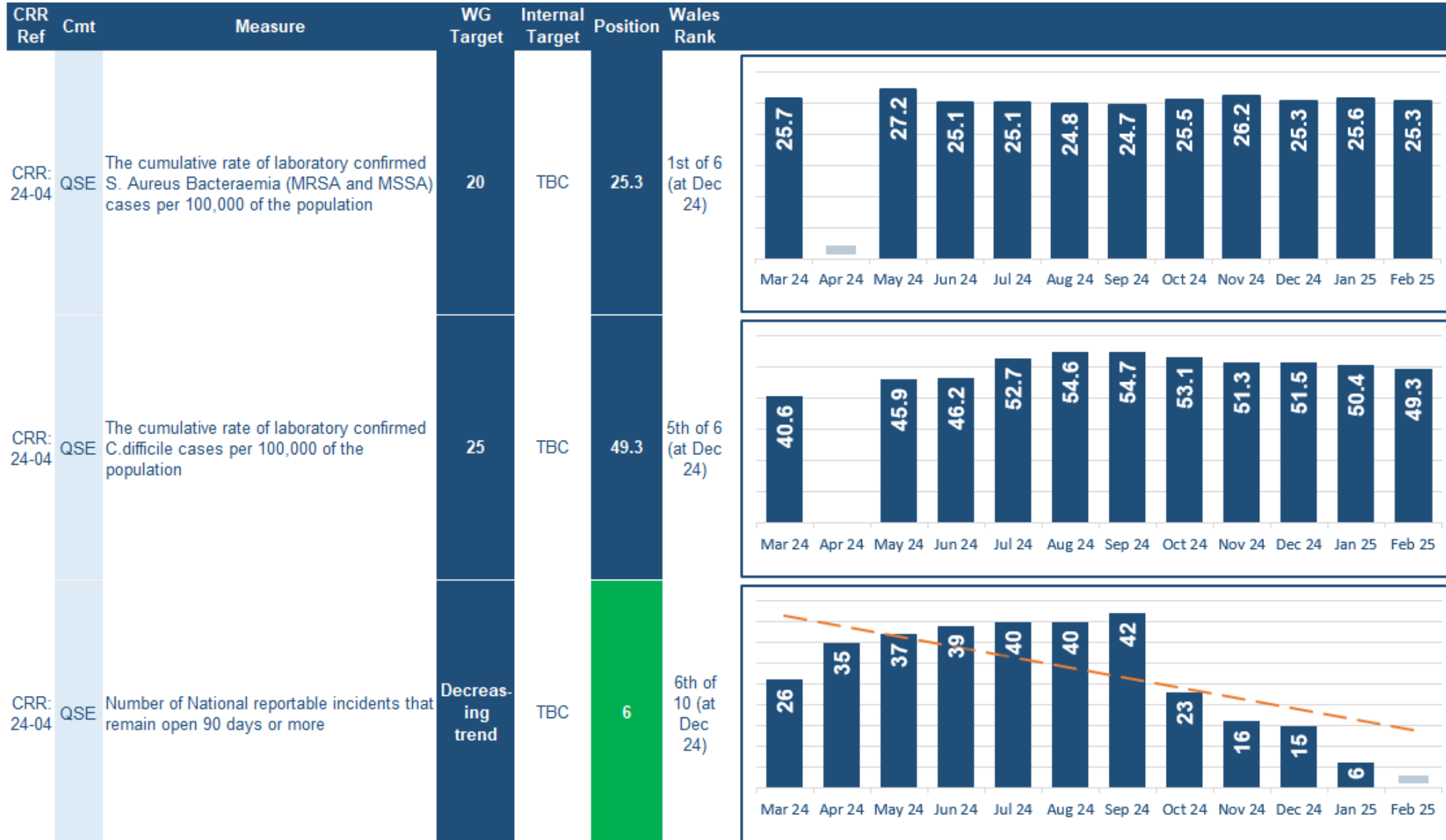
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC	7.6%	8st of 8 (at Nov 24)
-	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	Equivalent month reduction (2024/25 to 2023/24)	TBC	59.3%	1st of 6 (at Dec 24)
-	QSE	Number of service user feedback experience responses completed and recorded on CIMCA	Increasing trend	TBC	5513	2nd of 10 (at Dec 24)



# Quality: Performance



# Quality: Performance



# Quality: Performance



# Quality: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of reported falls	N/A	TBC	327	Local Metric
-	QSE	Number of reported hospital acquired pressure ulcers (HAPU) (excluding new to caseload)	N/A	TBC	474	Local Metric
-	QSE	Number of reported medication incidents	N/A	TBC	244	Local Metric

Month	Value
Mar 24	405
Apr 24	350
May 24	361
Jun 24	340
Jul 24	374
Aug 24	345
Sep 24	326
Oct 24	363
Nov 24	327
Dec 24	339
Jan 25	365
Feb 25	327

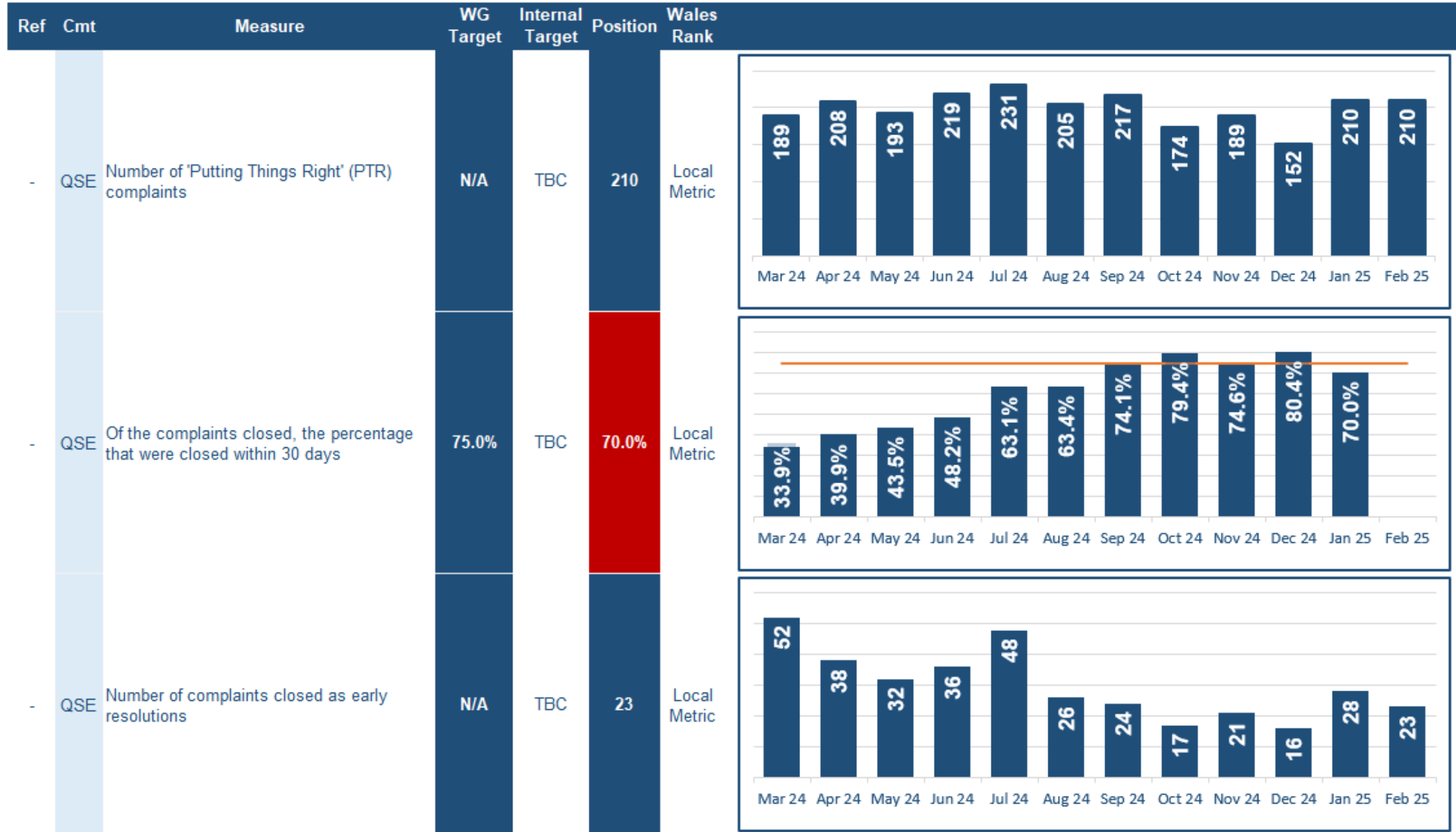
  

Month	Value
Mar 24	536
Apr 24	569
May 24	517
Jun 24	548
Jul 24	500
Aug 24	469
Sep 24	438
Oct 24	500
Nov 24	494
Dec 24	464
Jan 25	569
Feb 25	474

Month	Value
Mar 24	333
Apr 24	314
May 24	258
Jun 24	266
Jul 24	333
Aug 24	273
Sep 24	239
Oct 24	268
Nov 24	234
Dec 24	250
Jan 25	257
Feb 25	244

# Quality: Performance



# Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of PALS (Patient Advice and Liason Service) contacts	N/A	TBC	523	Local Metric
-	QSE	Number of new Ombudsman contacts	N/A	TBC	31	Local Metric
-	QSE	Number of regulation 28 notices	N/A	TBC	1	Local Metric

Month	Value
Mar 24	
Apr 24	
May 24	680
Jun 24	596
Jul 24	851
Aug 24	561
Sep 24	815
Oct 24	699
Nov 24	589
Dec 24	497
Jan 25	754
Feb 25	523

Month	Value
Mar 24	22
Apr 24	16
May 24	13
Jun 24	
Jul 24	24
Aug 24	19
Sep 24	20
Oct 24	33
Nov 24	27
Dec 24	14
Jan 25	23
Feb 25	31

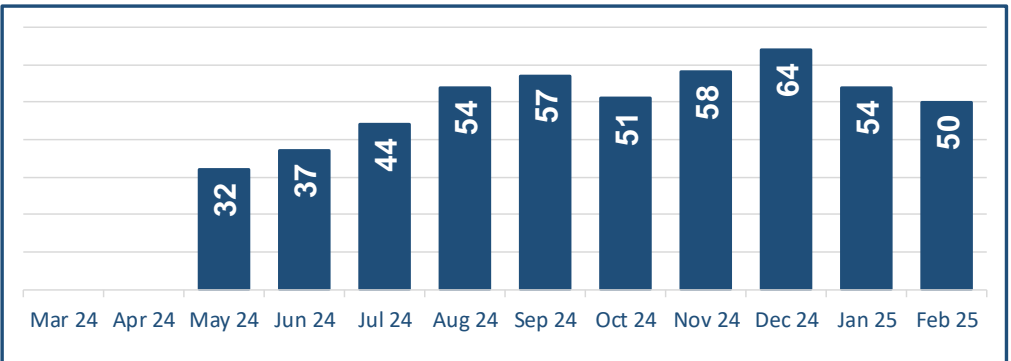
  

Month	Value
Mar 24	1
Apr 24	0
May 24	0
Jun 24	1
Jul 24	2
Aug 24	0
Sep 24	0
Oct 24	1
Nov 24	0
Dec 24	0
Jan 25	0
Feb 25	1

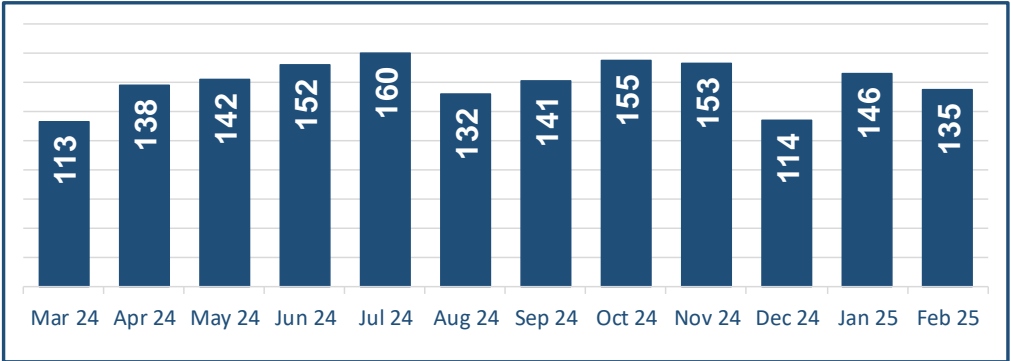
# Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of overdue 'Learning from Event Reports' (LFERs)	N/A	TBC	50	Local Metric
-	QSE	Number of Great-ix submissions	N/A	TBC	135	Local Metric



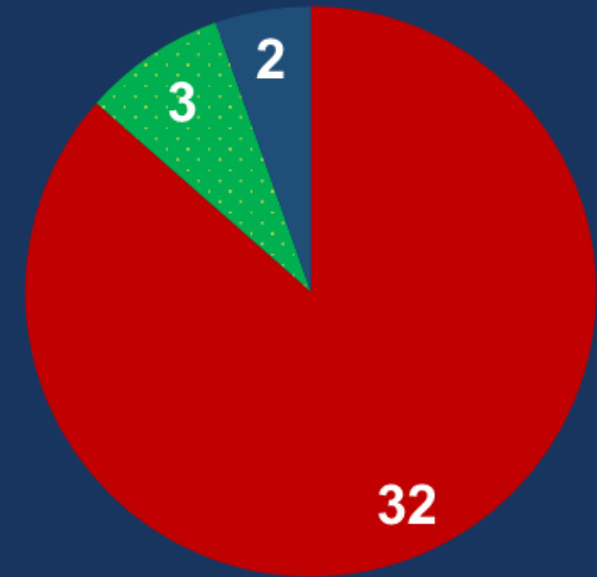
Month	Value
Mar 24	
Apr 24	
May 24	32
Jun 24	37
Jul 24	44
Aug 24	54
Sep 24	57
Oct 24	51
Nov 24	58
Dec 24	64
Jan 25	54
Feb 25	50



Month	Value
Mar 24	113
Apr 24	138
May 24	142
Jun 24	152
Jul 24	160
Aug 24	132
Sep 24	141
Oct 24	155
Nov 24	153
Dec 24	114
Jan 25	146
Feb 25	135

# Section 2

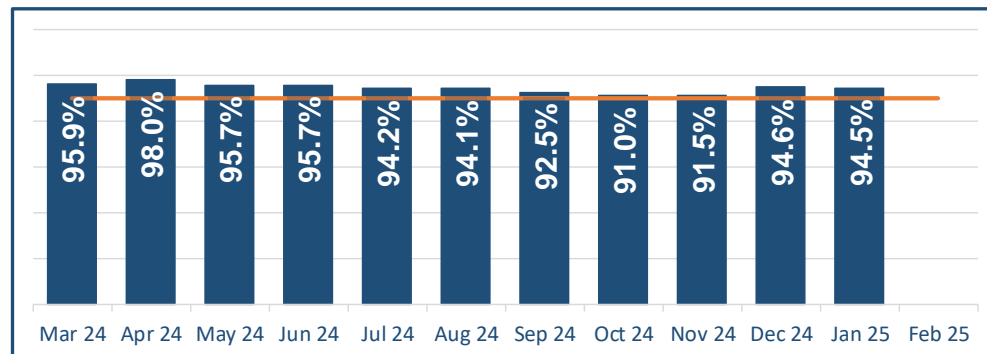
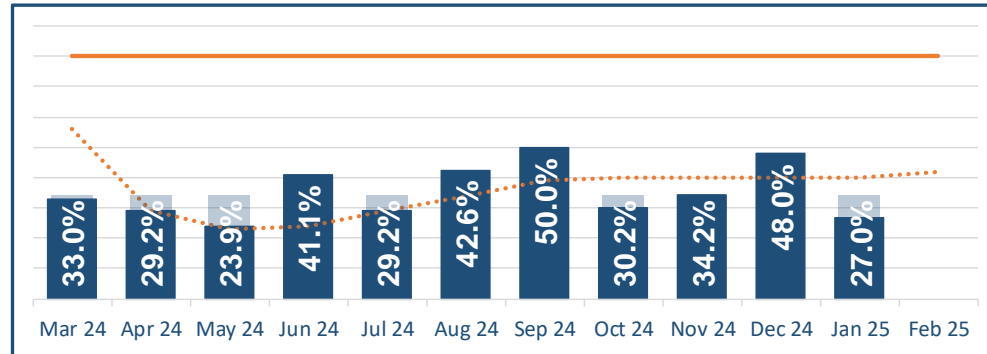
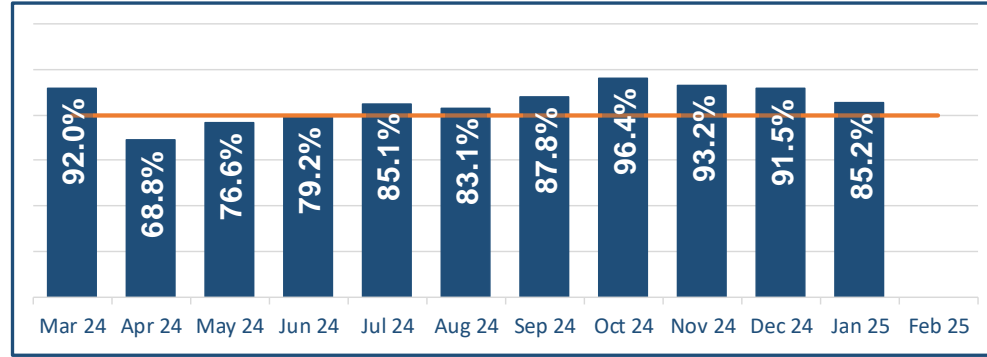
## Access and Activity Performance



# Access & Activity: Performance

Data reported in arrears

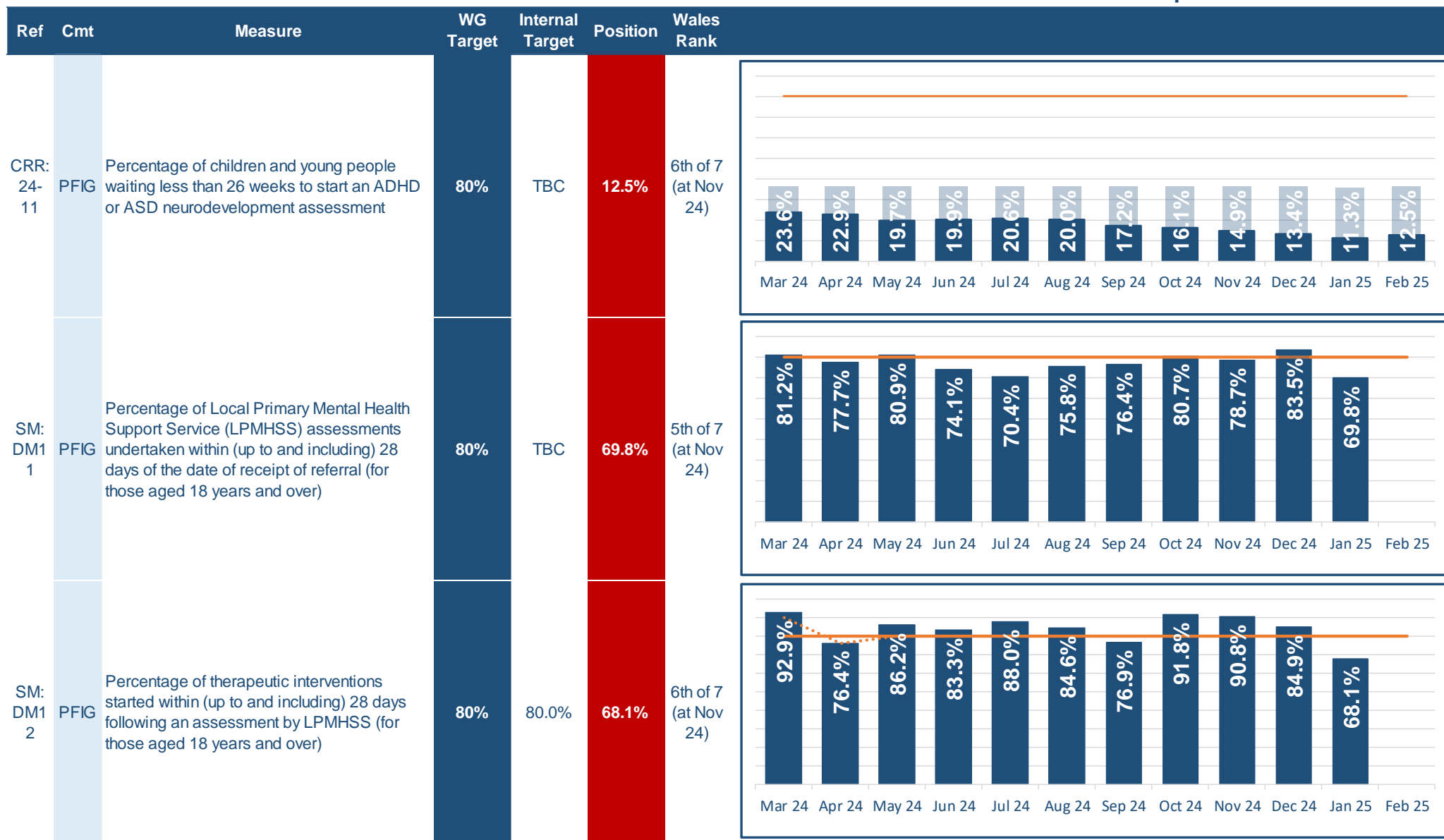
CRR Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
SM: DM1 6	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80.0%	TBC	85.2%	4th of 7 (at Nov 24)
SM: DM1 5	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80.0%	42.0%	27.0%	6th of 7 (at Nov 24)
SM: DM1 6	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	TBC	94.5%	6th of 7 (at Nov 24)



# Access & Activity: Performance



Data reported in arrears

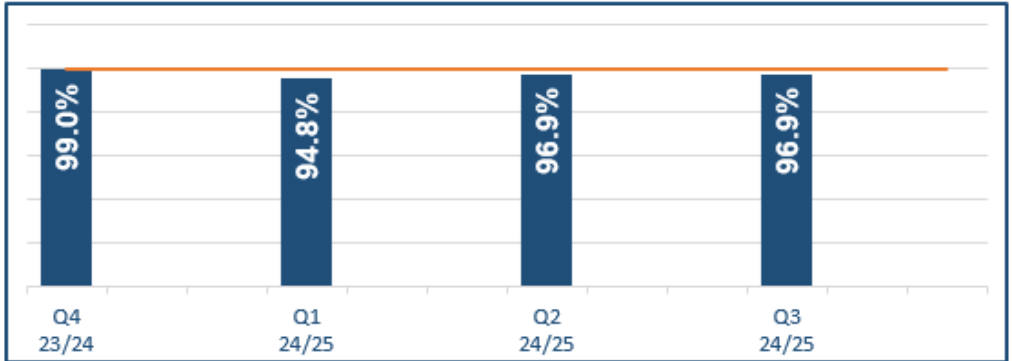
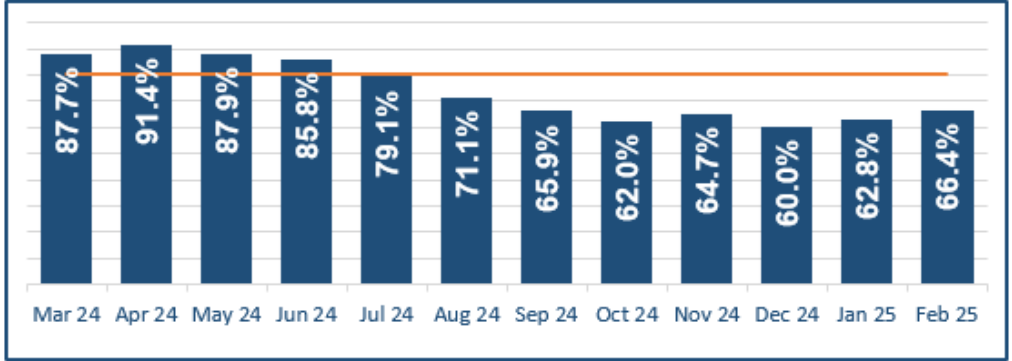
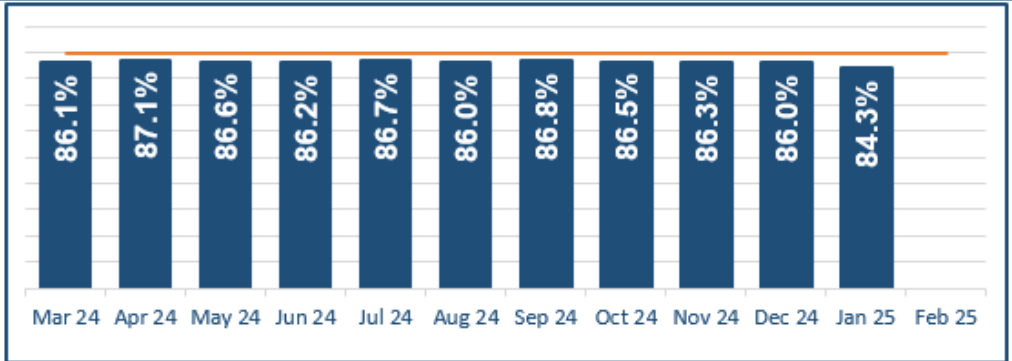


# Access & Activity: Performance

Some data reported in arrears



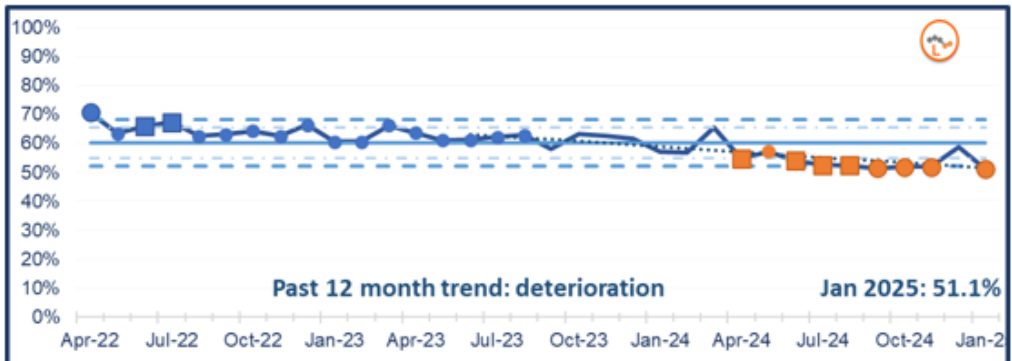
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM1 3	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	TBC	84.3%	4th of 7 (at Nov 24)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	66.4%	4th of 7 (at Nov 24)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	96.88%	6th of 7 (at Mar 23)



# Access & Activity: Performance

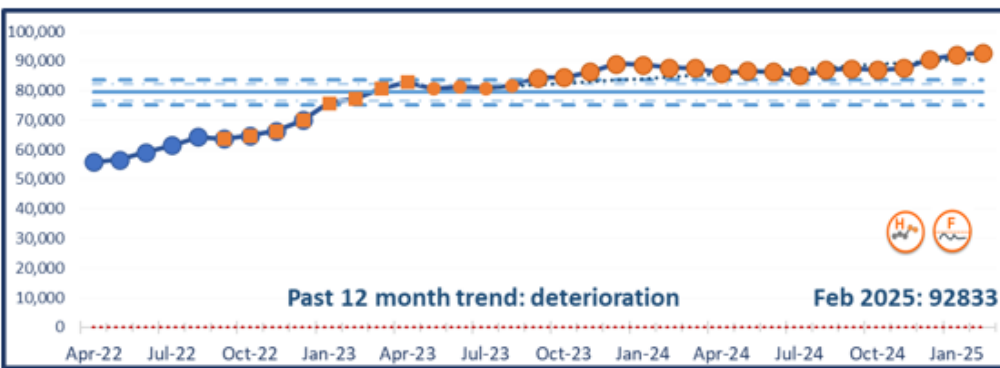
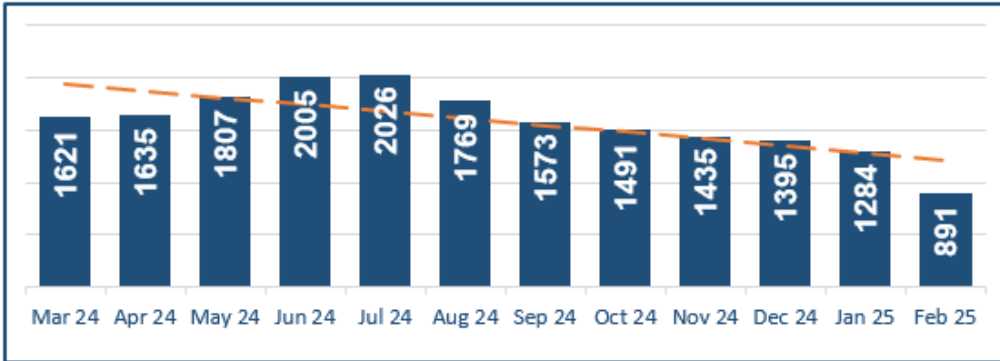
Some data reported in arrears

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM0 1	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increasing trend (to 80%)	67.0%	51.1%	6th of 6 (at Nov 24)
CRR: 24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	15419	30048	7th of 7 (at Nov 24)
CRR: 24-11 SM: DM0 2	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0 by Jun 25)	15419	54793	7th of 7 (at Nov 24)



# Access & Activity: Performance

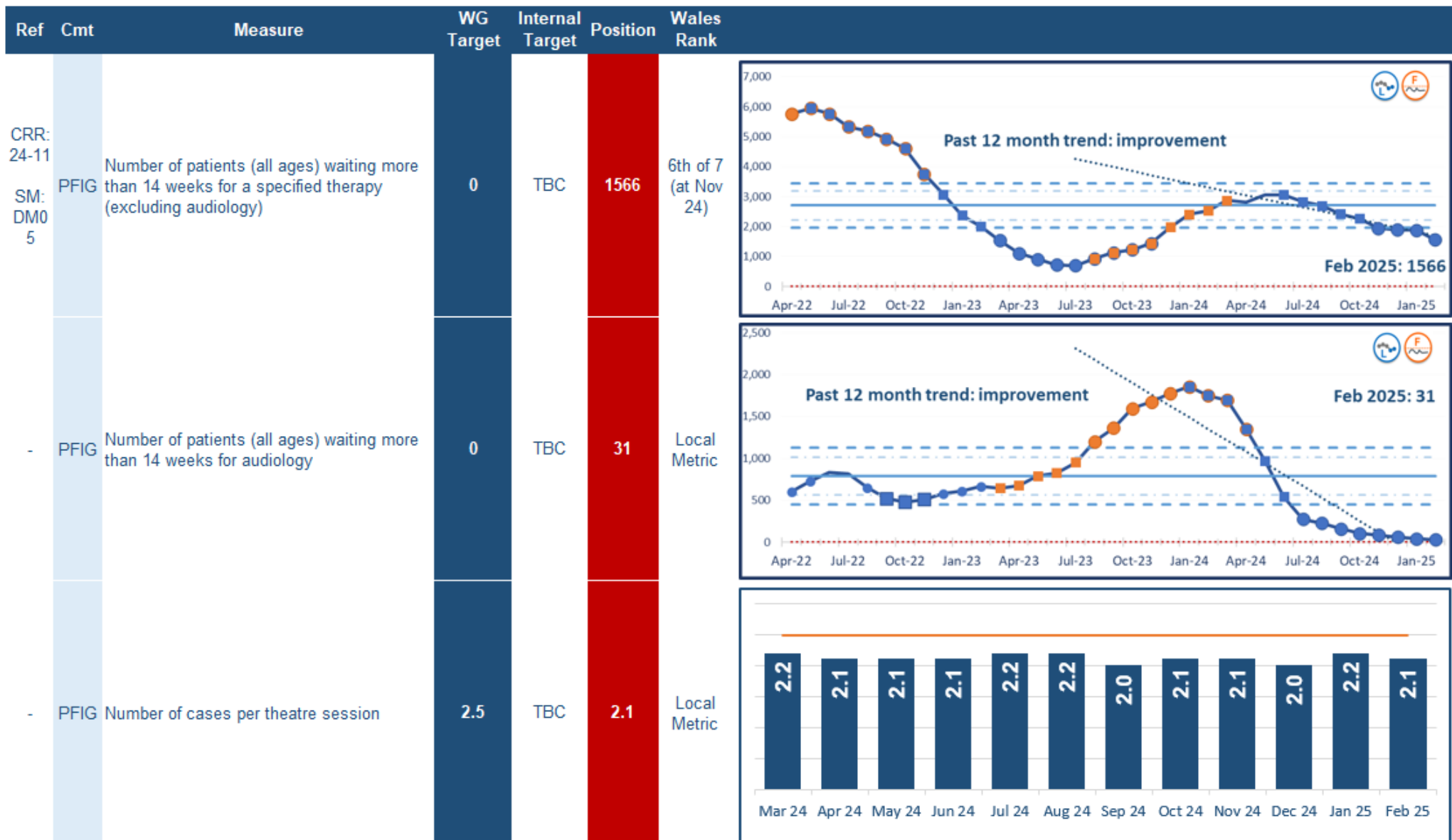
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM0 3	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	5104	8437	7th of 7 (at Nov 24)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	891	Local Metric
CRR: 24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreasing trend (to 0)	TBC	92833	7th of 7 (at Dec 24)



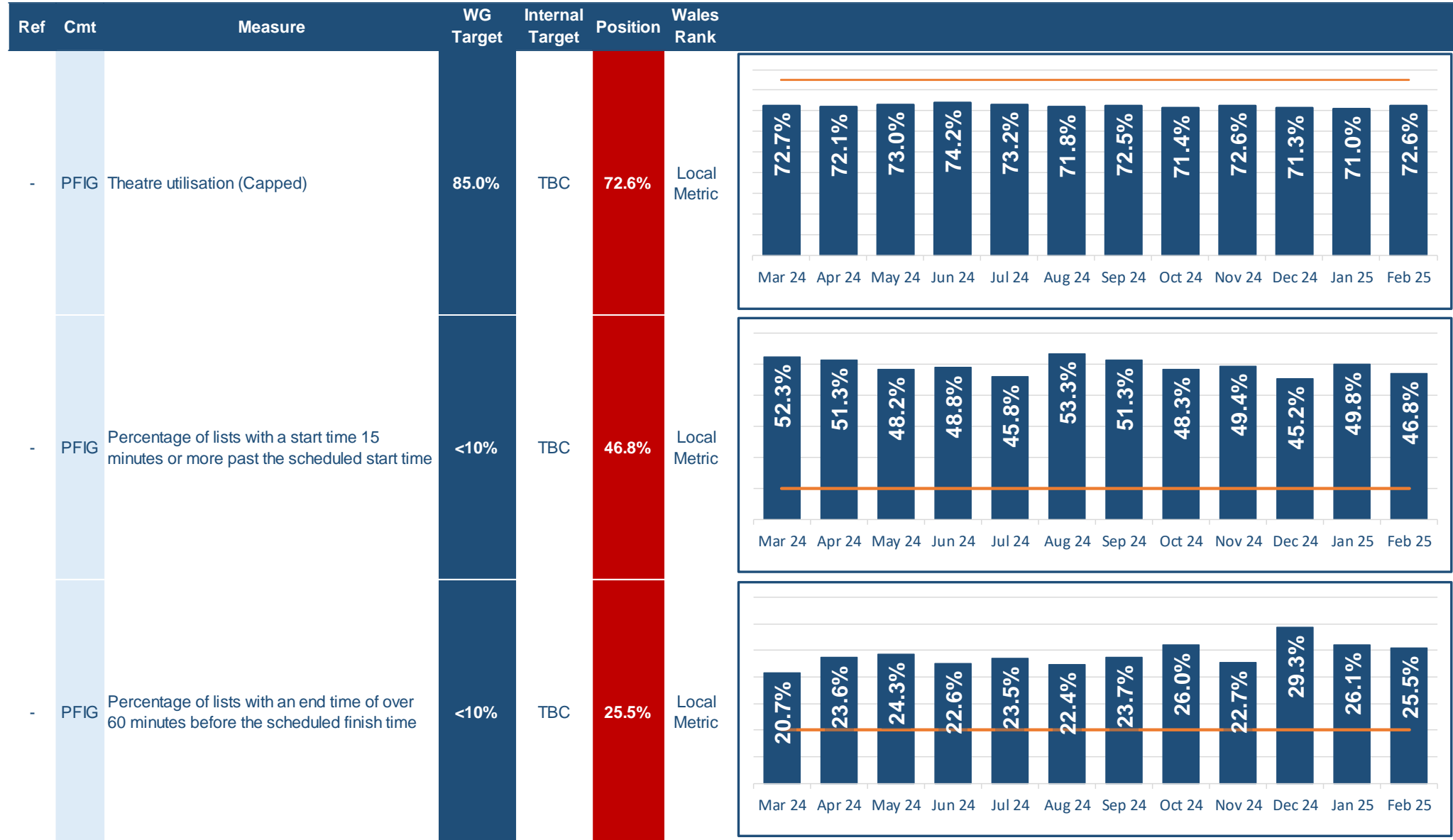
# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank	
CRR: 24-13 SM: DM0 4	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	3533	10067	6th of 7 (at Nov 24)	<p>Past 12 month trend: deterioration Feb 2025: 10067</p>
CRR: 24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increasing trend (to 95%)	TBC	48.4%	7th of 7 (at Dec 24)	
CRR: 24-11	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	100.0%	TBC	97.4%	3rd of 7 (at Nov 24)	<p>Past 12 month trend: improvement Feb 2025: 97.4%</p>

# Access & Activity: Performance



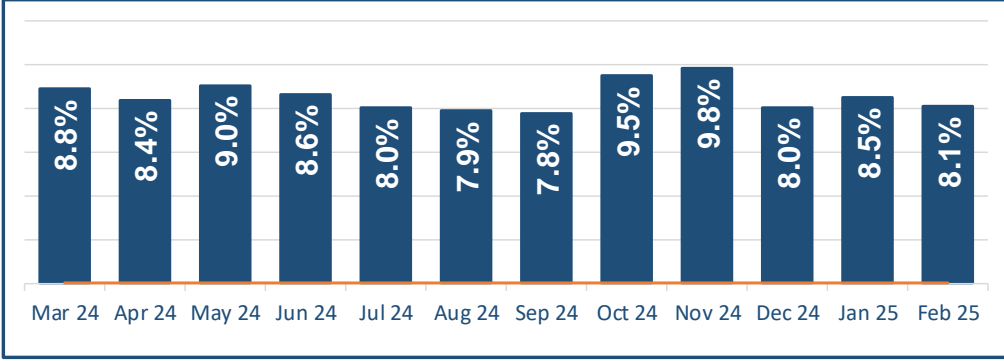
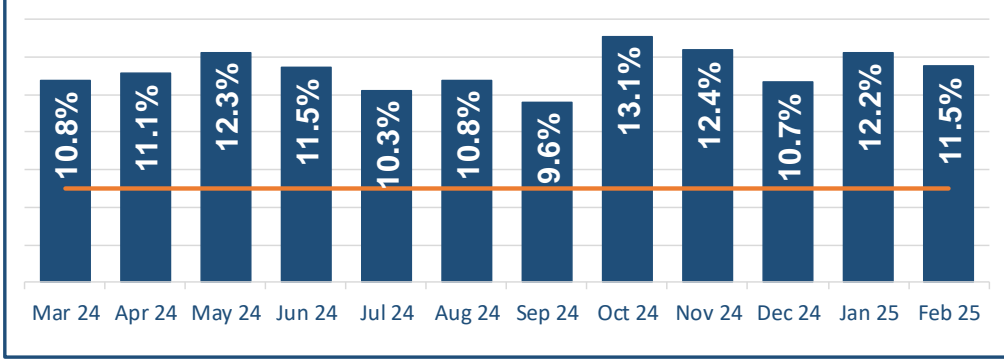
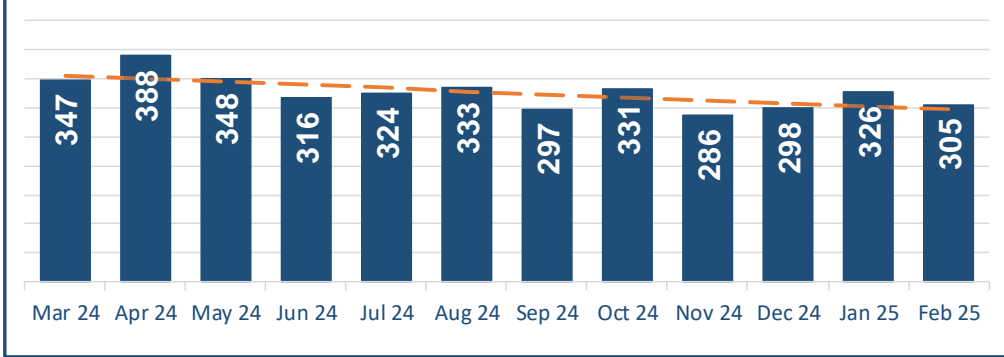
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# Access & Activity: Performance

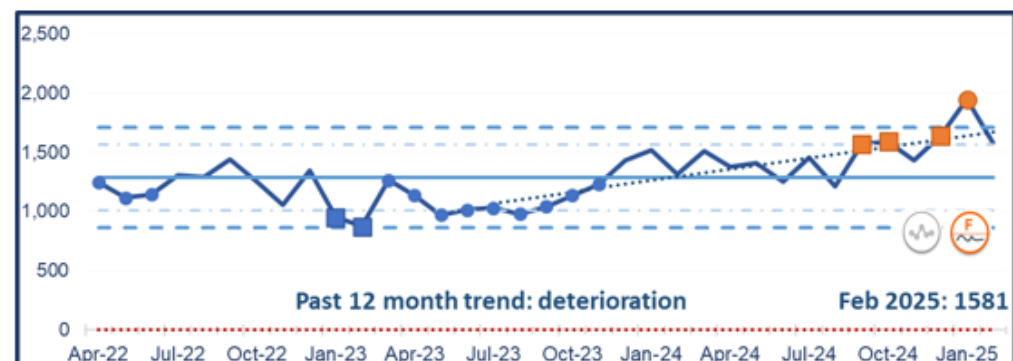
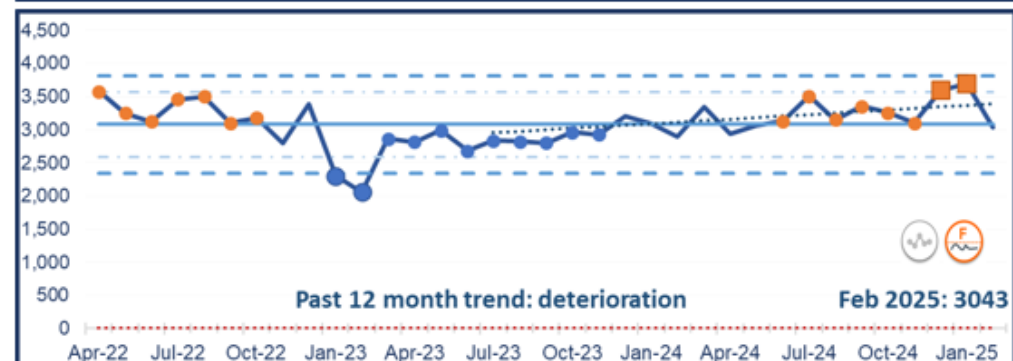
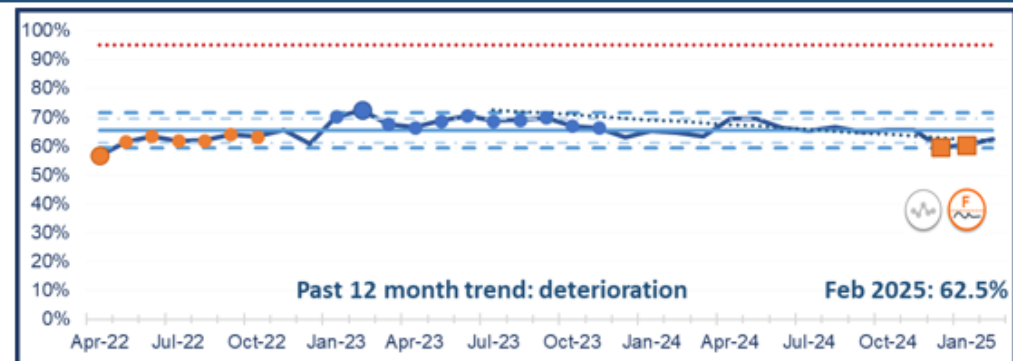
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	8.1%	Local Metric
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	11.5%	Local Metric
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	305	8st of 8 (at Dec 24)

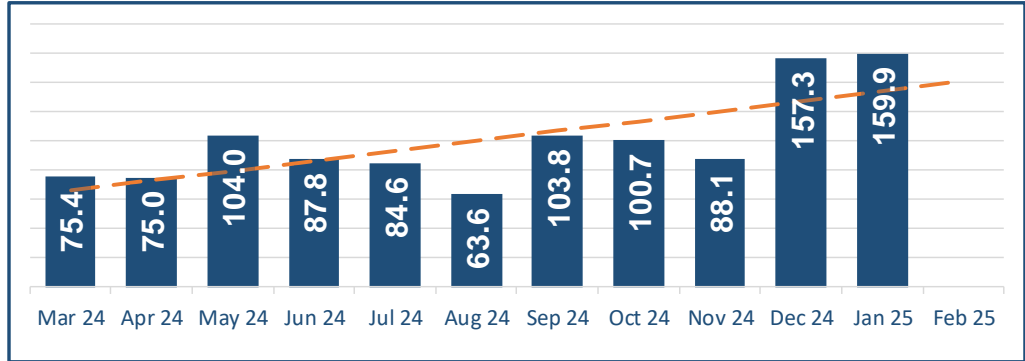
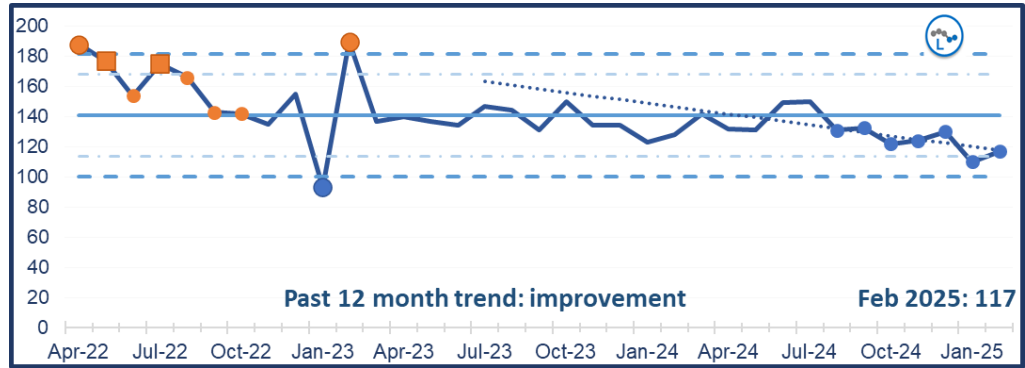
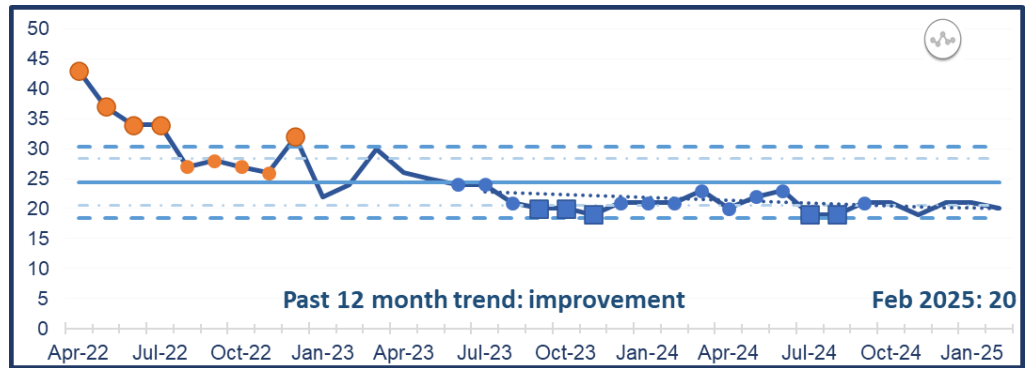
# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	62.5%	7th of 7 (at Dec 24)
CRR: 24-10 SM: DM08	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2024/25 to 2023/24) to 0	2231	3043	7th of 7 (at Dec 24)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1581	Local Metric



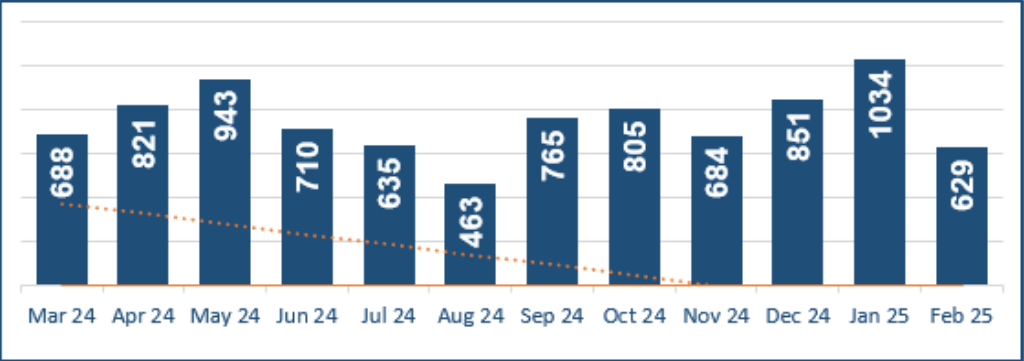
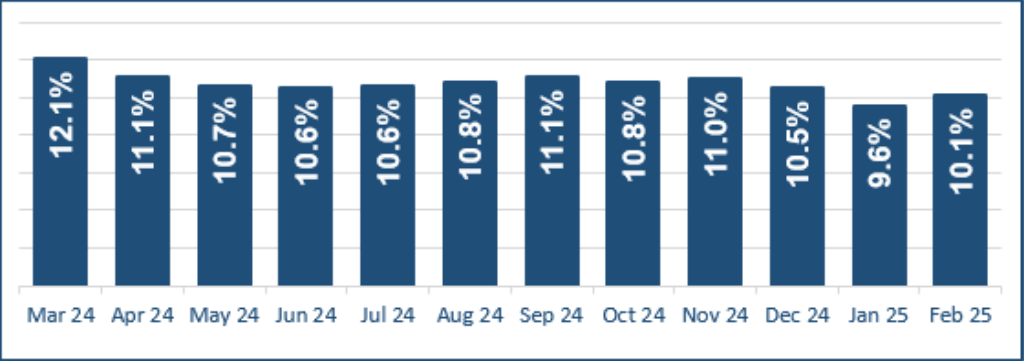
# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	TBC	20.0	3rd of 6 (at Dec 24)
CRR: 24-10 SM: DM0 7	PFIG	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	117.0	5th of 6 (at Dec 24)
CRR: 24-10	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	159.9	2nd of 7 (at Dec 24)

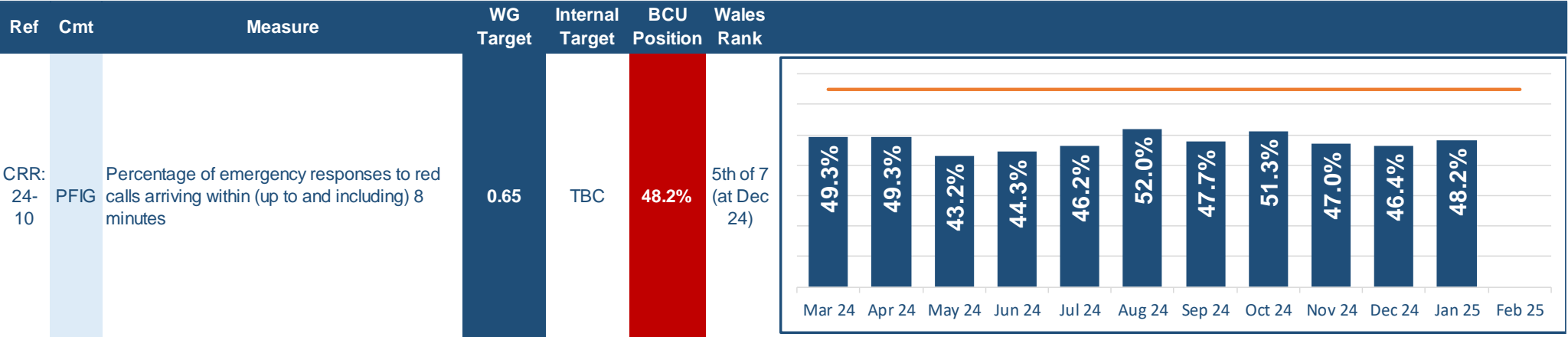


# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	10.1%	Local Metric
CRR: 24-10 SM: DM0 6	PFIG	Number of ambulance patient handovers over 1 hour	0	1112	1835	6th of 6 (at Dec 24)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	0	629	Local Metric



# Access & Activity: Performance



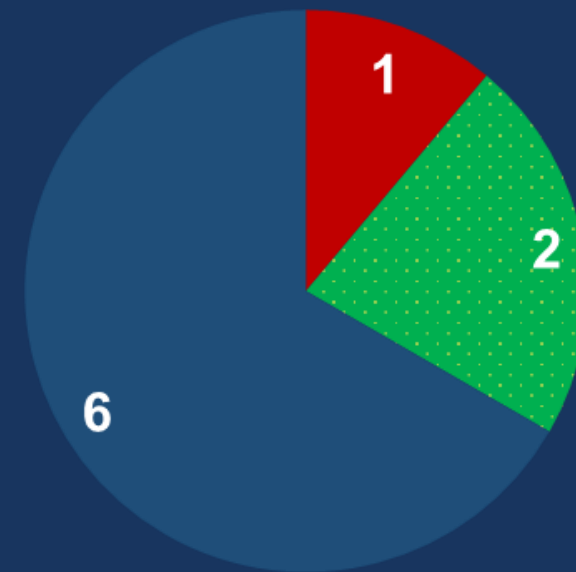
# Section 3

# People and Organisational Development Performance



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# People: Performance



# People: Performance

\*Rank is based on National HEIW data, where as, unless stated otherwise, position data uses BCU methodology

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales (HEIW data)	Decreasing trend against 2019/20	TBC	8.9%	Local Metric
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	N/A	TBC	0.2%	Local Metric
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	7.90%	

Month	Turnover Rate (%)
Mar 24	9.50%
Apr 24	9.30%
May 24	9.30%
Jun 24	9.20%
Jul 24	9.10%
Aug 24	9.10%
Sep 24	8.90%
Oct 24	8.80%
Nov 24	8.80%
Dec 24	8.90%
Jan 25	
Feb 25	

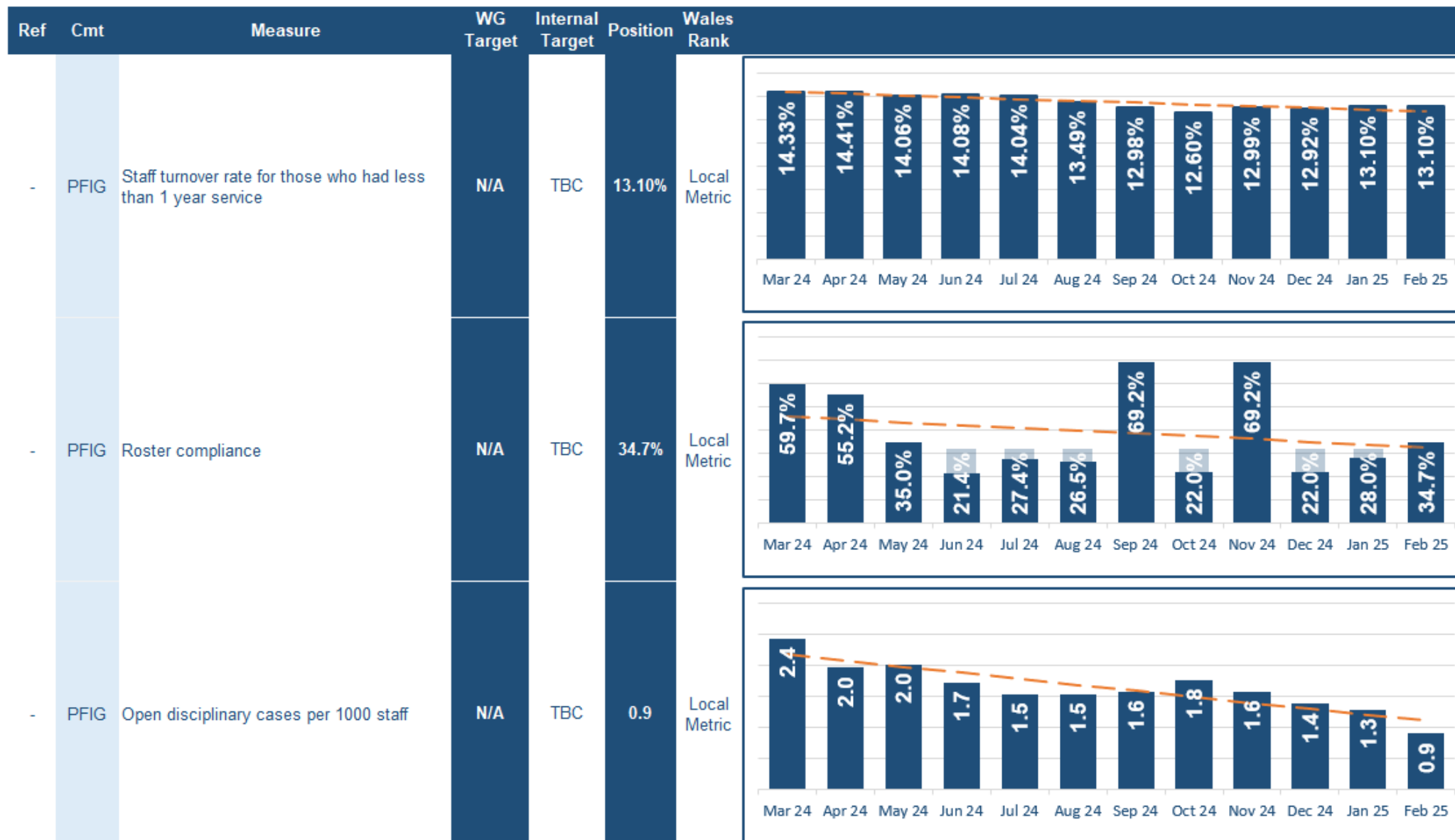
  

Month	Turnover Rate (%)
Mar 24	0.68%
Apr 24	0.37%
May 24	0.38%
Jun 24	0.48%
Jul 24	0.51%
Aug 24	0.76%
Sep 24	0.44%
Oct 24	0.44%
Nov 24	0.45%
Dec 24	0.46%
Jan 25	0.44%
Feb 25	0.25%

Month	Turnover Rate (%)
Mar 24	8.5%
Apr 24	8.5%
May 24	8.5%
Jun 24	8.4%
Jul 24	8.3%
Aug 24	8.3%
Sep 24	8.1%
Oct 24	8.0%
Nov 24	8.0%
Dec 24	7.9%
Jan 25	7.9%
Feb 25	7.9%

# People: Performance



# Section 4

# Financial Performance



GIG  
CYMRU  
NHS  
WALES

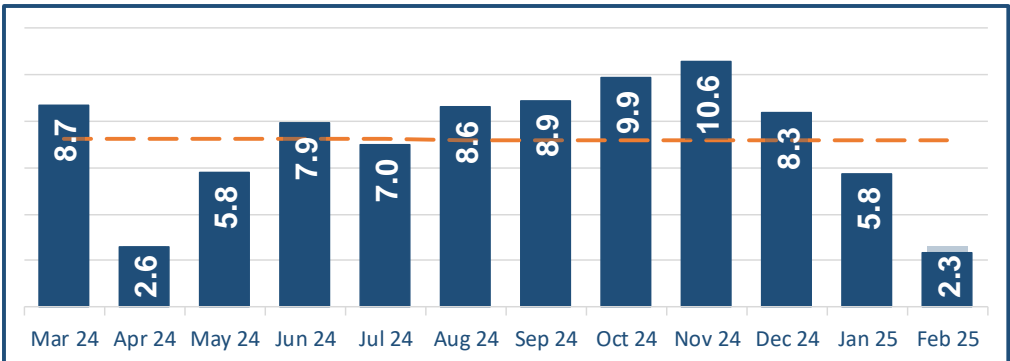
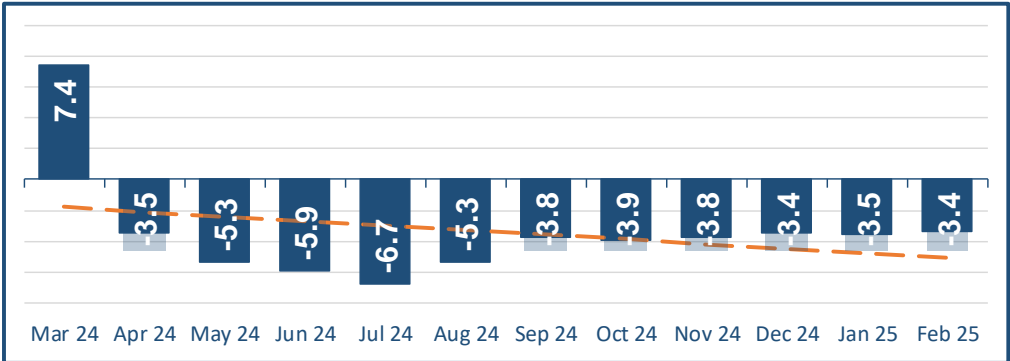
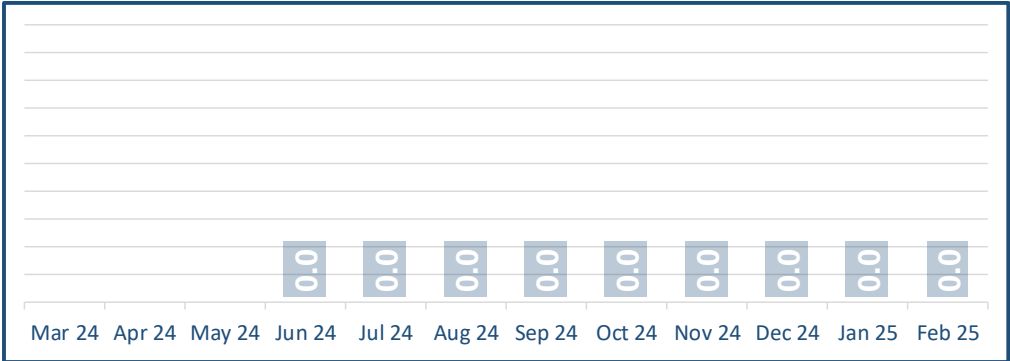
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Finance: Performance

(Corporate Risk 24-05 Financial Sustainability)

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	Local Metric
CRR: 24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-3.4	Local Metric
CRR: 24-05	PFIG	Year to date deficit against plan (£million)	N/A	TBC	2.3	Local Metric



# Finance: Performance

(Corporate Risk 24-05 Financial Sustainability)

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	In month variance to plan (£million)	N/A	TBC	-3.4	Local Metric
CRR: 24-05	PFIG	Forecast savings delivery against target (£million)	N/A	TBC	-3.5	Local Metric
CRR: 24-05	PFIG	In year capital expenditure against plan (£million)	N/A	TBC	9.1	Local Metric

Month	Variance (£million)
Mar 24	-14.1
Apr 24	2.6
May 24	3.2
Jun 24	2.1
Jul 24	-0.9
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

Month	Variance (£million)
Mar 24	7.4
Apr 24	-44.0
May 24	-34.7
Jun 24	-21.5
Jul 24	-21.5
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

Month	Variance (£million)
Mar 24	-34.3
Apr 24	
May 24	-0.5
Jun 24	0.0
Jul 24	0.6
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

# Finance: Performance

(Corporate Risk 24-05 Financial Sustainability)

BCU Wide and Divisional Positions (Red = overspend against plan)										
	April	May	June	July	August	September	October	November	December	YTD
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
West IHC	(1.8)	(1.8)	(1.2)	(1.7)	(1.9)	(1.5)	(0.5)	0.1	(0.5)	(10.6)
Central IHC	(2.9)	(2.9)	(2.9)	(2.2)	(2.1)	(2.5)	0.3	(1.5)	(0.3)	(16.8)
East IHC	(3.3)	(2.7)	(2.6)	(2.6)	(3.4)	(2.5)	(1.2)	(0.7)	(1.1)	(20.1)
Womens	(0.1)	(0.1)	(0.1)	(0.0)	(0.2)	0.0	(0.2)	0.0	0.2	(0.6)
MH & LD	(1.6)	(1.7)	(1.6)	(1.8)	(1.6)	(1.5)	(1.8)	(1.4)	(1.7)	(14.8)
Commissioning Contracts	(1.7)	(1.9)	1.0	2.4	(0.7)	(0.2)	0.9	0.7	(0.8)	(0.3)
ICD Primary Care	0.2	0.6	0.3	0.4	0.7	0.3	0.6	0.5	0.3	3.6
ICD Regional Services	(1.3)	(0.2)	(1.0)	(1.7)	0.1	(0.3)	0.6	0.2	0.1	(3.6)
Support Functions & Other Budgets	9.8	7.6	6.2	8.0	7.5	8.0	0.3	1.4	6.0	54.9
<b>BCU Wide</b>	<b>(2.6)</b>	<b>(3.2)</b>	<b>(2.1)</b>	<b>0.9</b>	<b>(1.6)</b>	<b>(0.3)</b>	<b>(1.0)</b>	<b>(0.7)</b>	<b>2.2</b>	<b>(8.3)</b>

Service Performance against Target	Annual				Year to Date		
	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	8.7	7.0	1.6	8.7	6.5	5.3	1.2
Central Integrated Health Community	10.9	8.0	2.9	7.8	8.2	6.3	1.9
East Integrated Health Community	11.2	10.3	0.9	8.6	8.4	7.9	0.6
MHLD	4.2	7.9	-3.7	12.8	3.2	4.4	-1.3
Womens Services	1.4	1.4	-0.1	0.7	1.0	1.1	-0.1
Diagnostic and Specialist Clinical Support	2.1	1.1	1.0	0.2	1.6	0.9	0.7
Cancer Services	1.6	1.3	0.3	1.1	1.2	1.0	0.2
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.1	0.1	0.0	0.1	0.1	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.0	0.9	-0.9
Corporate & Support Services	3.7	4.2	-0.5	1.5	2.8	3.4	-0.6
Reserves	4.0	1.4	2.6	0.0	3.0	1.4	1.6
<b>Saving Total</b>	<b>48.0</b>	<b>43.8</b>	<b>4.2</b>	<b>41.4</b>	<b>36.0</b>	<b>32.6</b>	<b>3.4</b>
Accountancy Gains		8.9	-8.9			8.9	-8.9
<b>Total</b>		<b>52.6</b>	<b>-4.6</b>	<b>41.4</b>	<b>36.0</b>	<b>41.5</b>	<b>-5.5</b>

# Finance: Performance

(Corporate Risk 24-05 Financial Sustainability)

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	49	62	81	70	69	72	95	105	13	115	75	70	806	876
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	1,895	17,637	19,532
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	1,465	19,376	20,841
4	Prof Scientific & Technical	10	10	12	10	23	14	14	17	7	12	8	10	137	147
5	Additional Clinical Services	19	23	32	9	27	16	27	21	12	3	26	13	215	228
6	Allied Health Professionals	467	449	378	396	485	428	400	454	447	539	591	515	5,034	5,549
7	Healthcare Scientists	25	15	3	9	11	10	12	20	9	7	0	121	121	242
8	Estates & Ancillary	(1)	9	8	1	5	16	0	4	6	(2)	6	2	52	54
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	<b>TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE</b>	<b>3,970</b>	<b>4,150</b>	<b>3,844</b>	<b>4,165</b>	<b>4,181</b>	<b>3,734</b>	<b>4,213</b>	<b>3,889</b>	<b>3,412</b>	<b>3,940</b>	<b>3,880</b>	<b>4,091</b>	<b>43,378</b>	<b>47,469</b>
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%	4.2%	4.1%	4.1%

# Additional Information

## What is an Integrated Quality & Performance Report (IQPR)?

The Integrated Performance Report (IPR) combines the areas of Quality, Performance, People and Finance in one overarching report. It provides the reader with a balanced view of performance intelligence and assurances from across the organisation.

## The Integrated Performance Framework (IPF)

The Integrated Performance Framework (IPF) for 2023-2027 was ratified by the Health Board on 28<sup>th</sup> 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.

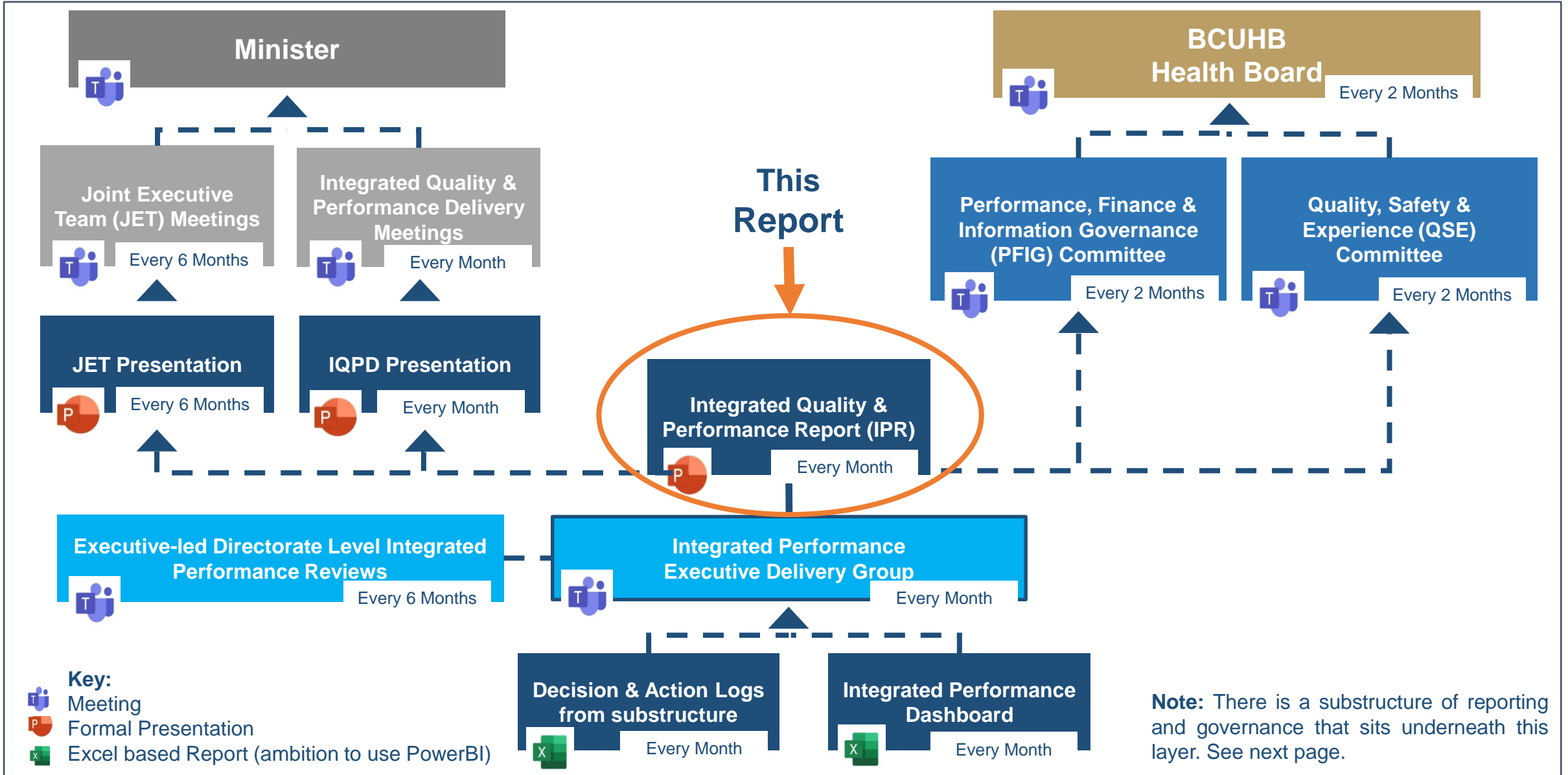
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28<sup>th</sup> September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the Health Board’s strategic objectives between now and April 2027. Work has also commenced with the corporate directorates working together on the development of an integrated approach to organisational quality surveillance mechanisms. Once this initial phase is complete, we will then begin our work with the services.

## Where does the IQPR feature within the Performance Governance Structure

The Health Board’s business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF contains information on all metrics, including those that are consistently achieving success however, the main focus is on metrics in exception or escalation.

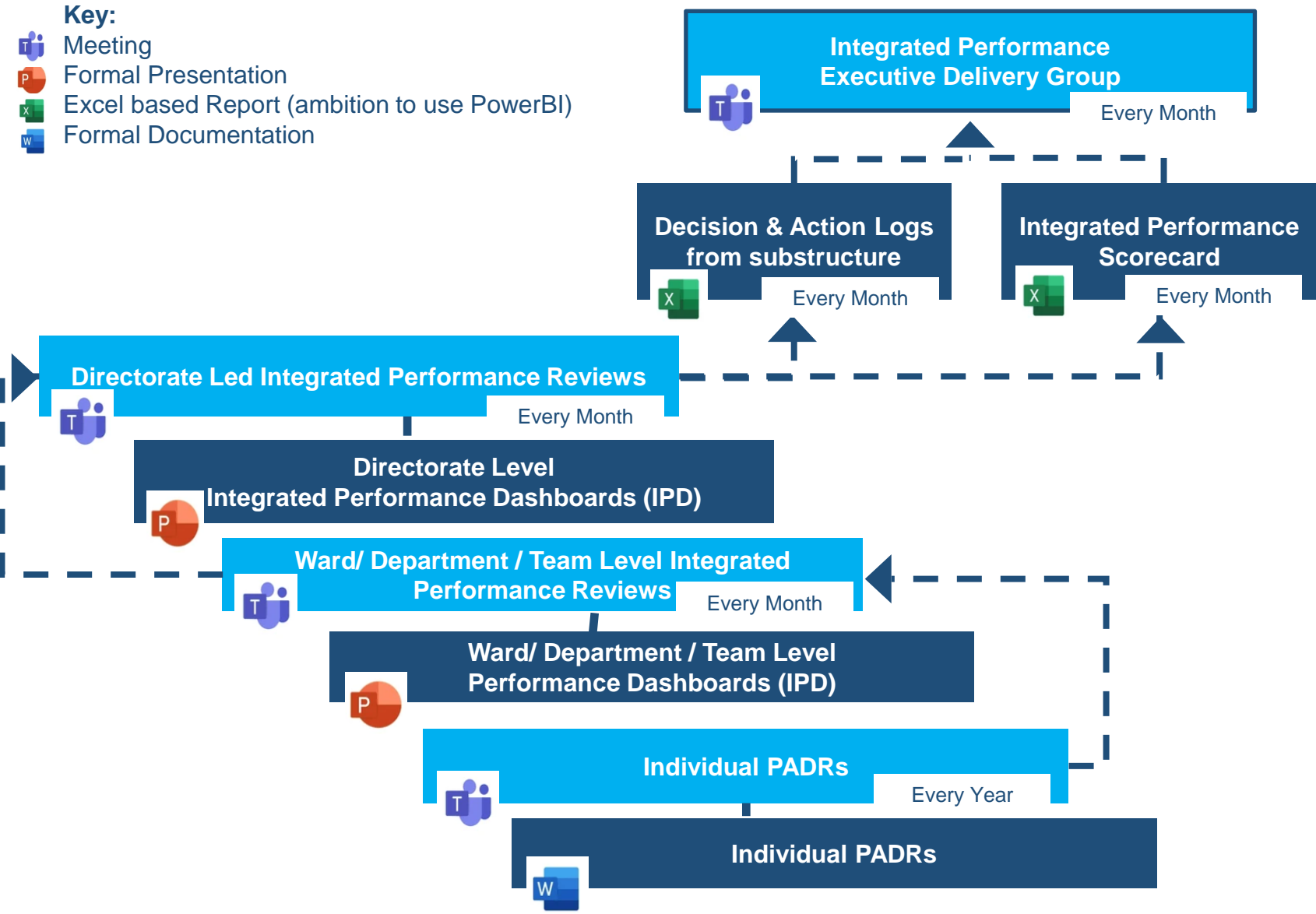
The IPR will be embedded as the ‘single version of the truth’ and used to report on performance to the Health Board, it’s scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally to Welsh Government. Once published for each Committee/Health Board, the report will be shared across the organisation via BetsiNet (internally), published externally on Betsi Cadwaladr University Health Board’s (BCUHB) external facing website and shared in parts or as a whole on other channels such as social media via our partners in BCUHB’s Communications Team.

# The Integrated Performance Reporting & Governance Superstructure



# The Integrated Performance Reporting & Governance Substructure

- Key:**
- Meeting
  - Formal Presentation
  - Excel based Report (ambition to use PowerBI)
  - Formal Documentation



**Note:** For Directorate, please think IHC, Pan-BCU services etc. Includes Corporate Services.

**Note:** There is a superstructure of reporting and governance that sits above this layer. See previous page.

## Integrated Quality & Performance Reports



Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD Welsh Government) and Joint Executive Team (JET).

## Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

## Integrated Performance Dashboards



Operational level performance dashboards with drill through capabilities. For end of month's submitted position. Ambition for production in PowerBI. – Produced by Digital, Data & Technology (DDAT) in partnership with the Performance 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.

# Common Acronyms and Abbreviations

Please see below a list of abbreviations commonly found within the report:

A&E	Accident and Emergency	LPMHSS	Local Primary Mental Health Support Services
AB	Aneurin Bevan Health Board	MH&LD	Mental Health and Learning Disabilities
ADHD	Attention Deficit Hyperactivity Disorder	MMR	Measles, Mumps and Rubella
ASD	Autistic Spectrum Disorder	NHS	National Health Service
BCU/BCUHB	Betsi Cadwaladr University Health Board	NR	non-recurrent
C&V	Cardiff and Vale University Health Board	PADR	Performance Appraisal and Development Review
Cmt	committee	PFIG	Performance, Finance, and Information Governance Committee
CRR	Corporate Risk Register reference	QSE	Quality, Safety, and Experience Committee
CTM	Cwm Taf Morgannwg University Health Board	R	recurrent
ENT	Ear, Nose, and Throat	SB	Swansea Bay University Health Board
GDS	General Dental Services	SM	Special Measures
GP	General Practitioner	WAST	Welsh Ambulance Services NHS Trust
HDda	Hywel Dda University Health Board	WG	Welsh Government
HEIW	Health Education and Improvement Wales	YTD	year to date
IHC	Integrated Health Community		

This report has been produced on behalf of the **Health Board** by the **Performance & Commissioning Directorate** in partnership with:

- Integrated Health Communities (West, Centre & East)
- Digital, Data & Technology Directorate (DDAT)
- Workforce & Organisational Development Directorate (WOD)
- Adult Mental Health & Learning Disabilities Directorate (AMH&LD)
- Children & Young Adolescent Mental Health Services Directorate (CAMHS)
- Women's Services Directorate (WS)
- Public Health
- Finance Directorate
- Office of the Medical Director (OMD)
- Quality & Patient Experience Directorate (Q&PE)
- Equal Opportunities Team
- Corporate Risk Management Team
- Corporate Communications Team

...and the following as Senior Responsible Officers for the measures within their respective Executive Portfolios.

- Executive Director of Operations
- Executive Director of Finance
- Executive Director for Public Health
- Executive Director for People & Organisational Development
- Executive Director of Therapies and Health Sciences
- Executive Director of Strategic Planning & Transformation
- Executive Director of Nursing & Midwifery
- Executive Medical Director

Benchmarking information has been sourced (as identified) from NHS Benchmarking Network, Welsh Government and CHKS

## Integrated Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance for further details regarding this report. And further information on our performance can be found online at:

- Our website [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuwb



<http://www.facebook.com/bcuhealthboard>



<b>Teitl adroddiad:</b> <i>Report title:</i>	Capital Update and Programme for 2025 - 2030			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 27 March 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>In accordance with the Standing Financial Instructions the Health Board is required to approve an annual capital plan prior to the commencement of the financial year.</p> <p>The purpose of this report is to present the draft five-year capital programme for the period 2025/26 to 2029/30 and in particular the investments prioritised for 2025/26.</p> <p>The paper also updates on the approach for anti-ligature priorities, and bids for targeted estates funding.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The committee is asked to receive and support the draft programme.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Russell Caldicott - Interim Executive Director of Finance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Daniel Eyre – Head of Capital Development			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <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>	<b>Rhannol Partial</b> <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>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b>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:</b>				

<p>The draft programme has been developed from the priorities identified by the IHCs, regional services and capital programme sub-groups and prioritised in accordance with the agreed criteria.</p>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i></p>	<p>The capital programme is in accordance with the Integrated Medium-Term Plan (IMTP) and Estate Strategy.</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i></p>	<p>In accordance with the Standing Financial Instructions the Health Board is required to approve an annual capital plan prior to the commencement of the financial year. The purpose of this report is to present for support the draft five-year capital programme for the period 2025/26 to 2029/30 and in particular the investments prioritised for 2025/26.</p>
<p><b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></p>	<p>No</p> <p>Equality Impact (EqIA) and a socio &amp; economic (SED) impact assessments not applicable.</p> <p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social &amp; Economic impact assessments on a capital project by project basis.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>Without an agreed capital programme there is a risk that the Health Board may be unable to meet its' defined operational objectives and will not meet its' CRL.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i></p>	<p>The draft programme will be funded from a combination of the confirmed discretionary capital funding and the All-Wales Capital Fund (subject to business case).</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>No</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <i>Feedback, response, and follow up summary following consultation</i></p>	<p>The draft programme has been presented to a PFIG development session on the IMTP financials formation aligned to the plan and recommended for endorsement by the Executive Team.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p><b>Board Assurance Framework</b></p> <p>BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety</p>

	<p>BAF 21-03, Primary Care  BAF 21-04, Timely access to planned care  BAF 21-01, Safe and effective management of unscheduled care  BAF 21-06, Safe and effective mental health service delivery  BAF 21-16, Digital estate and assets  BAF 21-17, Estates and assets development  BAF 21-20, Development of IMTP  BAF 21-21, Estates and assets</p> <p><b>Corporate Risk Register:</b></p> <p>20-01, Asbestos management and control  20-03, Legionella management and control  20-04, Noncompliance of fire safety systems  20-06, Informatics – patient records pan BCU  20-07, Informatics – capacity, resource and demand  20-11, Informatics – cyber security</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Camau Nesaf:</b>  <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• Progress with delivery of capital programme. Process to be managed via Capital Planning Management Team and Capital Investment Group and to commence April 1<sup>st</sup> 2025.</li> </ul>	
<p><b>List of Appendices:</b></p> <ol style="list-style-type: none"> <li>1) Draft capital programme 25-26v2</li> <li>2) NHS - All Wales Capital Prioritisation – Capital Plan (Scheme Specific Elements)</li> <li>3) NHS - All Wales Capital Prioritisation – Capital Plan (core requirements)</li> <li>4) Targeted Estates Fund (TEF) SESN 24-18 bilingual</li> <li>5) Targeted Estates Fund Bids</li> </ol>	

## Capital Programme 2025 - 2030

### 1. Introduction/Background

In accordance with the Standing Financial Instructions the Health Board is required to approve an annual capital plan prior to the commencement of the financial year. The purpose of this report is to present for support the draft five year capital programme for the period 2025/26 to 2029/30 and in particular the investments prioritised for 2025/26.

### 2. Approved Funding

The Health Boards capital programme comprises a number of potential funding sources, namely the All Wales Capital Programme, grant support, discretionary capital, property sale receipts and charitable funding.

The following indicates the funding available for 2025/26 based upon the following assumptions:

1. An assessment of the expected carried forward discretionary commitments.
2. WG have confirmed that there will be a separate funding allocation in support of “*Targeted Estates Fund in the NHS Estate in Wales*” (TEF Programme) in 2025/26 and 2026/27, with an all wales budget as below.

Category		2025-26 £m	2026-27 £m
1	Infrastructure - All Risks	18	18
2	Fire Safety	5	5
3	Mental Health	5	5
4	Decarbonisation	6	6
5	Infection Prevention Control	3	3
6	Decontamination	3	3
	<b>Total</b>	<b>40</b>	<b>40</b>

The plan will be implemented through NWSSP-SES, potential bids are being worked through by Estates and Capital Departments. Health Boards are required to provide 30% support from their discretionary allocation, which has been included in the Estates prioritisation for BCU this is currently estimated at £2.00m for 2025/26. Health Boards are to submit bids by the 31 January 2025, with successful bids confirmed by Welsh Government by March 14 2025. BCU bids will be aligned to priorities included with Appendix A, and those included on previous ‘Estates Facilities Advisory Board’ bids.

3. Welsh Government (WG) have confirmed discretionary allocation of £17.000m this is an increase of £2.579m from 2024/25.
4. In determining the discretionary funding available for 2025/26 it should be noted that £TBCm (estimated) of All Wales funding is to be re-provided from our discretionary allocation.
5. In determining the discretionary funding available for 2025/26 it should be noted that £1.500m (estimated) of schemes committed during 2024/25 is to be re-provided from our discretionary allocation.

During 2025/26 programme leads will be required to have 'slippage schemes' ready. This would be in the order of 25% of their programme to allow for potential slippage and recognising that WG have consistently provided additional in-year funding, and taking account of the All Wales element to be funded from discretionary.

### 3. Development of the draft Capital Programme

This paper addresses the Health Board's programme for spending its discretionary allocation. Major capital schemes, such as the Adult and Older Persons Mental Health Unit at Glan Clwyd, and the Royal Alexandra Hospital, are funded via the all-Wales Capital Programme and the Health and Social Care Integration and Rebalancing Capital Fund (IRCF). These schemes are included in the Health Board's annual plan, and the individual business cases are approved for submission the by Board.

In terms of the discretionary capital guidance was sent to all IHCs, regional services and core programme leads on the development of capital plans and the prioritisation of the associated capital investment in the short (annual) and medium term cycle.

All proposals were required to demonstrate that they will:

- Address the major risks
- Improves the quality of care/health outcomes (supports service transformation)
- Ensure the estate is sustainable
- Ensures the estate is affordable (supports financial recovery)

It was recognised that capital investment may be required to support some of the proposals. In determining capital priorities IHCs, regional services and core programme leads were required to review potential investment requests and score each against the following criteria:

Criteria	Objective	Definition	Scoring criteria	Score
Address major risk	Reduces risk	Meets identified corporate or division/department risk <b>(as identified on Risk Register)</b> .	Related to assessment of risk and urgency: does not reduce risk or risk rated as low, medium or high	0,2,4 or 6
Ensure the asset is sustainable	Meets KPIs	Supports the delivery of agreed KPIs	No or yes	0 or 6
	Supports service continuity	Describe outcomes and benefits	Ability to meet national or local targets as defined within the operational plan	0 or 6
Supports Health Board priorities, including a focus for safe environment for patients and staff		Describe outcomes and benefits	Ability to meet local targets as defined within the operational plan	0 or 6

Supports financial sustainability	Cost avoidance or cash releasing	Ability to avoid/reduce cost or release cash	0, 3 or 6
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Initial capital bids were received from all IHCs, regional services and core programmes to a total value of approximately £67.85m. The bids were assessed against the agreed criteria and ranked. Further work was undertaken to refine the capital bids initially received and develop an affordable programme based upon risk and the Health Boards operational needs (as defined in the draft IMTP).

How did we get to the draft proposal?

Submissions from divisions being IHC East, IHC Central, IHC West, Womens, NWMCS, Cancer Services, Dental, Stroke and MHLA have been sorted on the order of criteria detailed below.

Order of priority

1. Supports health board priority (scored) focus on safe environment for patients and staff
2. Prioritisation from workstream lead (ranked)
3. Address Risk (scored)
4. Cost of project (largest to smallest)
5. Meets KPI's (scored)
6. Support service continuity (scored)

A subgroup made up of finance, estates, capital, and planning considered options for an appropriate distribution of the allocation, given competing pressures and limited funding. The group concluded that the following work streams would be considered separately to the divisions, due to size, scope and value of requests.

- Medical Devices – The Medical Devices Group has given oversight to their prioritisations.
- Estates – A prioritised list has been produced based on the departmental risk register
- For Informatics (DDAT) a prioritised list was provided.
- Facilities - Each IHC, provided a prioritised lists which have been drawn together.
- Anti-ligature priorities are under the oversight of the Mental Health division.
- A contingency has been included to manage variations and pressures to the programme.

The attached draft programme therefore seeks to be a balance of compliance/replacement and support for service transformation/development priorities as the draft IMTP. It aligns with the BCU Estate Strategy and provides targeted investment to support mitigation of the current compliance risks. The 2023 estates strategy articulates the challenge of a £240m risk adjusted backlog maintenance pressure.

The programme looks to the medium term rather than be limited to the short-term and is over a period of 2-5 years and prioritised in accordance with the identified ranking and the expected affordability. Finally, the programme also includes details of our priorities for TEF and All Wales Capital (details on the TEF projects are to be confirmed).

The key elements of the programme including the divisional priorities are summarised as follows, also appendix A includes the complete list of £67.85m, while the prioritisation of capital spend has been based on the 2 year plan it may be necessary to bring forward one of the items due to increased risk or equipment failure, any variations will be reported through Capital Planning Management Team and the Capital Investment Group.

## Proposed Discretionary Programme

Discretionary Capital - 2025/26	Total bids for 2025/26 year £m's	2023/24 £m's	2024/25 £m's	2025/26 £m's	2026/27 £m's	% Spend against total	Comments
Divisions	27.55	5.80	3.02	3.37	5.88	12%	Based on a 5 year + plan
Antiligature	6.00		1.66	1.00	1.00	17%	Allocation to be ring-fenced, additional funding may be received from WG.
Medical Devices	11.87	3.08	1.90	3.55	3.55	30%	Based on a 4 year plan
Informatics	9.05	3.02	3.40	3.04	3.65	34%	Based on a 3 year plan
Building's Infrastructure works (Estates)	7.34	2.32	2.50	3.45	3.41	47%	Includes £2m TEF contribution, IPC support to be agreed.
Facilities	4.04		0.44	0.55	0.95	14%	Based on a 4 year plan
Capital expenditure brokerage from 2024/25	1.50		1.00	1.50	1.00	100%	Estimated to be confirmed at month 12
Contingency	0.50		0.55	0.55	0.56	109%	
<b>TOTAL</b>	<b>67.85</b>	<b>14.21</b>	<b>14.47</b>	<b>17.00</b>	<b>20.00</b>		

2 Year Programme	Description	Estimated cost £m	2025/26 £m	2026/27 £m
<b>Divisions</b>				
YG Pharmacy & Medicines -	Medication Storage and security in the Pharmacy	0.080	0.080	
YGC Endoscopy	Decontamination services	0.638	0.350	
WMH Facilities	Upgrade of the kitchen	1.412	0.297	0.134
YGC - NWCTC	Replacement of nurses station - Enfys Ward	0.022	0.022	
MH West	Structural remedial works to villas 1 & 4, Tan Y Coed	1.040	0.400	0.640
Colwyn Bay	Third Surgery and IPC Decontamination Upgrade	0.100	0.100	
YG Expansion of Ophthalmology OPD	Expansion of Ophthalmology OPD	1.100	0.500	0.600
YGC Neurodevelopment	Neurodevelopmental Service Hub based at the Disability Resource Centre YGC	0.275	0.275	
WMH	Plas Gororau Accommodation	4.200	1.000	2.400
West	Replacement of all handwashing facilities	0.244	0.244	
YG	Audiology - Clinical accommodation	1.000	0.100	0.900
YGC - NWCTC	Replacement of call bell system on Enfys ward, Heulwen day unit	0.200		0.200
MH Centre	Hafod - Security improvements	0.012		0.012
West - Holyhead	IPC Decontamination upgrade	0.100		0.100
YG Emergency Care - EDOU	Five bed EDOU	0.400		0.400
Bryn Y Neuadd	BYN - Community Equipment Stores	0.250		0.250
WMH	Refurbishment works in Ty Derbyn for Respiratory Physiology	0.250		0.250
<b>Antiligature</b>	Full 3-5 Year programme of works in preparation	6.000	1.000	1.000
<b>Medical Devices</b>	Refer to full list tab "Medical Devices "	11.873	3.549	3.555
<b>Informatics</b>				
NWCTC - Cancer Services MDT	Replacement of Cancer MDT Equipment	0.024	0.024	
PAN BCU - Maternity and Womens Services	Digital Maternity Cymru (DMC) - DDaT Equipment Provision	0.136	0.136	
Therapies & Health Science	Therapy Manager	0.100	0.100	
Pan BCU	ESP - Cloud Server Infrastructure Capacity and Replacement Programme	0.550	0.550	
Pan BCU	ESP - Network Infrastructure Capacity and Replacement Programme including ESP - Telephony Infrastructure Hardware Replacement	2.372	1.000	1.372
Pan BCU	ESP - End User Devices	4.137	1.230	1.400
Pan BCU	Data Centre & Hub room Replacement	0.588		0.588
Pan BCU	Cyber Security - Migration of Legacy Systems	0.250		0.250

YG- Pharmacy & Medicines Management	ARiM Automation dispensing software replacement to PicCore and PicLight	0.040		0.040
<b>Estates</b>				
Pan	Fire Safety Compliance	0.450	0.450	
West	YG - Fire Compliance	0.500	0.500	
EFAB	30% Cost to Support EFAB	2.000	2.000	
Pan	Contingency Pot - in year failure of critical infrastructure	0.500	0.500	
Pan	Upgrade of electric systems	0.100		0.100
Pan	Upgrade of roofing	0.200		0.200
Central	YGC - Improve resilience of steam provision to Sterile	0.450		0.450
West	YG - Upgrade plate heat exchangers	0.025		0.025
Central	YGC - Upgrade of Street lighting	0.040		0.040
Pan	Safe clean care programme	0.350		0.350
West	YG - Main Stairwells building fabric	0.060		0.060
Central	Colwyn Bay Hospital - Upgrade Lift	0.100		0.100
Central	YGC - Upgrade Roof insulation and extract system within laundry	0.500		0.500
East	WMH - River defence improvement works	0.060		0.060
Pan	Residential Accommodation	0.500		0.500
Pan	Programme of works to mitigate impact on Waste Legislation	0.150		0.150
East	WMH - Upgrade heating boiler within EMS	0.250		0.250
East	WMH - Upgrade of Medical Vac plant	0.100		0.100
East	WMH - Upgrade of Medical Air Plant	0.100		0.100
West	Alltwen - Upgrade of automatic doors	0.025		0.025
Central	YGC - Upgrade Ventilation Plant	0.200		0.200
East	WMH - Upgrade of Ventilation Plant	0.200		0.200
<b>Facilities</b>				
Catering	BYN Kitchen Replacement - improvement of the temporary facility in BYN	0.040	0.040	
Residential	Refurbishment of the residential accommodation (rolling from 23/24)	0.400	0.400	
Catering	Combination Oven	0.012	0.012	
Catering	Brat Pan, YG - Replacement due to being beyond repair	0.008	0.008	
Residential	Upgrade of Residential Block 3	0.600		0.600
Portering	Replacement of tow tug/tractor	0.018	0.018	
Portering	Purchase of Electric Utility Vehicle for on-site deliveries and collections	0.038	0.038	
Portering	Purchase of stores trailer to go out electric utility vehicle	0.015	0.015	
Facilities	Ruthin Hospital - Replacement Dishwasher	0.011	0.011	
Facilities	Replacement of a second tumble dryer	0.006	0.006	
Catering	Boiler Direct Steam YG	0.013		0.013
Portering	Transit Van for movement of medical records across YGC	0.067		0.067

Catering	Food Mixer 20lts	0.008		0.008
Catering	Bryn Beryl - Induction Stove / oven range conversion to electric	0.025		0.025
Catering	Patient meal trolleys heated x 2	0.038		0.038
Domestic Services	High level disinfection UVC	0.029		0.029
Catering	Boiler Direct Steam YG	0.013		0.013
Domestic Services	High level disinfection - Hydra Machine	0.010		0.010
Catering	Merry Chef (Rapid Oven)	0.007		0.007
Catering	Cefni Hospital - Dishwasher - beyond economical repair	0.008		0.008
Facilities	replacement of 2 x washing machines	0.022		0.022
Facilities	2 x additional office facilities management	0.014		0.014
Catering	BYN - Burlodge Regen Trolley	TBC		TBC
Catering	TGC Catering servery alterations and equipment replacement	0.060		0.060
Catering	YPS - Stove / Oven range Replacement beyond repair	0.006		0.006
Catering	Cefni Hospital - Stove / oven range replacement	0.006		0.006
Catering	YG - Wall Cladding	0.030		0.030
<b>Ward Improvements</b>			0.000	0.000
<b>Brokerage</b>			1.500	1.000
<b>Contingency</b>			0.546	0.560

**17.000**      **20.000**

The programme seeks to mitigate/reduce the following top risks:

### **Board Assurance Framework**

BAF 21-09, Infection prevention control  
BAF 21-12, Security services  
BAF 21-13, Health and safety  
BAF 21-03, Primary Care  
BAF 21-04, Timely access to planned care  
BAF 21-01, Safe and effective management of unscheduled care  
BAF 21-06, Safe and effective mental health service delivery  
BAF 21-16, Digital estate and assets  
BAF 21-17, Estates and assets development  
BAF 21-20, Development of IMTP  
BAF 21-21, Estates and assets

### **Corporate Risk Register:**

20-01, Asbestos management and control  
20-03, Legionella management and control  
20-04, Noncompliance of fire safety systems  
20-06, Informatics – patient records pan BCU  
20-07, Informatics – capacity, resource and demand  
20-11, Informatics – cyber security

The programme also seeks to address tier 2 and 3 risks as identified by divisions and departments. Finally the programme proposes investment to increase capacity and reduce

risks with respect to safe sustainable services, timely access to planned care and mental health & learning disabilities services.

Details of the draft five year programme are included in the appendix. The programme includes discretionary and All Wales Funding. Whilst there is certainty for year 1 (2024/25), years 2 to 5 are indicative and will be subject to review and agreement prior to the relevant financial year.

The carried forward allowances are based upon known commitments but this may change as we seek to maximise year end expenditure.

Additional funding within the 2024/25 funding has permitted some fee and equipment to be brought forward in management of year end CR, therefore a final outturn and update for this plan will be confirmed in the Capital Investment Group in March.

#### 4. Ant-ligature Prioritisation

Over recent years the health board have set aside funding and resource in support of the reduction of ligatures across the health board. During November 2024 an updated list was received from the division.

Resolution to these matters can be challenging due to option appraisal and design solutions, access, and long delivery timescales for bespoke solutions and materials. Given the above challenges it's be agreed to develop a full programme of works to complete the works.

Using 2024/25 recourse a team have been appointed to provide this programme by March 2025, the team is made of client leads, project management, design support, cost advisors to support the preparation of the programme. The cost to complete the remaining items is in the region of £4-6m, and would take about 3 years to delivery, subject to funding and access.

The programme will allow a clear action plan while providing the basis for monitoring the capital ask, while being flexible to use additional capital funding when available.

#### 5. Targeted Estates Fund – Bids Summary

<b>Estates</b>	<b>Category totals</b>	<b>Requested budget (£m) Year 1</b>	<b>Requested budget (£m) Year 2</b>
	<b>Estates Infrastructure</b>	<b>6.199</b>	<b>5.769</b>
	<b>Fire Safety</b>	<b>2.435</b>	<b>2.900</b>
	<b>Decarbonisation</b>	<b>0.752</b>	<b>2.899</b>
	<b>Infection Prevention Control</b>	<b>0.850</b>	<b>0.850</b>
	<b>Decontamination</b>	<b>0.775</b>	<b>1.082</b>
	<b>Mental Health</b>	<b>2.026</b>	<b>2.111</b>
	<b>Total TEF Funding budget</b>	<b>13.037</b>	<b>15.611</b>
	<b>Health Board Contribution (30%)</b>	<b>3.911</b>	<b>4.683</b>

- Acceptance of bids would be subject to the Health Board confirmation of 30% support.

## **6. Next steps**

- Progress with delivery of capital programme. Process to be managed via Capital Planning Management Team and Capital Investment Group and to commence April 1<sup>st</sup> 2025.



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

<b>Board Date</b>	27/03/2025		
<b>Date of Committee</b>	04/03/2025	<b>Report of:</b>	Audit Committee
<b>Quoracy met:</b>	Yes		
<b>1</b>	Agenda	The Audit Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: <a href="#">Audit Committee - BCUHB</a>	
<b>2a</b>	Alert	<p>The Audit Committee wish to alert members of the Board that:</p> <ol style="list-style-type: none"> <li>1. The Audit Committee Terms of Reference were noted and approved and are attached to the report for consideration by the Board Page 232 <a href="http://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/audit-committee/audit-committee-agenda-bundle-040325-v300/">bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/audit-committee/audit-committee-agenda-bundle-040325-v300/</a></li> <li>2. The amendments to the Standing Orders following the letter from Welsh Government. Page 138 <a href="http://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/audit-committee/audit-committee-agenda-bundle-040325-v300/">bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/audit-committee/audit-committee-agenda-bundle-040325-v300/</a></li> <li>3. The Counter Fraud Policy and work plan was approved.</li> <li>4. The losses and special payments were approved</li> <li>5. Internal Audit Plan, Audit Mandate and Charter were approved and a follow up review of the Internal Audit Report on Falls was requested given Health and Safety Executive (HSE) investigations.</li> <li>6. That there a misalignment of Electronic Staff Record with the approved financial establishment, this is being reviewed urgently.</li> </ol>	
<b>2b</b>	Assurance	<p>The Audit Committee wish to assure members of the Board that:</p> <ol style="list-style-type: none"> <li>1. The Corporate Risk Register was reviewed in detail</li> <li>2. It supported changes to the Standing Orders (SO) and the Scheme of Delegation</li> <li>3. The final Accounts Memorandum was reviewed for ongoing presentation to the Board.</li> </ol>	
<b>2c</b>	Advise	<p>The Audit Committee wish to advise members of the Board that:</p> <ol style="list-style-type: none"> <li>1. The Executive were asked to take some time to consider the matter of Information Governance and Records Management and identify best practice, ensure that risks are logged and in due course bring the item back to the Committee.</li> <li>2. Reasonable assurances on the recent internal audits were received.</li> </ol>	
<b>2d</b>	Review of Risks	A detailed review of the Corporate Risk Register took place. Feedback on dates and actions were given.	

<b>2e</b>	Sharing of learning	No learning to be shared.
<b>3</b>	Actions to be considered by the Quality and Safety Committee	The number of LFER claims outstanding is 86 this needs to be monitored.



<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>CORPORATE GOVERNANCE REPORT</b>			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 27 March 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The objective of this report is to provide the Board with an update on key Corporate Governance matters and to provide an update to the Board on a range of corporate governance matters as well as assurance. As this report develops, a regular Corporate Governance Report will be reported through the Audit Committee and key updates directly to the Board.			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of the report;</li> <li>• <b>RATIFY</b> the Chair's Action dated 18 March 2025</li> <li>• <b>NOTE</b> the matters considered in the Private Board meeting on 30 January 2025; and</li> <li>• <b>RATIFY</b> the approved Clinicians and Section 12(2) Doctors across Wales.</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger – Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Authors:</i>	Philippa Peake-Jones – Head of Corporate Affairs			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <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	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence /</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>

	<i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>evidence in delivery of existing mechanisms / objectives</i>	
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><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></b></p>			
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<p>This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.</p>		
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></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><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b></p>	<p>This is not applicable for this report.</p>		
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>This is not applicable for this report.</p>		
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>			
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></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><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to have effective Corporate Governance can impact adversely on the workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>CRR-16 – Leadership/Special Measures</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>To continue to improve and report on Corporate Governance</li> </ul>	
<p><b>List of Appendices:</b></p> <p><b>Supporting Pack</b> Appendix 1 – Approved Clinicians and Section 12(2) Doctors Appendix 2 – Section 12(2) Doctors (All Wales).</p>	

## CORPORATE GOVERNANCE REPORT

### 1. INTRODUCTION

The purpose of this report is to provide the Board with an update on key corporate governance matters.

### 2. ANNUAL BUSINESS CYCLE 2025-26

The Business Cycle for the Board is for 2025-26 is being reviewed to ensure that it aligns with the deliverables in the Integrated Medium Term Plan which is the agenda for Board approval.

### 3. URGENT ACTION

The Health Board 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 has been one Chair's Action as follows:

Date	Subject	Financial Implications	Additional Information	Supported by
18/03/25	Request for authority to proceed with the purchase of a building and affixing of the seal as the value is above £0.5m	Commercially Sensitive	<ul style="list-style-type: none"><li>• Authorise the Chair and Chief Executive Officer to execute the contract for the purchase of the Building.</li><li>• Authorise the relevant officers of the Health Board to conclude contract and commercial agreements within the parameters reported in the IRCF application approved by the RPB on 1<sup>st</sup> September 2024 and presented to PFIG on 25<sup>th</sup> February 2025.</li><li>• Authorise the relevant officers of the Health Board to instruct our solicitors to exchange and complete on the purchase of the Building.</li><li>• Receive an update at the Health Board on 27<sup>th</sup> March 2025.</li></ul>	All Independent Members

#### 4. SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 30<sup>TH</sup> JANUARY 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 30<sup>th</sup> January 2025:

Agenda Item	Subject (including narrative)	Financial Implications	Board Resolution
25/33	Private Quality Report	Nil	The Board <b>NOTED</b> the report
25/35	Digital Maternity Business Case	Commercially Sensitive	The Board <b>SUPPORTED</b> to procure a commercial off the shelf (COTS) solution – “Best of Breed” as a Direct Award, in line with Welsh Government instruction.
25/36	Nuclear Medicine	None at the current time	The Board <b>APPROVED</b> the Outline Business Case subject to clarity of funding from the Joint Commissioning Committee (JCC).
25/37	Cisco Network and Wireless Hardware Order	Commercially Sensitive	The Board <b>APPROVED</b> the procurement of essential network and wireless hardware
25/38	High Value Claim	Commercially Sensitive	The Board <b>APPROVED</b> settlement of damages up to the noted ceiling; <ul style="list-style-type: none"> <li>• <b>APPROVED</b> further interim payments on account of costs as advised by Legal and Risk Services;</li> <li>• <b>APPROVED</b> future settlement of reasonable costs as advised by Costs Draftsman.</li> </ul>
25/39	High Value Claim	Commercially Sensitive	The Board <b>APPROVED</b> settlement of damages up to the noted ceiling (plus any NHS charges); <ul style="list-style-type: none"> <li>• <b>APPROVED</b> further interim payments on account of costs as advised by Legal and Risk Services;</li> <li>• <b>APPROVED</b> future settlement of reasonable costs as advised by Costs Draftsman.</li> </ul>

25/41	Ophthalmology Outsourcing	£2.63m	The Board <b>NOTED</b> the challenge faced within the Ophthalmology speciality in regards to patients waiting beyond 104 weeks for cataracts <b>APPROVED</b> an increase in the financial contractual award to enable the treatment of the full cohort of 1,200 cataract surgeries by March 31, 2025. <b>APPROVED</b> further commissioning of services for a value for outsourcing of cataract provision moving into 2025/26. To ensure patients requiring bilateral cataract are serviced through the same provider (for continuity) whilst also providing capacity post March 2025 for patients whose waiting times will then exceed 104 weeks.
25/39	Accountable Officer Letter – Annual Plan	Nil	The Board <b>AGREED</b> with the proposal.
25/42	Further Measures for Cost Savings	Nil	The Board <b>NOTED</b> the report
25/43	Update on Electronic Health Records	Nil	The Board <b>NOTED</b> the report

## 5. LEGAL UPDATE

The Health Board, along with all other health boards, awaits judgment following the Judicial Review hearing earlier in the year relating to the Joint Commissioning Committee (JCC) decision regarding changes to the Emergency Medical Retrieval and Transfer Services (EMRTS).

A Judicial Review has been brought against the Health Board and Gwynedd Council relating to a patient's care and educational provision. This hearing is being heard in Cardiff on 11 and 12 March 2025.

The Health Board received one Regulation 28 Preservation of Future Deaths (PFD) Notice in February 2025. The Notice raised concerns that, whilst the medical consultant involved confirmed they contacted the tertiary centre for advice, no record of the discussion was made. The Executive Medical Director is taking a lead on coordinating the learning and response which is due by 18 April 2025.

The Health Board continues to prepare for the court hearing relating to a charge under the Health and Safety at Work etc Act 1974. The hearing is likely to be held in the next 2 months.

## 6. APPROVED CLINICIANS AND SECTION 12(2) DOCTORS – FEBRUARY 2025

The Board is asked to **note** and **ratify** the approvals in line with the requirements of the Welsh Government Guidance Document “Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians”, the NHS Wales Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018 and the “All Wales Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals” document. The following appendices are included in the **supporting pack**.

- **Appendix 1:** Approved Clinicians (All Wales)
- **Appendix 2:** Section 12(2) Doctors (All Wales).

## 7. RECOMMENDATIONS

The Board is asked to:

- **NOTE** the contents of the report;
- **RATIFY** the Chair’s Action dated xxx
- **NOTE** the matters considered in the Private Board meeting on 30 January 2025;  
and
- **RATIFY** the approved Clinicians and Section 12(2) Doctors across Wales.

<b>Teitl adroddiad:</b> <b>Report title:</b>	Corporate Risk Register
<b>Adrodd i:</b> <b>Report to:</b>	Health Board
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Thursday, 27 March 2025
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register (Appendix 2).</p> <p>The Board is asked to note changes approved by the Executive Team:</p> <ul style="list-style-type: none"> <li>• <b>Target dates extensions:</b> <ul style="list-style-type: none"> <li>○ Patient Safety</li> <li>○ Failure to embed learning</li> <li>○ Health and Safety</li> </ul> </li> <li>• <b>Risks for closure:</b> <ul style="list-style-type: none"> <li>○ CRR24-12 'Areas of Clinical Concern' – Risk has been closed and 7 new clinical Corporate Risks have been developed and approved by the relevant Executive:</li> </ul> </li> <li>• <b>Risks opened:</b> <ul style="list-style-type: none"> <li>○ CRR24-20 – Oncology Service</li> <li>○ CRR24-21 – Ophthalmology Service</li> <li>○ CRR24-22 – Orthodontics Service</li> <li>○ CRR24-23 – Vascular Service</li> <li>○ CRR24-24 – Renal Service</li> <li>○ CRR24-25 – Dermatology &amp; Plastic Surgery Service</li> <li>○ CRR24-26 – Urology Service</li> </ul> </li> <li>• <b>Score Reductions:</b> <ul style="list-style-type: none"> <li>○ CRR24-18 'Operational Planning for Transmittable Diseases and Outbreaks' – Following Deep Dive of the risk at the Risk Scrutiny Group November 2024 meeting and subsequent discussion at Executive Team the risk score for the risk has been reduced from a current score of 20 (Impact 4 x Likelihood 5 = 20) to a current score of 16 (Impact 4 x Likelihood 4 = 16). This paper reflects this approved change.</li> </ul> </li> </ul> <p><b>To note:</b> Good progress on actions; Of the 24 Corporate Risks, 160 actions have been developed to mitigate the risks 26 actions have been completed since Nov 24 report, 117 actions are progressing and on track, with 15 new actions identified.</p> <p>Appendix 1 – Corporate Risk Register Dashboard          Appendix 2 - Full Corporate Risk Register as of January 2025.</p>
<b>Argymhellion:</b> <b>Recommendations:</b>	<p>The Board is asked to <b>receive</b>:</p> <ol style="list-style-type: none"> <li>1. The Corporate Risk Register as reported to Risk Scrutiny Group/ Executive Team and Committees January 2025</li> </ol>
<b>Arweinydd Gweithredol:</b>	Pam Wenger, Director of Corporate Governance

<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Nesta Collingridge Head of Risk Management			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	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"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	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><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><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: N/A</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	Detailed in the BAF report and how the CRR aligns to the revised BAF			
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	Not applicable for this report			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></b>	Not applicable for this report			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	Board Assurance Framework due for review			
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>	The effective and efficient mitigation and management of risks has the potential to			

<p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>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, less waste and no claims.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>Quality assurance by Corporate Risk Management Team and some have been updated and presented to Risk Scrutiny Group, Executive Team and relevant Committees.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)</p>	<p>See the individual risks for details of the related links to the Board Assurance Framework.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b><i>Reason for submission of report to confidential board (where relevant)</i></b></p>	<p><b>Cyber risk CRR24-17 excluded from the paper</b></p>
<p><b>Camau Nesaf:</b></p> <p><b><i>Next Steps:</i></b></p> <ol style="list-style-type: none"> <li>1. Continued scrutiny of all corporate risks by Executive Team as per normal reporting cycle.</li> <li>2. Submission of Corporate Risks to Board.</li> </ol>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b><i>List of Appendices:</i></b></p> <ul style="list-style-type: none"> <li>• Appendix 1 – Corporate Risk Register Dashboard Jan 25</li> <li>• Appendix 2 – Corporate Risk Register Report Jan 25</li> </ul>	



# Corporate Risk Register & Risk Report





## Corporate Risk Register Report

### 1.0 Purpose

The purpose of this report is to provide an update to the Committee on the Corporate Risk Register.

### 1.1 Key Highlights

All risks have been reviewed and updated by the relevant services.

- **CRR24-02** ‘Patient Safety’ – Extend the target risk due date approved by the Executive Team from the 31/03/2025 to 30/09/2025.
- **CRR24-04** ‘Failure to embed learning’ – Extend the target risk due date approved by the Executive Team from the 31/03/2025 to 30/09/2025.
- **CRR24-15** ‘Health and Safety’ – Target date extend the risk due date from the 31/12/2025 to the 31/03/2026, as previously noted to RSG to allow sufficient time to complete and implement the actions identified, with some actions not due to commence until the new financial year 2025-26.

The following risks were subject to a deep dive at the January 2025 Risk Scrutiny Group where the group discussed and reviewed, the risks and were presented to the group by the relevant risk lead and service:

- **CRR24-09** – Primary Care
- **CRR24-19** – Community Care Provision

### 1.2 Changes in Score

Risk Ref	Reduced Risks	Lead Exec Director	Previous Risk Score	Current Risk Score
CRR24-18	Operational Planning for Transmittable Diseases and Outbreaks	Executive Director of Public Health	20 (September 2024)	16 (4x4)

### 1.3 New Risks

The risk(s) added to the Corporate Risk Register since the last update are:

Risk Ref	New Risks	Lead Exec Director	Current Risk Score (and IxL)
CRR24-20	Oncology Service	Interim Executive Medical Director	15 (3x5)
CRR24-21	Ophthalmology Service	Interim Chief Operating Officer	20 (4x5)



Risk Ref	New Risks	Lead Exec Director	Current Risk Score (and IxL)
CRR24-22	Orthodontic Service	Interim Chief Operating Officer	16 (4x4)
CRR24-23	Vascular Service	Interim Chief Operating Officer	16 (4x4)
CRR24-24	Renal Service	Interim Chief Operating Officer	16 (4x4)
CRR24-25	Dermatology & Plastic Surgery Service	Interim Executive Medical Director	15 (3x5)
CRR24-26	Urology Service	Interim Executive Medical Director	16 (4x4)

#### 1.4 Overdue/Delayed Actions

The corporate risk register report was produced at the beginning of January 2025 which did not note any actions as 'overdue' however several actions are noted for being due end of January 2025.

As per the normal cycle of reporting, the March 2025 updates are being sought for current updates on all of these actions. The status of these actions will be included in the next update/iteration of the risk register.

#### 1.5 Risks above Health Board 24/25 appetite

Eight risks reported to committee score **above** the tolerance range set in the appetite.

Risk Ref	Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR24-05	Financial Sustainability	Executive Director of Finance	20	Financial 15-19
CRR24-06	Suitability and Safety of Sites	Executive Director of Finance	20	Quality 15-19
CRR24-09	Primary Care	Interim Chief Operating Officer	20	Quality 15-19
CRR24-10	Urgent and Emergency Care	Interim Chief Operating Officer	20	Quality 15-19
CRR24-11	Planned Care	Interim Chief Operating Officer	20	Quality 15-19
CRR24-13	Timely Diagnostics	Interim Chief Operating Officer	20	Quality 15-19
CRR24-19	Community Care Provision	Executive Director of Transformation and Strategic Planning	20	Quality 15-19

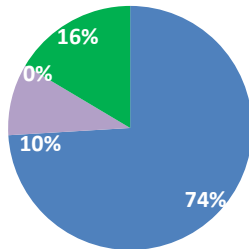


Risk Ref	Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR24-21	Ophthalmology Service	Interim Chief Operating Officer	20	Quality 15-19

## 1.6 Action Plan status of Corporate Risks

### ACTION STATUS OF CORPORATE RISKS

■ Progressing      ■ New Action  
■ Overdue            ■ Completed



Of the 24 Corporate Risks, 160 actions have been developed to mitigate the risks 26 actions have been completed, 117 actions are progressing and on track, with 15 new actions identified. No actions are overdue (beginning of January 25).

### Next steps

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board

## Appendix 1 – Corporate Risk Register Dashboard Jan 2025

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoW	CRR24-01	People, Culture and Wellbeing	4 x 4 = 16 ↔	8	Quality Open 15-19	People & Culture Committee	Opened Dec 23. 12 actions identified, 2 completed, 6 progressing with 4 progressing with revised due dates.  Previous revision (Extended the Target risk due date to allow sufficient time to complete and implement identified actions, from the 31/12/2025 to the 31/03/2026)
EDoN	CRR24-02	Patient Safety	4 x 4 = 16 ↔	12	Quality Open 15-19	Quality, Safety and Experience Committee	Opened Dec 23. Risk revised to become broader patient safety risk, 4 actions identified, 1 completed, and 3 actions progressing (1 with revised due dates).  <b>Proposal to extend target risk due date from 31/03/2025 to 30/09/2025.</b>
EDoN	CRR24-04	Failure to Embed Learning	5 x 3 = 15 ↔	5	Quality Open 15-19	Quality, Safety and Experience Committee	Opened Dec 23, 5 actions identified, 1 completed, 1 progressing with revised due date and 3 new action identified.  Reduction in current risk score from 20 to 15 – September 2024. Previous revision (Proposal to extend target risk due date from 31/03/2025 to 30/09/2025)
EDoF	CRR24-05	Financial Sustainability	4 x 5 = 20 ↔	12	Financial Open 15-19	Performance, Finance and Information Governance Committee	Risk score has remained at 20 since opened in March 2023, updated to reflect current financial year. 1 progressing action ongoing.  <b>Risk Score above tolerance set in risk appetite.</b>
EDoF	CRR24-06	Suitability and Safety of Sites	4 x 5 = 20 ↔	12	Quality Open 15-19	Performance, Finance and Information Governance Committee	Opened March 24, 4 actions identified, 4 progressing  <b>Risk Score above tolerance set in risk appetite.</b>

CDIO	CRR24-07	Fragmented Patient Care Record	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened Dec 23, 8 actions identified, 6 progressing (with 2 revised dates) and 2 new actions.  Reduction in current risk score from 20 to 16 – September 2024.
EDoPH	CRR24-08	Delivering a population health approach to health and wellbeing	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened Nov 2023. 8 actions identified, 1 completed, 6 progressing (with 2 revised dates), with 1 new action identified.  Reduction in current risk score from 20 to 16 – September 2024.
EDoO	CRR24-09	Primary Care	4 x 5 = 20 ↔	12	Quality Open 15-19	Quality, Safety and Experience Committee	Opened Feb 24, 7 actions identified, all 7 progressing, with 3 revised due dates.  The <b>inherent and current risk scores are both 20</b> , indicating the controls are not yet reducing the risk.  <b>Risk Score above tolerance set in risk appetite.</b>
COO	CRR24-10	Urgent and Emergency Care	5 x 4 = 20 ↔	12	Quality Open 15-19	Performance, Finance and Information Governance Committee	Opened Feb 24, 5 actions progressing, with 2 revised dates.  <b>Risk Score above tolerance set in risk appetite. Inherent impact score of 5 revised from 4 to 5 and likelihood of 5 to 4. Overall score remains the same.</b>
COO	CRR24-11	Planned Care	5 x 4 = 20 ↔	8	Quality Open 15-19	Performance, Finance and Information Governance Committee	Opened Feb 24, 5 actions identified, 3 progressing, with 1 action completed.  <b>Risk Score above tolerance set in risk appetite.</b>
COO	CRR24-13	Timely Diagnostics	5 x 4 = 20 ↔	5	Quality Open 15-19	Quality, Safety and Experience Committee	Opened Feb 24, 6 actions progressing, with 1 revised date.  <b>Risk Score above tolerance set in risk appetite. Inherent impact score of 5 revised from 4 to 5 and likelihood of 5 to 4. Overall score remains the same.</b>

EDoTH	CRR24-14	Harm from the Medical Devices/ Equipment	4 x 4 = 16 ↔	8	Quality Open 15-19	Quality, Safety and Experience Committee	Opened Feb 24, 4 actions identified, all 4 progressing with revised due dates.
EDoW	CRR24-15	Health and Safety	4 x 4 = 16 ↔	8	Regulatory Seek 20-25	People & Culture Committee	Opened Nov 2023. 10 actions identified, 8 progressing, with 2 actions not yet commenced.  Extended the Target risk due date to allow sufficient time to complete and implement identified actions, from the 31/12/2025 to the 31/03/2026.
EDoW	CRR24-16	Leadership	4 x 4 = 16 ↔	8	Reputational Seek 20-25	People & Culture Committee	Opened Dec 23. 10 actions identified, 4 completed, and 6 progressing  Previous revision (Extended the Target risk due date to allow sufficient time to complete and implement identified actions, from the 31/12/2025 to the 31/03/2026)
CDIO	CRR24-17	ICT Failure and Cyber	5 x 4 = 20 ↔	15	Reputational Seek 20-25	Planning, Population Health & Partnership Committee	Opened Feb 24, 9 actions identified, 7 actions progressing with 3 revised due dates and 2 new actions identified.  <b>Target score of 15 not in line with appetite..</b>
EDoPH	CRR24-18	Operational Planning for Transmittable Diseases and Outbreaks	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened June 24. 7 actions identified, 5 actions progressing with 1 revised due date, 2 actions completed.  Reduction in current risk score from 20 to 16 - November 2024, resulting in the risk now within the tolerance set within the risk appetite.
EDTSP	CRR24-19	Community Care Provision	4 x 5 = 20 ↔	12	Quality 15-19	Quality, Safety and Experience Committee	Risk reviewed Jan 2025, 12 actions identified, 2 actions completed, with 3 actions progressing and 7 new actions identified.  <b>Risk Score above tolerance set in risk appetite.</b>
EMD	CRR24-20	Oncology Services	3 x 5 = 15 ↔	9	Quality Open 15-19	Quality, Safety and Experience Committee	Risk approved Nov 24, 7 actions in total, 3 completed actions, 4 progressing.
COO	CRR24-21			9	Quality	Quality, Safety and	Risk approved Nov 24, 4 actions in total, 4 progressing.

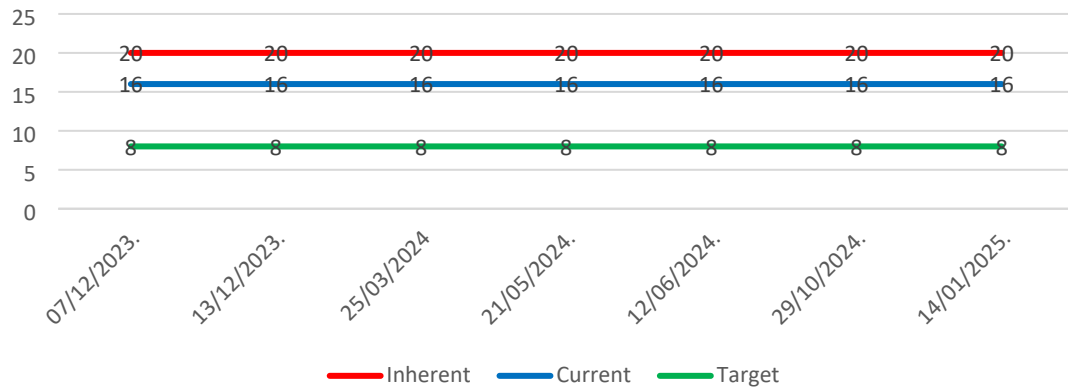
		Ophthalmology Services	4 x 5 = 20 ↔		Open 15-19	Experience Committee	<b>Risk Score above tolerance set in risk appetite.</b>
COO	CRR24-22	Orthodontic Services	4 x 4 = 16 ↔	4	Quality Open 15-19	Quality, Safety and Experience Committee	Risk approved Nov 24, 11 actions in total, 3 completed actions, 8 progressing.
COO	CRR24-23	Vascular Services	4 x 4 = 16 ↔	12	Quality Open 15-19	Quality, Safety and Experience Committee	Risk approved Nov 24, 9 actions in total, 9 progressing.
COO	CRR24-24	Renal Services	4 x 4 = 16 ↔	12	Quality Open 15-19	Quality, Safety and Experience Committee	Risk approved Nov 24, 3 actions in total, 3 progressing.
EMD	CRR23-25	Dermatology & Plastic Surgery Services	3 x 5 = 15 ↔	9	Quality Open 5-19	Quality, Safety and Experience Committee	Risk approved Nov 24, 5 actions in total, 5 progressing.
EMD	CRR24-26	Urology Services	4 x 4 = 16 ↔	6	Quality Open 15-19	Quality, Safety and Experience Committee	Risk approved Nov 24, 4 actions in total, 1 completed actions, 3 progressing.

## Appendix 2 – Corporate Risk Register as reported to Risk Scrutiny Group in January 2025

CRR 24-01	<b>Risk Title:</b> People, Culture and Wellbeing		<b>Date Opened:</b> 07/12/2023	
	<b>Assuring Committee:</b> People & Culture Committee		<b>Date Last Committee Review:</b> 12/12/2024	
<b>Date Last Reviewed:</b> 14/01/2025	<b>Director Lead:</b> Deputy Director of Workforce	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2026	
There is a risk that BCU do not have a <b>highly skilled</b> , engaged and <b>motivated</b> workforce which could impact on safe delivery of care. This could be caused by <b>staffing shortfalls</b> organisational reputation and staff not feeling psychologically safe which could lead to burnout. This could lead to the inability to attract and retain high quality and skilled people.				
<b>Mitigations/Controls in place</b>			<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. The Strategic Recruitment team in place to oversee efficient and effective professional recruitment for all senior leadership and medical &amp; dental consultant appointments across the Health Board</li> <li>2. Local IHC Resourcing Teams are in place across all IHC/Pan Services to drive forward recruitment and staffing priorities.</li> <li>3. The Recruiting well and Joining Well programmes in place</li> <li>4. Organisational Retention lead in post for BCU linked with national retention work through HEIW</li> <li>5. Dedicated Nurse Retention Lead in place to deliver the Nurse Retention Implementation Plan for the organisation</li> <li>6. New All Wales Flexible working policy has been ratified and is in place</li> <li>7. Staff feedback conjunction with the NHS Wales Staff Survey in place. Development of Pulse surveys to ensure staff have a voice across the organisation</li> <li>8. Speak out Safely MDT in place</li> <li>9. Work in Confidence platform for staff to safely raise concerns.</li> <li>10. Workstreams associated with this risk which links into the Special Measures Framework are monitored via the governance of the Framework and reported to Executive Team and Board</li> <li>11. The Culture Change Plan, which incorporated the results from the Staff Survey</li> <li>12. Staff facing version of the Learning Organisation Framework developed for use in work-based learning contexts</li> <li>13. The key themes of the 2023 staff survey have been shared with the organisation</li> <li>14. Approval of the new culture change and Behaviours Framework (ref CRR24-16)</li> <li>15. International recruitment drives, both local and all Wales</li> <li>16. People Managers Forums in place that include sessions on compassionate leadership and our values and behaviours framework</li> </ol>			<ol style="list-style-type: none"> <li>a) The programme of work through a new Education Governance Group to be established</li> <li>b) Implementation of the Employee Engagement plan and having a suite of clear indicators that measure employee engagement</li> <li>c) Development of a programme of work to ensure line manager's full involvement in employee engagement</li> <li>d) Feedback from the HEIW Nurse retention tool.</li> <li>e) Targeted management of sickness absence rates</li> <li>f) <a href="#">Engagement and operational effectiveness with Medical and Dental workforce</a></li> <li>g) <a href="#">an embedded workforce planning function</a></li> </ol>	
<b>Actions</b>			<b>Due Date</b>	<b>Progression Analysis</b>

<p>REF Gaps in controls; A. Education and Learning Committee is being established as a control measure</p> <p>A Nursing specific educational and development group has been established. However, it has been identified that an Education Governance Group is required to oversee compliance and operational performance of Education. This is in development and a term of reference is expected to be ready by the end of October 2024</p> <p>Work to setup the Education Governance Group is still ongoing however, the Terms of Reference and membership is still to be agreed.</p> <p><a href="#">Due to unplanned absences in the People Service Leadership team this action has been extended</a></p>	31/03/2025	Progressing (Revised date from 31/10/2024 then 31/12/2024)
<p>REF Gaps in controls; B. NHS Staff Survey action plan to be developed and implemented across 24/25</p> <p>There have been national delays to HBs receiving the survey data. As a result, the OD steering group have agreed the action plans will not be issued to IHCs at this stage, as not to overlap with the 2024 staff survey in October. Key themes from the 2023 survey have been issued to the organisation. This closed action has transferred to point 17 above in the mitigation section.</p>	30/06/2024	Completed
<p>REF Gaps in controls; B 2024 NHS Staff Survey has not closed with a 17.2% response rate. Quantitative data is due by end of January which will be distributed out to the organisational staff survey leads. This will inform actions to address issues and promote positive findings</p> <p><a href="#">The qualitative data of the 2024 survey will be shared with the organisation when they are available, likely to be late spring 2025. An update will be provided in May.</a></p>	30/05/2025	Progressing
<p>REF Gaps in controls; C. Findings from the wider review of the 2022 Operating Model restructure presented via an appropriate Executive governance process and next steps agreed</p> <p>The findings from the Ararna report, which included a range of employee engagement methods, have been submitted to the CEO's office. These findings are being utilised in the Insights Report (formerly the Discovery Report) which will be shared with the organisation and Trade Unions, by the end of October, as part of determining the scope of and scale of any modifications to the HB operating model and structure.</p> <p>The results are referred to as the 'Insight Report' and are scheduled to be socialised with the Organisation during the end of October and November.</p> <p><a href="#">The Discovery Report in FoTF has been presented to the Board and the Organisation, it has now moved into the design phase. A series of workshops with senior leaders will take place in Dec 24 and Jan 25. The outputs from the workshops will produce design options to be tested in the organisation prior to final option paper going to Board in May 2025</a></p>	01/06/2025	Progressing (Revised date from 31/10/2024)
<p>Clinical engagement: Progress demonstrated in the part of the OD plan relating to clinical engagement field work conducted in previous cycles. This completed action is transferred to point 14 above in the mitigation section</p>	29/02/2024	Complete
<p>REF Gaps in controls; B. Revisit the values of the organisation: Views on the existing values and suggestions for modifications presented to Exec Team prior to scheduling for review at Board. Previously collected staff feedback on the existing values to be analysed and proposals of methods of co-production with the staff including comms and engagement plans to be submitted via an appropriate Executive governance process. Culture World Café to take place at Leadership Conference 04.06.24</p> <p>The world cafe took place as part of the leadership conference in June. The output from this, along with other staff engagement events, has contributed to the new Values and Behaviours framework which is currently being consulted on across the organisation and Trade Unions. It is planned that the Board will receive the framework in November 2024.</p>	28/02/2025	Progressing (Revised date from 31/06/2024)

<p>Following extensive engagement over 5 months the Board formally approved our refreshed values and behaviours framework in November 2024. There is a Communication &amp; Socialisation plan in place and a high-level Embedding Plan in place was agreed by ET and P&amp;CC. A more detailed version of the Embedding Plan will be provided to the CEO for approval. A Design Group is in place which supports the co-production and co-design of all work related to Culture Development.</p>				
<p>REF Gaps in controls; B, A toolkit on how to use the values and behaviours is in development</p>	31/03/2025	Progressing		
<p>The Culture, Leadership &amp; Engagement high level annual plan is in place for 2024/25. A subsequent plan for 2025/26 is in draft and will be finalised by March 2025</p>	31/03/2025	Progressing		
<p>Ref Gaps in controls; E. A new risk specifically detailing actions to manage sickness absence, both physical and mental health related, has been drafted and will be ratified through POD leadership in January 2025.</p>	28/02/2025	Progressing		
<p>Ref Gaps in controls; f. A Medical Staffing function will be re-introduced into the People Services directorate. Resource requirements will be identified in January/February with the intention to introduce the new function in Q1 2025/26</p>	30/06/2025	Progressing		
<p>REF Gaps in controls; D. The Recruiting Well, Joining Well, Leaving Well Programme is being developed to ensure we recruit, support and retain a skilled motivated workforce.</p> <p>The programme for Recruiting Well, Joining Well, Leaving Well will now be incorporated into the <b>Staff Journey</b> programme of work. An illustrative map is currently being developed showing all areas within People Services and OD that employees typically encounter, from Hire to Retire'. Work is being undertaken to identify gaps in each of the services with regards to policies and procedures. This will enable the Staff journey programme plan, which will include timescales, to be drafted.</p> <p>The draft illustrative map is under review and analysis of gaps in policy and process are being identified through a number of workstreams. The initial focus is on <i>Corporate and Local Induction, Shortlisting timescales, Advertising in recruitment</i> and the <i>Leaving Well booklet</i>. These initial workstreams are planned to be completed by the end of December 2024.</p> <p>The mapping work to identify development opportunities for our People (WP) policies and procedures is underway which informs the annual schedule led by the corporate governance team. Furthermore, an operational group is in place to review and update the corporate and local induction policy.</p> <p>Due to resource being allocated to the Foundations for the Future programme, the remaining workstreams within this action will continue to be worked on but the expected completion is delayed until later in 2025</p> <ol style="list-style-type: none"> <li>The leaving well booklet</li> <li>Improving shortlisting timescales</li> <li>Advertising well in recruitment</li> </ol>	31/12/2025	Progressing (Revised date from 31/12/2024)		
<p>REF Gaps in controls; G. A workforce planning lead was recruited earlier in 2024. A new Health Board approach to workforce planning is expected to be ratified in February 2025 and will be submitted in the 2025/26 IMTP. The new approach contains a series of milestones that will improve workforce planning skills and knowledge across the organisation, improve guidance and resources for service leads and will incorporate a detailed workforce plan for the 2026/27 IMPT</p>	31/03/2026	Progressing		
		Impact	Likelihood	Score



Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	Open		15-19

**Rationale for Corporate Risk**

Staff engagement score at 72%, comparable with all Wales average of 73%. October 2024, 95% of wards consistently met staffing levels, supported by robust workforce planning and international recruitment initiatives. High turnover rates across certain key staff groups. vacancy rate improved during October, reducing by 0.5% to 7.8%. Turnover is on a steady downward trend, currently at 8% and down 0.7% in the last 12 months. lowest reported sickness absence levels across NHS Wales. Rolling sickness absence is largely reflective of the same period last year, 5.89% in October 2023 compared to 5.95% in October 2024. Stress, anxiety and depression continues as the highest reported reason despite also showing a reduction in time lost. Recruitment challenges and high reliance on agency staff have historically strained financial and operational performance.

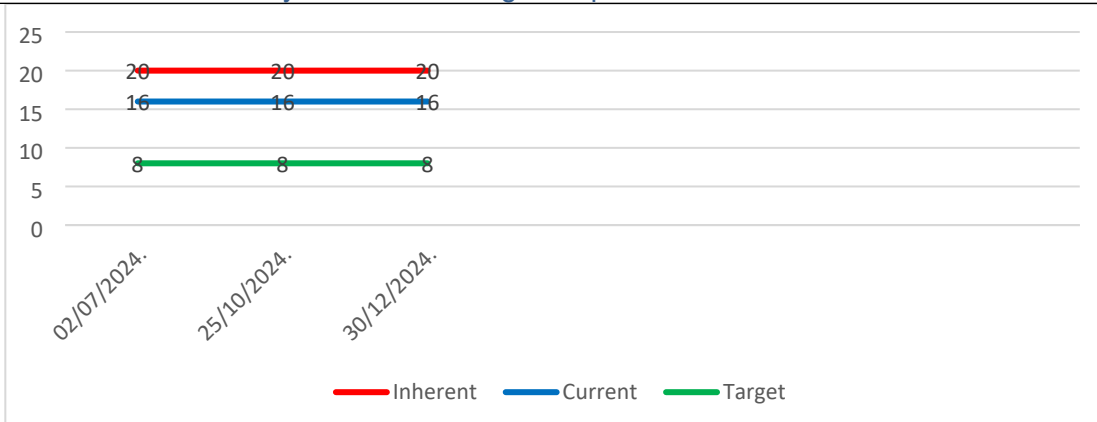
CRR 24-02	<b>Risk Title:</b> Patient Safety		<b>Date Opened:</b> 02/07/2024
	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> 17/12/2024
<b>Date Last Reviewed:</b> 30/12/2024	<b>Director Lead:</b> Executive Director of Nursing and Midwifery	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 30/09/2025
<p>There is a risk that patients may experience preventable harm and a poor experience whilst receiving care due to inadequate preventative measures, not following correct procedures, adhering to best practice and/or learning from concerns. This could lead to poor quality of care resulting in severe complications, prolonged hospital stays, decreased quality of life, psychological distress, reputational damage, increased costs, and potential legal and financial consequences for the organisation.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Policies and Procedures to support risk assessment, guidance and escalation in place e.g. NU06 Prevention and Management of Adult Inpatient Falls, NU03 Pressure Ulcers, MM01 Medicines, National Early Warning Score.</li> <li>2. Review of patient safety incidents at a local level supported by integrated concerns meetings and harms reviews for learning meetings.</li> <li>3. Strategic groups that report into the Health Board Patient Safety Group, e.g. Falls Group, Prevention and Management of Pressure Ulcers Group, Medicines Steering Group, Sepsis Triggers Escalation &amp; Antibiotic Stewardship Review for learning and improvement.</li> <li>4. Escalation to Quality Delivery Group and Quality, Safety and Experience Committee.</li> <li>5. Cycle of business to PSG that includes IHC/Divisional deep dives of progress and action.</li> <li>6. BCUHB wide Improvement plans for falls and HAPUs</li> <li>7. Incident management process including rapid reviews, focused reviews and learning panels.</li> <li>8. Staff induction, training and competency</li> <li>9. Organisational Learning Forum for shared learning and improvement</li> <li>10. Regular patient safety incident alerts issued to staff as and when required</li> <li>11. Integrated concerns policy and framework implementation.</li> <li>12. Bi-annual Nurse Staffing reviews are undertaken in line with the Nurse Staffing Levels (Wales) Act 2016 for all acute adult medical and surgical inpatient wards, and paediatric inpatient wards (Section 25B). Additionally, and in keeping with the principles of the legislation nurse staffing reviews are also</li> </ol>		<ol style="list-style-type: none"> <li>a. Sustained compliance of &gt;85% of patient safety related mandatory training</li> <li>b. Timely update of policies and procedures in line with evidence based practice and as per governance cycle for review.</li> <li>c. Continue to undertake the bi-annual nurse staffing reviews to ensure we have the levels of staffing required to meet acuity as per NSA and clinical judgment</li> </ol>	



undertaken in other areas of the Health Board such as Community Hospitals, Mental Health, and other 24hr services.

13. Roster Policy WP28A in place and monthly roster KPI reports are issued to the Directors of Nursing to enable roster performance to be actively managed. Additionally allocate Safe Care compliance reports are also sent to the Directors of Nursing, to enable maximum utilisation of nursing workforce.

Actions	Due Date	Progression Analysis
Workshops to be held across BCUHB to reduce backlog of open incidents using approved methodology to improve immediate learning. This includes setting of trajectories for improvement, cluster reviews and drop in clinics. This has been completed apart from within Central IHC, escalated and awaiting dates.	15/01/2025	Progressing (revised date from 30/09/2024)
Implement the Integrated concerns policy and framework to include toolkits for timely review of learning and action. Integrated concerns policy and framework has been implemented	31/08/2024	Complete
Strategy for Increasing compliance with mandatory training	31/01/2025	Progressing
Deliver all the actions from the Internal Audit of falls  Combined HSE and Internal Audit action plan in place. Evidence is being compiled for action plan and submitted and reviewed at bi monthly to Falls Steering Group.	31/03/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite			

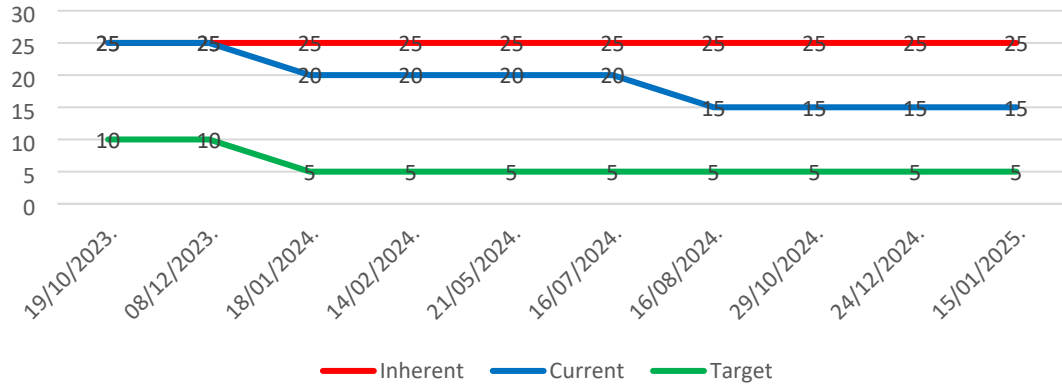
**Rationale for Corporate Risk**

There are circa 38,000 patient safety incidents reported in the last financial year of which approximately 25% graded as moderate harm or above by the reporter. Feedback has also been received from His Majesty's Coroner in the form of regulation 28 prevention of future deaths around risks from timely investigation and implementation of actions to improve patient safety.

CRR 24-04	<b>Risk Title:</b> Failure to Embed Learning		<b>Date Opened:</b> 19/10/2023
	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> 17/12/2024
<b>Date Last Reviewed:</b> 15/01/2025	<b>Director Lead:</b> Executive Director of Nursing and Midwifery	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 30/09/2025
<p>There is a risk that the Health Board could fail to meet requirements for <b>timely review and learning</b> from mortality cases, claims, inspections, incidents and complaints. This could be caused by insufficient resources, lack of unified processes, outdated IT systems, duplication of effort, and overreliance on single personnel. The impacts may include missed opportunities for improvement, lack of family/carer engagement, potential patient harm events going undetected, non-compliance with national frameworks or legislation, and reputational damage.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Clinical policies, procedures, guidelines, pathways, supporting documentation &amp; IT systems. Integrated Concerns Policy</li> <li>2. Senior sign-off process for National Reportable Incidents (NRIs) and Complaints</li> <li>3. Clinical staff recruitment, induction, mandatory and professional training, registration &amp; re-validation</li> <li>4. Putting Things Right and clinical review processes and monitoring</li> <li>5. Quality governance framework of meetings and reporting structured</li> <li>6. Quality Dashboard and access to quality data from ward/team to Board</li> <li>7. Patient and carer feedback and involvement processes</li> <li>8. Defined nurse staffing levels for all wards &amp; departments as per Nurse Staffing Act</li> <li>9. Ward accreditation schemes and ward manager/matron checks/audits.</li> <li>10. Getting it Right First Time (GIRFT), localised deep dives, reports and action plans</li> <li>11. <b>Organisational Learning Forum (OLF):</b> This forum promotes sharing of learning for continuous improvement and encourages sharing best practices and lessons learned to enhance safety and quality.</li> <li>12. <b>Exec Oversight Group:</b> This group provides strategic direction and high-level oversight for risk management, ensuring alignment with organisational goals and adequate resource allocation. It also monitors and adjusts risk mitigation strategies.</li> </ol>		<ol style="list-style-type: none"> <li>a. Implementation of a Quality Management System (QMS) setting out an integrated approach to Quality Planning, Control, Assurance and Improvement (dashboard completed).</li> <li>b. Clarity on quality leadership, structures and accountabilities</li> <li>c. Development of a quality learning framework, aligned to the overall learning organisation programme</li> <li>d. Resolution of outstanding overdue positions for incidents, complaints, claims, mortality reviews and inquests</li> <li>e. <b>Launch of a new Learning from Events (LEFR) process to improve divisional ownership and completion of a recovery plan to address the overdue position</b></li> <li>f. <b>Medical engagement to ensure active participation and commitment from medical staff in learning and improvement.</b></li> <li>g. <b>Integration of LFER/Claims – To enhance the management and resolution of claims, ensuring they are addressed promptly and effective</b></li> <li>h. <b>Ensure learning from deaths – Provide the mortality panel with access to a process that ensures thematic learning from deaths is taken forward to facilitate continuous improvement.</b></li> </ol>	



<p>13. Inquest Review Group: Focused on cases with significant adverse outcomes, this group conducts thorough investigations to recommend changes in policies and practices, ensuring accountability and transparency.</p> <p>14. Rapid Review Process: Designed for urgent issues, this process uses streamlined methods to quickly identify risks and implement corrective actions, minimizing the impact of emerging risks.</p> <p>15. New Thematic Review Group: This group conducts in-depth reviews of specific themes or patterns, developing targeted recommendations to address systemic issues and continuously improve the organisation.</p>			
Actions	Due Date	Progression Analysis	
<p>A central and digital library of learning will be established which will be launched alongside a revised approach to the collation, analysis and dissemination of learning.</p> <p>Development work continues with a revised aim of March 2025. Work continues to develop the new Quality Learning Portal. Due to other work pressures, development on the Solution has slowed and little progress has been made since the previous update. These additional work pressures are being addressed, and the development continues on the admin app that will allow administrators to review learning prior to being published to the organisation. The first of three apps, which will allow users to enter learning into the system, is currently being tested. The second app is due to be completed by the end of December, with the final part of the Solution due to be complete early in the New Year. Whilst this is later than hoped in the original ambitious plan, this work is an entirely new project being developed and the first of its kind in Wales, so an agile development approach is being taken to ensure the solution is reliable, sustainable and delivers a real benefit to BCUHB.</p>	<p>31/03/2025 – delayed due to DDAT priorities</p>	<p>Progressing  (Date Revised from April 2024 )</p>	
<p>Delivery of improvement activity to reduce the overdue complaint, overdue investigation and overdue open incident position.</p> <p>Improvement trajectory for complaints reached with performance currently over 75% - sustainability will be monitored weekly. NRI overdue position improved and all incidents overdue open on a positive downward trajectory - monitored weekly and through patient safety group</p>	<p>31/12/2024</p>	<p>Completed</p>	
<p>Implementation of the new/approved QMS Framework within the identified pilot sites.</p> <p>Implementation of the QMS progressing in the test sites with other early adopters identified, this will be ongoing.</p>	<p>31/03/2025</p>	<p>New Action</p>	
<p>Implementation of the new Learning from Events Report (LFER) process</p>	<p>31/01/2025</p>	<p>New Action</p>	
<p>Delivery of overdue LFER recovery plans by each IHC/Division to eliminate the overdue position</p>	<p>31/06/2025</p>	<p>New Action</p>	



	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	3	15
Target Risk Score	5	1	5
Risk Appetite	Open		15-19

**Rationale for Corporate Risk**

Learning is now being embed through Organisational Learning Forum (OLF) and the Integrated Concerns Forum (ICF), complaints and incidents position on a positive improvement trajectory. The monitoring of the sustained improvement is required prior to de-escalating the risk. Improvement trajectory for complaints reached with performance currently over 75% - sustainability will be monitored weekly. The number of Prevention of Future Death (PFD) / Regulation 28 Notices issued to BCUHB since February 2023 currently stands at 32. The Health Board saw a large number issued in 2023/24 (23) which was a significant outlier compared to previous years and other NHS Wales bodies. However 5 were received in 2024/25 (to date), a significant reduction compared to the number issued in same period of the prior year and more in-line with the average of previous years and other NHS Wales bodies. Coroners have raised a number of common themes through these Regulation 28 reports, the quality of investigations and effectiveness of actions being the most common. The Health Board completed a Learning from Investigations Programme to assess and improve its investigation process and improve the assurances it can take on existing action plans. The programme had direct oversight from the Chief Executive and wider executive team and reported to the Quality, Safety and Experience Committee with a clear escalation process in place. The learning from this programme directly informed the new Integrated Concerns Policy which was approved by the Board in July and launched in September 2024 providing a new, integrated approach to patient safety investigations, complaint investigations and mortality reviews.

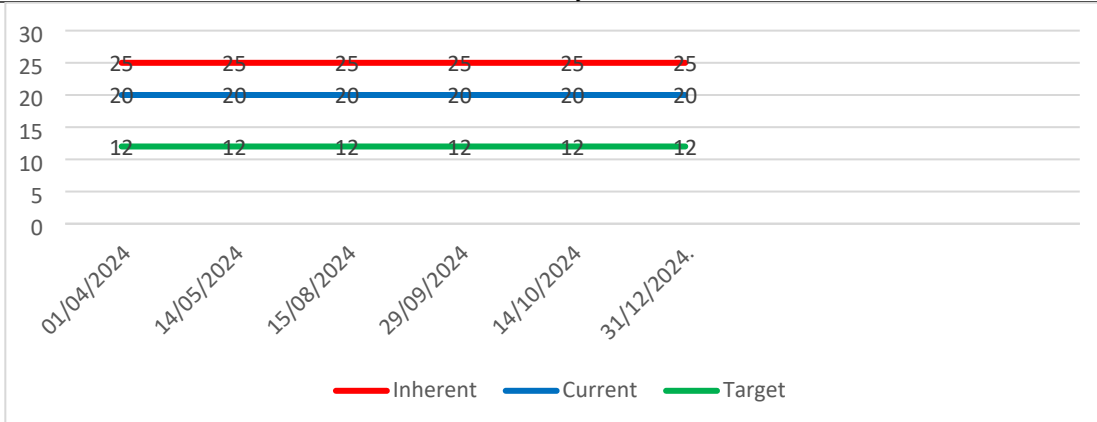
CRR 24-05	<b>Risk Title:</b> Delivery of the Annual Financial Plan		<b>Date Opened:</b> 01/04/2024
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 23/12/2024
<b>Date Last Reviewed:</b> 31/12/24	<b>Director Lead:</b> Executive Director of Finance	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2025
<p>There is a risk that the Health Board does not achieve the in year Financial Plan and Welsh Government control total (noting the key duty being to deliver break-even). Failure to achieve the financial plan could result in conditionally recurrent investment being withdrawn from the Health Board and central intervention to support attainment of the key financial duty in this or future financial years.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions have been issued and performance to be challenged at Integrated Performance Executive Delivery Group – chaired by the Chief Executive.</li> <li>Accountability Agreements issued to the budget managers for sign off in support of funding and deliverables required for each financial year. The signing off for these agreements monitored for review by Internal Audit and performance reported through Committees of the Health Board</li> <li>Value and Sustainability programme approach to 2024/25 savings has been endorsed by the Executive and Board. Executive Leads have been assigned and a flow chart issued setting out the governance process for sharing of costed savings opportunities and Divisional delivery.</li> <li>Continuation of the Enhanced Establishment Control Group (executive approval before advertising) to review all requests for A&amp;C posts and all Band 7+ posts , moratorium on requests for Permanent recruitment to Band 8D and above (non clinical posts) and minimising interim staff appointments.</li> <li>Internal scrutiny by Central Finance Team, of the Divisional financial assumptions, overspends and forecasts.</li> <li>Financial reporting to Welsh Government on a monthly basis, with the Monthly Monitoring Return (MMR).</li> <li>Regular communication with Welsh Government regarding £82m strategic funding with regards to making this recurrent.</li> <li>Early identification of emerging issues through horizon scanning and trends in run rate and alerting Operational Management to changes to regularity requirements.</li> </ol>		<ol style="list-style-type: none"> <li>Welsh Government (WG) expectation to achieve financial balance, due to the financial settlement/allocations to Health Boards and to enter into financial stability.</li> <li>The 24/25 Annual Plan and forecast financial outturn based on a level of expenditure controls and savings delivery that the Health Board considers to be sufficiently challenging and deliverable, whilst maintaining quality and patient care.</li> <li>The Month 6 position showed a material deficit to date and therefore additional actions are required to control the run rate and recover the deficit above plan. These were endorsed for implementation through the Integrated Performance – Executive Delivery Group</li> <li>Performance is reported and scrutinised through the IP – EDG monthly meetings where officers are held to account for delivery and bi-monthly within the Performance, Finance and Information Governance Committee and Health Board.</li> <li>Escalation meetings where improvements are not realised are held with leadership teams by the Chief Executive. In these forums support is offered to improve performance and trajectories supported for improvement.</li> </ol>	



9. Monitoring the adequacy and effectiveness of internal control, accuracy and completeness of financial reporting and forecast, compliance with laws and regulations, and timely remediation of deficiencies.

Actions	Due Date	Progression Analysis
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Cease the run rate deterioration above plan and recover the year to deficit, to attain the forecast control total deficit for the financial year as agreed with Welsh Government. Via : Enhanced 'Check and Challenge' discussions with Chief Finance Officers, on a monthly basis, to ensure the forecast expenditure is robust. Escalation of Out of Area Mental Health Placements, through the Chief Executive Officer. Review of Corporate Controls and consider enhancing further. Continued oversight and holding to account via the Integrated Performance Executive Delivery Group, with expenditure control totals issued for the remainder of the financial year.	31/03/2025	Progressing
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	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	Financial		15-19

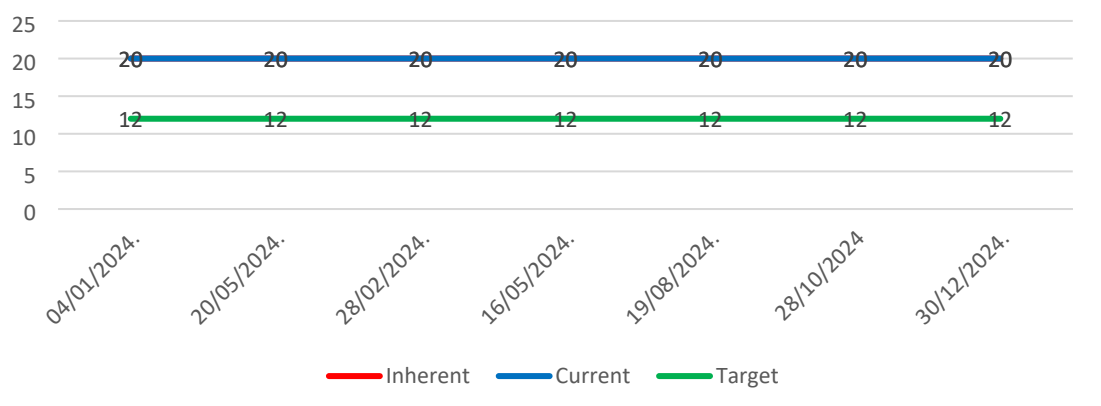
**Rationale for Corporate Risk**

M8 - Year to date position is reporting a deficit of £16.2m. This represents an £10.5m adverse variance compared to 6/12ths of the full year £19.7m planned deficit. The year to date deficit above plan is driven by Primary Prescribing, Continuing Health Care, Out of Area Mental Health placements and contracting pressures.

CRR 24-06	<b>Risk Title: Suitability and Safety of Sites</b>		<b>Date Opened:</b> 04/01/2024
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 23/12/2024
<b>Date Last Reviewed:</b> 30/12/2024	<b>Director Lead:</b> Executive Director of Finance	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2026 (10 year capital investment requests aligns with the capital prioritisation form that will submitted to Welsh Government – completion target date 2035).
<p>There is a risk that the suitability and safety of the estates and infrastructure across BCU could severely impact on service delivery, staff and patient safety. This could be caused by aging and unsuitable buildings, backlog maintenance issues, non-compliance with regulations, inadequate space capacity, and lack of capital funding. The impacts may include inability to meet service needs, reduced access to diagnostics and treatment, risks of infection, fire, asbestos, legionella and other hazards, increased costs, regulatory enforcement action, and significant reputational damage. This presents risks to the continuity of care, patient outcomes, staff wellbeing, and the Health Board's ability to provide safe, therapeutic environments across the region.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Estates Strategy developed and approved by the Health Board in January 2023.</li> <li>2. Internal Governance for capital allocation in place within the Health Board.</li> <li>3. Business Cases to Welsh Government to resolve major infrastructure issues in line with the Estates Strategy</li> <li>4. Priority bids against Welsh Government Estates Funding Advisory Board (EFAB) for the allocation and prioritisation of funding in relation to infrastructure funding, decarbonisation, fire and Mental Health and Learning Disability.</li> <li>5. Discretionary Capital Allocation of £12.448m for 24/25 approved by Welsh Government with an allocation of approximately £3.208m aligned to improvements within the Estates. Prioritisation is based on Operational Estates Risk Register</li> <li>6. Regular Welsh Government /Health Board Capital Meetings – which provides a direct link with Welsh Government to raise concerns regarding the funding available to effectively manage the condition of the estate and ensure safety of patients and staff.</li> <li>7. Operational Estates Safety Groups in place to provide assurance, the safety groups are as detailed below <a href="#">and oversee risks relevant to the groups:</a> <ol style="list-style-type: none"> <li>a) Fire Management</li> <li>b) Asbestos Management</li> <li>c) Water Safety,</li> <li>d) Ventilation Safety</li> <li>e) Electrical Safety</li> </ol> </li> <li>8. Welsh Government Capital Resource Meetings in place to provide route for escalation.</li> <li>9. Estates and Facilities Performance Management System (EFPMS) reporting template and recording of backlog maintenance</li> </ol>		<ol style="list-style-type: none"> <li>1. 6 facet survey to be undertaken to obtain an updated report of the condition of the Estate' this will inform the risk status by site, which will be assessed against the controls currently in place. Additional mitigation or strengthening of controls will also be considered.</li> <li>2. Assurance around the development control plan that it is aligned with both the Estates strategy and the Clinical strategy.</li> <li>3. Business Case Review Group to be set up to review all business cases to provide scrutiny prior to submission to Executive team.</li> <li>4. Standardised approach by the Health Board in relation to management of Estates and Capital between the Integrated Health Community IHC's) and other services and the Estates/Capital teams – linked to the changes to the Operating Model.</li> <li>5. Ensure that the Health Board has an Estates rationalisation programme in place that will support the capital prioritisation programme and reduce backlog maintenance.</li> <li>6. Internal Audit review of Fire Safety – Agreed Management Action Plan being implemented.</li> <li>7. Timely progression of major Capital Schemes which address Estates Safety such as Wrexham Maelor Continuity Plan – Phase 1.</li> <li>8. <a href="#">Completion of applications for the Welsh Government (Capital, Estates &amp; Facilities) Targeted Estates Fund for NHS Wales 2025-2027</a></li> </ol>	

10. Capital Allocation from Welsh Government – additional capital funding of £4.16M allocated to the Health Board to focus on Backlog Maintenance  
 11. The Health Board submitted the Major Capital prioritisation plan to Welsh Government (WG) to identify required investment. The end date is dependant of how much capital investment is provided to the Health Board from WG. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government.  
 12. Updated agreed protocol for use of Annual Discretionary Slippage in place for developing Business Justification Cases (BJC) for essential estates works and discretionary capital schemes that could be aligned with in-year additional Capital Funding provided by WG.  
 13. Capital Funding from Welsh Government – additional capital funding of £2M allocated to the Health Board in year for slippage bids.

Actions	Due Date	Progression Analysis
Undertake action to deliver a Health Board Estates Rationalisation Programme Estates Rationalisation Programme being developed and in draft format. This will be finalised in conjunction with the new Director of Environment, once in post. The Draft will be submitted to a multi-disciplinary group for initial comment, with a final version to be ratified by Capital Investment Group. Health Board Rationalisation Programme to be presented to CIG on 12 <sup>th</sup> September 2024	31/01/2025	Progressing
Undertake actions to deliver a 6 facet survey across the Health Board over the next 5 years. The 6 Facet survey contract is currently being procured through the SBS framework via mini-competition, the contract is due to be awarded by January 2025. A Phase 1 approach for the Acute Hospitals, is expected to be completed by 31/3/25. The completion of the full survey has been brought forward from the original 5 year time frame to a 2 year programme.	31/03/2026	Progressing
Review and update Development Control Plans	30/04/2025	Progressing
Develop a standardised Terms of Reference to be considered and endorsed by Capital Investment Group	31/3/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	2	4	12
Risk Appetite	Quality		15-19

**Rationale for Corporate Risk**

Current Risk score of 20 aims to be reduced to a 12 by April 2035. Backlog maintenance is the cost to bring estate assets that are below acceptable standards (either physical condition or compliance with mandatory fire safety requirements and statutory safety legislation) up to an acceptable condition. Total 2021/22 backlog



**N.B. Inherent and Current score lines stacked as both are 20.**

costs for all BCUHB properties was £348.4m. Cost to achieve physical condition B is c. £213m. Cost to achieve condition B for fire and safety statutory compliance is c. £136m. Total risk adjusted backlog is c. £240m. The majority (73%) of backlog relates to the 3 acute hospitals. Backlog for MH&LD, Community and Local Hospitals, and Community Facilities each comprise c.10% of total backlog.

The estate is facing significant risks and challenges and severe limitations on expected future funding. The current estate is not sustainable or viable in the long term and will not support the implementation of key BCUHB strategies and is a significant risk to the Board.

To aid with supporting a Capital Programme the Health Board will commence with a programme to deliver a 6 facet survey for the Estates, these surveys will commence in 2024 focussing on Acute sites and then community hospitals with a target to complete within 2 years. This will be a significant part of the estates portfolio and backlog maintenance cost. As sites are completed the cost associated with backlog maintenance will be identified and capital funding requested. The end date is dependant of how much capital investment is provided to the Health Board from Welsh Government. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government. In addition, significant works have been undertaken on the fire project at Ysbyty Gwynedd which will result in approx £2M being invested and works completed by March 2025. Wrexham Resilience Programme has undertaken a risk-based approach to address key findings of the original Business Case. The Health Board has disposed of 2 sites (Ala Road and Cilan) this financial year which were vacated as 'not being fit for purpose', approval has also been received to dispose of Rossett HC and Ruthin HC which have been vacated due to condition of the Estate and these are expected to progress to auction in early 2025.

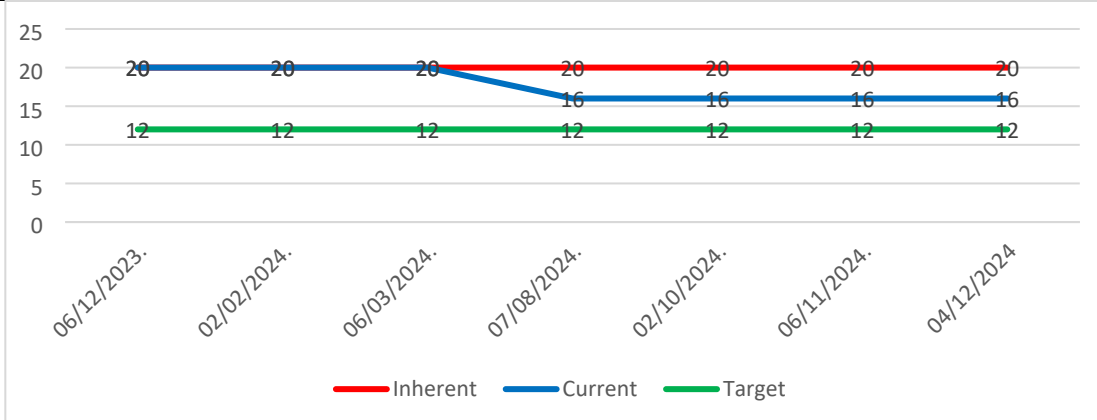
CRR 24-07	<b>Risk Title:</b> A Fragmented Patient Care Record		<b>Date Opened:</b> 06/12/2023
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee		<b>Date Last Committee Review:</b> 10/12/2024
<b>Date Last Reviewed:</b> 04/12/2024	<b>Director Lead:</b> Chief Digital and Information Officer	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2029
There is a risk that patient harm will be caused due to the lack of a joined up longitudinal Electronic Healthcare Record system that digitalises clinical workflow, alerts, hand overs and scheduling under a single patient identifier, which could lead to deaths and harm.			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Current paper file identified as the Master Copy of the full record.</li> <li>2. Access to current clinical systems to print clinical information ready to store in the Master File.</li> <li>3. CITO Contract in place to house scanned document as a repository.</li> <li>4. Mandate process in place to control the adoption of new functionality within existing systems to capture patient data.</li> <li>5. Current system training and standard operating procedures around searching for and registering new patients to prevent the creating of duplicate records in place.</li> <li>6. Dashboard in place which flags any new duplicate patient record created to allow immediate record merge.</li> <li>7. Standard operating procedures involving searching for and storing patient information to prevent harm in cases where duplicate records exist is in place within Patient Administration System.</li> <li>8. Optimisation Programme in place for the four main patient administration systems to review usage and reduce duplication across the systems. This will also support the removal of obsolete systems.</li> <li>9. Assistant Director of Patient Records now member of Clinical Effectiveness Group and Patient Safety and Quality Group to ensure harms associated with patient records are addressed.</li> <li>10. The work underway with the Mental Health Electronic Health Record Programme is the first part of the future Electronic Health Record journey with the governance route agreed.</li> </ol>		<ol style="list-style-type: none"> <li>a. Lack of current system capabilities to integrate into the fuller Electronic Health Record. Optimisation programme underway with a focus on EPOC, EPRO and WCP to review current systems interoperability and functionality. CITO has been agreed as the Electronic Document Management System for the Health Record.</li> <li>b. Availability of current paper records within digital environment. The Electronic Health Record outline business case will analyse resource requirements to consider scanning or dual processing of records. Scanning Strategy currently in development.</li> <li>c. Standard practice registration across the three acute sites. Proposal developed including resource funding required based on the East Health Records service coverage. Awaiting outcome of the cost pressure resource allocation.</li> <li>d. No agreement to fund additional Health Records staff to address backlog of duplicate patient records / identifiers. Standardised procedures in place to prevent re-occurrence.</li> <li>e. The Clinical Design Authority is being established first meeting 1st December 2024 to ensure that the design and use of digital systems does not compromise the safety, quality, or effectiveness of care, and that it enhances the patient experience and outcomes.</li> <li>f. Lack of quality within the content of current patient records. Office of the Medical Director accepted ownership and will consider as part of professional standards.</li> </ol>	

	<p>g. Continued delay in confirmation of membership at the Patient Safety and Quality Group. Progress chasing monthly in place.</p> <p>h. Correct use of current clinical systems. Current review underway to establish usage with a future plan including training on the use and capability of all systems.</p>	
Actions	Due Date	Progression Analysis
<p>Establish the cost and resource requirements to back scan all live records</p> <p>Third Party secured to support the development of the Scanning Strategy. Action due date extended to allow completion of report.</p>	31/03/2025	Progressing (revised date from 31/01/2025)
<p>Develop a Health Board Scanning Strategy</p> <p>Third Party secured and work will commence on the 9th December 2024 to develop the Scanning Strategy.</p>	31/03/2025	Progressing
<p>Standardise the way in which using existing systems (paper and electronic) as part of the DDaT optimisation workstreams</p> <p>Training Strategy currently in draft and will be approved at the DDaT Senior Leadership Team meeting in January 2025.</p>	31/03/2025	Progressing
<p>Undertake a review of all current systems to ensure these can be integrated into an Electronic Health Record</p> <p>Identified current systems which can be decommissioned as part of the EHR implementation.</p>	30/04/2025	Progressing
<p>Accelerating the business case, approvals, procurement and implementation of an Electronic Patient Record for Mental Health (minimum 2-year project)</p>	30/04/2025	Progressing
<p>Recruitment of additional health records staff to standardise the registration practice across three acute sites.</p> <p>Additional funding secured to standardise process across the three sites which will contribute towards mitigating the duplicate patient registration by providing 24/7 365 days service across the Acute Patient Records Service. Action due date extended to allow time to recruit and train to posts.</p>	31/05/2025	Progressing (revised date from 31/11/2024)
<p>Engage with the Estates Rationalisation Programme to secure the future of "fit for purpose" file libraries for legacy paper records.</p> <p>Meeting held with Corporate Risk Lead to establish a joint stakeholder input to manage the risk. No further input or contact with Estates has been possible specifically around the Ysbyty Glan Clwyd File Library..</p>	30/06/2025	New action

Following completion of the Baseline assessment of the location of all records, a review and recommendations will be developed and presented Planning, Population Health and Partnerships Committee.

31/08/2025	New action
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West Community baseline assessment completed with follow up report being presented to the IHC in January 2025. Further plans in place to conduct East and Centre community sites before work commences on the acute sites.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Quality		15-19

**Rationale for Corporate Risk**

Organisational wide risk based on potential patient safety and negative impact if the risk were to materialise. In addition the financial and resource requirement to implement the controls and mitigations required are significant.

CRR 24-08	<b>Risk Title:</b> Delivering a population health approach to health and wellbeing		<b>Date Opened:</b> 01/11/2023
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee (PPPH)		<b>Date Last Committee Review:</b> 10/12/2024
<b>Date Last Reviewed:</b> 12/12/2024	<b>Director Lead:</b> Executive Director of Public Health	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2025
<p>There is a risk that the Health Board fails to consider and implement prevention and early intervention models in order to reduce health inequalities and improve long term population health and wellbeing. This may be caused by a lack of prioritisation, planning and delivery in relation to the prevention of ill health and early intervention.</p> <p>This may lead to continuation and increases in largely preventable non-communicable diseases including Type 2 Diabetes, Respiratory conditions, Cardiovascular disease, Cancer, Musculoskeletal conditions, mental health and wellbeing and multiple co-morbidities. It may also lead to increasing rates of infectious disease. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Population Health Executive Delivery Group provides strategic direction ensuring alignment with health priorities and effectively mitigating the risk of misalignment or lack of focus in population health initiatives</li> <li>2. Annual development of IHC data packs and headline report support Health Board planning to reflect current and emerging need.</li> <li>3. Consultants in Public Health are linked to delivery of key programmes of work, Public Health Wales and with IHC areas, providing expertise and guidance.</li> <li>4. Funding associated with Healthy Weight Healthy Wales which was formerly non-recurrent grants has now been added recurrently to the Health Board core budget.</li> <li>5. Prevention and health inequalities form key part of the Health Board Integrated plan 24-27, ensuring that these critical areas are prioritised and integrated into strategic initiatives to mitigate the risk of neglecting health equity and prevention efforts</li> <li>6. Interviews have taken place for 2 x vacant Consultant in Public Health posts and appointed to, ensuring the team is adequately staffed to maintain effective public health management and mitigate the risk of gaps in expertise</li> </ol>		<ol style="list-style-type: none"> <li>a. Response to the demographic profile and the current and forecast prevalence of chronic conditions and their effect on demand. Understanding our current prevention offer as a health board, its impact and our population needs used in conjunction with clinical data will inform development of the prevention offer and approaches.</li> <li>b. There is no secured long term funding to support implementation and growth of the whole system approach across North Wales at scale. Prevention activities at scale which create an impact requires long term, sustainable and growth investment.</li> <li>c. The availability of data and intelligence to support strategic focus at the local level and subsequent planning is not available. Recognising which data is important and where there are gaps in the data will allow more effective and targeted planning.</li> <li>d. The Deputy Director of Public Health post is currently vacant as the post holder is Acting Executive Director of Public Health.</li> </ol>	

<ol style="list-style-type: none"> <li>7. Board Awareness session regarding the 'shift to Prevention' focus has taken place in July 24 to ensure leadership is aligned with strategic priorities and mitigating the risk of insufficient understanding or support for the prevention agenda</li> <li>8. DDAT and Public Health Team are meeting to progress data requirements and address gaps ensuring data integrity and supporting informed decision making to mitigate risks of incomplete or inaccurate data and to align clinical and population health data which supports informed decision making.</li> <li>9. Quarter 1 Prevention deliverables within the Health Board Plan 24/25-26/27 have been achieved.</li> <li>10. Receipt of the evaluation report for the Inverse Care Law activity. The Inverse Care Law activity report will provide insights to address any gaps and inform future actions, thereby contributing to reducing the risk of the inverse care law - The inverse care law is the principle that the availability of good medical or social care tends to vary inversely with the need of the population served</li> <li>11. Review / refresh of IHC Data packs to inform planning ensuring that up to date and accurate data is used to mitigate the risk of outdated or incomplete information influencing decision-making and support prioritisation of prevention based plans</li> <li>12. Population Health Executive Delivery Group – Workshop 'Prevention – Priorities, Planning and Delivery' to inform direction and planning has taken place.</li> <li>13. Quarter 2 Prevention deliverables in the Health Board Plan 24/25-26/27 have been achieved.</li> <li>14. Well North Wales Paper received by Board, outlining the direction for this integral programme approved (Oct 24). This provides a framework for change which supports the reduction of health inequalities in collaboration with partners.</li> <li>15. Strategic Arts in Health Plan received by Board, approved (Oct 24). This provides clear direction together with partners to support health and wellbeing through the use of arts.</li> <li>16. PPHP Committee received delivery update by Health Protection Team (Aug 24).</li> </ol>	<p>The appointment process for the Executive Director of Public Health needs to be finalised</p> <ol style="list-style-type: none"> <li>e. Prevention and early intervention actions and deliverables embedded within service and IHC plans and monitored routinely as part of performance monitoring Prevention is a priority theme which runs through the draft Health Board 3 year plan 25-28 however the IHC plans have not yet been reviewed.</li> <li>f. Staff training – Make Every Contact Count this recognises that all staff can take opportunity to use key day to day interactions to open up discussions about improving health and wellbeing and support positive changes</li> </ol>
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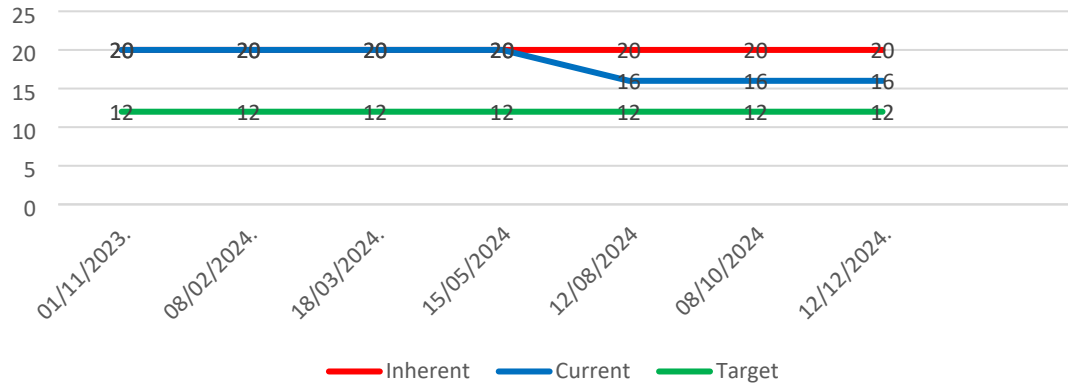


Actions	Due Date	Progression Analysis
Recruitment to vacant Senior Practitioner posts. Appointments made, commencing January/February 2025	31/11/2024	Completed
IHC Plans (as part of the Health Board 3 year plan) 25/26-27/28 evidence response to the IHC Population Health data packs and deliverables. BCU Planning Framework has now been approved. The BCUIHB draft 3 year plan December 2024 acknowledges Prevention as a key theme. MECC (Make Every Contact Count) training for staff is identified as an area for consideration in IHC Plans. Unable to close this action until IHC Plans have been reviewed	31/03/2025	Progressing (revised date from 30/11/2024)
Recruitment to the post of Executive Director of Public Health. Interviews are completed. Awaiting completion of the appointment administrative process.	01/02/2025	Progressing (revised date from 31/12/2024)
A review of the impact of specific preventative services has commenced. This action will continue into 25/26. It is anticipated it will form part of the Health Board Delivery plan 25/26-27/28. A review of Weight Management Services has been agreed.	31/03/2025	Progressing
Health Board Annual Plan / 3 year milestones and associated activity. The Health Board plan approved for 24-27 reflects prevention priorities and deliverables. BCU Planning Framework has now been approved. Draft BCUIHB Plan December 2024 evidences Prevention as a key cross cutting theme.	31/03/2025	Progressing
Executive Director of Public Health will agree the Prevention Priorities and Prevention Deliverables as part of the BCUIHB Plan development 25-28, as the identified Executive lead – which contribute to delivery of the Health Board 5 Strategic Objectives. Draft deliverables have been submitted and approved by the Executive Director of Public Health.	31/03/2025	progressing
The Public Health Team will carry out a review of existing programmes of work and agree Directorate priorities 25/26 Programmes of work have been agreed and included in the health board plan 25-28. Supporting infrastructure is now being developed to ensure delivery.	31/03/2025	Progressing

Programme plans developed for Health Protection, Health Improvement, Health Inequalities and Healthcare Public Health which contribute to the additional controls required

31/03/2025

New Action



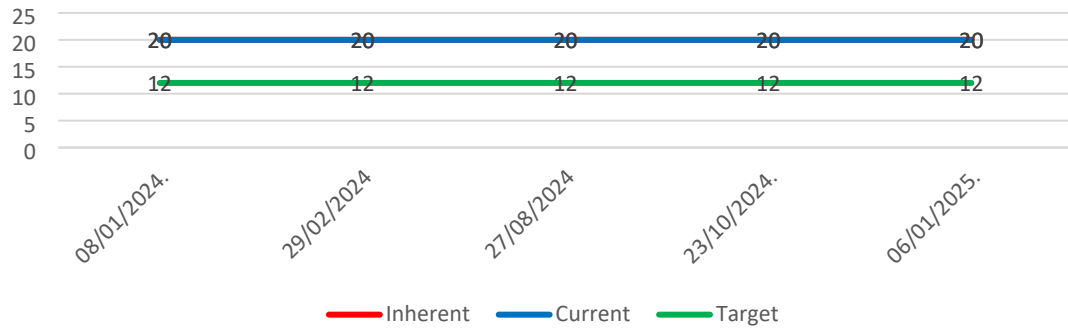
	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Quality		15-19

**Rationale for Corporate Risk**

The population health of North Wales is worsening and has significant impact on demand for services and potentially on the wider community due to the loss of people from the workforce, and through the subsequent economic impacts on our communities through loss of involvement. Worsening health outcomes, increasing ill health and widening inequalities directly affects the Health Board ability to deliver excellent healthcare services meaning the Health Board purpose must retain clear focus on improving the health and wellbeing of the population

CRR 24-09	<b>Risk Title:</b> Primary Care		<b>Date Opened:</b> 08/02/2024	
	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> 17/12/2024	
<b>Date Last Reviewed:</b> 06/01/2025	<b>Director Lead:</b> Interim COO	<b>Link to BAF:</b> N/A	<b>Target Risk Date:</b> 31/03/2026	
<p>There is a risk that the Health Board's ability to meet its statutory obligation to provide primary care services will be impacted by growing patient demand, workforce and financial pressures. This could be caused by financial pressures due to factors such as rising operational costs and insufficient funding. This could lead to ineffective or failing primary care function would increase the likelihood of declining population health, poor service performance, regulatory non-compliance, poor staff morale and an increase in activity in other parts of the system such as emergency departments.</p>				
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>		
<ol style="list-style-type: none"> <li>1. Primary Care Board established in 2024 to ensure executive oversight of services.</li> <li>2. Primary Care sub groups established in 2024 that focus on specific key elements of service overview including governance and quality, workforce and contracting.</li> <li>3. Primary care team working closely with national team to deliver Strategic Programme for Primary Care (SPPC) in North Wales Focuses on elements including Accelerated Cluster Development, Pan-Cluster Planning Groups, Primary Care Professional collaboratives and the Primary Care Academies.</li> <li>4. Established Cluster and Collaborative Leads across the 14 cluster areas in BCU.</li> <li>5. Pan Cluster Planning Groups (PCPGs) are now in place across each IHC in the Health Board, and are supported by the Local Authorities and Public Health.</li> </ol>		<ol style="list-style-type: none"> <li>a. Primary care plan needed to set out long term strategy for services</li> <li>b. Programme management approach needed to monitor and drive strategic and operational priorities.</li> <li>c. Consistent approach to managing primary care services across BCU is needed. Currently most services are managed at an IHC level.</li> <li>d. A clear governance framework is needed for each primary care service that will ultimately feed into the Primary Care Board. This will allow risk and other areas of assurance to be discussed and monitored.</li> <li>e. Developing stronger working relationships with internal and external stakeholders in order to optimise the management of services and patient flow in the wider system</li> </ol>		
<b>Actions</b>			<b>Due Date</b>	<b>Progression Analysis</b>
Primary Care strategic plan			31/03/2025	Progressing

A plan needs to be created that looks at all areas of primary care, and describes what the long term strategy is and how it will be delivered.				
Implementation of recommendations from the National Strategic Programme for Primary Care.				
July workshop planned to review the recommendations and programme of work for 24/25				
Primary Care Academy to utilise SPPC monies to further progress multi-professional working				
Work on going to develop local health board response to the national strategy and year 1 priorities as set out by HEIW/SPPC. Update expected nationally in November 2024.				
a review of cluster monies spend to allow introduction of new roles, ways of working and models of service delivery				
Primary Care plan/strategy drafted to lay ground work for pathway to true Partnership and integrated working, with joint planning and decision making across Local Authorities/NHS for health, care and prevention.				
Place based person centred provision to be at the forefront of planning, transformation and innovation in all health and social care plans.				
Deep dive / diagnostic into general dental and community dental services (scope to be defined)				
		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20



**N.B. Inherent and Current score lines stacked as both are 20.**

Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	Quality		15-19

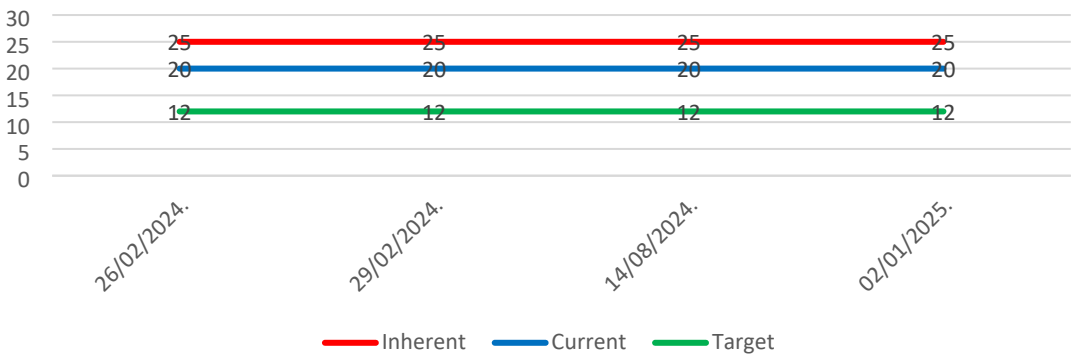
**Rationale for Corporate Risk**

This risk sits across all primary care services within BCU. The risk of having an ineffective or failing primary care function would increase the likelihood of declining population health, poor service performance, regulatory non-compliance, poor staff morale and an increase in activity in other parts of the system such as emergency departments.

CRR 24-10	<b>Risk Title:</b> Urgent and Emergency Care		<b>Date Opened:</b> 26/02/2024
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 23/12/2024
<b>Date Last Reviewed:</b> 02/01/2025	<b>Director Lead:</b> Chief Operating Officer	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 30/03/2025

There is a risk of mortality in relation to **critically ill** patients being seen in a **timely** manner through unscheduled **care** routes. This may be caused by delayed dispatching of ambulances, ambulance queues at emergency departments, Out of Hours access and EDs and UTCs being at capacity. This could impact on pressures for other services, reputation and litigation implications.

Mitigations/Controls in place	Additional Controls required
<ol style="list-style-type: none"> <li>1. System resilience hub introduced in December to ensure consistent approach to daily resilience calls BCUHB wide focused on prevention of and mitigating actions in response to reducing delays already in the system. Hospital full protocols reviewed and updated to support rapid de-escalation during peak periods of demand. Winter resilience plan, and festive period plans, developed to manage whole system pressures.</li> <li>2. Ambulance handover guidance shared and utilised as part of the system resilience calls. Ambulance escalation process to support peak periods of demand.</li> <li>3. UEC programme governance and reporting structure realigned into 4 workstreams (brings together all relevant improvement projects into a single improvement programme).</li> <li>4. Workstream 1 focused on the community wrap around care ensuring that care, wherever safe to do so, is delivered closer or at home to avoid unnecessary conveyance and admission.</li> <li>5. Single Integrated Clinical Advice Triage (SICAT) and GPOOHs services working together to provide 24/7 model across North Wales. Health Care Professional line available alongside review of the ambulance stack to avoid long waits.</li> <li>6. 0800-2000hrs funded GP service working alongside WAST/111 to reduce ambulance responses and manage patients through alternative pathways reducing the need for ambulance attendances</li> <li>7. Workstream 2 focused on providing direct access to services as a safe alternatives to Emergency Departments (EDs)</li> <li>8. EDs working to the All-Wales ED quality statement; Same Day Emergency Care (SDEC) services at all acute sites for those emergency admissions that would have had an overnight stay to be managed and discharged home the same day. Direct access to SDEC is available to health care professionals including Primary Care, 111 and WAST.</li> <li>9. Red Cross ED Wellbeing and Home Safe service provided across all EDs to support patients during their time within EDs and provide a safe discharge solution and settlement safe avoiding reattendance /readmission.</li> <li>10. Workstream 3 in place improving patient flow and therefore reducing overcrowding in EDs and subsequent ambulance handover delays at the front door</li> <li>11. Optimal Hospital Flow framework supported by daily board rounds to ensure every day is a green or value added day for the individual thereby avoiding delays in the patient pathway and reducing the time spent in hospital and deconditioning.</li> <li>12. Regular reviews of long stay patients in acute &amp; community hospitals to reduce average length of stay.</li> <li>13. Workstream 4 in place (continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos).</li> <li>14. Review of Complex Care arrangements in place to improve system improvements and to reduce delays, managed each IHC's Clinically optimised weekly meetings.</li> <li>15. Adverse discharge meetings in place as real time feedback, ensure lessons learnt and build trust across organisations.</li> <li>16. Trusted Assessors (in 4 areas) reducing time for assessment.</li> </ol>	<ol style="list-style-type: none"> <li>a) A number of key roles within the UEC Improvement Programme remain as temporary / secondments and this will impact on the inability to drive the required system change.</li> <li>b) Fragility and gaps in social care assessment, delivery and social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds.</li> <li>c) Funding spot purchasing of beds to assist with stepping up of patient care rather than hospital admissions and step down for assessment of individuals needs in a community setting. Implementation plans being agreed through additional 50 day challenge funding provided December 2024.</li> <li>d) Trusted assessors development, ongoing work for the last 18 months, support required to progress at pace.</li> <li>e) Continuous flow modelling – National presentation on a model to decompress the Emergency department and create movement to reduce delays.</li> <li>f) Get it Right First Time (GIRFT)/SEDIT reports to support demand management across North Wales need to be implemented through workstream 1 delivered by IHC operational teams</li> </ol>

Actions	Due Date	Progression Analysis																																							
Health board to support development of a pan North Wales UEC (SICAT remodelling) hub prior to Winter 2024 to ensure 24/7 service support, in conjunction with national support and forthcoming escalation triggers. <i>The process of review is in place and will be led by workstream 1 of UEC programme.</i>	31/03/2025	In progress (date revised from 15/01/2025)																																							
BCUHB agreement on IHC to trial the Continuous flow model and implement prior to August 2024- WXH IHC have been the site supported by Executives as initial trial site. Ongoing assurance discussions with East IHC and Swansea Bay continue in light of concerns raised. Final meeting planned for end of June 2024. <i>This action has now been re-instated by the Interim COO and agreement of time scales for implementation.</i>	31/03/2025	In progress (was delayed, date revised from 30/06/2024)																																							
Workstream plans being developed (some controls in place) and agreed with each lead, plans are pan North Wales with operational delivery through each of the IHCs. Workstream plans are aligned to the annual plan and the 3 ministerial priorities for 2024/25. Workstreams focused on key areas within the patient pathway will work with partners across the UEC whole system to deliver the necessary improvement; 1. Support at the individual's front door 2. Hospital front door 3. Hospital flow 4. Discharge from hospital	31/3/2025	In progress																																							
Review of all outstanding audit, GIRFT and HIW reports to ensure that actions plans are captured and any outstanding actions delivered within the relevant workstreams and lessons learnt used to inform sustained improvement	31/3/2025	In progress																																							
Annual plan narrative for 25/26 delivery drafted, awaiting planning guidance for 25/26, dues 23 <sup>rd</sup> December 2024, to ensure that annual plan for UEC and subsequent workstream plans are aligned to the ministerial priorities for 25/26 and the de-escalation framework.	31/3/2025	In progress																																							
 <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Date</th> <th>Inherent</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>26/02/2024</td> <td>25</td> <td>20</td> <td>12</td> </tr> <tr> <td>29/02/2024</td> <td>25</td> <td>20</td> <td>12</td> </tr> <tr> <td>14/08/2024</td> <td>25</td> <td>20</td> <td>12</td> </tr> <tr> <td>02/01/2025</td> <td>25</td> <td>20</td> <td>12</td> </tr> </tbody> </table>	Date	Inherent	Current	Target	26/02/2024	25	20	12	29/02/2024	25	20	12	14/08/2024	25	20	12	02/01/2025	25	20	12	<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Current Risk Rating</td> <td>5</td> <td>4</td> <td>20</td> </tr> <tr> <td>Target Risk Score</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Risk Appetite</td> <td colspan="2">Open</td> <td>15-19</td> </tr> </tbody> </table>		Impact	Likelihood	Score	Inherent Risk Rating	5	5	25	Current Risk Rating	5	4	20	Target Risk Score	4	3	12	Risk Appetite	Open		15-19
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<p align="center"><b>Rationale for Corporate Risk</b></p>																																									
<p>The number of Prevention of Future Death (PFD) / Regulation 28 Notices issued to BCUHB since February 2023 currently stands at 32. The Health Board saw a large number issued in 2023/24 (23) which was a significant outlier compared to previous years and other NHS Wales bodies. However 5 were received in 2024/25 (to date), a significant reduction compared to the number issued in same period of the prior year and more in-line with the average of previous years</p>																																									



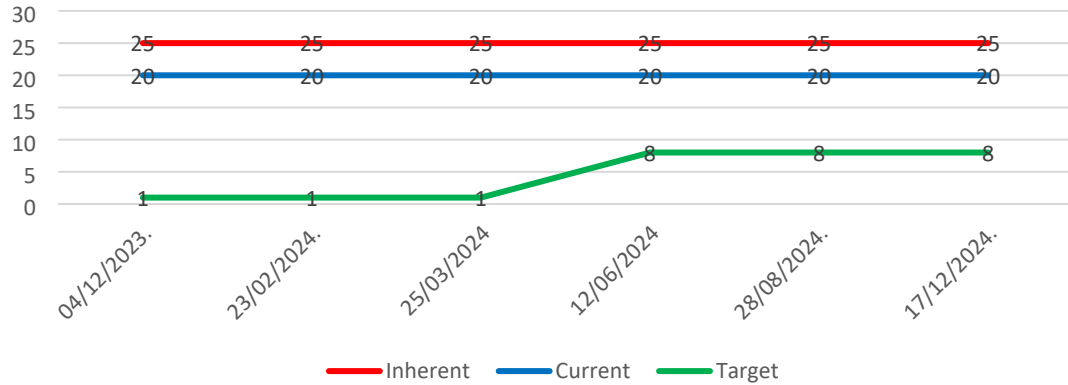
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

	<p>and other NHS Wales bodies. 9 cases directly related to the impact of delays in the health and social care system on the timeliness of responses by the Welsh Ambulance Service. Goal to be in line with WG targets.</p>
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CRR 24-11	<b>Risk Title:</b> Planned Care		<b>Date Opened:</b> 04/12/2023	
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 23/12/2024	
<b>Date Last Reviewed:</b> 17/12/2024	<b>Director Lead:</b> Chief Operating Officer	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/12/2025 (interim review)	
<p>There is a risk of further deterioration in patients' health, <b>harm</b>, mortality or need for more complex treatment in relation to planned care services with a, resulting in failure to meet national access targets. This could be caused by <b>long waits and delays</b> for planned care, insufficient <b>capacity</b>, staffing shortages, increasing demand, and backlogs exacerbated by COVID. The impact would be worsening patient outcomes and experiences including avoidable harm, increased complaints, financial penalties for target breaches, and reputational damage.</p>				
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>		
<ol style="list-style-type: none"> <li>1. Routine prioritisation of patients by clinical risk according to national Referral to Treatment Time (RTT) guidance (Cancer &gt; Urgent &gt; Routine)</li> <li>2. Performance monitored via weekly corporate access meeting and locally via IHC weekly access meetings including long waits and clinical prioritisation.</li> <li>3. Clinical prioritisation and review of waiting lists ongoing.</li> <li>4. Validating waiting list cohorts.</li> <li>5. Joint Patient Admin and Booking Centre.</li> <li>6. <a href="#">Leadership, Chief Operating Officer now recruited for both interim and substantive.</a></li> </ol>		<ol style="list-style-type: none"> <li>1. Need a substantial in sourcing/outsourcing commissioning piece of work over a longer timeframe 2-3 years</li> <li>2. Capacity and demand modelling and trajectory tracking</li> <li>3. Clinically led development of sustainable service models to secure long term safe quality provision</li> <li>4. Implementation of GiRFT and wider recommendations from service review processes (including from Clinical Implementation networks nationally)</li> <li>5. Application of GiRFT and other performance improvement approaches (monitor progress of implementation via planned care board and performance outputs via access).</li> <li>6. The planned care funds require quicker mobilisation in future years</li> <li>7. Refresh and renew INNU policy to ensure referrals are appropriate.</li> <li>8. <a href="#">Demand and capacity plan (in progress) completed to inform specialty level position for 2025/26 and targeted support where shortfalls identified</a></li> </ol>		
<b>Actions</b>			<b>Due Date</b>	<b>Progression Analysis</b>
Recruiting clinical leads and project management capacity to support clinically led specialty programmes of work in order to secure successful design and delivery of sustainable models of care			31.03.25	In progress
Procurement for insourcing for endoscopy and diagnostics Insourcing endoscopy business case approval at Executive Team			01/11/2024	Completed
Ensure completion of demand and capacity analysis to inform forward looking activity and produce mitigations for shortfalls			31/03/25	Progressing
Minimise escalation into elective capacity through UEC improvement programme			31/01/2025	Progressing
Plan substantially increased additional capacity delivery for onboarding early in the new financial year.			31/03/2025	Not started – requires approval of scope
			<b>Impact</b>	<b>Likelihood</b>
				<b>Score</b>



Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score	4	2	8
Risk Appetite	Open		15-19

**Rationale for Corporate Risk**

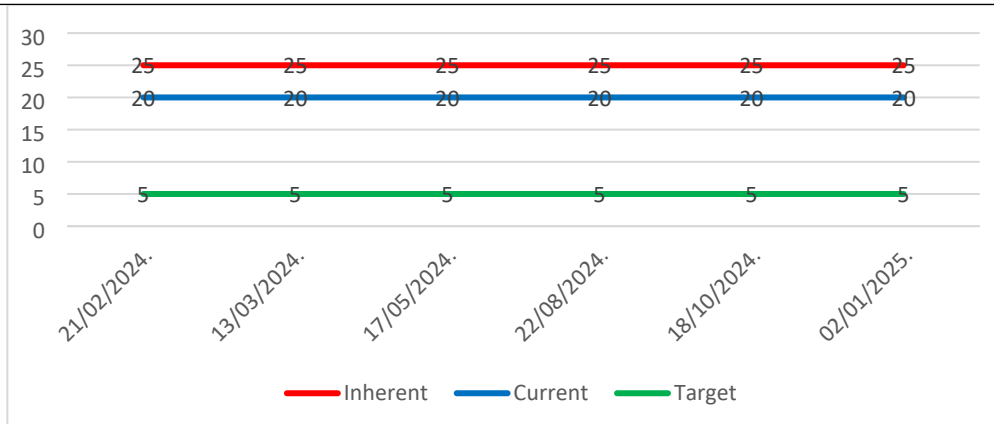
RTT 52 week waits stage one - NHS Wales Performance Framework 2024-25 Target = 0. Current positions RTT >52 Stage 1 – 27,880 (unbooked)

RTT 104 week waits all stages - NHS Wales Performance Framework 2024-25 Target 0. Current positions RTT 104 all Stages -11,993 (9,706 over 104w +1,198 over 156w + 10 over 208w – unbooked position) To achieve this within 12 months would mean in the order of an additional 2,417 cases per month, at least 1,459 of which would be stage ones.

RTT 52 week waits all stages - NHS Wales Performance Framework 2024-25 Target 0 by 30.06.2025 Follow up backlog 100% overdue - Target reduction compared to same month last year. East has a bigger share of stage ones over 52w by 2k so there is room to make the pan-BCU list more equitable. Continue to prioritise eliminating 156 or 208 weeks as early in the new financial year as possible.

CRR 24-13	<b>Risk Title:</b> Timely Diagnostics		<b>Date Opened:</b> 21/02/2024
	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> 17/12/2024
<b>Date Last Reviewed:</b> 02/01/2025	<b>Director Lead:</b> <a href="#">Chief Operating Officer</a>	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/12/2025
<p>There is a risk of delay in diagnostics, service failure, poor performance or disruption to <b>radiology, pathology and other diagnostic</b> services across BCU. This could be caused by shortages of specialist staff, aging or inadequate IT systems and infrastructure, and insufficient governance structures. The impacts may include delays in diagnosis, treatment and discharge, increased outsourcing costs, patient harm events, preventable deaths, regulatory non-compliance, and significant reputational damage. There is also additional risk related to clinicians failing to act on results of diagnostic tests leading to patient harm and increased litigation</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Insourcing of CT, MRI and ultrasound to deliver required capacity</li> <li>2. Significant guidance and steer with National Imaging Programme workforce work.</li> <li>3. Outsourcing of radiology reporting to maintain Welsh government turnaround times</li> <li>4. Waiting list &amp; capacity and demand management is in place to monitor radiology required resources.</li> <li>5. New all Wales contract with Everlight from 1st November 2024 to maintain provision of radiology reporting</li> <li>6. Active participation by pathology in the nation pathology programme</li> </ol>		<ol style="list-style-type: none"> <li>a. Replacement of Radiology Informatics System (RISP) – implementation underway go live planned for 19<sup>th</sup> May 2025</li> <li>b. Replacement of LINC (national pathology IT system) - Contract signed with current supplier plans to implement by September 2025 being progressed nationally</li> <li>c. Radiology workforce model not suitable for meeting the current demands being placed on the service from both clinical activity and supporting activity required to deliver service e.g. governance, regulatory and accreditation requirements</li> <li>d. Escalate to BCU Clinical Effectiveness Group – issues around failure to act. Procedure MD (Office of the Medical Director) 23 – ‘Mitigation of the risk of failure to act on diagnostic results’ needs updating which is being led by the Executive medical director. <a href="#">Discussions held with OMD and a plan is being put in place for a task and finish group to update procedure MD23</a></li> <li>e. PHW Collaborative Executive group.</li> <li>f. Diagnostic Strategy for BCU needs to be developed</li> <li>g. <a href="#">Mitigation of the risk of failure to act.</a></li> <li>h. <a href="#">Work commenced on new radiology staffing model for the identification of significant restructuring of the service with succession planning, career development, staff wellbeing etc.</a></li> </ol>	

Actions	Due Date	Progression Analysis
Replacement of Radiology Informatics System (RISP) – implementation with anticipated go live date of the 19/05/2025.	14/04/2025	Progressing
Replacement of LINC (national pathology IT system) - Contract signed with current supplier plans to implement by September 2025 being progressed nationally	30/09/2025	Progressing
Procedure MD23 (Mitigation of the risk of failure to act on diagnostic results) to be updated	31/12/2025	Progressing
Radiology workforce revised model to be developed by June 2025	30/06/2025	Progressing
Diagnostic Strategy to be developed by diagnostic group	30/06/2025	Progressing (Revised date from 30/09/2024)
Escalate failure to act risks to CEG	31/03/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score	5	1	5
Risk Appetite	Quality		15-19

### Rationale for Corporate Risk

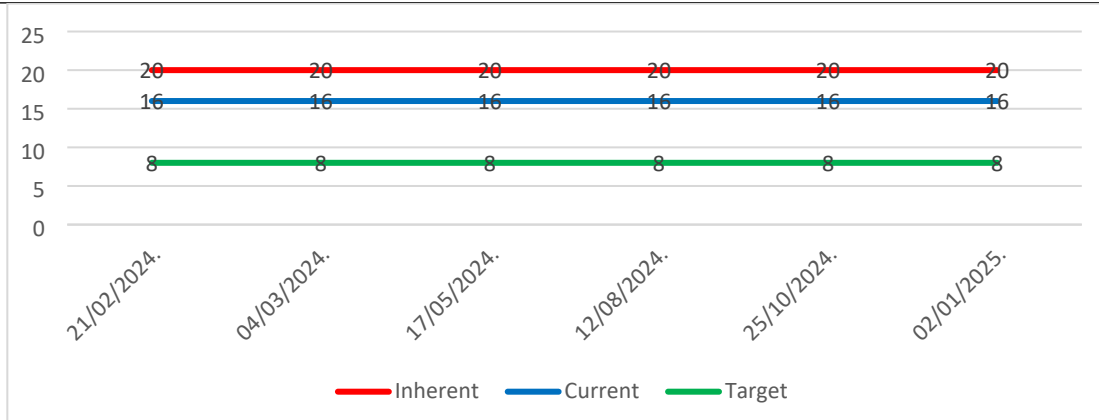
Increasing demand for both radiology and pathology and other diagnostic services. Outdated IT infrastructure in both Radiology and Pathology that carry significant clinical and operational risks. – National programmes in place to resolve these issues. Additional work required to mitigate the risks from failure to act and update procedure MD23. Waiting lists longer than the national targets which results in delay in diagnosis which results in harm to patients. In addition, staffing stress related to demand in the service leading to burn out. 31st January 6,801 diagnostic waits over 8 weeks with Endoscopy (2,163) and Cardiology (1,552) being the largest. Endoscopy capacity at most risk as the insourcing into Wrexham stopped as of 1st April 2024. Demand in radiology continues to increase. MDT demand in terms of numbers of patients on an MDT is at unsafe levels. Workforce and organisation development have escalated risks within DSCSS

about the health and wellbeing of the radiology senior team due to the number of competing priorities and the unsustainable amount of TOIL being accrued and unable to be taken by radiology SMT to manage the higher number of major projects and the operational delivery

CRR 24-14	<b>Risk Title:</b> Harm from the Medical Devices/Equipment		<b>Date Opened:</b> 21/02/2024
	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> 17/12/2024
<b>Date Last Reviewed:</b> 02/01/2025	<b>Director Lead:</b> Executive Director of Allied Health Professions & Health Science	<b>Link to BAF:</b> N/A	<b>Target Risk Date:</b> 31/03/2025
<p>There is a risk of harm and infection from aging, <b>unsuitable</b> or unreliable <b>medical equipment</b> and devices. This could be caused by equipment breakdowns, <b>lack of replacement funding</b>, ineffective cleaning and <b>decontamination</b>, insufficient <b>staff training</b>, improper use and poor traceability. The impacts may include inability to deliver essential services, delays in diagnostic and treatment leading to incidents and poor patient outcomes, increased costs and reputational damage.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Medical Devices Governance and Assurance Group leads on selection and procurement, processes and procedures of significance, learning from incidents, safety communications and risk management of medical devices.</li> <li>2. Annual capital planning process reflects known priorities taking account of key pieces of equipment due for replacement with a risk assessment that support the overall outcome.</li> <li>3. Scrutiny and assessment of the capital programme at Capital Programme Management Team (CPMT) and Capital Investment Group (CIG).</li> <li>4. Welsh Government Capital review meeting to escalate and discuss potential risks and requirements for key medical equipment e.g. Linac.</li> <li>5. An effective medical devices management system is utilised through EBME.</li> <li>6. EBME uses the management system to monitor the condition and performance of medical devices including device failures and issues; utilisation, performance, maintenance; repair and calibration history.</li> <li>7. Audits on affected equipment in line with regulatory compliance completed.</li> <li>8. <a href="#">Radiology fully engaged with the National Imaging Capital Equipment Group peer review programme.</a></li> </ol>		<ol style="list-style-type: none"> <li>a. Internal risk assessment and priorities are flagged in the context of fully depreciated equipment (£34.659m) to understand priorities and potential risks.</li> <li>b. Lack of medical device training and good governance of safety of equipment has been lacking and documented as a risk since 2016.</li> <li>c. Robust risk assessments of how often certain equipment breaks down, the scale of difficulty sourcing spare parts to be considered for included in requests for capital replacement.</li> <li>d. The number of capital bids not approved now exceeding circa £30million in capital and resources required. Backlog of equipment beyond end of life, some 10 years+. SBAR submitted to EDAHPHS for escalation to Executive team.</li> <li>e. Medical Device regulations work ongoing – see additional risk ID 5282 'Medical Devices Regulations 2002(SI 2002 No 618, as amended) (UK MDR 2002) compliance'. External review completed. Workplan now needs to be considered.</li> </ol>	

9. External links with National Imaging and Pathology Diagnostic Programmes are documented and appropriately reported through correct channels to ensure transparency and potential benchmarking.

Actions	Due Date	Progression Analysis
CPMT and CIG to review annual planning process to ensure risk scoring to inform prioritisation	31/03/2025	Progressing (Revised from 31/03/2024)
Medical physics have been tasked with testing all ultrasound equipment to ensure its safety and will consider compliance Medical Physics are working through the ultrasound Quality Assurance and testing.	31/03/2025	Progressing (Revised from 31/09/2024)
Directorate teams to review their medical devices capital replacement plans to ensure all services have a medical device replacement programme in place. Directorate teams are linking with Capital to update their replacement plans.	31/03/2025	Progressing (Revised from 31/09/2024)
Recruitment to Head of Clinical Engineering and associated posts within the medical devices team Recruitment to Head of Clinical Engineering is progressing, currently with Welsh translation and approval by Chief Operating Officer	31/03/2025	Progressing (Revised from 31/09/2024)



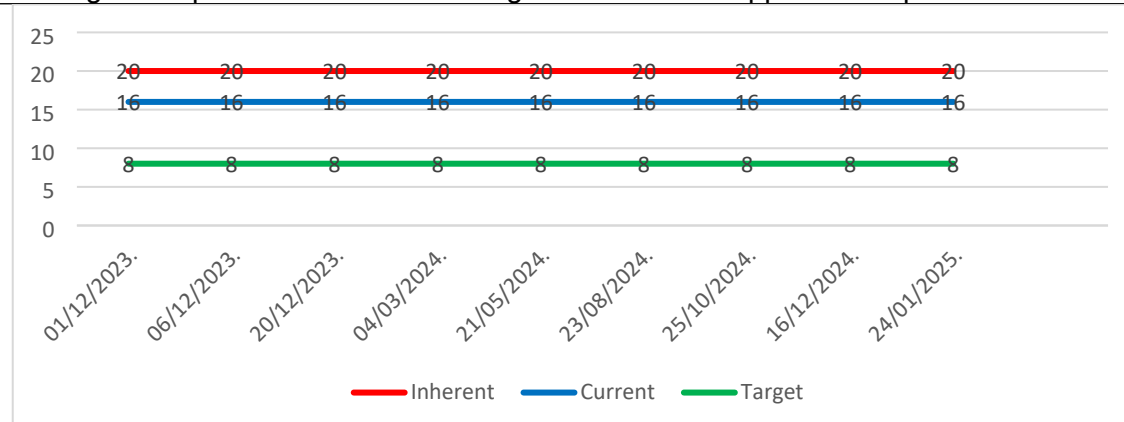
	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	Open		15-19

**Rationale for Corporate Risk**

Significant capital funding required, robust controls and governance required to ensure safety of equipment, £33M represents the value of capital medical equipment which is fully depreciated and at end of life.

CRR24-15	<b>Risk Title:</b> Health and Safety		<b>Date Opened:</b> 01/12/2023
	<b>Assuring Committee:</b> People & Culture Committee		<b>Date Last Committee Review:</b> 12/12/2024
<b>Date Last Reviewed:</b> 24/01/2025	<b>Director Lead:</b> Deputy Director of People	<b>Link to BAF:</b> N/A	<b>Target Risk Date:</b> 31/03/2026
<p>There is a risk of avoidable harm to patients and staff. This is may be caused by a failure of the Health Board to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation due to the lack of Health and Safety Leadership. The impact is patient and staff harm, financial implications, and reputational impact to the Health Board.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Three-year Occupational Health, Safety and Security strategy.</li> <li>2. Health and Safety Policies report into the Strategic Occupational Health &amp; Safety Group.</li> <li>3. Health and Safety eLearning and short courses in place.</li> <li>4. Gap Analysis has been reviewed. Strategy and plan to March 2026.</li> <li>5. Health and Safety Policies and Procedures are on BetsiNet.</li> <li>6. Programme of Health and Safety Reviews are in place.</li> <li>7. Programme of Health and Safety Self-Assessments are in place for completion twice yearly.</li> </ol>		<ol style="list-style-type: none"> <li>a. NHS Employer Health and Safety Standards are being developed</li> <li>b. A review of resources required following the internal audit.</li> <li>c. BCUHB Executive Team and Board of Directors to complete health and safety training.</li> <li>d. The business model aligned to the NHS Manual Handling Passport Scheme to be reviewed</li> <li>e. Investment in training venues is required for manual handling training delivery.</li> <li>f. Senior Leaders to nominate staff to support with Divisional delivery of manual handling refresher training..</li> <li>g. Review of health and safety policies within the next 12-24 months.</li> <li>h. A Health and Safety Risk Assessment and Management Framework needs developing.</li> <li>i. A pan BCUHB Health, Safety and Security Training Needs Analysis is required.</li> <li>j. Utilise the Violence Prevention and Reduction Standards to provide a framework for a safer environment.</li> <li>k. Intranet pages for Health, Safety and Security Services require development.</li> </ol>	
<b>Actions</b>			<b>Due Date</b>
A new approach is required supplemented by a clear strategy and framework.			31/12/2025
			<b>Progression Analysis</b>
			Progressing (Revised date from 31/12/2024)

The Health and Safety Policies and procedures require a review. Compliance spreadsheet to be included in the SOSHG Agenda going forward.	31/03/2025	Progressing
In-house security service model not being pursued. 22/01/2025: Extension of current Security SLA and Technical specification awaiting sign off.	31/03/2025	Progressing (Revised date from 31/12/2024)
Health and Safety training to be arranged for the Board. Training date set for 27/02/2025.	31/03/2025	Progressing (Revised date from 31/12/2024)
Updated strategy and plan developed with key service objectives identified to March 2026.	31/12/2025	Progressing (Revised date from 31/12/2024)
A process to monitor and review department self-assessments is needed.	31/12/2025	Progressing (Revised date from 31/12/2024)
A review of resources within the Health, Safety and Security Service is required following the internal audit findings.22/01/2025: Structure reviewed and remodelled. A business case to be developed.	31/03/2025	Progressing
The BCUHB business model aligned to the All-Wales NHS Manual Handling Passport Scheme 2020 to be reviewed.	31/03/2025	Progressing
A Health and Safety Risk Assessment and Management Framework is needed. Work to commence FY 2025/26	31/03/2026	Not Started
An electronic document management system (EDMS) for reporting of health and safety compliance and risk management pan BCUHB. Risk Management software approved. Implementation 2026	01/01/2027	Not Started



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	Regulatory		20-25

### Rationale for Corporate Risk

There is an inherent risk that the failure of Health & Safety management systems could lead to RIDDOR Reportable. Specified Injuries to Workers. Patient mismanagement, long-term effects. Death or significant irreversible harm which will result in prosecution by the Health and Safety Executive consequently leading to



GIG  
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NHS  
WALES

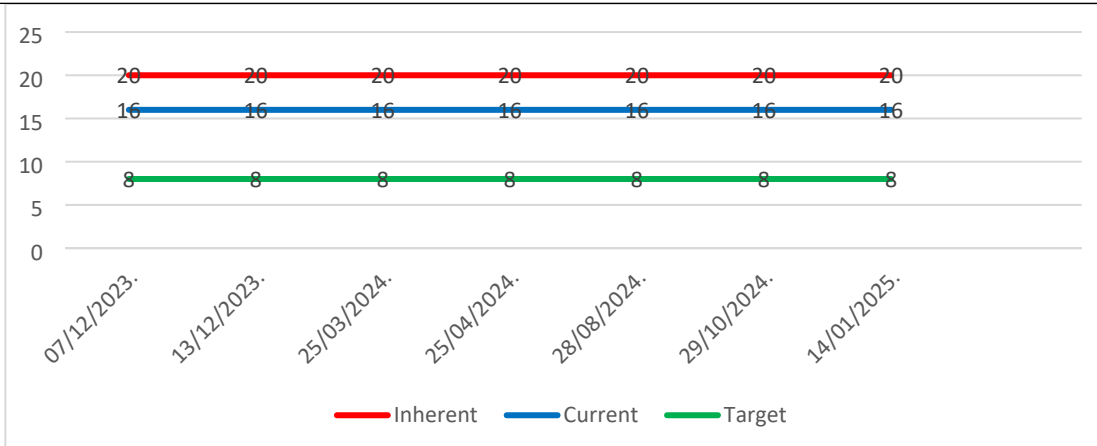
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

loss of reputation and financial penalties. The risk is extenuated by Non-compliance with national standards with significant risk to patients/public. An unacceptable level or quality of treatment/service. Gross failure of patient safety leading. Inquests and Coroners reports. Low staffing level that reduces the service quality. Low staff morale. Poor staff attendance for mandatory/key professional training. Uncertain delivery of key objective/ service due to lack/loss of staff within the Health and Safety team. Structural changes will be implemented in summer 2024, with Health and Safety moving from Workforce Directorate to a new role of Director of Environment, reporting directly to CEO.

CRR 24-16	<b>Risk Title:</b> Leadership		<b>Date Opened:</b> 07/12/2023	
	<b>Assuring Committee:</b> People & Culture Committee		<b>Date Last Committee Review:</b> 12/12/2024	
<b>Date Last Reviewed:</b> 14/01/2025	<b>Director Lead:</b> Deputy Director of Workforce	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2026	
<p>There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation. We recognise a compassionate leadership approach supports the delivery of safe and reliable care. This could be caused by inadequate governance arrangement and lack of integrated leadership development pathways across the Health Board. This could have an impact on the sustainability of staffing and subsequently patient care and safety and service delivery.</p>				
<b>Mitigations/Controls in place</b>			<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Integrated Leadership Development Framework (ILDF)</li> <li>2. Culture change and Behaviours Framework.</li> <li>3. Suite of leadership conferences, networking and masterclasses on compassionate, inclusive leadership and engagement. Three conferences have been held so far with over 750 attendees</li> <li>4. Work associated with this risk which links into the Special Measures Framework now monitored via the governance of the Framework and reported to Executive Team and Board.</li> <li>5. Full Board now in place and all committees now chaired and attended by full complement of Independent Members</li> <li>6. Culture change agents in place across the organisation</li> <li>7. The Board formally signed the NHS Wales' Compassionate Leadership Pledge in September 2024.</li> <li>8. <a href="#">A compassionate behaviour resources, video co-produced with HEIW.</a></li> <li>9. <a href="#">Compassionate leadership modules are now integrated into all leadership and management development programmes.</a></li> <li>10. <a href="#">An approved Culture Leadership and Development Plan</a></li> </ol>			<ol style="list-style-type: none"> <li>a. Further embedding of Integrated Leadership Development Framework.</li> <li>b. Implementation and measurement of compassionate approach to leadership and how to adopt it, aligned with the work on values and behaviours</li> <li>c. Formal Culture Change Plan and accompanying Comms and Engagement plan</li> <li>d. A Behaviours Framework (will be derived from the culture change workstream)</li> <li>e. Appropriately resourced Culture Change programme and realignment of resources within the OD function.</li> <li>f. Filling of gaps in Executive team</li> </ol>	
<b>Actions</b>			<b>Due Date</b>	<b>Progression Analysis</b>

<p>REF Gaps in controls; A &amp; B. Draft Integrated Leadership Development Framework in place (forms part of special measures monitoring)</p> <ul style="list-style-type: none"> <li>The lower level programmes within the ILDF have commenced. Mynydd Mawr – Foundations of Leadership and Management Programme - commenced it's first cohort on the 27<sup>th</sup> June 2024. A further 16 cohorts are scheduled through to March 2025</li> <li>The OD function is undergoing a re-alignment of resources to be in place by the end of December 2024 this will support the delivery of the ILDF action plan from September/October onwards. The Advanced Clinical Leadership Programme (ACLP) is currently in progress with 26 BCUHB clinical leaders engaged on the programme. This is a well-established programme developed by HEIW to support and develop senior clinical leaders. The programme commenced in February 2024 and is due to complete at the end of the year.</li> <li>A new Leadership hub, hosted on Gwella, will be launched in November 2024 which incorporates online resources for our current and aspirational leaders. Alongside this a People Managers Forum will also be launched. The People Managers Forum will be a space for all people managers to network and share their experience and will be hosted virtually in the first instance. The forum will support our people managers in developing their skills and competence, help them keep up to date with recent changes in policies and processes and aims to build a community of practice that is an engaging and supportive space.</li> </ul>	31/12/2024	Complete
<p>REF Gaps in controls; A, Define the indicators (quantitative and qualitative) that will enable the organisation to measure the on-going effectiveness of the ILDF.</p>	31/03/2025	Progressing
<p>REF Gaps in controls; A, The ILDF courses and development resources for mid-level management/leadership will be designed and implemented across 2025/26</p>	31/03/2026	Progressing
<p>REF Gaps in controls; A, B, D, A suite of masterclasses and workshops will be launched in Q1 2025/26 which are aimed to give wrap-around support to our leaders across the organisation.</p>	30/06/2025	Progressing
<p>REF Gaps in controls; C &amp; D. A draft OD plan in development (forms part of special measures monitoring) and has been initially approved by the culture steering group. The next steps are to ratify the plan with the senior team and People &amp; Culture Steering Group</p> <p>The OD plan is under consultation and is expected to be ratified by Board in November 2024</p> <p>The Culture Leadership &amp; Engagement plan has been approved and is now in place. Reference point 10 in the mitigation section</p>	30/11/2024	Complete
<p>REF Gaps in controls; C&amp; E. Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan</p> <p>The Leadership Conference (inc. the world cafe) took place in June to assess the culture, values and behaviours of the organisation. The results, along with a range of related reviews and staff engagement mechanisms, informed the new Culture change programme and Behaviours Framework. This closed action is transferred to point 7 in the 'controls in place' section.</p>	31/08/2024	Completed
<p>REF Gaps in controls; B &amp; C, A further Leadership conference will be held in Q1; the topic and content is currently being ratified and will be confirmed by March 2025</p>	31/03/2025	Progressing

REF Gaps in controls; E, Alignment of OD resource is still underway. The permanent structure is in place but a number of the non-recurrent posts remain vacant with ongoing discussion regarding funding. It is hoped to have the posts filled by Q1 2025/26	30/06/2025	Progressing
REF Gaps in controls; B,C, D & E. Further embedding of compassionate approach to leadership and how to adopt it, aligned with the work on values and behaviours. Formal Culture Change Plan and accompanying Comms and Engagement plan. A Behaviours Framework (will be derived from the culture change workstream). An appropriately resourced Culture Change programme and realignment of resources within the OD function.  <u>This action is now closed as the remaining workstreams are detailed in CRR24-01.</u>	31/12/2024	Completed (refer to CRR24-01)
Whilst it is not unusual to have a vacant Executive position, there are a small number of posts that have not been filled substantively for some time which may impact the overall scoring of this risk; Executive Director of People & OD – Interview TBC Executive Director of Finance – Interview Jan 25 Executive Medical Director – Interview Feb/Mar 25	30/05/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	Reputational		20-25

**Rationale for Corporate Risk**

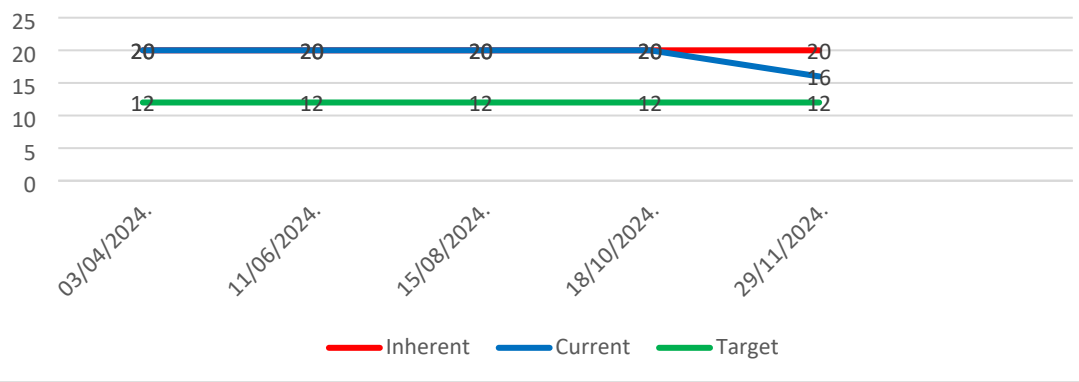
Staff retention is 90.5% compared to 90.3% last year. PADR compliance showed improvement in October 2024, following a period of reducing rates, increasing by 0.7% to 77.8%. The Grievance trend of cases have is rising but the number of new cases has dropped in the previous 2 months. The percentage of stress & anxiety absences remains high at 1.8%. Avoidable turnover has dropped from 5.9% to 4.8% compared to January 2023.

CRR24-18	<b>Risk Title:</b> Operational Planning for Transmittable Diseases and Outbreaks - Health Protection		<b>Date Opened:</b> 03/04/2024
	<b>Assuring Committee:</b> Planning, Population Health and Partnerships Committee		<b>Date Last Committee Review:</b> 20/12/2024
<b>Date Last Reviewed:</b> 29/11/2024	<b>Director Lead:</b> Executive Director of Public Health	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/01/2025
<p>There is a risk that the Health Board does not plan adequately for outbreaks and incidents of communicable disease such as (but not solely) Measles, M.Pox, COVID-19, Pertussis etc.. This may be caused by the unpredictability of when the disease may first occur, the variety of new and emerging threats, the variations in the nature of the required response to specific diseases, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate, contact tracing, sampling, vaccination, communications), the scale of potential outbreaks, the difficulties in protecting specific vulnerable groups and members of staff in a timely way. This could lead to greater exposure of the public and staff members to communicable diseases causing an increase in cases, further transmission, interruption of health board services and in some cases death.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> <li>1. Health Protection Service established within BCUHB with a clear remit for enhancing the response to incidents and outbreaks in North Wales in accordance with the Communicable Disease Outbreak Control Plan for Wales.</li> <li>2. Standard Operating Procedures relating to community sampling for specific diseases, including Measles, M pox, Avian Influenza, COVID-19 (although some remain to be developed)</li> <li>3. Pathways established for response measures to specific diseases, for example, HNIG pathway and vaccination outbreak response for measles.</li> <li>4. Health Protection Service responsible for the management of COVID-19 incidents in closed settings in North Wales</li> <li>5. Strong links with Health Protection Partners including Public Health Wales and each of the 6 Local Authority Environmental Health teams.</li> <li>6. Strong links with the Communicable Disease Surveillance Service to support the monitoring of trends in communicable diseases</li> </ol>		<ol style="list-style-type: none"> <li>a. No approved comprehensive procedure/plan in place for the management of communicable disease outbreaks (in and out-of-hours) within BCUHB. (this point deleted as this is an aspect of a comprehensive outbreak plan)</li> </ol>	



7. Multi-agency simulation exercise undertaken in September 2023 in North Wales to test preparedness measures for specific outbreaks.
8. Access to and use of the national Case and Incident Management System: Tarian
9. Significant lessons identified from preparedness activities associated with national increase in Measles cases, leading to the development of tools, assets and pathways that could be adapted for use with other communicable diseases
10. IHC engagement with outbreak planning and preparedness activities highlighted in the IHC packs 24/25
11. Appointment of an EPRR Lead who is able to support with the development of an outbreak plan for the Health Board
12. Additional focus placed on staff (occupational health) vaccinations, with additional support provided for staff influenza and MMR uptake from the Health Protection Service
13. Strategic group established within the Health Board to lead on the development of plans and pathways for the management of suspected and confirmed cases of High Consequence Infectious Diseases (particular focus on Mpox Clade I). Preparedness activities to date include the testing of 'green routes' with the WAST Epi-Shuttle on each acute site, the preparation and testing of IPC guidance and sampling plans, confirmation of appropriate isolation areas on each acute site. and the initiation of preparedness activities within each IHC for the management of suspected and confirmed HCID cases.
14. National multi-agency simulation event to test local preparedness plans and processes for HCID Mpox Clade I – 'Fad Felen'
15. Contributions made to the development of national action cards for HCID cases.
16. NHS Executive audit of BCUHB HCID preparedness measures due early 2025.

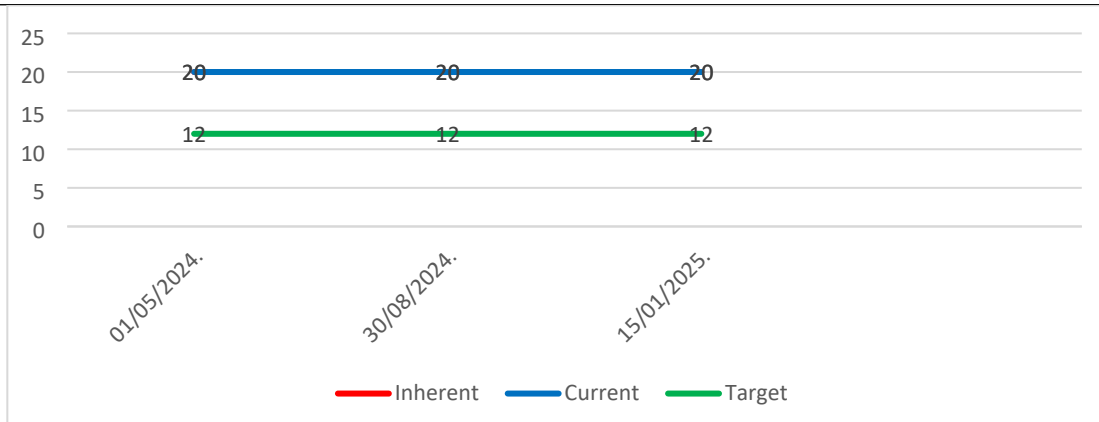
Actions	Due Date	Progression Analysis
Establish the link with EPRR lead to scope arrangements for a communicable disease outbreak management plan.	01/10/2024	Complete

Production of a draft outline of a communicable disease outbreak management plan	01/10/2024	Complete																																											
To establish an operational group within BCUHB for the developing and shaping a communicable disease outbreak management plan (full list of members can be provided if required here) Action point is progressing – the operational group is currently engaged in activities to ensure preparedness measures are in place within the Health Board for identifying and managing suspected and confirmed cases of High Consequence Infectious Disease (HCID), notably Mpox Clade I. The group has representation from IHC’s, Primary and Secondary care, Health Protection, EPRR, PHW, WAST, Health at Work and communications. The current need is to ensure that appropriate operational plans are in place to manage HCID cases.	01/03/2025	Progressing (revised date from 1 October 2024)																																											
To prepare a draft copy of a communicable disease outbreak management plan  An extension to the due date is anticipated as a result of current focus on HCID.	01/12/2024	Progressing																																											
To run a simulation exercise across the Health Board to test the functionality and contents of the communicable disease outbreak management plan	01/02/2025	Progressing																																											
Further revision of the plan following simulation exercises	14/02/2025	Progressing																																											
Approval and agreement of the communicable disease outbreak management plan with an agreed schedule of simulation events.	31/03/2025	Progressing																																											
 <table border="1"> <thead> <tr> <th>Date</th> <th>Inherent</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>03/04/2024</td> <td>20</td> <td>20</td> <td>12</td> </tr> <tr> <td>11/06/2024</td> <td>20</td> <td>20</td> <td>12</td> </tr> <tr> <td>15/08/2024</td> <td>20</td> <td>20</td> <td>12</td> </tr> <tr> <td>18/10/2024</td> <td>20</td> <td>20</td> <td>12</td> </tr> <tr> <td>29/11/2024</td> <td>16</td> <td>16</td> <td>12</td> </tr> </tbody> </table>	Date	Inherent	Current	Target	03/04/2024	20	20	12	11/06/2024	20	20	12	15/08/2024	20	20	12	18/10/2024	20	20	12	29/11/2024	16	16	12	<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>Current Risk Rating</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Target Risk Score</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Risk Appetite</td> <td colspan="2">Quality</td> <td>15-19</td> </tr> </tbody> </table> <p style="text-align: center;"><b>Rationale for Corporate Risk</b></p> <p>There are a number of unpredictable situations that could arise and would have a potentially significant impact on the population.</p>		Impact	Likelihood	Score	Inherent Risk Rating	4	5	20	Current Risk Rating	4	4	16	Target Risk Score	4	3	12	Risk Appetite	Quality		15-19
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CRR 24-19	<b>Risk Title:</b> Community Care Provision		<b>Date Opened:</b> 01/05/2024
	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> New Risk
<b>Date Last Reviewed:</b> 15/01/2025	<b>Director Lead:</b> Executive Director Transformation and Strategic Planning	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2026
<p>There is a risk that the Health Board may not be able to provide safe, effective and timely care to patients in the community, and the Health Board not fully meeting its obligation to commission and provide accessible and high-quality community care, D2RA, Care Home support services and continuing health care (CHC) services. This may be caused by insufficient care in the community sector fragility, lack of available domiciliary care provision, delays of CHC assessments, staffing shortages and the fragility of care home sector</p> <p>This may also be caused by a lack of investment in services and skill mix development, restrictions in IT systems and communication between different parts of the integrated team. This may lead to unnecessary admissions, delayed transfers of care, increased length of stay in hospital and poorer outcomes for patients, people not receiving end of life care in their place of choice.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Daily patient flow meetings including focus on long-stay patients and partnership with Local Authorities</li> <li>2. Primary Care Board has been established with the first meeting held May 2024, monthly meetings planned moving forwards. Community Care is reporting into the Primary Care Board around this risk.</li> <li>3. Community Resources Team model bringing together agencies and professionals supporting locality populations.</li> <li>4. North Wales care homes single action plan overseen by Regional Commissioning Board and Regional Partnership Board.</li> <li>5. Care home Quality Assurance Framework and tools in place</li> <li>6. Established Continuing Healthcare (CHC funding) teams and processes including escalation where delays occur</li> <li>7. Agreed joint escalation processes with Local Authorities for care homes of concern</li> <li>8. Greater Health Board oversight of Community Care issues and risks via PPHP Committee with first report to committee during April 2024 with further reporting in June 2024.</li> </ol>		<ol style="list-style-type: none"> <li>a. Escalation and sustainability report requires commissioning to address risks associated with workforce and workload pressures allows for early identification and management.</li> <li>b. Programme management to be implemented to monitor and drive strategic priorities.</li> <li>c. Community Care Quality and Delivery Group to be established or investigate feasibility of implementing Community Care reporting to Primary Care Quality and Delivery Group</li> <li>d. Strategy, focus and resources including staff, training and IT to deliver joined up planning, innovation and delivery for place based, integrated prevention, health and care services across NHS/Local Authorities to deliver on place based care and care closer to home.</li> <li>e. Additional Resourcing of CIVICA system (scheduling system for District Nurses), access to EMIS (GP Patient record system) community for teams. Connecting Care Implementation for community services</li> </ol>	

	<ul style="list-style-type: none"> <li>f. Better arrangements for allocating available resources.</li> <li>g. Financial systems that support transformative systems in line with Primary Care Model for Wales outcome 13</li> <li>h. Improved joint planning with local Mental Health services</li> <li>i. Improved planning for access to diagnostics in the community setting</li> <li>j. Community Care and CHC services audits of sustainability matrix ongoing periodically – Programmes to be put in place to undertake the audits</li> <li>k. Equity of resource to support community care and CHC transformation, innovation, management and governance.</li> <li>l. As part of the refresh of UEC structures work stream 4 focus's on Discharge</li> <li>m. Pathways of Care Regional Action Plan</li> <li>n. Develop surge plans jointly with Local Authorities for winter pressures – did not happen to be progressed again.</li> <li>o. Complete pre-placement agreements with all providers and implement strengthened contract monitoring</li> </ul>	
<b>Actions</b>	<b>Due Date</b>	<b>Progression Analysis</b>
Primary Care Board established	30/05/2024	Completed
Community Care and CHC strategic plan to be drafted to inform the Health Board strategic plans	31/03/2025	Progressing
Escalation process in place for community hospitals, community nursing and CHC	31/12/2024	Complete
Programme management to be implemented to monitor and drive strategic priorities.	31/10/2024	New action
Community Care Quality and Delivery Group to be established or investigate feasibility of implementing Community Care reporting to Primary Care Quality and Delivery Group Get rid	31/10/2024	New action
Community Care and CHC services audits of sustainability matrix ongoing periodically – Programmes to be put in place to undertake the audits	31/03/2025	New action

Strategy and resources to be made available to support introduction of new roles, ways of working and models of service delivery.	31/03/2025	New action
Equity of resource to support community care and CHC transformation, innovation, management and governance.	31/03/2025	New action
Strategy, focus and resources to deliver joined up planning, innovation and delivery for place based, integrated prevention, health and care services across NHS/Local Authorities to deliver on place based care and care closer to home.	31/03/2026	New action
Joint commissioning plan with Local Authorities to increase domiciliary care capacity Following evaluation panels there is now a list of domiciliary care workers that are able to provide the more complex care. All will go on the new framework that is due to go live April 2025.	25/04/2025	Progressing
Review of community services model and development of business case to address gaps in capacity	31/03/2025	New action
Determine required level of Quality Assurance Framework increased frequency of visits, resource requirement and plans to implement. Final version of SOP for Clinical Quality Support Tools under the QAF is awaiting approval at the next Patient Safety Group on January 28th.	28/02/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	Quality		3 - Open

#### Rationale for Corporate Risk

The data on reduced care home placement, number of care homes in escalation due to quality concerns, significant numbers of patients delayed in hospital awaiting domiciliary care and reablement packages, and a current inability to meet Welsh Government unscheduled care targets - all of which indicate risk of harm due to insufficient safe provision in the community. –

Wider impacts resulting in the impacted access to and delivery of Community Care and CHC services is severely impacted and is affecting patient flow through secondary care, Primary care and Emergency/Urgent Service delivery, LA Care provision delivery and exacerbating patients' health conditions.

	<p>Recognition of inherent score currently further controls needed.</p> <p>Lack of adequate investment and provision in domiciliary care.</p>
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CRR 24-20	<b>Risk Title:</b> Oncology Services		<b>Date Opened:</b> November 2024
	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> New Risk
<b>Date Last Reviewed:</b> 19/12/2024	<b>Director Lead:</b> Executive Medical Director	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 30/04/2025
<p>There is a risk that patients may not experience a safe, effective and timely Oncology service provided by the Health Board. This may be caused by reduced substantive medical workforce, demands for oncological care, increasing numbers of NICE approved treatments for cancer, and patients remaining within the service due to developed chronic condition. This could lead to poor patient outcomes, failure to meet Single Cancer Pathway target of 62 days and detrimental impact on the organisations reputation to the public, government and others.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Medical locums in place to support gaps in substantive provision</li> <li>2. Escalated requirement to support recruitment of medical oncology trainees within next 12 months</li> <li>3. Supporting 2 NHS Locums to complete <i>Certificate of Eligibility of Specialist Registration</i> (CESR) and additional competencies to be eligible to become substantive in the future.</li> <li>4. Development plan in place for 2 Senior Clinical Fellows with aim to train them to become substantive Consultants within 2-3 years.</li> <li>5. Systemic anti-cancer treatment (SACT) Operational group established to improve processes and systems – collaboration with pharmacy.</li> <li>6. Radiotherapy Oversight meeting established to monitor progress against plan and maintenance of target.</li> <li>7. Developed extended non-medical nursing roles to support medical gaps including immunotherapy toxicity, cancer of unknown primary and metastatic breast and colorectal services.</li> <li>8. Developed an extended non-medical radiotherapy role to support prostate cancer patients who require radiotherapy</li> <li>9. Clinical Leads (Joint role) appointed.</li> </ol>		<ol style="list-style-type: none"> <li>a. Remaining substantive medical vacancies unfilled despite active recruitment – in line with national picture of vacancies and report by Royal College of Radiologists for Clinical Oncologists, medical locums use 34% - 50%.</li> <li>b. Lack of available high-quality data to provide robust capacity and demand modelling per tumour site, per clinical/medical oncologist</li> <li>c. Recurrent funding needs to be secured for 7 consultants and a number of temporary nursing and administrative roles (and other elements subject to RIGA)</li> <li>d. Inability to respond effectively to increasing demand for oncological treatments and new NICE-approved regimes</li> <li>e. Home care service is saturated meaning no further treatments can be transferred out of the day units to release capacity</li> <li>f. Lack of physical estate to expand services and/or recruit more staff.</li> <li>g. Outsourcing opportunities for the highest risk tumour sites, remains a gap, further exploration required.</li> <li>h. Gap and lack of clinical oncology trainees with multiple gaps limiting ability to 'grow our own'.</li> <li>i. Collaboration with recruitment agencies to explore overseas consultant opportunities.</li> </ol>	

	j. There is an aim to implement nursing staff rotational opportunities to improve cover arrangements and skill mix but this is limited due to vacancies and amount of fixed term funded posts			
Actions		Due Date	Progression Analysis	
Continue to expand Systematic Anti-Cancer Therapy training with the oncology division and extend the operating hours of the day units, providing further capacity Opening hours until 6.30pm on all sites Mon – Fri. Unable to expand further without investment into additional nursing, medics and pharmacy.		Complete	Complete	
Establish potential of a joint Consultant Oncologist role with Bangor University A Meeting was held, and the plan is for the university to provide 4 sessions to support a full-time position.		31/01/2025	Progressing	
Progress plan to deliver more anti-cancer therapies from Ysbyty Gwynedd for residents living within the West of North Wales All treatments have been transferred, apart from those that can only be produced in the Centre area Pharmacy		30/08/2024	Complete	
Complete Planning to repatriate the delivery of Stereotactic Ablative Radiotherapy into the Health Board A letter is being submitted to the JSCC requesting approval to proceed according to the established process commence as per process		30/04/2025	Progressing	
Establish potential of undertaking shared recruitment with other cancer centres Discussions need to be initiated to address operational concerns, particularly the high risks associated with specific tumour sites		30/04/2025	Progressing	
Work with informatics to support development of quality data Regular meetings are being held, and training plans are being developed to support correct use of the Welsh Patient Administration System. National queries have been raised regarding the duplication of work with SACT on Chemocare and WPAS, however, it is necessary to establish a secure link between the systems to improve quality and efficiency. Process mapping has been undertaken identifying areas to be resolved.		31/03/2025	Progressing	
Escalated requirement to support recruitment of medical oncology trainees within next 12 months Funding has been provided following a discussion with ELT. Interviews are taking place 20/12/24 so this is completed		31/12/2024	Completed	
To be completed following approval of escalation		Impact	Likelihood	Score
	Inherent Risk Rating	3	5	15
	Current Risk Rating	3	5	15
	Target Risk Score	3	3	9

	Risk Appetite	Quality	15-19
	<b>Rationale for Corporate Risk</b>		
	<p>The combination of multiple factors, <i>including</i>;</p> <ul style="list-style-type: none"> <li>• the inability to recruit substantially to Senior Medical posts,</li> <li>• increasing reliability on availability of Locums</li> <li>• large number of temporary staff, as a result of RIGA and increasing demand for oncological treatments, which has resulted in service gaps which have increased waiting times for patients to be seen and treated.</li> </ul> <p>Delays to commencing treatment will result in significant patient harm and potentially premature death. NICE approved regimes indicate optimum time frames and that delay will decrease effectiveness of treatment. In general research has shown that every 4 week delay to commence (any cancer) treatment increases the likelihood of death by 10%. Escalation paper to Executive Lead and Chief Operating Officer indicated waiting times in east and centre were now 6 weeks (Dec 24)</p> <p>11<sup>th</sup> October 2024 – Extreme risk within Gynae, Breast and Upper GI as a result of sickness and high use of Locums who can leave with one week’s notice.</p> <p>Waiting times to see a Consultant following referral range from 0 to 12 weeks depending on tumour site and clinical priority. The aim is to see patients within 2 weeks, so that treatment can commence quickly. This is not reported externally.</p>		

CRR 24-21	<b>Risk Title:</b> Ophthalmology Services		<b>Date Opened:</b> November 2024	
	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> New Risk	
<b>Date Last Reviewed:</b> 08/01/2025	<b>Director Lead:</b> Chief Operating Officer	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/12/25	
There is a risk that patients may come to harm caused by the lack of a sustainable service model, unmanaged demands and the current capacity not being able to meet incoming demands. This could lead to increased waiting lists and an increased risk of harm including irreversible sight loss, and litigation due to prolonged wait times.				
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>		
<ol style="list-style-type: none"> <li>1. Train and Treat initiative in place to increase the number of procedures that can be done in a community/high street optometry setting.</li> <li>2. Outsourcing solution for cataract procedures in place.</li> <li>3. Development of High flow lists for cataracts in place.</li> </ol>		<ol style="list-style-type: none"> <li>a. Appoint Health Board clinical lead to secure professional oversight and leadership</li> <li>b. Development of a sustainable service model</li> <li>c. Ensure specialty demand, capacity and planning is delivered along with further mitigations to be developed to close any gaps in delivery.</li> <li>d. Release planned care funding to cover funding cut in RIGA2 process, this will enable significant positive mitigation for loss of high risk follow ups</li> </ol>		
<b>Actions</b>			<b>Due Date</b>	<b>Progression Analysis</b>
Convene a Health Board wide Ophthalmology summit to identify sub specialty leads to support service redesign, agree priorities and initiate work plan			28/02/2025	Progressing
To Appoint a Health Board Clinical Lead			30/06/2025	Progressing (revised date from 31/12/204)
Develop a work programme for service design and development (output of summit)			28/02/2025	Progressing
Resource activity as previously identified and reinstate eye care performance fund that has been reduced through RIGAll financial prioritisation			01/04/2025	Progressing
To be completed following approval of escalation			<b>Impact</b>	<b>Score</b>
			<b>Inherent Risk Rating</b>	<b>4</b>

	Current Risk Rating	4	5	20
	Target Risk Score	3	3	9
	Risk Appetite	Quality		15-19
	<b>Rationale for Corporate Risk</b>			
<p>Significant harm may occur including irreversible sight loss in high risk R1 &amp; R2 patients (Glaucoma and Retinopathy). Large volume of patients on Patient Treatment List currently stands at 23,544 un-booked of which 963 are 2 years+</p>				

CRR 24-22	<b>Risk Title:</b> Orthodontics Services		<b>Date Opened:</b> November 2024	
	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> New Risk	
<b>Date Last Reviewed:</b> 08/01/2025	<b>Executive Lead:</b> Chief Operating Officer	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2026	
<p>There is a risk that patients under the Orthodontics Service may come to harm, this could be caused by the lack of consultant capacity to provide an effective and timely Orthodontics service care provided by the Health Board, backlog demand outweighs capacity available in both primary and secondary care, driving less favourable patient outcomes (psycho-social vulnerability amongst younger patient groups). Less conservative/preservative treatment options – meeting urgent need. Increased chance of requiring intervention general anaesthetics, intravenous antibiotics. This may lead to reputational damage and increased litigation.</p>				
<b>Mitigations/Controls in place</b>			<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Appropriate referrals pathway/ triage implementation (as per national pathway)</li> <li>2. Dentist with Specialist Interest (DESI) and Tier 2 – wider, easily accessible pathways</li> <li>3. PAN BCUHB approach dating patients according to length of wait into additional Waiting List Initiative (WLI) activity</li> <li>4. Health prevention/promotion within primary care</li> <li>5. Reviewing Academy Model to increase attractiveness of North Wales as a place to work to include upskilling/additional training for suitable Health Care Practitioners</li> <li>6. Supporting hosting of undergrad training in North West Wales, online Continued Professional Development and microcredentials course for local people (including consideration for maternity leave, single parent etc.)</li> </ol>			<ol style="list-style-type: none"> <li>a. Continued shortfall of workforce across BCUHB needs recruitment strategy</li> <li>b. Continued conversations with external providers indicates limited outsourcing opportunity</li> <li>c. No restorative consultant service available</li> <li>d. No proactive comms to patients and stakeholders agreed</li> <li>e. Current service provision indicates ongoing service delivery shortfalls with recovery in excess of 5 years</li> </ol>	
<b>Actions</b>			<b>Due Date</b>	<b>Progression Analysis</b>
			31/07/2024	Complete

Agreement of BCUHB to advertise Consultant Orthodontists at top of scale following submission of SBAR in September 2023				
Successful appointment of 0.7 WTE Consultant Orthodontist		31/08/2024		Complete
Attempted but unsuccessful recruitment of Agency & NHS Locums <i>Unable to complete</i>		31/12/2025		Progressing
Review of workload of consultants across BCUHB to improve equity of access within BCUHB		28/02/2022		Complete
Temporary allocation of 2 additional sessions from Ysbyty Glan Clwyd to support patients in active treatment in Ysbyty Gwynedd up until Maternity commenced February 2024		28/02/2022		Complete
SBAR & options appraisal submitted for consideration of a primary/secondary care dental review in 2021, 2023, 2024		31/12/2024		Complete
Restorative Consultant re-advertisement		31/12/2025		Progressing
Submission of executive paper request stakeholder comms in relation to Orthodontic service provision in March 2024		31/03/2024		Complete
Orthodontic & Oral Surgery 'Getting it Right first time' (GIRFT) review		31/12/2024		Complete
National Benchmarking of service model and approach to service recovery for RTT stage 1 patients		31/12/2024		Complete
SBAR submission recommendation 2024: Continued procurement exercise to determine full treatment plan capacity with external providers-funding noted as available		31/12/2025		Progressing
To be completed following approval of escalation		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	2	2	4
	Risk Appetite	Quality		15-19
<b>Rationale for Corporate Risk</b>				

	<p>           Waiting lists and waiting times have continued to grow with patients waiting in excess of 156 weeks for initial clinical assessment. Impact of vacant sessions across Health Board on capacity provision with limited opportunity to resolve the backlog position with a current BCUHB active workforce establishment at 2.2 WTE. Poor provision in some geographical areas. Lack of stability from Welsh Government around future Dental contracts. Patients awaiting treatment completion are dating back to referrals first received in 2017 highlighting significant delays in treatment pathways. Patients awaiting Patients referred for Max Fax treatment (waiting up to 156 weeks) are being returned to Orthodontics due to timescale lapsed since orthodontic referral. No current service provision for Restorative Dentistry for new or existing patients across BCUHB. Delays in Orthodontic provision impact surgical cleft optimisation delivered via Alder Hey Cleft outreach service. Clinical risk being held within the waiting lists. National shortage in Orthodontic consultants Infrastructure &amp; estate restrictions on expanding Medical workforce. Current model of care is disjointed and lacking fluidity between primary &amp; secondary care. Delay in sustainable service planning across BCUHB. Patients and parents reports the mental and physical challenges associated with unaddressed orthodontic issues as a result of delays into teenage years. Parents have reported orthodontic related bullying which has resulted in their child's withdrawal from education and social aspects of their childhood; also the inability to meet ministerial targets as required by Welsh Government.         </p>
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CRR 24-23	<b>Risk Title:</b> Vascular Services		<b>Date Opened:</b> November 2024
	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> New Risk
<b>Date Last Reviewed:</b> 15/01/2025	<b>Director Lead:</b> Chief Operating Officer	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2026
<p>There is a risk that individuals may experience preventable harm and a poor experience whilst receiving care from the North Wales Vascular Service. This may be caused by current and projected future staffing challenges, a lack of capacity across the network a lack of clarity with regards secondary care and/ or end-to-end, vascular pathways. This could lead to increased morbidity and mortality, poor quality of care, reduced quality of life, psychological distress, difficulties recruiting and retaining staff, staff health and well-being, reputational damage, increased costs, increased legal and financial claims.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Management of bed base through assessment of clinical risk in place.</li> <li>2. Optimising and streamlining management of inpatients and ensuring clear communication across site to ensure timely transfer and repatriation</li> <li>3. Additional funding to support delivery of robust vascular services across hub and spoke sites, approved. This will allow capacity to be increased in key areas (i.e., Cardio Pulmonary Exercise Testing and Ward 3 staffing) and a number of agency/ locum appointments to be made permanent</li> <li>4. Weekly case-note audits in place to monitor standards of record keeping, with results discussed at clinical governance meetings</li> <li>5. Pathways are co-designed with an extensive group of delivery partners across the 3 sites</li> <li>6. Local Vascular Delivery Groups in place for 2/3 IHCs (West and Central) in order to proactively identify performance concerns and manage risk</li> <li>7. Development of Abdominal Aortic Aneurism (AAA) Quality Improvement programme.</li> <li>8. Consultant vascular surgeon is picking up IR sessions</li> </ol>		<ol style="list-style-type: none"> <li>a. Development of Vascular Intranet pages to help share information, including clinical pathways, with staff, in a way that is simple and accessible</li> <li>b. Local vascular delivery groups to be operational across each IHC.</li> <li>c. Review of AAA surveillance protocol / pathway, to include management of persons turned down for AAA repair</li> <li>d. Implementation of deep-dive audit tool to enable quality audit of case notes</li> <li>e. Workforce and resource review to support development of Phase 2 Business Case</li> <li>f. Development of vascular workforce strategy aimed at improving recruitment.</li> <li>g. Improve the way that information relation to service quality via patient, carer and staff satisfaction and well-being questionnaires is used to inform continuous improvement</li> <li>h. Development of Quality dashboard, to support improved use of service and outcome data</li> </ol>	

<p>9. Weekly Multi-Disciplinary Team meeting to allocate patients onto the waiting list and ensuring consultants are aware of patients that need Interventional Radiology provision and/or can have an open Abdominal Aortic Aneurism (AAA) repair?</p> <p>10. Enhanced clinical and programme governance to ensure learning from events and focus on quality</p>			
Actions	Due Date	Progression Analysis	
Finalise vascular intranet page as key place for network and wider Health Board staff to access the full range of information, policies, procedures and pathways relating the vascular network	31/03/2025	Progressing	
Work with East IHC Medical Director to establish Local Vascular Delivery Group	31/03/2025	Progressing	
Review AAA surveillance protocol / pathway to ensure timely monitoring of persons with an AAA not identified by Welsh Abdominal Aortic Aneurism screening programme.	31/03/2025	Progressing	
Strengthen information, advice and support provided to people turned down for AAA repair, and ensure 'register' of persons turn down is maintained	30/05/2025	Progressing	
Implement quarterly quality audit tool to enable network to proactively identified areas for improvement	31/03/2025	Progressing	
Work with key delivery partners to develop a (Phase 2) vascular and diabetic foot business case	31/03/2026	Progressing	
Develop and implement vascular training and workforce strategy to improve recruitment and retention across the network	31/03/2026	Progressing	
Revised patient, carer and staff satisfaction and well-being questionnaires to be regularly disseminated, and findings analysed in order to inform continuous improvement	Ongoing	Progressing	
Build pan-BCU and local quality dashboard to support improved use of service and outcome data	Ongoing	Progressing	

To be completed following approval of escalation		<b>Impact</b>	<b>Likelihood</b>	<b>Score</b>
	<b>Inherent Risk Rating</b>	4	5	20
	<b>Current Risk Rating</b>	4	4	16
	<b>Target Risk Score</b>	4	3	12
	<b>Risk Appetite</b>	Quality		15-19
<b>Rationale for Corporate Risk</b>				
<p>Demand for vascular care in North Wales is increasing, however, recruitment to vascular services is not increasing as at the same rate. Whilst this is a UK-wide issue, the history of vascular services in North Wales, makes recruitment and retention across the network a particular concern. Whilst the network has been successful in embedding a wide-ranging improvement programme, the impact of this unstable workforce risks undermining the quality and safety of care provided, both now, and in the future. Work ongoing to develop a workforce framework for the service to allow monitoring.</p>				

CRR 24-24	<b>Risk Title:</b> Renal Services		<b>Date Opened:</b> November 2024
	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> New Risk
<b>Date Last Reviewed:</b> 15/01/2025	<b>Director Lead:</b> Chief Operating Officer	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2026
<p>There is a risk that individuals may experience preventable harm, and have a poor experience whilst waiting for dialysis. This may be caused by extended waiting times for vascular access procedures, a lack of capacity, inequity in resource allocation across the Health Board. This could lead to, increased hospital admissions, longer hospital stays, increased morbidity and mortality, poor quality of care, reduced quality of life, psychological distress, reputational damage, increased costs, legal costs and financial claims.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Close regular scrutiny of waiting lists at a vascular and renal network level.</li> <li>2. Informal management of waiting lists on a networked basis to support prioritisation of cases, where possible</li> <li>3. Additional capacity provided by Locum Consultant.</li> </ol>		<ol style="list-style-type: none"> <li>a. Formal agreement to the establishment of a single Pan-BCU list, rather than 3 separate Integrated Health Community (IHC) Clinic and Theatre lists.</li> <li>b. Additional capacity to support reduction of current waiting list in the East, to a more manageable position.</li> <li>c. Recruitment to 2x vacant Consultant posts</li> <li>d. Re-allocation of resources across the Network, to enable equitable access to interventions locally.</li> </ol>	
<b>Actions</b>			<b>Due Date</b>
Submit Waiting List Initiative request to facilitate additional theatre lists, in order to reduce current backlog			28/02/2025
2 requests submitted, one declined due to lack of Theatre staff availability, and awaiting confirmation on 2 <sup>nd</sup> request			Progressing (revised date from 30/12/2024)
Undertake Workforce review across entire Service to ensure equity across the Region			30/05/2025
			Progressing (revised date from 30/12/2024)
Review Theatre provision, particularly in relation to overrunning lists, which result in Renal access patients being cancelled			30/05/2025
			Progressing (revised date)

Theatre utilisation group, first meeting 19/02/2025, has been established and will lead on this work.			from 30/12/2024	
To be completed following approval of escalation		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	4	3	12
	Risk Appetite	Quality		15-19
<b>Rationale for Corporate Risk</b>				
<p>There is currently a significant backlog of people waiting for Vascular Access Clinics and Theatre Appointments in the East IHC. This situation has arisen for a variety of reasons, but principally, because:</p> <ol style="list-style-type: none"> <li>a. Higher <b>demand</b> in the East due to its larger population size, together with the fact that it has the largest dialysis unit.</li> <li>b. An inequity in <b>capacity</b> across the three IHCs to support renal access – the East having the fewest number of clinics sessions and theatre lists.</li> </ol> <p>Reducing the current backlog and waiting list is critical to preventing further in-line sepsis. A peer review of Renal Vascular Access (2022) concluded that whilst BCU outcomes from renal vascular procedures were excellent, further work was required in order to:</p> <ul style="list-style-type: none"> <li>• Ensure a dedicate group of Vascular Surgeons to complete renal access procedures – with flexibility to move across sites</li> <li>• Dedicated Clinics for Renal VANS alongside surgeons (on each site)</li> <li>• Dedicated Theatre lists on each site – reflecting the demand of each site’s renal population</li> </ul> <p>Whilst these recommendations have been implemented in Central and West IHCs, it has not been possible to secure such provision in the East.</p>				

CRR 24-25	<b>Risk Title:</b> Dermatology and Plastic Surgery Services	<b>Date Opened:</b> November 2024
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<b>Date Last Reviewed:</b> 08/01/2025	<b>Assuring Committee:</b> Quality, Safety and Experience Committee	<b>Date Last Committee Review:</b> New Risk
	<b>Director Lead:</b> Executive Medical Director	<b>Link to BAF:</b>
		<b>Target Risk Date:</b> 010/7/2025

There is a risk that patients for the Dermatology and Plastic Surgery Services will come to harm, this may be caused by lack of a sustainable service model, unmanaged demand and current capacity not able to meet incoming demand, this may lead to increasing waiting list increasing risk of harm caused by length of wait.

Mitigations/Controls in place	Additional Controls required
<ol style="list-style-type: none"> <li>1. Prioritisation of urgent suspected cancer to mitigate clinical risk</li> <li>2. Provision of Waiting List Initiative activity to provide short term additionality</li> <li>3. Development of insourced arrangements to provide interim additional capacity for a 12-18 month period</li> <li>4. Appointment of clinical leads to support service redesign</li> <li>5. Introduction of Teledermoscopy with a commensurate increase in treatment capacity (minor operating procedures)</li> </ol>	<ol style="list-style-type: none"> <li>a. Appoint a specialty managerial lead to take forward service redesign.</li> <li>b. Approve and implement increased treatment capacity.</li> </ol>

Actions	Due Date	Progression Analysis		
Dermatology - Maintain support for the Clinical Leads in Dermatology as part of a single Dermatology Service for North Wales	Ongoing	Progressing		
Dermatology – Fund requisite MoPS Minor Operating Procedure capacity to support expansion of Teledermoscopy	01/07/2025	Progressing		
Dermatology - Establish the viability of an expanded GP with Special Interest Model for referrals to Secondary Care	30/06/2025	Progressing		
Plastic Surgery - Agree and Sign updated SLA between Partner Organisations	30/04/2025	Progressing		
Plastic Surgery - Implement additional dressings clinic to address current variation across North Wales	01/07/2025	Progressing		
	Impact	Likelihood	Score	
	Inherent Risk Rating	3	5	15
	Current Risk Rating	3	5	15

	Target Risk Score	3	3	9
	Risk Appetite			
	<b>Rationale for Corporate Risk</b>			
<p>Significant volumes of patients remain in the list (currently 13,212 unbooked), within these there will be undiagnosed cancers and the obvious risk follows regarding delayed diagnosis and treatment.</p>				

	<b>Assuring Committee:</b> Quality, Safety and Experience Committee		<b>Date Last Committee Review:</b> New Risk	
<b>Date Last Reviewed:</b> 08/01/2025	<b>Director Lead:</b> Executive Medical Director	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/12/2025	
<p>There is a risk of increased avoidable harm caused by unsustainable service configuration for Urology in North Wales. This could be caused by the inability to recruit to consultant posts driven by unattractive on call rota and lack of recognised best practice equipment (robotic assisted surgery), the lack of specialist knowledge for cancer pathways, issues with access to estates and a lack of clinical leadership. This may lead to the inability of the Health Board to deliver timely and appropriate care to the population of North Wales. As detailed in the RCS and GIRFT reviews, there is a need to develop a provision within a network model to ensure that the service achieves the recommendations from external reviews and complies with national/professional guidance.</p> <p>If the actions within the Urology Improvement Plan are not achieved, the ability to mitigate the known risks will not be possible, which will have an adverse impact on patients access to the service in North Wales, as well as the reputation of the Health Board.</p>				
<b>Mitigations/Controls in place</b>			<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. High use of locum provision</li> <li>2. Outsource of service, case by case, whilst commissioning discussions take place.</li> <li>3. Annual commissioning of service in place</li> <li>4. Commission of Robotic Assisted Surgery prostates to UCL</li> <li>5. Office of the Medical Director currently supporting with Clinical Lead input</li> <li>6. Monthly meeting with Welsh Government and NHSE to provide assurance and update on the risks currently identified and actions within the Improvement Group.</li> </ol>			<ol style="list-style-type: none"> <li>a. Agree mitigation to move to 2 site model if staff becomes unsafe at 1 site.</li> <li>b. Review purchase of an appropriate Robotic Assisted Surgery platform for prostatectomies</li> <li>c. Clinical facilities and equipment investment identified in the Urology Improvement Plan under the Planned care theme not yet in place</li> </ol>	
<b>Actions</b>			<b>Due Date</b>	<b>Progression Analysis</b>
Scoping, development and implementation of a revised network model of care for on call.			01/04/2025	Progressing
Review current outsource provision and align Multi-Disciplinary Team meeting for in-reach support in specialist discussion and decision. Review current outsourced/commissioned agreements to provide care closer to home and review opportunities to repatriate cancer procedures at BCU. <a href="#">New arrangements being onboarded with Arrowe Park</a>			01/12/2024	Complete

Cancer services with support from the OMD to advertise for a Urology Cancer lead.	01/11/2025	Progressing		
Agreement to fund the MyMR PSA tracking license internally through the Planned Care funds for 24/25 whilst Digital, Data a Technology colleagues look at the integration with AB colleagues and supplier.	01/04/2025	Progressing		
To be completed following escalation approval		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	2	3	6
	Risk Appetite			
	<b>Rationale for Corporate Risk</b>			
<p>Urology service is one of the areas of Clinical Concern and has been subject to an invited review by The Royal college of Surgeons. The identified risk for the services are:</p> <ul style="list-style-type: none"> <li>• Increased financial expenditure due to locum provision on the on call rota</li> <li>• Fragile Out Of Hours on-call rota across BCU</li> <li>• Delay in patient care with an inability to meet targets for cancer diagnosis and treatment.</li> <li>• Failure to deliver care closer to home.</li> <li>• Difficulty in recruiting to provide a sustainable cancer service</li> </ul>				



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



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

<b>Board Date</b>	27/03/2025		
<b>Date of Committee</b>	29/01/2025	<b>Report of:</b>	Remuneration Committee (Additional)
<b>Quoracy met:</b>	Yes		
<b>1</b>	Agenda	The Remuneration Committee considered matters relating to Very Senior Manager (VSM) appointments and updates. In particular, the appointments of a substantive Executive Director of Finance, and Director of Mental Health and Learning Disabilities were presented for approval.	
<b>2a</b>	Alert	There were no matters on which the Boarded needed to be alerted.	
<b>2b</b>	Assurance	The Remuneration Committee wish to assure the Board that, in considering approval, the recruitment process was outlined and the interview panel recommendations presented to the Committee.	
<b>2c</b>	Advise	The Remuneration Committee wish to advise the Board that they approved the substantive appointments as part of the Executive and senior management structure.	
<b>2d</b>	Review of Risks	No risks identified	
<b>2e</b>	Sharing of learning	No learning to be shared.	
<b>3</b>	Actions to be considered by the Board	The Remuneration Committee seek ratification from the Board on the appointments of Russell Caldicott as Executive Director of Finance, and Iain Wilkie as Director of Mental Health and Learning Disabilities.	



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

<b>Board Date</b>		27/03/2025	
<b>Date of Committee</b>		06/02/2025	<b>Report of:</b> Mental Health Legislation Committee
<b>Quoracy met:</b>		Yes	
<b>1</b>	Agenda	The Mental Health Legislation Committee (MHLc) continues to meet quarterly. The Committee considered an agenda which is attached: <a href="https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/mental-health-legislation-capacity-and-compliance-committee/311024-mhlc-bundle-v10pdf/">https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/mental-health-legislation-capacity-and-compliance-committee/311024-mhlc-bundle-v10pdf/</a>	
<b>2a</b>	Alert	<p>The MHL Committee wish to alert members of the Board that:</p> <ol style="list-style-type: none"> <li>1. There are continued issues with the availability and usability of data related to Mental Health Act compliance due to staff illness: however, the situation is gradually improving and the effect has been to spur the development of more easily accessible data which will be easier to interrogate.</li> <li>2. There is a long-term trend of increasing use of Section 2 (detention for assessment) which could indicate the stress which community mental health services are under.</li> <li>3. The recent HIW inspection of Heddfan highlighted issues over Restricted Physical Intervention (RPI) training which are being addressed, but there is anecdotal evidence that agency workers are reluctant to undertake RPI training as they are afraid of being injured.</li> </ol>	
<b>2b</b>	Assurance	<p>The MHL Committee wish to assure members of the Board that:</p> <ol style="list-style-type: none"> <li>1. The quality of Deprivation of Liberty Safeguards (DoLS) paperwork is improving and the availability of Best Interest Assessors has increased.</li> <li>2. Despite staff shortages, there have been fewer delays in arranging hearings by Associate Hospital Managers (AHMs) and there have been no findings of inappropriate sections by AHMs.</li> <li>3. The quality of Advocacy services provided by CADMHAS (Conwy and Denbighshire Mental Health Advocacy Service) appears very high, with 100% compliance with the target of seeing sectioned individuals requesting advocacy support within 5 days.</li> </ol>	
<b>2c</b>	Advise	<p>The MHL Committee wish to advise members of the Board that:</p> <ol style="list-style-type: none"> <li>1. As a result of previous discussions, new guidance has been issued to staff to ensure that those detained under the Mental</li> </ol>	

		<p>Health Act are made aware of their rights immediately after they have been sectioned.</p> <ol style="list-style-type: none"> <li>2. It has received a briefing on the Mental Health Bill (which will apply to both England and Wales) which is currently before Parliament and which will have over the longer-term very significant implications for the Health Board, notably an even stronger focus on supporting patients within the community,</li> <li>3. It is commissioning work to understand better the extent to which Responsible Clinicians (RCs) lift sections in response to patients submitting appeals to the AHMs and whether this is primarily a positive or negative phenomenon.</li> <li>4. It is investigating whether procedures in CAMHS for making young people aware of their rights to appeal to the AHMs is well understood given the evidence of very low uptake of these rights in CAMHS settings.</li> </ol>
<b>2d</b>	Review of Risks	<ol style="list-style-type: none"> <li>1. There is a continued heightened risk of fundamental errors in administering sections due to staff absences and the specialist skills that are needed for this work.</li> </ol>
<b>2e</b>	Sharing of learning	Once again, the Committee benefited from the insights provided by AHM representatives who attended the meeting which illustrated how, even though decisions by Clinicians are rarely, if ever overturned, their intervention can make a crucial difference to the quality of care provided.
<b>3</b>	Actions to be considered by the People & Culture Committee	<p>None.</p> <p>Referred to the People and Culture Committee: Further consideration of whether there are measures which can be taken to provide cover for managerial/administrative specialisms which are vulnerable where there are only a small number of simultaneous vacancies/absences e.g. MHA administrators, Best Interest Assessors, Coders.</p>



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

<b>Board Date</b>	27/03/2025		
<b>Date of Committee</b>	03/03/2025	<b>Report of:</b>	People and Culture Committee
<b>Quoracy met:</b>	Yes		
<b>1</b>	Agenda	The People and Culture (P&C) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: <a href="#">People &amp; Culture Committee - BCUHB</a>	
<b>2a</b>	Alert	The P&C Committee wish to Alert members of the Board that:  1. The Education and Training Plan 2026/27 was received and is attached to this report and will be submitted as part of the IMTP.	
<b>2b</b>	Assurance	The P&C Committee wish to assure members of the Board that:  1. That the Annual Equality Monitoring report was received at the Committee for comments prior to being received and approved at the Board Meeting. 2. The Committee received a detailed paper updating attendees on the work around Culture, Organisational Development and Engagement.	
<b>2c</b>	Advise	The P&C Committee wish to advise members of the Board that:  1. The Committee received a verbal update on the Foundations for the Future Programme noting that the programme is now in design phase and that there would be an opportunity for the Committee to be updated in detail on this at the next meeting in April.	
<b>2d</b>	Review of Risks	The Committee reviewed the three corporate risks that it has oversight, noting that there was a deep dive scheduled on two.	
<b>2e</b>	Sharing of learning	There were no items to be shared	
<b>3</b>	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)

<b>Board Date</b>		27/03/2025	
<b>Date of Committee</b>		18/02/2025	<b>Report of:</b> Planning, Population Health & Partnerships Committee
<b>Quoracy met:</b>		Yes	
<b>1</b>	Agenda	The Planning, Population Health & Partnerships Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: <a href="#">PPHP Committee – BCUHB</a>	
<b>2a</b>	Alert	<p>The PPHP Committee wish to alert members of the Board that:</p> <ol style="list-style-type: none"> <li>1. The Three-Year Plan was discussed in detail and all comments raised were captured. These comments will be included in the next iteration of the Plan which will go to Board Development Session on 27.02.25 and the PFIG Committee on 18.03.25 before going to Board in March 25.</li> <li>2. The risk relating to fragmented patient care records is a serious risk which should continue to have a high score and remain red until fundamental changes have been agreed and the EHR programme has been implemented.</li> </ol>	
<b>2b</b>	Assurance	<p>The PPHP Committee wish to assure members of the Board that:</p> <ol style="list-style-type: none"> <li>1. Cath Broderick, Independent Advisor provided a presentation on her findings of the Independent Review of Engagement and Communications at BCUHB and the positive progress achieved since the review was completed. Further work is required in this area and there is a need to report back to the public on the outcomes of their involvement and how this is being reflected in the way we deliver services and care.</li> <li>2.</li> </ol>	
<b>2c</b>	Advise	<p>The PPHP Committee wish to advise members of the Board that:</p> <ol style="list-style-type: none"> <li>1. An update on the progress of the Stakeholder Reference Group (SRG) was received and it was noted that the membership has been considerably strengthened, attendance has improved and the Group are being asked to discuss items they can influence and impact. The Committee acknowledged Mike Parry's role in developing the SRG and noted that his term will shortly be coming to an end.</li> <li>2. Clarity is required as to whether the Volunteering Strategy should be monitored by the QSE Committee or P&amp;C Committee.</li> <li>3. An update on the Digital, Data &amp; Technology Enabled Portfolio of Projects and Programmes was received and the Committee received assurance on the project prioritisation exercise.</li> </ol>	

<b>2d</b>	Review of Risks	The Committee reviewed the four (one private) corporate risks to which the Committee has oversight. A review of the risks relating to Emergency Preparedness & Resilience Response (EPRR) has also been completed, there is a need to further understand the risks for the organisation in relation to EPRR and this is a priority area.
<b>2e</b>	Sharing of learning	No specific areas of learning were highlighted.
<b>3</b>	Actions to be considered by the BCUHB Health Board	There were no items to be referred.



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

<b>Board Date</b>	27/03/2025		
<b>Date of Committee</b>	07/03/2025	<b>Report of:</b>	Healthcare Professionals Forum
<b>Quoracy met:</b>	Yes		
<b>1</b>	Agenda	The Healthcare Professionals Forum continues to meet quarterly. At its meeting on 7 <sup>th</sup> March 2025, the Forum considered the following on its agenda: <ul style="list-style-type: none"><li>• Special Measures Update report</li><li>• Update on the Child and Adolescent Mental Health Service (CAMHS) – focus on Crisis services</li><li>• Annual Chief Executive Officer Report</li><li>• Member's Reports</li><li>• Membership Update</li></ul>	
<b>2a</b>	Alert	The Forum wish to alert members of the Board that: <ol style="list-style-type: none"><li>1. The current HPF Chair ended their term of office at the March '25 meeting. The HPF Vice Chair will deputise until a new Chair is confirmed</li><li>2. There is a vacancy in the Specialist and Tertiary Care Medical Representation, this is being pursued through the Executive Medical Directors Office.</li></ol>	
<b>2b</b>	Assurance	The Forum wish to assure members of the Board that:  No issues/matters for escalation	
<b>2c</b>	Advise	The Forum wish to advise members of the Board that: <ol style="list-style-type: none"><li>1. HPF noted that the key challenges highlighted in the CAMHS update and the discussions following were consistent with key challenges experienced across other services and across the organisation. Members were concerned about the significant impact on service delivery due to the limited allocation of non-recurrent resources and the associated inability to recruit sustainably and plan ahead. Members also recognised the impact across the organisation of the often inadequate estate. The HPF look forward to the</li></ol>	

		<p>development of longer term Health Board plans that confirm clinical service delivery and the estate/facilities required to support them.</p> <p>2. As part of the members reports update, the HPF discussed the current challenges related to the implementation of the Electronic Prescribing System (EPS). Whilst the potential benefits are significant it was noted that roll out progress feels slow and that there is not yet any agreement as to the timeline for implementation of the extended scope or consideration of new services such as the EPS instalment prescriptions for the substance misuse service. The lack of a resolution nationally with GP dispensing practices also means a large number of practices in BCUHB have not signed up for EPS.</p>
<b>2d</b>	Review of Risks	No risks identified
<b>2e</b>	Sharing of learning	No learning to be shared.
<b>3</b>	Actions to be considered by the <b>Board</b>	To note the contents of the report.



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

<b>Board Date</b>	27/03/2025		
<b>Date of Committee</b>	07/03/2025	<b>Report of:</b>	Healthcare Professionals Forum
<b>Quoracy met:</b>	Yes		
<b>1</b>	Agenda	The Healthcare Professionals Forum continues to meet quarterly. At its meeting on 7 <sup>th</sup> March 2025, the Forum considered the following on its agenda: <ul style="list-style-type: none"><li>• Special Measures Update report</li><li>• Update on the Child and Adolescent Mental Health Service (CAMHS) – focus on Crisis services</li><li>• Annual Chief Executive Officer Report</li><li>• Member's Reports</li><li>• Membership Update</li></ul>	
<b>2a</b>	Alert	The Forum wish to alert members of the Board that: <ol style="list-style-type: none"><li>1. The current HPF Chair ended their term of office at the March '25 meeting. The HPF Vice Chair will deputise until a new Chair is confirmed</li><li>2. There is a vacancy in the Specialist and Tertiary Care Medical Representation, this is being pursued through the Executive Medical Directors Office.</li></ol>	
<b>2b</b>	Assurance	The Forum wish to assure members of the Board that:  No issues/matters for escalation	
<b>2c</b>	Advise	The Forum wish to advise members of the Board that: <ol style="list-style-type: none"><li>1. HPF noted that the key challenges highlighted in the CAMHS update and the discussions following were consistent with key challenges experienced across other services and across the organisation. Members were concerned about the significant impact on service delivery due to the limited allocation of non-recurrent resources and the associated inability to recruit sustainably and plan ahead. Members also recognised the impact across the organisation of the often inadequate estate. The HPF look forward to the</li></ol>	

		<p>development of longer term Health Board plans that confirm clinical service delivery and the estate/facilities required to support them.</p> <p>2. As part of the members reports update, the HPF discussed the current challenges related to the implementation of the Electronic Prescribing System (EPS). Whilst the potential benefits are significant it was noted that roll out progress feels slow and that there is not yet any agreement as to the timeline for implementation of the extended scope or consideration of new services such as the EPS instalment prescriptions for the substance misuse service. The lack of a resolution nationally with GP dispensing practices also means a large number of practices in BCUHB have not signed up for EPS.</p>
<b>2d</b>	Review of Risks	No risks identified
<b>2e</b>	Sharing of learning	No learning to be shared.
<b>3</b>	Actions to be considered by the <b>Board</b>	To note the contents of the report.



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

<b>Board Date</b>	27/03/2025		
<b>Date of Committee</b>	03/03/2025	<b>Report of:</b>	Stakeholder Reference Group
<b>Quoracy met:</b>	Yes		
<b>1</b>	Agenda	The Stakeholder Reference Group (SRG) continues to meet quarterly and the Group considered the agenda below: <a href="https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/health-board-advisory-groups1/stakeholder-reference-group-srg/srg-agenda-bundle-3325-v23/">bcuhb.nhs.wales/about-us/committees-and-advisory-groups/health-board-advisory-groups1/stakeholder-reference-group-srg/srg-agenda-bundle-3325-v23/</a>	
<b>2a</b>	Alert	The SRG wish to alert members of the Board that: <ul style="list-style-type: none"><li>Concern was raised regarding the lack of timely communication by the Health Board to their third sector stakeholder partners, regarding ongoing jointly-funded projects.</li></ul>	
<b>2b</b>	Assurance	The SRG wish to assure members of the Board that: <ul style="list-style-type: none"><li>The SRG felt assured by the high-level overview of Well North Wales, and that its forward plans were being developed collaboratively in participation with regional partners and with active involvement of key local stakeholders.</li></ul>	
<b>2c</b>	Advise	The SRG wish to advise members of the Board that: <ul style="list-style-type: none"><li>There was a need to find better ways of measuring quality and recording demographic data regarding GP contracts and social prescribing.</li></ul>	
<b>2d</b>	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.	
<b>2e</b>	Sharing of learning	No specific areas of learning were asked to be shared.	
<b>3</b>	Actions to be considered by the People & Culture Committee	There were no actions to be considered or referred to another Committee.	

<b>Teitl adroddiad:</b>	<b>EXECUTIVE COMMITTEE</b>			
<b>Report title:</b>				
<b>Adrodd i:</b>	Health Board			
<b>Report to:</b>				
<b>Dyddiad y Cyfarfod:</b>	Thursday, 27 March 2025			
<b>Date of Meeting:</b>				
<b>Crynodeb Gweithredol:</b>	This is the inaugural report from the Executive Committee, following the Board's agreement in January 2025. Since the last Health Board meeting in January 2025, the Executive Committee has convened three times: on 5 <sup>th</sup> February, 19 <sup>th</sup> February and 5 <sup>th</sup> March 2025.			
<b>Executive Summary:</b>				
<b>Argymhellion:</b>	Members are asked to:			
<b>Recommendations:</b>	<ul style="list-style-type: none"> <li><b>NOTE</b> the report from the Executive Committee.</li> </ul>			
<b>Arweinydd Gweithredol:</b>	Carol Shillabeer, Chief Executive Officer			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	Catrin Williams, Head of Corporate Office			
<b>Report Authors:</b>				
<b>Pwrpas yr adroddiad:</b>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>	
<b>Purpose of report:</b>				
<b>Lefel sicrwydd:</b>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>
<b>Assurance level:</b>	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>

<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This work links to all strategic objectives of the Health Board.</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></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><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></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><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></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><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></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><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></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><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></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><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (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><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>To continue to improve and report on the leadership, management and oversight of delivering the organisations strategic objectives.</li> </ul>	
<p><b>List of Appendices:</b></p> <p>None</p>	

## EXECUTIVE COMMITTEE REPORT

### 1. INTRODUCTION

This is the inaugural report from the Executive Committee, following the Board's agreement in January 2025. Since the last Health Board meeting in January 2025, the Executive Committee has convened three times: on 5<sup>th</sup> February, 19<sup>th</sup> February and 5<sup>th</sup> March 2025.

The Executive Committee meets in private and therefore there may be some items of business that are considered to be confidential in accordance with the Health Board Standing Orders.

### 2. MEETINGS HELD SINCE THE LAST BOARD MEETING

#### 2.1 Meeting held on 5<sup>th</sup> February 2025

##### **Section 33 Community Equipment provision in Denbighshire**

The Committee reviewed the draft Section 33 agreement between BCUHB and Denbighshire County Council for community equipment provision for 2024-2025.

The Committee **APPROVED** the amended Section 33 agreement.

##### **Dermatology – Immediate measures to support in year performance**

The Committee evaluated the request for additional funding and measures to address the long waiting list within the Dermatology service.

The Committee **APPROVED** the £780,000 additional funding required, with £500,000 from planned care funding and the remaining funding will be from vacancies in the West Integrated Health Community (IHC).

##### **Mpox/High Consequence Infectious Disease (HCID) Preparedness Assurance Plan**

The Committee reviewed the update on the Health Board Mpox/HCID Preparedness Plans, following the World Health Organisation's (WHO) declaration of Mpox Clade IB as a Public Health Emergency on August 15, 2024. Public Health Wales and the Chief Medical Officer issued new guidelines for managing cases, noting that Mpox Clade IB is more severe and transmissible than Clade II.

The Committee **NOTED** the assurance plan.

##### **Additional Anaesthetists**

The Committee reviewed the business case for additional anaesthetists and to approve the appointment of an additional consultant following a recent interview process as there were three appointable candidates.

An overarching business case will be developed, with the Chief Operating Officer leading its development for presentation to the Executive Committee.

The Committee **APPROVED** the appointment of an additional anaesthetist consultant.

### **Future of Video Appointments in North Wales**

The Committee received a report on the business case for continuing video appointments for patients in North Wales from April 2025 onwards.

The Committee **APPROVED** the continuation of video appointments with the Attend Anywhere supplier, funded through the Planned Care Sustainability Fund.

### **Independent stakeholder survey**

The Committee reviewed the stakeholder survey report conducted by Resero Research, which gathered feedback from key stakeholders to enhance collaboration and service delivery. The survey included 25 in-depth telephone interviews with Chief Executives, political leaders, housing association leaders, Third Sector leaders, and other senior figures.

The Committee **NOTED** the independent stakeholder survey.

### **Equality Update Report**

The Committee received the Equality Annual Report and agreed a number of changes before it was presented to the Board at the end of March 2025.

### **Refresh of North Wales Domiciliary Care Agreement**

Members reviewed the report on the renewal of the regional Agreement for Domiciliary Care Services for adults, led by Denbighshire County Council in collaboration with six Local Authority partners and BCUHB.

The Committee **SUPPORTED** the North Wales Domiciliary Care Agreement, effective from 1st April 2025 to 31st March 2030, with an option to extend to 31st March 2033.

### **Establishment of a Pan-North Wales Continuing Health Care Complex and High-cost Panel**

Members reviewed the report highlighting the need for improvements in CHC high-cost panel and better scrutiny for the Pan North Wales children's panel, especially for cases transitioning to adult services.

The committee **APPROVED** the new coordinated approach and the establishment of the Pan North Wales CHC Complex & High-Cost Panel.

### **Capital Update and Programme for 2025 – 2030**

The Executive Committee reviewed the report on the Capital Update and Programme for 2025 - 2030. The Health Board is required to approve an annual capital plan before the financial year begins, and this report presented the draft five-year capital programme for 2025/26 to 2029/30, with a focus on the investments prioritised for 2025/26.

The draft programme was **NOTED** and **SUPPORTED**, with actions to incorporate the detailed programme into the IMTP and revise the timeframe to a two-year focus.

The following items were received for **ASSURANCE**:

- Final Internal Audit Report - Job Evaluation
- People and Culture Committee Staff Story

## **2.2 Meeting held on the 19<sup>th</sup> February 2025**

### **March Board Agenda**

The Committee considered the item which noted and discussed the Public and Private Board Agenda for the 27<sup>th</sup> March 2025 ensuring Executives are aware of items within their portfolio and approval schedule. The Committee noted and supported the work to ensure that Board agendas for next year will be aligned to the Integrated Medium-Term Plan (IMTP).

The Committee **NOTED** the March Board Agenda.

### **Mental Health Strategic Finance Return**

The Committee considered the item which noted and discussed the Welsh Government's consultation on a new Mental Health and Wellbeing Strategy for Wales and the financial elements regarding the ring-fence.

The Committee **NOTED** the report and **APPROVED** for submission to the NHS Executive.

### **Chair's Assurance report - Risk Scrutiny Group**

The Committee considered an update from the Risk Scrutiny Group.

The Committee **DISCUSSED** and **NOTED** the Report

### **Risk Report & Corporate Risk Register**

The Committee considered the item which provided the update on the Corporate Risk Register and Risk Governance arrangements. The Committee noted the closure of risk CRR24-12 'Areas of Clinical Concern' and the development of 7 new clinical Corporate Risks. New risks were opened for various services (Oncology, Ophthalmology, Orthodontics, Vascular, Renal, Dermatology & Plastic Surgery, Urology). Additionally, there was a reduction in the score for CRR24-18 'Operational Planning for Transmittable Diseases and Outbreaks'. Good progress was reported on actions, with 26 actions completed, 117 actions progressing, and 15 new actions identified. Progress on risk governance Key Performance Indicators (KPIs) was also noted.

The Committee **NOTED** and **APPROVED** the Corporate Risk Register as reported to the Risk Scrutiny Group in January 2025.

### **Board Assurance Framework**

The Committee reviewed the Board Assurance Framework noting it has been considered at the Risk Scrutiny Group. The BAF will be re-aligned once the Integrated Medium-Term Plan (IMTTP) is approved by the Board.

### **Local Counter Fraud Service Annual Workplan 2025/2026**

The Committee considered the discussed the programme of counter fraud work for the financial year 2025/2026. The workplan aligns with NHS Requirements of the UK Government Functional Standard 013 Counter Fraud (GovS013) from the Cabinet Office. The Committee **NOTED** and **APPROVED** the plan for submission to Audit Committee.

### **Transformation and Strategic Planning Executive Delivery Group – Assurance Report**

The Committee considered an update from the Transformational and Strategic Planning Executive Delivery Group. It was noted that a review of the Executive Delivery Groups is part of the next phase of governance review following the establishment of the Executive Committee.

The Committee **DISCUSSED** and **NOTED** the Report.

### **New Treatment Fund**

The Committee considered the item which noted and discussed the update on the New Treatment Fund (NTF) and Individual Patient Funding Requests (IPFR) for February 2025. The NTF funds the cost impact for the first year of new medicines recommended by National Institute of Clinical Excellence (NICE) and All Wales Medicines Strategy Group (AWMSG), which the Health Board must implement within 60 days.

The Committee **received** the report and **NOTED** the need for further work on benefits realisation of the Individual Patient Funding Requests (IPFR) requests in relation to these drugs, as well as the impact for the Health Board.

### **Non-mandated New Medicines/Prescribable Requests**

The Committee received the report which provides an update on all new medicines and prescribable requests considered and approved by the Drugs and Therapeutics Group (DTG) since April 2024.

The Committee **NOTED** the New Medicines Update.

The following items were received for **ASSURANCE**:

- Update on Welsh Health Circulars and Ministerial Directions
- NICE Diabetes Care Processes: Performance in BCUHB
- Health Board RCPsych Action Delivery Group - Chairs Report

### **2.3 Meeting held on 5<sup>th</sup> March**

#### **Urgent Actions**

The following items were ratified following an approval route outside the committee as detailed in the Terms of Reference of the Committee;

1. Radiology – Cardiac Computed Tomography (CT) outsourcing
2. Radiology – provision of mobile PET-CT (Positron Emission Tomography–Computed Tomography) service
3. Cystectomy provision
4. Welsh Government 50 Day Integrated Care Winter Challenge Funding
5. Diagnostics backlog recovery

## **Education contract for post-registration education for Nursing, Midwifery, and Operating Department Practitioners**

The Committee received the report on the education contract for post-registration education for Nursing, Midwifery, and Operating Department Practitioners.

The committee **APPROVED** to award the Education contract for a 12-month period to both Wrexham University (East and Central) and Bangor University (West).

### **Contract Approvals**

The Executive Committee approved the following contract extensions:

- ICAN
- Talking Therapies (Parabl)
- Community Advocacy Service
- Urology Contract with Wirral University Teaching Hospital NHS Trust

### **Endoscopy Business Case**

The Committee received the report seeking approval for permanent recruitment to provide a 7-day in-house endoscopy service, eliminating the need for insourcing. The request was to allow for substantive recruitment to provide a 7-day in-house model while phasing out insourcing.

The Committee **APPROVED** the recruitment plan to provide a 7-day in-house endoscopy service, subject to a deliverability assessment, noting the complexity and challenges operationally with the objective of moving towards a more sustainable model.

### **Funded Nursing Care and Continuing NHS Health Care Annual Fee Rates 2025/2026**

The Executive Committee considered fee rates and agreed final sign off by the Chief Executive Officer and Executive Director of Finance before onward consideration by the Health Board at the end of March 2025.

### **Performance Funding £42m - Fixed Term Staff**

The Executive Committee reviewed the request to extend temporary staff that are funded from the Performance and Transformation Fund to be extended for 3 months whilst the year end position and financial plan for 2025/26 is concluded and can review the recurrent nature of the funding.

The Committee **APPROVED** the extension of temporary staff that are funded from the Performance and Transformation Fund for 3 months.

The following items were received for **ASSURANCE**:

- Audit Wales Annual Audit Report and Annual Audit Plan
- Executive Quality Delivery Group Chairs Report
- Integrated Quality Report for Board (Public and Private)
- Executive Policy Oversight Group Report

