

Bundle BCU Health Board 27 November 2025

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - 25.197 Welcome, Introductions and Apologies for Absence
Dyfed Edwards, Chair
- 1.2 09:33 - 25.198 Declarations of Interest relating to the Agenda
Dyfed Edwards, Chair
- 1.3 09:35 - 25.199 Minutes of the Previous Meeting held on 25 September 2025
Dyfed Edwards, Chair
25.199 Minutes from Health Board Meeting 25.09.25 V0.4 (Public)
- 1.4 09:40 - 25.200 Matters Arising and Action Log
Dyfed Edwards, Chair
25.200 Summary Action Log Health Board (Updated 18.11.25) Public
- 1.5 09:45 - 25.201 Experience Item
Angela Wood, Executive Director of Nursing and Midwifery and Dr Clara Day, Executive Medical Director
25.201 Ultrasound-Guided Carpal Tunnel Release Patient Story
- 1.6 10:05 - 25.202 Chair's Report
Dyfed Edwards, Chair
25.202 Chair's Report
- 1.7 10:15 - 25.203 Chief Executive's Report
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- 1.8 10:25 - 25.204 Vice Chair's Report
Gareth Williams, Vice Chair
25.204 Vice-Chair Report to Board November 2025
- 2 10:35 - STRATEGIC ITEMS
- 2.1 10:35 - 25.205 Major Change Programme: Focus - Value and Sustainability
Russell Caldicott, Executive Director of Finance and Clara Day, Executive Medical Director
25.205 Value & Sustainability Board Paper Final
- 2.2 10:55 - BREAK
- 2.3 11:05 - 25.206 Planning
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
a) *Integrated Planning Framework 2025*
b) *Tywyn Community Hospital*
22.206a FINAL Health Board - Integrated Planning Framework 2025 - 2025-11-27
25.206a Appendix 1 Planning Maturity Self-Assessment Submission Template 2025-11-27
25.206b FINAL Health Board - Tywyn Service Change Report - 2025-11-27
- 2.4 11:20 - 25.207 Health and Wellbeing Centres / Hubs: Strategic Approach
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
25.207 FINAL- 2025-11-27 - Health and Well Being Hubs Board Paper
- 2.5 11:35 - 25.208 Director of Public Health Annual Report
Jane Moore, Executive Director of Public Health
25.208 PHAR Board cover sheet November 2025
25.208.1 BCUHB DHP Annual report 2025
- 2.6 11:45 - 25.209 Implementation of the Healthy Travel Charter
Jane Moore, Executive Director of Public Health
25.209 BCU HTC Board Paper 27.11.25 Final V1.0

- 2.7 11:50 - 25.210 Culture and Leadership Programme – Discovery Phase Synthesis Report
Georgina Roberts, Interim Executive Director of People Services and Organisational Development
25.210 Health Board Culture Synthesis Report Final
- 3 12:05 - INTEGRATED PERFORMANCE
- 3.1 12:05 - 25.211 Urgent and Emergency Care Progress Report
Tehmeena Ajmal, Chief Operating Officer
25.211 Health Board UEC APPROVED FINAL
- 3.2 12:20 - 25.212 Chair's Assurance Report - Quality, Safety and Experience Committee
Caroline Turner, Committee Chair
25.212 AAA Report for QSE Committee 06.11.25 V1.0
- 3.3 12:25 - 25.213 Improving Quality Report
Angela Wood, Executive Director of Nursing and Midwifery
a) *Ombudsman Annual Letter 2024/25*
25.213 Board - Improving Quality Report - November 2025
25.213.1 Annual Letter 2024-25 - Betsi Cadwaladr University Health Board (Final)
25.213.2 Appendix - Ombudsman Annual Letter 2024-25 DRAFT v2
- 3.4 12:40 - LUNCH
- 3.5 13:10 - 25.214 Chairs Assurance Report - Performance, Finance and Information Governance Committee
Gareth Williams, Vice Chair / Committee Chair
25.214 AAA Report for PFIG Committee 22.10.25 V2.0
- 3.6 13:15 - 25.215 Integrated Quality and Performance Report
Russell Caldicott, Executive Director of Finance
25.215 IQPR - HB Coversheet - Nov 25 final
25.215a IQPR - HB - November 2025 Final
- 3.7 13:25 - 25.216 Finance Report
Russell Caldicott, Executive Director of Finance
25.216 Finance Report 25-26 Coversheet - Month 7 Eng
25.216.1 BCU 2025-26 M07 Finance Report - Final V2
- 4 13:35 - GOVERNANCE, RISK AND ASSURANCE
- 4.1 13:35 - 25.217 Nurse Staffing Levels Report
Angela Wood, Executive Director of Nursing and Midwifery
25.217 Board Committee Coversheet - Nurse Staffing Levels Autumn 2025
25.217.1 Appendix 1 - Annual Presentation of Nurse Staffing Levels to the Board November 2025
25.217.2 Appendix 2 - Summary of Nurse Staffing Levels for 25B Wards Autumn 2025
- 4.2 13:45 - 25.218 Chairs Assurance Report - Audit Committee
Urtha Felda, Committee Vice Chair
25.118 AAA Report for Audit Committee 21.10.25 V1.0
- 4.3 13:50 - 25.219 Risk Management Report
Pam Weinger, Director of Corporate Governance
Links to supporting pack
Risk Management Framework
Corporate Risk Register
25.219 Health Board Corporate Risk Register Report Cover sheet November 2025 Public v2
- 4.4 14:00 - 25.220 Corporate Governance Report

Pam Wenger, Director of Corporate Governance

Link to supporting pack

Appendices referred to in this item

25.220 Corporate Governance Report - November v1.0

- 4.5 14:10 - 25.221 Committee & Advisory Group Chairs Assurance Reports
Remuneration Committee, Dyfed Edwards
Planning, Population Health and Partnerships Committee, Clare Budden
People and Culture Committee, Dyfed Jones
Mental Health Legislation Committee, Gareth Williams
Healthcare Professionals Forum, Emma Adamson
Executive Committee, Carol Shillabeer, Chief Executive

25.221.1 AAA Report for Remuneration Committee 7.10.25 & 16.10.25 V1.0

25.221.2 AAA Report for PPHP Committee 28.10.25 V1.1

25.221.3 AAA Report for P&C Committee 16.10.25 V1.0

25.221.4 AAA Report for MHL Committee 13.11.25 V1.0

25.221.5 AAA Report for HPF 19.09.25 V1.0

25.221.6 November Board - Executive Committee Report Public

- 5 14:15 - CLOSING BUSINESS

- 5.1 14:15 - 25.222 Date of the Next Meeting - Thursday 29 January 2026

- 5.2 14:15 - 25.223 Resolution to Exclude the Press and Public

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Health Board Meeting
held in Public on 25 September 2025
at Venue Cymru

Board Members present	
Name	Title
Dyfed Edwards	Chair
Emma Adamson	Associate Member (Chair of Healthcare Professionals Forum)
Tehmeena Ajmal	Chief Operating Officer
Clare Budden	Independent Member
Russell Caldicott	Executive Director of Finance
Urtha Felda	Independent Member
Dyfed Jones	Independent Member (part meeting)
Prof Mike Larvin	Independent Member
Peter Lewis	Associate Member (Chair of Stakeholder Reference Group)
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
Carol Shillabeer	Chief Executive
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	Vice Chair
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Jason Brannan	Deputy Executive Director of People
Laura Jones	Acting Corporate Governance Manager
Stuart Keen	Director of Environment and Estates
Phylis Makurunje	Aspiring Board Member
Dr Karen Mottart	Integrated Health Community Medical Director (West)
Philippa Peake-Jones	Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger	Director of Corporate Governance

PRELIMINARY MATTERS

25/160 Welcome, Introductions and Apologies for Absence

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

Apologies were received for Fon Roberts, Georgina Roberts (Jason Brannan deputising), Sreeman Andole (Karen Mottart deputising), Dylan Roberts and Stephen Powell.

The Chair welcomed Peter Lewis as the newly appointed Chair of the Stakeholder Reference Group as well as a member of the Board and Dr Karen Mottart deputising for the Executive Medical Director.

It was noted that Helen Stevens-Jones, the Director of Partnerships, Engagement & Communications would need to step out of the meeting early to represent the Board at the opening of the Maggie's North Wales Centre. The Chair shared well wishes to all those involved in the opening of the Centre.

25/161 Declarations of Interest Relating to the Agenda

No declarations of interest were received.

The Chair declared an interest in agenda item 25/171 Strategic Planning as he is a local resident of Penygroes and his GP surgery is covered in the item relating to the Well-Being Hubs (Penygroes).

25/162 Unconfirmed Minutes of the Health Board meetings held on 17 July 2025 (Annual General Meeting) and 31 July 2025.

Members received and agreed the unconfirmed minutes of the meetings held on 17 July 2025 and 31 July 2025 as a true and accurate record.

It was resolved that the Board:

- **AGREED** that the minutes of the Annual General Meeting held on 17 July 2025 and Health Board held on 31 July 2025 were a true and accurate record.

The following matters arising were highlighted:

Carol Shillabeer drew the Board's attention to minute reference 25/132 Accountable Officer Report – Accounting Issues of 2021/22. It was noted that Audit Wales had drawn to the Health Board's attention a technical drafting point in the report and therefore it was proposed to include the following footnote in the report:

- *Audit Wales conducts its audits using a risk-based approach. Following the identification of initial findings, the audit scope was extended to address areas where adverse findings had been noted. The purpose of this additional work was to obtain sufficient audit evidence to support the conclusion that the financial statements were free from material misstatement, with materiality set at £20.3 million.*

The Chief Executive referred to a matter raised by David Graves ahead of the Annual General Meeting in relation to Mental Health and Learning Disabilities. It was confirmed that a Mental Health Development Group is being established and the question raised will form part of the continuous discussions that will be held by the group, taking into account feedback provided by citizens. It was also agreed that the response to the question raised by David Graves would be reviewed to ensure that a full answer is provided.

Action:

- **25/162.1** Director of Corporate Governance to follow up the response to the question raised ahead of the Annual General Meeting by Mr. D Graves to ensure that a full response has been provided.

25/163 Action Log

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

Corporate Governance Report: Emergency Medical Retrieval and Transport Service (EMRTS)

- In relation to action 25/142.1 it was noted that clarification had been sought outside of the meeting. Progress continues with the Court of Appeal and a response has been provided from the Corporate Governance Directorate. It was noted that an update had been provided before the Board and therefore the action could now be closed.

It was resolved that the Board:

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

25/164 Experience Item

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

- The story was based on a Rapid Diagnosis Clinic where patients have been invited to participate in a research study to help improve cancer diagnosis by analysing information collected during routine care.
- The importance of participating in research was highlighted as an area that can help to improve diagnosis for the benefit of patients.
- The Health Board have invested in research across the organisation and a wide range of studies has been undertaken throughout the year.

In discussing the video presentation, the Board:

- Acknowledged the potential opportunities for joint research with the North Wales Medical School and Universities to embrace technology and innovation.
- Highlighted the research taking place across General Practitioner Practices noting that the West End Medical Centre have recently been involved in medical trials.
- Noted that work is taking place on the Research and Development Annual Report to identify the next steps required and start to develop a fully integrated approach and this will be presented to a future Board meeting.

It was resolved that the Board:

- **NOTED** the Experience item.

25/165 Chair's Report

The Board received the report and the Chair highlighted:

- The recruitment process is taking place to appoint a new Independent Member for Finance and who will Chair Audit Committee. Urtha Felda was thanked for her work stepping in to chair the Committee as the Vice Chair.
- Peter Lewis has taken up the role as Chair of the Stakeholder Reference Group (SRG) and represents the group as an Associate Member of the Board.
- The Informal Board in August Session provided an opportunity to discuss the priorities set by Welsh Government. There was a strong emphasis on achieving targets as well as a need to make changes in the short term to ensure timely access to services.



- The Board also reflected on the need to ensure long term, sustainable change is taking place to create an organisation that provides an excellent service for the population of North Wales on a continuous basis in order to serve the needs of the communities in the future.
- A recent visit has taken place to HMP Berwyn where 160 Health Board staff work to support prisoners' health. The prison service is under the oversight of the UK Government whilst the health and well-being element sits with Welsh Government and the Health Board. It is important that we maintain a close link with staff working in the prison.
- An event took place in the Menai Unit, Ysbyty Gwynedd to unveil the HIV awareness quilt which has been created in a number of workshops across the region. It was noted that the quilt will be displayed within the Health Board and the Head of Equality and Human Rights was thanked for her work in this area.
- The Creative Well Forum was recently launched in Denbigh. This work provides an opportunity for activities to support health and well-being and illustrates the work taking place within the creative sector.

It was resolved that the Board:

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

25/166 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

- Jacqueline Totterdell has been appointed by Welsh Government as the new Director General for Health, Social Care and Early Years which is a dual role incorporating the NHS Wales Chief Executive role commencing in early October 2025.
- The Welsh Government have provided formal feedback on the Health Board's Integrated Medium Term Plan (IMTP) for 2025–28 noting the increased emphasis on strategic planning and a shift to create sustainable change for the future.
- The Cabinet Secretary has announced plans aimed at increasing transparency across the health system and the Health Board will put in place additional mechanisms to address these actions.
- Progress is being made in relation to the eight specialities categorised as challenged services. There have been significant improvements in the provision of oncology services and the opening of the Maggie's North Wales Centre will provide an additional layer of support in this area.

In discussing the report, the Board:

- Recognised the reduction in services being provided by St David's Hospice particularly affecting Holyhead. It was noted that work is taking place locally with Anglesey County Council to identify opportunities to provide care closer to home.
- Referred to the launch of the new Masters of Pharmacy (MPharm) programme at Bangor University highlighting the collaborative work taking place across primary, secondary and community care.

It was resolved that the Board:

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

25/167 Vice Chair's Report

The Board received the report and the Vice Chair highlighted:

- A range of visits have recently been undertaken and there is extensive work taking place across the Health Board.

In discussing the report, the Board:

- Acknowledged the excellent facilities being provided by the Substance Misuse Service noting the positive benefits the service provides to support the people of North Wales.
- Noted that the Planning, Population Health and Partnerships Committee have an item on substance misuse at the next meeting in October 2025. This is a collaborative workstream highlighting the importance of services working together to provide support within communities.

It was resolved that the Board:

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

25/168 Citizen Experience Report

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

- The format of the report has been revised to reflect the progress of work that has taken place during the quarter.
- Citizen feedback remains consistent in relation to the impact of long waiting times and variations in access to care which are areas that cause distress for patients.
- There is a need for the Board to ensure citizen voices are being heard and are shaping the priorities and decisions that are being made as well as holding the Health Board to account.
- There are areas where feedback has already driven change and this can be noted in bereavement care where specialist nurses have been appointed to ensure families are experiencing more compassionate, structured support at the most difficult times.
- The Health Board have undertaken targeted engagement on service change in relation to Tywyn and Penley and this process provides assurance that the citizen voice is central to decisions being made about the future of these services.
- There is a need to ensure the citizen voice is also central to the early development of the Health Board's new strategy and clinical services plan.

In discussing the report, the Board:

- Queried how the Board can be assured that feedback received is being shared with those responsible for delivering actions. It was confirmed that some feedback is shared directly through nursing services, enabling regular facilitation of change. In addition, parallel work is being undertaken by teams across the organisation. This area will be further explored by the Planning, Population Health and Partnerships Committee, with a focus on how feedback can be captured in greater detail to ensure the Health Board is embedding sustainable change based on the insights received.
- Emphasised the importance of incorporating feedback into planning to enable the Health Board to clearly demonstrate the link between feedback received and improvements made. It was noted that the relationship between complaints, engagement, and service design is critical, as it highlights how feedback has been acted upon to drive positive changes in services.
- Indicated the importance of providing a response to citizens who share feedback to ensure they continue to do this and also share the outcome of their feedback with friends and family. It was noted that responses are provided in some areas but not consistently across the organisation and this requires development.

- Noted that the Betsi Way Engagement Framework is a key document that will shape how the organisation engages with the population and staff, ensuring that their contributions inform service design. It was confirmed that this framework will be discussed in greater detail at the next meeting of the Planning, Population Health and Partnerships Committee, as the work must incorporate input from staff, the public, and the third sector.
- Noted that the Planning, Population Health and Partnerships Committee held a Development Session focussed on health, wellbeing and health inequality. This area of work is an important thread that needs to flow through all areas including the strategic work, ten-year plan, clinical services plan and the Integrated Medium-Term Plan.
- Acknowledged the importance of opportunities to engage with primary care services to ensure the citizen voice is being heard as well as engaging with primary care providers. It was noted that work is taking place within the primary care space, this is a pivotal area for delivery in terms of prevention, reducing capacity in acute settings and working closely with communities and the third sector.
- Reflected on the improvements made in relation to dealing with complaints and the actions being taken as a result of issues being raised. Thematic reviews are now taking place across the organisation to discuss how specific concerns raised can be addressed across the Health Board to ensure learning is captured and good practice is shared widely with teams.
- Noted the connection between the Citizens Experience Report and the Staff Experience and Engagement Report and the need to embed engagement throughout the organisation and via the service plans and major change programmes.

It was resolved that the Board:

- **NOTED** the Citizen Engagement Report; and
- **RECEIVED ASSURANCE** that the citizen voice is shaping transformation and decision-making, not only operational improvements.

STRATEGIC ITEMS

25/169 Chair's Assurance Report - Planning, Population Health and Partnerships Committee

The Board received the report and the Chair of the Planning, Population Health and Partnerships (PPHP) Committee highlighted:

- The Committee received an update on the Digital, Data and Technology Programmes and the Data Roadmap at the last meeting. The paper identified the programmes that are being led both internally and externally by Digital Healthcare Wales (DHCW).
- The Committee noted that there are several risks associated with the programmes in relation to delivery, budgets and the complexity of the programmes and these concerns were reflected in the review of the risks. The Board were alerted to this issue as there may be difficulties in taking forward programmes where the aim is to deliver more digitally enabled services to improve patient experience.
- The Committee held a Development Session on 24 September 2025 focussed on improving the health and wellbeing of the population noting that this work will contribute to the ten-year strategy. This provided a good basis for discussion and actions were agreed which included the need for broader discussion with the Board. Going forward there is a need to consider how the Committee will provide a focus on primary care, identify key performance indicators and hold further informal development sessions to discuss primary care and other areas in more detail.
- The Winter Resilience Plan for 2025/26 was reviewed and supported and the Committee welcomed plans for enhanced collaborative working and touch points with key partners.

It was resolved that the Board:

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

25/170 Urgent and Emergency Care

The Board received the Urgent and Emergency Care Major Change Programme Report and draft Winter Resilience Plan 2025/26. The Chief Operating Officer highlighted:

- In relation to Urgent and Emergency Care, the work is currently based around the national six goals programme and there is potential to reframe the programme going forward.
- The programme highlights the medium to longer term change required to improve patient outcomes however there are difficulties in ensuring relevant staff are able to step out of the service to develop plans and progress the work required to make sustainable improvements.
- Dr Karen Mottart has been assigned as the clinical lead for the programme and the key areas of focus will be to establish a single point of access, ensure consistent front door services are available and develop one model of care across all three sites.
- The Health Board employ committed, passionate staff working in extremely challenging environments and extensive work is required in this area to make significant changes.
- In relation to the Winter Resilience Plan, it was confirmed that a regional integrated self assessment relating to the provision of safe care over Winter has been undertaken, coordinated by the Regional Partnership Board. The self-assessment has been submitted, and a full plan is expected to be completed by 31 October 2025.
- This area of work is being managed in conjunction with regional partners to ensure business continuity plans are in place across services as well as improving collaboration and information sharing to align services across health and social care providers.

In discussing the report, the Board:

- Noted the recent discussions held by the Regional Partnership Board, which emphasised the importance of proactive and collaborative working to ensure consistent, incremental progress that builds public confidence. It was noted that ongoing conversations with partners will be reflected in future planning.
- Noted the need for collective ownership across the organisation, particularly in addressing system-wide flow challenges. It was acknowledged that issues vary across sites, and a formalised, consistent approach to implementation is required to achieve meaningful results.
- Noted the progress in other parts of Wales and sought assurances that the Health Board is learning from areas where changes are delivering positive outcomes. The scale of the challenge facing the Health Board was recognised, particularly the harm caused by patients waiting for extended periods in ambulances and Emergency Departments. There is also a need to redirect patients who could be more appropriately cared for in Minor Injury and Ailment Units, which requires a consistent and reliable service offer.
- Acknowledged the urgency of the situation, with a call for the Board to act as a unified body to implement immediate and tangible changes that deliver the level of care the people of North Wales deserve. This area is one of the four major change programmes for the Board, and it was noted that previous efforts have not delivered sufficient impact. A renewed focus on consistently delivering the basics every day is essential to achieving marginal gains.
- Agreed that there was an urgent need to modernise access to healthcare, which will involve reshaping primary and community care services. The imbalance between demand and capacity was highlighted, and improving flow across the system is seen as a key lever to address this issue.



- Questioned how flow within the hospitals across the Health Board will be addressed differently, given the persistent number of patients waiting to be discharged. It was confirmed that Welsh Government is investing in Local Authorities to expand community care, alongside further investment in primary care. Priorities include reducing length of stay and developing consistent, simplified models of care across the organisation. A focus on timely implementation and recovery planning where actions are not delivered was also stressed.
- Noted that there are opportunities to do things differently, highlighting the importance of consistent action across all shifts and days in relation to the Winter Resilience Plan. There is a need to review community care pathways and ensure safe discharge options are available. Additionally, support must be provided to prevent individuals from reaching crisis points where Emergency Department attendance becomes the only option.
- Agreed there was a need for a standardised approach across the Health Board and sought assurances on what tangible changes would be visible in the coming months. It was confirmed that, from 1 October 2025, Welsh Government will introduce a requirement to reduce ambulance handover times to 45 minutes. This change is expected to be evident across the organisation.
- Noted that the Integrated Performance Executive Delivery Group will focus on key performance indicators related to patient flow through Emergency Departments. This work will be closely aligned with the Citizen Experience Report and the feedback received, which will help assess whether the changes being implemented are resulting in improved patient care.
- Agreed that the information related to this area of work should be presented to the Board more regularly to support oversight and assurance and an update on Urgent and Emergency Care and ambulance handovers should be presented to the next meeting.
- Agreed that the Winter Resilience Plan remains work in progress and agreed to delegate to the Executive Committee for finalisation with oversight provided at the Planning, Partnership and Population Health Committee.

Actions:

- **25/170.1** An update on Urgent and Emergency Care and ambulance handovers to be presented to the next meeting of the Board in November 2025.
- **25/170.2** Planning, Population Health and Partnerships Committee to review the final version of the Winter Resilience Plan 2025/26 at its meeting in October 2025.
- **25/170.3** The final approved submission of the Winter Resilience Plan 2025/26 to be circulated to Board members outside of the meeting.

It was resolved that the Board:

- **RECEIVED ASSURANCE** from the report provided and the actions being taken within the Urgent and Emergency Care Major Change Programme.
- **REVIEWED** the Winter Resilience Plan for 2025/26.

25/171 Strategic Planning

The Board received the Key Programmes Report, Annual Delivery Plan 2025/26 Quarter 1 Progress Report and the updated business case for the Royal Alexandra Hospital Health and Well-being Hub and the Executive Director of Transformation and Strategic Planning, Chief Operating Officer and Director of Environment and Estates highlighted the following in relation to each report:

Key Programmes Report

- The Board received the report which provides a strategic overview of the fifteen programmes currently within the Health Board's portfolio, alongside the four major change programmes approved in May 2025.
- To support alignment with service change and planned improvements, the programmes have been grouped into five categories. The approach to programme development and management continues to evolve, with ongoing work to configure underpinning workstreams to ensure the full breadth of service transformation is addressed.
- The Board was updated on the **Radiology Informatics System Programme (RISP)**, which aims to implement a modern radiology system across North Wales. The system went live on 8 September 2025, following collaboration with Digital Health and Care Wales (DHCW). While some initial issues were reported, full implementation is expected to significantly modernise radiology services and improve the quality of care.
- In relation to the **Llandudno Planned Care Hub**, the programme is currently in the implementation phase. A clinically endorsed model has been agreed, and capital expenditure has exceeded the control total but remains within the contingency threshold. The programme aims to complete works by 19 January 2026, with the Hub expected to become operational in late January or early February 2026.

Annual Delivery Plan 2025/26 Quarter 1 Progress Report

- The report provides an overview against the quarter one deliverables. There has been a shift in focus from calculating the number of actions completed to gaining a more strategic overview of outcomes in relation to delivery and this area of work is progressing.
- There has been a completion rate of 67% against the deliverables due by the end of quarter one with four deliverables off track against the original committed timescale. Mitigating plans are in place to conclude these deliverables by the end of quarter two.
- There has been real progress across a number of areas and these include governance, quality management system (QMS), environment, estates, culture and leadership. Future reports will provide greater clarity and narrative on the broader impact of delivery.

Royal Alexandra Hospital Health and Well-being Hub

- The aim of the project is to improve local and integrated service provision within Rhyl and the surrounding areas by providing services closer to the community.
- The service will include a community reablement facility, a Minor Injuries and Ailments Unit (MIAU), a radiology service, three relocated dental surgical procedure rooms and a community cafe, office and Third Sector hub.
- The service will provide a multi agency approach, increase the range of local services available, help to facilitate patient flow and reduce attendances at Emergency Departments.
- The development has been split into two phases, the first is the modular phase and the second will focus on the main building and further discussion is required in relation to phase two.
- The first phase follows a modern method of construction, a supplier has been commissioned, due governance is in place, and the revenue and capital elements are within budget.
- Subject to planning and Welsh Government approval, the aim is to commence work in January / March 2026.

In discussing the three reports, the Board:

- Noted that several of the **Annual Delivery Plan** objectives have moved from one quarter to another. It was suggested that any slippage should be clearly recorded, with reasons for delay identified to support transparency and effective oversight.

- Noted that some objectives are dependent on external organisations, and as such, a degree of flexibility may be required. The Board was assured that further detail on these dependencies and progress will be provided in future reports to support continued monitoring and assurance.
- Recognised the ongoing work to develop the **Royal Alexandra Hospital Health and Well-being Hub** and the services for the local population that offers an alternative to Emergency Department admission and provides a sustainable facility for the future.
- Noted thanks to the Central Integrated Health Community team for their efforts in delivering care closer to home and establishing an important facility at the heart of the community.
- Noted and agreed the inclusion of a much-needed Minor Injuries and Ailments Unit (MIAU) will enhance local service provision. It was also acknowledged that phase two of the project may present opportunities for wider service redesign.
- Confirmed the catchment area for the service will primarily target local residents, it will also be available to the wider population across Conwy and Denbighshire, based on demand.
- Supported in principle the **Royal Alexandra Hospital Health and Well-being Hub** subject to consideration of the commercial case that would be considered in the Private Board meeting and reported to the next Public Board meeting.

Action:

- **25/171.1** The commercial case of the Royal Alexandra Hospital Health and Well-being Hub to be considered in the Private September Board meeting and reported to the next Public Board meeting in November 2025.

It was resolved that the Board:

- **RECEIVED ASSURANCE** on the progress made in relation to the Key Programmes Report since the last update including improved oversight and assurance arrangements.
- **AGREED** to continue to receive these more strategic updates at every other Board meeting and for the Planning, Population Health and Partnerships Committee and the Strategic Planning and Service Change Group to continue to undertake more detailed scrutiny on behalf of the Board.
- **RECEIVED ASSURANCE** on the progress made in relation to the Annual Delivery Plan during Quarter 1 along with the challenges highlighted.
- **APPROVED** the change controls outlined within the paper.
- **SUPPORTED** the revised Business Case (Addendum to 2021 Full Business Case for RAH Phase 1), for onward submission to WG for approval and funding subject to consideration of the commercial case in the Private Board.

25/172 Foundations for the Future Presentation

The Board received a presentation on the Foundations for the Future Major Change Programme. It was noted that the **Discovery Phase** has been completed, and work is now progressing through the **Design Phase**. Key themes have been identified, with broader organisational elements being considered alongside structural design.

The design model is built around **five strategic pillars**, developed through a continuous engagement approach, including ongoing dialogue and input from subject matter experts. The programme is focused on delivering measurable benefits, reducing the gap between management and frontline services, ensuring clear strategic direction from the Board, and promoting a consistent approach to improving outcomes.

Updates were provided on each workstream:

- **Strategy:** The Integrated Planning Framework will be presented to the Board in November 2025. Oversight of this workstream sits with the Planning, Population Health and Partnerships Committee.
- **Culture:** Progress is being made on the culture change programme, which will also be considered by the Board in November 2025. Oversight is provided by the People and Culture Committee.
- **People:** This workstream focuses on investing in Health Board colleagues, with further development required around workforce planning. Oversight is provided by the People and Culture Committee.
- **Processes:** This workstream includes seven key areas, such as the decision making framework. Oversight will be shared across multiple Committees.
- **Structures:** Work is underway to design efficient organisational structures, considering roles, remits, and reporting lines. The high level design has been completed, with detailed design work scheduled for October and November 2025. Oversight is provided by multiple Committees, with regular reporting to the People and Culture Committee.

In discussing the report, the Board:

- Acknowledged that increasing autonomy and accountability for managers represents a significant cultural shift for staff across the organisation. It was noted that appropriate support will be essential to ensure staff are equipped with the necessary skills and competencies to lead and deliver effectively within this new approach.
- Recognised that the development of a clear organisational structure will help define roles and responsibilities, supporting the delivery of high quality services for the people of North Wales.

It was resolved that the Board

- **NOTED** the content of the presentation.

25/173 Chair's Assurance Report - Quality, Safety and Experience Committee

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

- The Committee received a patient story highlighting the important role that play specialists undertake when supporting children and families with additional learning needs.
- The Integrated Quality Report highlighted an improved position in relation to complaints which highlights a positive step forward.
- The Committee received a detailed update on the progress being made in relation to challenged services.

It was resolved that the Board:

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

25/174 Improving Quality Report

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

- Progress relating to Nationally Reportable Incidents (NRIs), noting that the Health Board continues to perform above other Health Boards in Wales in terms of incident turnaround times.

- One Never Event was reported in June 2025. It was confirmed that no significant harm occurred to the patient involved.
- Continued improvement in the complaints process, with the team currently resolving complaints within 19 working days on average compared to the target of 30 day on average.
- Deep dive reviews have been undertaken in the Women's and Midwifery Service and the Mental Health and Learning Disability (MHLD) Service. Emerging themes are being analysed, with further evaluations planned in other service areas.
- Positive progress was reported in reducing community-onset infections, supported by increased staff training and a review of isolation capacity to reduce transmission risks.
- Development of the Quality Management System is progressing, with work now moving towards the implementation phase.
- Noted that no Prevention of Future Death (PFD) Notices have been reported, and there has been a significant reduction in the number of overdue Learning from Events Reports (LFERs).

In discussing the report, the Board:

- Noted that the Quality, Safety and Experience Committee has recently focused on clinical effectiveness and mortality reviews. The associated report highlighted improved outcomes across a range of areas, reflecting the positive progress being made.
- Noted the inclusion of enhanced data and trend analysis, which will now be reported consistently. This approach will enable more detailed insights into specific areas and support targeted improvement.
- Noted that the Executive Team will hold a dedicated session to explore how best practice can be implemented systematically across the organisation, ensuring a consistent service offer across all regions of the Health Board.

The Chief Executive expressed her gratitude to a family who shared a difficult experience, noting that their feedback is helping to shape improvements in patient experience going forward.

It was resolved that the Board:

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

25/175 Chair's Assurance Report - Performance, Finance and Information Governance Committee

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

- The Committee received the Audit Wales report on Planned Care noting the need to focus on the balance between insourcing and outsourcing at the same time as addressing the fundamental issues.
- The next meeting of the Committee will have a focus on theatre utilisation to gain a greater understanding in this area.
- Work is taking place to develop the format of the Integrated Performance Report.

In discussing the report, the Board:

- Referred to the Board Assurance Framework and the need for the objectives to be smarter which is an area that has also been discussed by the Audit Committee. It was confirmed that this was raised as part of the last Structured Assessment and is an area that remains outstanding to allow the Health Board to move into the strategic space. Once the strategy has been developed, the objectives can be amended accordingly to align to the strategic direction of the organisation.

It was resolved that the Board:

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

25/176 Integrated Performance Report

The Board received the Performance Report and the Chief Executive provided the following update:

- Work is underway to develop a revised format for the report to ensure performance information is presented in a clear and accessible manner. It was noted that quality related data will be integrated into the new **Integrated Quality Report** to support a more comprehensive view of organisational performance.
- **Access and activity** remain the most significant challenges. While there have been marginal improvements in Urgent and Emergency Care, these gains have not been sustained at the level required to meet the needs of the North Wales population.
- The Board was advised of the upcoming Welsh Government requirement to reduce ambulance handover times to **45 minutes**, effective from 1 October 2025. This will be a key area of focus across the system.
- **Planned care** continues to be a major concern. Despite additional support from Welsh Government, the high volume of long waiting patients places considerable pressure on services, and this remains a challenging agenda.
- In relation to **diagnostics**, the target to eliminate waits over eight weeks is unlikely to be met.
- Performance in **Children's and Adolescent Mental Health Services (CAMHS)** and **Neurodivergence** remains stable but continues to be difficult. Improvements are being made, particularly in assessment processes.

In discussing the report, the Board:

- Noted the competing demands in delivering outpatient appointments alongside addressing long waiting patients. Members queried the organisational impact of these pressures. It was confirmed that while additional resources are being deployed, this brings significant operational strain and heightened expectations. The Board recognised the need for transformational change in service management to sustain and improve performance. A high level report was proposed to outline the actions underway to progress both areas concurrently.
- Queried progress in relation to Falls. It was confirmed that this remains a relatively static area of performance. However, robust falls assessments and detailed reviews are being undertaken to identify specific areas for improvement.
- Acknowledged the importance of innovative practice in sustaining improvements. The Board emphasised the need to adopt, adapt, and scale innovation across the organisation. Major change programmes were highlighted as key enablers in driving forward this agenda.

Action:

- **25/176.1** A high level summary report to be produced highlighting the current performance against the changes that are taking place to transform the way services are managed to maintain sustainable change.

It was resolved that the Board:

- **REVIEWED** the contents of the report.
- **IDENTIFIED** additional action required to provide assurance.

25/177 Finance Report

The Board received the report, and the Executive Director of Finance highlighted the following key points:

- The financial position remains challenging across Wales, with all Health Boards currently reporting a year-to-date deficit.
- As of 31 August 2025, the Health Board is reporting a year-to-date deficit of £13.6 million, with additional potential financial pressures identified.
- Health Boards are being asked to accommodate the Welsh Risk Pool share agreement; however, current resources are insufficient to meet this requirement.
- A savings target of £40.0 million has been set for delivery in 2025/26. Welsh Government has requested assurance regarding the achievement of this target. Work is ongoing to identify and review further savings options.
- Correspondence has been received from Welsh Government indicating that further allocation may be made available if the financial plan is successfully delivered.
- Work is also underway in relation to the capital programme, which will be considered in more detail by the Performance, Finance and Information Governance Committee.

In discussing the report, the Board:

- Queried the potential for identifying savings through transformation. It was noted that the Value and Sustainability Major Change Programme is expected to drive service improvements and generate financial savings. The outcomes of this work will be presented at the next Board meeting.

It was resolved that the Board:

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

GOVERNANCE, RISK AND ASSURANCE

25/178 Chair's Assurance Report: Audit Committee

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

- The valuable work undertaken by Internal Audit and Audit Wales, which continues to support improvements across the organisation. It was noted that a wide range of Internal Audit reports were reviewed at the Committee's most recent meeting.
- The Committee received the Audit Wales Planned Care Report, which will be monitored through the Performance, Finance and Information Governance Committee and the Quality, Safety and Experience Committee to ensure appropriate oversight and assurance in specific areas.

It was resolved that the Board

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

25/179 Governance and Accountability Framework

The Board received the joint report from the Director of Corporate Governance and Executive Director of Finance, which included:

- A review of the Scheme of Reservation and Delegation and proposed amendments to the Standing Financial Instructions, reflecting recent changes introduced by the Procurement Act.

The Director of Corporate Governance highlighted:

- The Scheme of Reservation and Delegation has been reformatted to simplify decision making processes, aligning with the key themes of the Foundations for the Future programme.
- The documentation has been reviewed with Internal Audit and Audit Wales, and presented to the Audit Committee. It forms part of broader organisational improvements to enhance operational governance across the Health Board.
- Certain elements remain unchanged, including matters reserved for the Board and those requiring Welsh Government approval under specific contractual arrangements.
- A set of principles has been developed to clarify delegation responsibilities, supported by a tiered system aligned with the Oracle approval framework.
- Further work is required to define the tier below the Executive Committee, which will be progressed in line with the Foundations for the Future programme.

In discussing the report, the Board:

- Queried the process for developing business cases. It was confirmed that this has been considered by the Executive Committee in the context of business case development and service planning. Further work is required, and an update will be brought to a future informal Board meeting.
- Acknowledged that this forms part of a broader programme of work, including the development of a decision making framework. This will align with the Integrated Medium Term Plan and the strategic planning work currently underway.

It was resolved that the Board:

- **NOTED** the report and **APPROVED** the proposed changes to the Scheme of Reservation and Delegation.
- **APPROVED** the Standing Financial Instructions in line with Welsh Government direction to incorporate the changes to the procurement act.
- **AGREED** that further refinements to the Scheme of Delegation will be consideration by the Executive Committee and then approval brought back through to the Audit Committee and Board.

25/180 Corporate Governance Report

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

- The report provides a comprehensive update on key governance matters. A further Chair's Action has recently taken place and will be presented to the next Board meeting for ratification.
- All Committees have now received the outcomes of their self-assessments, along with a copy of the Annual Report. These documents are included in the supporting pack. Where areas for improvement have been identified, they will be incorporated into the Corporate Governance Improvement Plan.

It was resolved that the Board:

- **NOTED** the content of the report.
- **NOTED** the affixing of the common seal as outlined in this report.
- **NOTED** the matters considered in the Private Board meeting on 31 July 2025.
- **RATIFIED** the response to the Hywel Dda Consultation as agreed by the Chair following discussion at the Informal Board in August 2025.



- **RATIFIED** the approvals of Approved Clinicians and Section 12(2) Doctors in line with national guidance.

25/181 Chairs Assurance Report - People and Culture Committee

The Board received the report and the Vice Chair of the People and Culture Committee highlighted:

- The Committee reviewed the Social Partnership and Public Procurement Act and approved the Strengthening Social Partnership Annual Report 2024/25 for onward submission to Welsh Government. This work is crucial for relationships across the Health Board.

It was resolved that the Board

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

25/182 Annual Reports

The Board received a range of Annual Reports and highlighted the following:

Health, Safety and Security Annual Performance Report 2024-25

There has been a shift in the approach in terms of governance and reporting and this is starting to feed in from the Health and Safety Executive. Concerns were raised in relation to the high level of violence against staff and it was agreed that support is required to renew the zero tolerance message as there is no acceptable level in this area.

Welsh Language Services Annual Monitoring Report 2024-25

The Monitoring Report and the 'More than words' Report were included under this item. The Health Board is making progress in relation to the Welsh Language standards and work is taking place to identify the gaps and put systems in place. Training is wide spread across the organisation and uptake continues to increase. Staff are encouraged to support the use of the Welsh Language across the Health Board.

Strategic Equality Annual Report 2024-25

The report demonstrates that a wide range of work is taking place in addition to the requirements of the statutory duty. The work completed to date has focussed on building a level of engagement with equality team and going forward the key priorities will be to reduce inequality, improve data and close the gender pay gap.

Duty of Candour Annual Report 2024-25

This is the second time the report has been presented since the Duty of Candour came into effect in April 2023. The report identifies the progress being made and links in with the integrate concerns policy where robust processes are being put in place.

Putting Things Right Annual Report 2024-25

The report identifies themes and trends in relation to a number of reported incidents. Improvement work is taking place and further information is presented on a regular basis as part of the Improving Quality Report.

It was resolved that the Board

- **APPROVED** the following Annual Reports:
 - Health, Safety and Security Annual Performance Report 2024-25
 - Welsh Language Services Annual Monitoring Report 2024-25



- Strategic Equality Annual Report 2024-25
- Duty of Candour Annual Report 2024-25
- Putting Things Right Annual Report 2024-25

25/183 Committees and Advisory Group Chair's Reports:

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

- Mental Health Legislation Committee
- Charitable Funds Committee
- Stakeholder Reference Group
- Local Partnership Forum
- Executive Committee

In relation to the Stakeholder Reference Group, it was noted that the September meeting had been the first meeting chaired by Peter Lewis as the newly appointed Chair of the group. The aim going forward is for members of the group to share the information being discussed and gain feedback from the wider constitutes to enhance two way discussion in this space.

It was resolved that the Board:

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

CLOSING BUSINESS

25/147 Date of Next Meeting:

Thursday 27 November 2025 at 9.30am

25/148 Resolution to Exclude the Press and Public

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

Health Board Action Log (Public)

Updated 18.11.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
REMAIN OPEN						
1	25/176.1	25.09.25	Integrated Performance Report A high level summary report to be produced highlighting the current performance against the changes that are taking place to transform the way services are managed to maintain sustainable change.	Carol Shillabeer Russell Caldicott	Jan 26	Remain Open 13.11.25 Discussions have taken place at the Executive Committee in relation to the Performance Report and Framework. The Performance portfolio has been transferred over to the Executive Director of Finance.
2	25/129.1	31.07.25	Chair's Report People and Culture Committee to discuss opportunities to support young people into the workplace and report back to the Board.	Georgina Roberts	May 26	Remain Open 18.11.25 This will be the focus for the staff story in April 2026 and will report back to the Board. 09.09.25 This is planned to be the focus for the staff story at a future People and Culture Committee and will be reported back to the Board via the AAA Report.
3	25/138.1	31.07.25	Chairs Assurance Report - Performance, Finance and	Georgina Roberts	Nov-25	Remain Open 18.11.25 An update on the increase in corporate functions



			Information Governance Committee People and Culture Committee to discuss the increase in corporate functions and costs in relation to job evaluation.		Revised timescale Jan 26	will be included in the People Operations Report being presented to the P&C Committee in December 2025. 27.10.25 A Job Evaluation paper was presented to the P&C Committee in October 2025, this did not address the increase in corporate functions therefore this area will be reported in the People Operations Report being presented to the P&C Committee in December 2025. 09.09.25 A paper on Job Evaluation is being presented to the People and Culture Committee in October 2025 and will be reported back to the Board via the AAA Report.
ACTIONS PROPOSED FOR CLOSURE						
1	25/162.1	25.09.25	Unconfirmed Minutes of the Health Board meeting held on 17 July 2025 (Annual General Meeting) Director of Corporate Governance to follow-up the response to the question raised ahead of the Annual General Meeting by Mr. D Graves to ensure that a full response has been provided.	Pam Wenger	Nov 25	Action proposed for closure 18.11.25 A full response was provided on the 10 September 2025 to the question submitted to the Annual General Meeting.
2	25/170.1	25.09.25	Urgent and Emergency Care	Tehmeena Ajmal	Nov 25	Action proposed for closure



			An update on Urgent and Emergency Care and ambulance handovers to be presented to the next meeting of the Board in November 2025.			08.11.25 This is included on the agenda for the Board meeting in November 2025.
3	25/170.2	25.09.25	Urgent and Emergency Care Planning, Population Health and Partnerships Committee to review the final version of the Winter Resilience Plan 2025/26 at its meeting in October 2025.	Tehmeena Ajmal	Nov 25	Action proposed for closure 08.11.25 The Winter Resilience Plan was reviewed and approved by the Planning, Population Health and Partnerships Committee at the meeting held on 28 October 2025.
4	25/170.3	25.09.25	Urgent and Emergency Care The final approved submission of the Winter Resilience Plan 2025/26 to be circulated to Board members outside of the meeting.	Tehmeena Ajmal	Nov 25	Action proposed for closure 08.11.25 The final approved submission of the Winter Resilience Plan has been circulated to Board members via email.
5	25/171.1	25.09.25	Strategic Planning The commercial case of the Royal Alexandra Hospital Health and Well-being Hub to be considered in the Private September Board meeting and reported to the next Public Board meeting in November 2025.	Paolo Tardivel Tehmeena Ajmal Stuart Keen	Nov 25	Action proposed for closure 08.11.25 This has been included in the Corporate Governance Report for the Board in November 2025.
6	25/139.1	31.07.25	Integrated Performance Report Review options for reducing the length of the Integrated Performance Report by addressing a number of performance measures and actions that the	Carol Shillabeer	Jan 26	Action proposed for closure 18.11.25 This is being addressed as part of the discussion in relation to action 25/176.1.



			Board should be focused on and develop a supporting pack for the remaining information.			09.09.25 The Integrated Performance Framework is being reviewed and this will be part of this process.
7	25/86.1	29.05.25	Citizen Experience Report Develop a method of triangulating the information being provided in Board reports and how the issues being raised align to what is being done in other areas. Suggest that Committees review specific areas and provide feedback via indicators within reports as to which areas are being addressed by which Committee.	Helen Stevens-Jones	Nov 25	Action proposed for closure 18.11.25 A Corporate Governance Improvement Plan was presented to the Audit Committee in October 2025 along with other governance mechanisms to ensure that alignment is taking place. 09.09.25 The Citizens Experience Report was considered at Planning, Population Health and Partnerships Committee in September 2025 and some enhancements have been made ahead of being presented to the Board. 30.06.25 This will be addressed as part of the work related to the Corporate Governance Plan.
8	25/86.3	29.05.25	Citizen Experience Report Planning, Population Health and Partnerships Committee to support a review of opportunities and areas for transformation within Community services and Primary Care and report back to the Board.	Tehmeena Ajmal	Nov 25	Action proposed for closure 18.11.25 During the Committee Development Session held on 24 September 2025, there was discussion around Primary Care being key to prevention and early intervention agreeing this is a



						priority area and will be the focus for the next Committee Development Session planned for January 2026. 09.09.25 This will be discussed in detail at the Planning, Population Health and Partnerships Committee Development Session being held on 24 September 2025 and will be reported back to the Board via the AAA Report. 24.07.25 This will be discussed at the PPHP Committee to agree an approach.
9	25/08.2	30.01.25	Vice Chair's Report Director of Corporate Governance to arrange a programme of visits for all Board Members and share in due course.	Pam Wenger Philippa Peake-Jones	March-25 Revised timeline Nov 25	Action proposed for closure 08.11.25 This has been included in the Corporate Governance Report for the Board in November 2025 and work continues to progress the programme of visits. 09.09.25 The approach to Board member visits has been developed following the Informal Board session and will be shared with Board members. 22.07.25 A briefing will be provided for the Board at the Board Development session being held on 30 July 2025.



						08.05.25 Initial discussions have been held with the Chair and Chief Executive regarding developing a programme of visits to compliment individual visits by Board members and it has been suggested that a proposal is developed and discussed at the informal Board. 12.03.25 An effective way for a Programme of visits for Board Members is being taken forward with the Chief Executive and Director of Corporate Governance.
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Closed Actions (as agreed at meeting on 25.09.25)

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	25/127.1	31.07.25	Action Log Updates against actions referred from the Board to Committees to be reported back to the Board via the Committee 'AAA' Report.	Pam Wenger Philippa Peake-Jones	Sept 25	09.09.25 This will now form part of normal business and can be evidenced in the PPHP Committee AAA Report.
2	25/142.1	31.07.25	Corporate Governance Report A detailed update in relation to the outcome of the proposed changes to the Emergency Medical Retrieval and Transport Service (EMRTS) to be circulated outside of the meeting.	Pam Wenger	Sept 25	09.09.25 An update was included in the Legal Services Report that was considered by Performance, Finance and Information Governance Committee in August 2025. Link to PFIG papers 26.08.25

Teitl adroddiad: <i>Report title:</i>	Ultrasound-Guided Carpal Tunnel Release (UGCTR) Patient Story Stori Claf Rhyddhau Twnnel y Carpws dan arweiniad Uwchsain			
Adrodd i: <i>Report to:</i>	Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	27 th November 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	A patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting. The digital story will be played at the meeting. A short summary is included in the attached paper.			
Argymhellion: <i>Recommendations:</i>	Board is asked to note this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery			
Awdur yr Adroddiad: <i>Report Author:</i>	Chris Lynes, Deputy Executive Director of Nursing Rachel Wright, Patient and Carer Experience Lead Manager Hannah Hughes, Patient & Carer Experience Manager			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☐	I Benderfynu arno <i>For Decision</i> ☐	Am sicrwydd <i>For Assurance</i> ☒	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> ☐ 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> ☒ 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> ☐ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
In line with best practice, a patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting, but it is not presented as an assurance item. However, the accompanying paper describes some of the learning and actions undertaken in response to the story.				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Quality			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	N/A			
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	N/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>	BAF21-10 - Listening and Learning
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) Links to BAF risks: <i>(or links to the Corporate Risk Register)</i>	BAF21-10 - Listening and Learning
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 Next Steps: Implementation of recommendations N/A	
Rhestr o Atodiadau: I am willing for my story to be shared with: [√] Level 1 – Any Health and Social Care Professionals within BCUHB [√] Level 2 – Researchers for Service Evaluation and improvement beyond BCUHB [√] Level 3 – Meetings and Conferences with anyone present including public and journalists [√] Level 4 – Anyone including Online, Internet, Social Media and CIVICA <u>Ultrasound-Guided Carpal Tunnel Patient Story - WELSH SUBTITLES.mov</u> List of Appendices: Appendix A- Patient Story Summary	

Betsi Cadwaladr University Health Board

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

Overview of Patient Story

The patient story shares the experience of two storytellers who were diagnosed with Carpal Tunnel syndrome. The storytellers describe their experience of having the new Ultrasound-Guided Carpal Tunnel Release (UGCTR) surgery at Wrexham Maelor Hospital. The storytellers share their experiences of the surgery and the positive outcomes which have made a 'big difference' to them.

Key Messages

- Storytellers describe their symptoms and the pain that they were experiencing with a diagnosis of Carpal Tunnel.
- Storytellers describe their experience of undergoing the new Ultrasound-Guided Carpal Tunnel Release (UGCTR) surgery at Wrexham Maelor Hospital.
- Storytellers describe their referral process into the hospital and their positive engagement with the nurse, consultant, and the surgical team at Wrexham Maelor Hospital.
- Storytellers describe their short waiting times, short surgery time to discharge and faster recovery times.
- Storytellers describe the positive outcomes of their surgery on the symptoms that they were experiencing and the 'big difference' that this has made to them.

Summary of Learning and Improvement

The patient story has been shared across Surgical, Trauma and Orthopaedics at Wrexham Maelor Hospital for feedback and learning.

The storytellers describe their symptoms and the pain that they were experiencing with a diagnosis of carpal tunnel syndrome. The storytellers describe their experience of undergoing the new Ultrasound-Guided Carpal Tunnel Release (UGCTR) surgery at Wrexham Maelor Hospital.

Betsi Cadwaladr University Health Board patients are now benefiting from a ground-breaking surgical innovation that is transforming the way that carpal tunnel syndrome is treated.

The Trauma and Orthopaedics Surgical team at Wrexham Maelor Hospital have introduced the pioneering Ultrasound-Guided Carpal Tunnel Release (UGCTR) surgery, which is the first service of its kind in NHS Wales.

Launched in February 2023, the introduction of the UGCTR service is part of a broader strategy to modernise surgical care across the Health Board, with a focus on sustainability, access and innovation.

The service compliments the successful expansion of the Minor Operating Procedure Rooms (MOPS) across North Wales and provides an alternative technique offered in the Orthopaedic MOPS room at Wrexham Maelor Hospital, compared to the open incision surgery traditionally offered in the main operating theatre. This was endorsed by guidelines for performing minor procedures outside main theatres from the British Society for Surgery of the Hand (BSSH).

The company Spirecut UK have developed patented Sono-Instruments and an incisionless technique conducted under ultrasound (SonoSurgery) and consigns the ultrasound machine at Wrexham Maelor Hospital. Sovereign Medical are working in partnership with Spirecut and are leading projects around this new technique from an industry perspective.

Mr Preetham Kodumuri, Consultant Orthopaedic Surgeon, is leading the way having received specialised education and training in SonoSurgery, including a CPD-accredited course and a visiting fellowship.

The technique uses technology to provide smarter surgery and offers significant benefits for both the Health Board and patient experience.

The storytellers describe their referral process into the hospital and their positive engagement with the nurse, consultant, and the surgical team at Wrexham Maelor Hospital. The storytellers describe their short waiting times, short surgery time to discharge and faster recovery times.

The UGCTR technique is performed under local anaesthetic in a minor operating procedure room and eliminates the need for a traditional operating theatre. By moving this high-volume procedure out of theatres and into streamlined outpatient settings, this significantly reduces the burden on surgical teams and frees up vital theatre space, and surgical capacity for more complex surgeries to take place. It also provides improved efficiency and shorter treatment waiting periods for patients, with the potential to offer the service to approximately 10 patients per week.

With great strain on NHS resources and growing waiting lists for routine operations, this novel technique can improve NHS efficiency and reduce waiting times.

There is also a significant cost-saving for the Health Board through carrying out this new service, with the cost per case dropping from £2,100 to £760 with reduced theatre, surgical and nursing staff costs involved in supporting the patient throughout their journey.

The storytellers describe the positive outcomes of their surgery on the symptoms that they were experiencing and the 'big difference' that this has made to them.

Overall, the new UGCTR pathway is expected to lead to shorter treatment waiting period for patients who are appropriate candidates for the new technique.

The new procedure is minimally invasive. An incisionless technique performed under local anaesthetic with no stitches, patients are left with no visible scarring. Patients may return to normal activity faster, with fewer complications and reduced infection risk.

The new procedure provides patients with a faster recovery and can resume normal activities immediately. Patients can return to work faster in 7-12 days compared to 3-6 weeks with the traditional open surgery.

For patients who may have concerns or reservations about the new technique, a comprehensive patient education leaflet is provided as an aid to the consent process to inform them about the benefits and safety of the ultrasound-guided percutaneous procedure.

A robust monitoring and evaluation system has also been implemented, including regular reviews of patient outcomes. Patient reported outcome measures (PROMs) are collected pre-op and at 2 weeks, 6 weeks, and 6 months post-surgery using the BSSH audit database on Amplitude. Wound reviews are held at 2-weeks and there are face-to-face reviews for the first six months, followed by virtual reviews. Patient satisfaction is also collected on the day of the procedure using VAS scores. Regular monitoring and continuous improvement based on feedback and outcomes data is essential in managing and mitigating risks over time and improving overall patient experience.

There are plans in place to expand the service more widely across the Health Board as part of a broader effort to modernise and streamline surgical care and improve patient experience. This patient story acts to provide the patients voice in the development of this pioneering service across the Health Board.

The Patient and Carer Experience Team extend their gratitude and appreciation to the storytellers for sharing their experiences.

Teitl yr adroddiad: <i>Report title:</i>	Chair's Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	27 November 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides information on key issues within the organisation and external work with Government and other partners • Meetings with Elected Representatives • Appointments • Details of visits and meetings			
Argymhellion: <i>Recommendations:</i>	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Chair			
Awdur yr Adroddiad: <i>Report Author:</i>	Chair			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☒	I Benderfynu arno <i>For Decision</i> ☐	Ar gyfer sicrwydd <i>For Assurance</i> ☐	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> ☐ 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> ☐ 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> ☒ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol:		Meetings cover a range of strategic priorities.		
Link to Strategic Objective(s):				

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

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

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

Board and Committees

I am very glad that a new Independent Member for the **Finance Role and Chair of Audit Committee** has been confirmed by the Cabinet Secretary and that **Paul Lambert** has taken up the role. Paul is very experienced and has undertaken a similar post in Bangor University, one of our key partners. I know that we will all wish to give him our support and encouragement as our new Chair of Audit and Risk Assurance Committee.

We have reconvened the **Finance Oversight Group** following our last Board meeting. This provides us with an opportunity to consider our financial position and performance as well as considering impact on services. It is not a decision making committee but has an advisory role.

Developing the Organisation

The **Public Accountability Meeting** with Welsh Government Cabinet Secretary for Health and Social Services and colleagues was an important opportunity to report on our performance. The meeting was one of a series with all Welsh Health Boards and allowed us to discuss our position with Government. This meeting was significant in that it provided a platform for public scrutiny and accountability – a development that we have welcomed. It has also provided us with further opportunity to self-reflect and assess our performance as a Health Board. Access to services, particularly around **Planned Care and Urgent and Emergency Care**, is very challenging with systems under considerable pressure, as we have highlighted in previous Board meetings. Carol, Executive colleagues and others are working hard to address the underlying issues and it is important that we now have firm plans in place to ensure improvement and sustainable progress – for our population and staff. The weekly **Performance Monitoring** meetings mean that Gareth, as Vice Chair, and myself have oversight of Planned Care, Urgent and Emergency Care and Cancer performance. It is also important that the relevant committees are able to scrutinise detailed reports as it is undoubtedly access to services that is our current priority as a Board and will remain so for the coming months.

Engaging with others

There have been a number of recent events celebrating the contribution and commitment of our staff. The **Annual Staff Achievement Awards** held at Venue Cymru, Llandudno was a great celebration of the accomplishments of some of our staff over the period. Similarly, the **Long Service Awards** were an opportunity to recognise the great contribution that so many staff have made to the NHS and Betsi Cadwaladr University Health Board over a long period. It is important that we encourage and thank staff for their work and dedication – it is this commitment that is the bedrock for everything we do as an organisation.

Whilst our focus is rightly on the sharp end of both Planned and Urgent and Emergency Care two visits and presentations by staff around **Môn Enhanced Care (MEC)** at Ysbyty Gwynedd and the **Point of Care Service**, at Ysbyty Maelor, Wrexham, were timely reminders of the opportunities that exist for us to further develop provision of services that support patients in the community.

Both services are excellent examples of positive interventions that have good outcomes for patients and reduce hospital admissions. I am very grateful for the opportunity to learn more of these services and it is clear that the staff involved see the opportunity to achieve more. This message was reinforced at the **Strategic Development Session** held jointly with the Bevan Commission. There is a clear ambition for us to work with third sector and community groups and with our own community-based services to deliver at a local level in order to promote improved health and well-being outcomes and support community ownership of this agenda. We must ensure that our strategic planning embraces this approach and appropriate finance assigned accordingly.

The Theatres Open Day at Ysbyty Gwynedd was very successful. Held on a Saturday, with staff giving up their time for the event, it attracted 100 or so people – especially, but not uniquely, young people who wanted to discover more about a potential career in the Health Service. The opportunity to hear directly from leading consultants and to see first hand some of the exciting developments such as robotic surgery was warmly received and provided a real insight to members of the public. Perhaps we could consider holding similar days on our other sites? A recent visit to **St Kentigern's Hospice** at St Asaph together with Angela Wood, Executive Director of Nursing and Midwifery and Russell Caldicott, Executive Director of Finance, was very insightful. The facilities and environment at the hospice are excellent and conversations confirmed opportunities exist to explore further work in this important area of palliative and end of life care.

Below is a summary of some of my meetings and visits up to November 20, 2025

Date	Meeting / Visit
22 September	Penrhos Programme Board
22 September	Pre-Board Discussions
23 September	Chair Peer Group Meeting
23 September	Victoria Peach, Director, West Independent Health Community
24 September	Independent Member (Finance) Interviews
24 September	Board Development
25 September	Health Board
26 September	Annual Staff Awards Ceremony, Venue Cymru Llandudno
29 September	Cabinet Secretary for Health and Social Care monthly meeting
29 September	Weekly Performance Monitoring
30 September	Communications Round Table
30 September	Tehmeena Ajmal, Chief Operating Officer
1 October	Welsh NHS Confederation Management Committee
2 October	Audit Wales
2 October	Welsh Language Strategic Forum
4 October	Theatres Open Day, Ysbyty Gwynedd
6 October	Dyffryn Nantlle Wellbeing Group
6 October	Senior Leadership CEO Briefing
6 October	Helen Stevens-Jones, Director Partnerships/Communications
6 October	Weekly Performance Monitoring
7 October	James Risley, Deputy Executive Medical Director
7 October	Audit Wales, Structured Assessment

7 October	Remuneration Committee
7 October	Georgina Roberts, Interim Executive Director People and Organisational Development
8 October	Strategic Development Session with Bevan Commission
8 October	Pre-Plenary Session Bevan Commission
9 October	Cabinet Sub-Committee for North Wales, Llandudno Junction
13 October	Mid Wales Joint Committee Board
13 October	NHS Wales Joint Commissioning Committee Chairs Briefing
13 October	Olivia Shorrocks, Welsh Government
13 October	Weekly Performance Monitoring
14 October	Executive Director of People Interviews, Wrexham
15 October	Audit Wales
15 October	Lesley Griffiths MS
16 October	Remuneration Committee
16 October	Admissions Avoidance, Môn Enhanced Care Team (MEC), Ysbyty Gwynedd
16 October	Gafael Llaw Charity, Caernarfon
20 October	Ros Alstead, Mental Health Independent Adviser
20 October	Jon Osborne, Urgent and Emergency Care discussion, Glan Conwy
21 October	Cabinet Secretary for Health and Social Care monthly meeting
21 October	Shortlisting for Powys Teaching Health Board Vice Chair
22 October	Staff Long Service Awards, Wrexham
23 October	Flintshire Council Social and Healthcare Scrutiny Committee
23 October	Point of Care discussion with Ann-Marie Williams and Geoffrey Armstrong, Ysbyty Maelor Wrexham
24 October	Lord Barry Jones, President Awyr Las, Hawarden
27 October	Finance Oversight Group
27 October	Weekly Performance Monitoring
27 October	Dinner with Chief Medical Officer and colleagues (CMO Visit) Colwyn Bay
28 October	Chair Peer Group
28 October	Tehmeena Ajmal, Chief Operating Officer
28 October	Audit Wales
29 October	St Kentigern's Hospice, St Asaph
29 October	Chairs Advisory Group
30 October	Board Development
3 November	Pryderi ap Rhisiart, M-Sparc, Gaerwen, Ynys Môn
3 November	Weekly Performance Monitoring
5 November	Jacqueline Totterdell, NHS Wales Chief Executive, Cardiff
5 November	NHS Welsh NHS Confederation Dinner, Cardiff
6 November	Welsh NHS Confederation Annual Conference, Cardiff
10 November	Rhun Ap Iorwerth MS, Llangefni
11 November	Powys Teaching Health Board Vice Chair Interviews, Bronllys, Powys
12 November	Public Leaders Forum
13 November	Welsh Language Services, Eleri Hughes-Jones, Teresa Owen
18 November	Helen Stevens-Jones, Director Partnerships/Communications

19 November	Royal College of Speech and Language Therapy 80 th Anniversary Reception, Optic St. Asaph
19 November	Finance Oversight Group
20 November	Public Accountability Meeting with Cabinet Secretary for Health and Social Services, Llandudno Junction
20 November	Darren Hughes, Director Welsh NHS Confederation



GIG
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NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Teitl adroddiad: Report title:	Chief Executive Report			
Adrodd i: Report to:	Health Board			
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 27 November 2025			
Crynodeb Gweithredol: Executive Summary:	This report provides an overview of key developments and activities led by the Chief Executive between the 11 September and 13 November 2025. The report covers the key interactions with Welsh Government, developments within the health board and wider partnership and community related matters.			
Argymhellion: Recommendations:	The Board is asked to DISCUSS and NOTE the report			
Arweinydd Gweithredol: Executive Lead:	Chief Executive			
Awdur yr Adroddiad: Report Author:	Chief Executive			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> ☒	I Benderfynu arno <i>For Decision</i> ☐	Am sicrwydd <i>For Assurance</i> ☐	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> ☐ 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> ☐ 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> ☐ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Cyswllt ag Amcan/Amcanion Strategol:	Relates to all objectives			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:				
Regulatory and legal implications:				
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	N/A			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A			

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

CHIEF EXECUTIVE REPORT

1.0 INTRODUCTION

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period 11th September and 13th November 2025.

2.0 INTERFACE WITH WELSH GOVERNMENT

Meeting with the new Director General for Health, Social Care and Early Years / NHS Wales Chief Executive

Members of Executive Team and I met with Jacqueline Totterdell, the new Director General Welsh Government and NHS Wales Chief Executive earlier this month when she visited Ysbyty Maelor Wrexham. The Executive Medical Director and Chief Operating Officer walked Jacqueline through the Emergency Department where she met with colleagues working in this high-pressure area, and a visit to the Heddfan Mental Health Unit with the Executive Director of Allied Health Professions and Health Science and Executive Medical Director. There was an opportunity to talk through some of the achievements and challenges, as well as some of the opportunities which could make a real difference to staff and patients. Access to urgent and emergency care, as well as planned care, is the Health Board's top priority and a discussion has taken place regarding the support that the health board could benefit from in this regard. These discussions are continuing. It was pleasing to note the positive developments that were shared in relation to work over the last two years on mental health.

Public Accountability Meeting – 20th November 2025

The Board welcomed the opportunity to have an open and transparent Public Accountability Meeting with the Cabinet Secretary, the Director General of Health, Social Care and Early Years, the Deputy Chief Medical Officer and Welsh Government officials on the performance of the Health Board. There was discussion around patient access to planned and emergency care, improvement in quality of service, financial control and planning for the future, as well as primary and community services. There was acknowledgment of significant progress in many areas, with an honest and frank discussion about the need to focus on planned care and urgent and emergency access as a priority. The Board is already committed to this, with both these areas in escalation with Executive and Board oversight, and planning and action is in train in the short and longer term for improvements which will positively impact patients and staff.

3.0 KEY UPDATES

3.1 Urgent Emergency Care – Escalation

The Board considered Urgent and Emergency Care at its last meeting. There is a separate Progress Report on this, however a further round of walk throughs has been undertaken and I was again pleased to discuss the key issues and opportunities directly with front line staff. This is a top priority for me and for the Board and we are collectively committed to make positive and immediate changes which will positively impact on patients this winter.

The Task Team has now been established and further recruitment has been underway to strengthen this further. Escalated accountability and delivery arrangements are in place, with a relentless focus on improving safety through more timely assessment and flow through the pathway.

3.2 Executive Team

Appointment of the Executive Director of Workforce and Organisational Development

The recruitment into substantive Executive Director roles has progressed further with the appointment of a substantive Executive Director of Workforce and Organisational Development. Debbie Eytayo will start in her new role in early February. Debbie joins the Health Board from Lancashire and South Cumbria Integrated Health Board where she holds the role of Chief People Officer. Prior to that she had roles as Executive Director of Workforce and Organisational Development at Swansea Bay University Health Board and Executive Director of People at Epsom and St Helier Hospitals NHS Trust.

In the meantime, Georgina Roberts will continue as Interim Director of People and thanks go to her for her continued leadership and commitment to the organisation.

With these appointments, the Executive Team will begin the Team Journey development, as one of the first teams in the organisation to implement this approach. This builds on development that has already taken place.

Foundations for the Future

The Foundations for Future Major Change programme is progressing with a key stage being reached during late Dec/early January. A full report will be shared in due course, however an early move has taken place to draw to the full Boards attention. Executive Team portfolios have been reviewed and the outputs of the review as being concluded. Due to the departure of the Director of Commissioning and Performance, with the support of the Remuneration Committee, the Performance and Commissioning Portfolio has transferred to the Executive Director of Finance with immediate effect. Any other changes to portfolios will be confirmed as part of the programme.

3.3 Radiology Informatics System Procurement (RISP) Update

The Health Board successfully implemented the new Philips Radiology Informatics System (RISP) on 8 September 2025, the first large Health Board in Wales to do so. It delivers modernised radiology services, improved image sharing, and enhanced patient safety through dose management. The transition involved migrating over nine million images and integrating nearly 200 systems while maintaining business continuity. Importantly this provided an opportunity to consolidate the three legacy systems into one as a single Health Board. Some issues still need to be resolved however mitigations are in place and improvements are being deployed.

The implementation of this digital system has been a key priority within the Integrated Medium-Term Plan for 2024/25 and 2025/26. The programme presented significant challenges during the go-live phase, offering valuable learning for future digital change initiatives and for other health boards preparing to implement the system. Staff feedback has been positive, and work continues to optimise performance and embed new workflows. Teamworking throughout the process has been commended, and leadership and management of the change has received particular recognition.

3.4 Strategic Planning

There are separate agenda items included in the Board meeting. The approach to strategic planning and service change has gained significant momentum, including:

- A Strategic Intent event with partners in conjunction with the Bevan Commission. This provided an excellent opportunity to set out the readiness of the Health Board to progress crucial strategic work on designing the future strategy and Clinical Services Plan. The

report is due out shortly and further views are being sought ahead of presenting draft Strategic Intent Statements to the Board in January 2026.

- A series of Integrated Medium-Term Plan (IMTP) cycle meetings with individual Executive Directors has taken place in line with the revised approach to planning. These sessions provided an opportunity to 'inform' thinking for the forthcoming IMTP. It will be crucial to help shape the IMTP in line with the Foundations for the Future Programme approach to structures.
- A clear focus of NHS Wales CEOs and of Welsh Government is the design of services and approaches in the community. A 'Community by Design' programme of work is emerging from Welsh Government and this is in line with early thinking in the Health Board. Consideration will be given regarding this work forming a Major Change Programme for 2026 onward.

3.5 NHS Wales Staff Survey 2025

The Executive Committee has been actively championing the 2025 NHS Wales Staff Survey, which launched on 6 October and will remain open until 1 December. This survey is a valuable opportunity for colleagues to share their views anonymously and help shape improvements across the organisation.

The Health Board is looking for a higher response rate than last year as the survey provides important feedback on staff opinions, which in turn informs change. Managers have been asked to encourage participation within their teams, and early indications show growing engagement. Health Education and Improvement Wales (HEIW) is providing daily updates on response rates, enabling the Health Board to identify areas with lower uptake and provide targeted support. This proactive approach is helping to ensure that every voice is heard and that the feedback collected drives meaningful change.

3.6 Staff Vaccination (Data correct as of 11/11/25)

As winter approaches, vaccination remains a key priority for protecting patients, staff, and the wider community. Uptake of the annual NHS flu vaccine among staff is improving, with over 6,500 colleagues vaccinated so far; just over 30% of the workforce. This is ahead of last year's position at the same point, however there is still work to do to reach our 75% target.

Public Health Wales declared the start of the flu season earlier than usual and rising cases across hospitals highlight the importance of vaccination as the most effective protection against serious illness and service disruption. Staff are encouraged to take up the flu vaccine and, where eligible, the COVID-19 booster. Additional bookable appointments are available across North Wales, and targeted engagement is underway in areas of lower uptake.

The focus over the coming weeks:

- Increasing staff flu vaccination uptake through targeted engagement and convenient access.
- Monitoring flu and winter virus trends to inform operational planning.
- Supporting staff and services to minimise the impact of seasonal pressures.

4.0 MEETINGS / VISITS

4.1 How can we work together to end poverty in North Wales Event – Clwyd Alyn Event

Clwyd Alyn recently hosted an event to launch its new five-year corporate plan. The event brought together leaders from housing, health, and the third sector to explore collaborative solutions to tackle poverty and its impact on communities. As keynote speaker, I highlighted the strong link between poverty, housing quality, and health outcomes, and the need for cross-sector partnerships

to reduce health inequalities. Clwyd Alyn's achievements are clear; they include zero evictions and the development of 877 energy-efficient homes which directly support better health and wellbeing. I also stressed the urgency of action, noting that life expectancy in the poorest areas of North Wales is still seven years lower than in the wealthiest neighbourhoods. The event reinforced our shared commitment to prevention and working in partnership to end poverty across North Wales.

4.2 Dermatology Workshop

I attended the Dermatology Workshop alongside a broad range of colleagues and with support from NHS Performance and Improvement. The focus was to assess and prioritise dermatology pathway improvement initiatives, with 5 key priority improvements emerging for action in the short term with a drive to develop a longer-term approach alongside the Clinical Services Plan. A Dermatology Group will meet on 17th December to progress the 5 key priorities, reporting into the Planned Care Programme. I am grateful to those who attended for their enthusiasm and innovation to ensure a modern fit for the future service.

4.3 Betsi Awards Ceremony

I was pleased to attend the Betsi Awards ceremony, which celebrated the outstanding achievements of staff across the Health Board. The event showcased exceptional commitment to patient care, innovation, and teamwork, highlighting the dedication of colleagues who go above and beyond every day. It was an inspiring occasion that reinforced the values we share and the importance of recognising excellence within our organisation. Almost 500 guests gathered at Llandudno's Venue Cymru to celebrate the achievements of the 30 finalists, whittled down from a record 450 nominations across ten categories that were submitted this year. It was a brilliant night and for those of you who didn't attend, you can see a highlights video on BetsiNet.

Along with the finalists, our 2025 Seren Betsi award winners were also in attendance in recognition of their efforts and demonstration of our organisational values of compassion, openness and respect.

4.4 Senior Leadership CEO Briefing

In October, I hosted the latest Senior Leadership CEO Briefing which proved to be one of our most interactive sessions to date. The discussion generated a wealth of ideas and practical solutions from colleagues on how improvements to services and our organisational culture can be made. This approach reinforces the principle that the best outcomes often come when those closest to the work shape the solutions. The session covered progress against the Health Board's strategic objectives, the 'Foundations for the Future' programme, and our values and behaviours framework, with a clear focus on collaboration and shared ownership of change.

4.5 Long Service Awards

Colleagues who have served 25 years or more in the health service were celebrated at our long service award ceremonies last month, attended by almost 100 staff members. I was delighted to attend one of these events along with Teresa Owen, Executive Director of Allied Health Professions and Health Science. It was a pleasure to present our wonderful colleagues with their certificates and read out their citations about their contributions to the NHS. Executive Director of Finance Russ Caldicott and Executive Director of Public Health Jane Moore, Nesta McCluskey, Director of Allied Health Professions and Chair Dyfed Edwards also had the pleasure of attending some of these ceremonies.

4.6 All Wales Community of Corporate Governance Practice Annual Conference

I was pleased to speak at NHS Wales' inaugural All-Wales Corporate Governance Community of Practice Annual Conference, hosted by Pam Wenger. The event brought together governance professionals from across the system under the theme "Governance Matters," focusing on integrity,

transparency, and effectiveness in organisational leadership. In my session, I emphasised why governance is fundamental to delivering safe, high-quality care and shaping organisational culture. The conference featured thought-provoking discussions on board effectiveness, audit insights, legal considerations, and the future role of AI in governance, offering valuable learning and networking opportunities for all involved.

5.0 Conclusion

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

6.0 Recommendations

Members of the Board are asked to note.

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

Teitl yr adroddiad: <i>Report title:</i>	Vice Chair's Report		
Adrodd i: <i>Report to:</i>	Health Board		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	27 November 2025		
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides information on key areas of engagement undertaken since the last Board meeting.		
Argymhellion: <i>Recommendations:</i>	That the Board discusses and notes the content of the report		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Vice Chair		
Awdur yr Adroddiad: <i>Report Author:</i>	Vice Chair		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☒	I Benderfynu arno <i>For Decision</i> ☐	Ar gyfer sicrwydd <i>For Assurance</i> ☐
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> ☐ 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> ☐ 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> ☒ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>			
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	There are no specific implications arising from this report.		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable at this stage.		

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

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

During the last two months, there have been some significant developments at an all-Wales level, both in relation to primary and community care and mental health, while I have continued my series of regular meeting and visits.

Primary and Community Care and Prevention and Early Intervention

As I reported in September, over the summer, the Cabinet Secretary initiated some focused reflection on the part of Health Boards and NHS Performance and Improvement. This work is being led by the new and very impressive Chief Medical Officer (CMO) of the Welsh Government, Prof. Isabel Oliver.

With a number of colleagues from the Health Board, including the Chief Operating Officer, I attended a **Ministerial Summit on Delivering Integrated Services in the Community** on 14 October. While much of the analysis – and indeed potential solutions - underpinning the work programme being put in place has been repeatedly discussed over recent years, indeed decades, there does appear to be a new energy and a new focus on practical steps on delivery. A new Transformation Board – Community by Design - has been put in place and a new Delivery Plan, focused on identifying services which should be moved into the community is in development:

[1 - Community By Design 0.7 - English.docx](#)

A significant part of the Summit was devoted to break-out sessions and I attended the session on Urgent and Same Day Care. This perhaps highlighted the point that while the objective of moving care closer to home is almost universally supported, consensus is much less evident once the focus moves on to 'how' to achieve this. While some advocate for new mechanisms – such as a new Single Point of Access in each Health Board region to provide clinical advice and guidance – others argue that the best approach is to increase the resources available to existing primary and community care services so that they can rise more successfully to the challenge of better meeting the population health challenges of their communities.

From a personal point of view, I strongly believe that we have to work 'with the grain' of those already embedded within our communities, notably our primary care contractors and the clusters, rather than seek to impose on them new structures or ways of working. We have seen in the evolution of dental services over the last decades how primary care clinicians running independent businesses can vote with their feet if they do not feel that the systems and contract operated by the NHS is readily compatible with the way they believe services should be delivered.

Interestingly, in this context, at the end of September the Welsh Government and the British Dental Association agreed a **new dental contract**, to come into effect in April 2026. This is the first major overhaul of the contract since the General Dental Services contract (much disliked by the profession) came into effect in 2006, and has a much stronger focus on prevention rather than just treatment. I discussed this with Rachael Page, Associate Director for Primary Care, who is currently overseeing primary care dentistry, and also took part in a discussion at the regular Welsh Health Vice-Chairs Peer Group with Welsh Government officials who have led on the renegotiation of the contract. There is a degree of cautious optimism that the new contract will lead to a greater degree of interest of dental practices in bidding for contracts with the NHS, though it is too soon to be sure that this will materialise.

Through my participation in the Peer Group I was asked this year to help facilitate the process of **Peer Review of Health Boards' Clusters**, organised by the Strategic Programme for Primary Care, chairing on line sessions with Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards. While there was some positive learning, this involvement underlined the

significant gap which exists between the aspirations of the new focus on Integrated Care and the reality for those delivering primary and community care on the front line, with significant frustration about the **inability of the 'system' to mainstream successful initiatives piloted within clusters**.

I know from my visits to primary care colleagues in our Integrated Health Communities (IHCs) and primary care practices that this frustration is felt equally strongly within our Health Board. In particular I have been taking in a role in trying to broker progress in regard to a highly valued mental health support service delivered by Occupational Therapy colleagues within primary care, part-funded by a number of clusters, as well as supporting the continuation of physiotherapy provision developed through cluster funding. As colleagues will know, I think we are in need of very significant change in terms of our support for, and use of, primary and community care if we are meaningfully to deliver care closer to home.

I was pleased to be invited to attend the **Allied Health Professionals Primary Care Collaborative** meeting at the end of September which was a very positive meeting with a great deal of energy and enthusiasm for the potential to deliver new ways of delivering services. A particularly great case-study was the introduction of **Community Assessment Day for Physiotherapy** – where patients on a waiting list are offered the opportunity to attend a local leisure centre for a 'what matters' conversation, an assessment of the issue which led to their referral, a session with a physiotherapist where needed and the opportunity for to be proactively introduced to a range of third sector partners who offer relevant help/support/activities. While currently mainly a way of dealing with waiting lists (although individuals walking in off the street are not turned away), the group identified real potential for offering community services bypassing the need for a formal referral from a GP practice. I am looking forward to attending a CAD in Porthmadog in a couple of weeks' time.

Mental Health

In terms of mental health, the main focus of recent weeks has been our attempt to reset our regional working on mental health, and to ensure that we are in the best position to take forward the exciting new **'single session, open access' approach** to service provision now adopted by the Welsh Government/Strategic Programme for Mental Health as the future model for mental health services. I have attended a number of briefing sessions on this led by the Strategic Programme, as well as working closely with colleagues in Mental Health and Learning Disability Division as they develop to develop Demonstrator Projects

On 15 October, I chaired a half-day workshop with our local authority and third sector partners and those with lived experience, independently facilitated by Co-Production Lab Wales to reset the work of the **Together for Mental Health in North Wales Partnership Board**. More than 75 people part and the session provided a significant opportunity to build understanding of the new approach and to consider what this means for our partnership working with some excellent presentations from Ciara Rogers, the Director of the Strategic Programme, Hannah Mart an expert by experience who is leading work on developing the **North Wales Recovery College** ([Help Us Develop a North Wales Recovery College - Betsi Cadwaladr University Health Board](#)) and Alexis Conn and Deborah Doig-Evans who have been undertaking research with service-users.

Going forward, I am keen to broaden the Board's base, particularly in terms of lived experience and the third sector, and also to ensure that members have arrangements in place to draw on the wider experience of their 'constituencies'. This includes making sure we have better internal dialogue within then Health Board on these really important issues.

Along with the Chair, I attended the **Welsh NHS Confederation annual conference** in Cardiff on 5 and 6 November and was particularly interested to listen to presentations about recent research by Mind on the experience of mental health service users of the service and from Plattform (another mental health charity) about their work in Wales. I was a bit disappointed by the fact that representation from the Health Board at the conference was minimal: I am sure that as an organisation we can learn a lot from greater interaction with our peers.

Finally, I would like to say a word of appreciation about the **Associate Hospital Managers** who are appointed in order to ensure that the way in which we use our powers to detain patients under the Mental Health Act are exercised appropriately. Two of the AHM's attend the Mental Health Legislation Committee and I am continually impressed by their knowledge, dedication and sensitivity in carrying out this vital role.

Gareth S. Williams
Vice-Chair

November 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Teitl adroddiad: <i>Report title:</i>	Value & Sustainability Major Change Programme Report							
Adrodd i: <i>Report to:</i>	Health Board							
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	27 th November 2025							
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides a detailed overview of the work to embed Value Based Health Care (VBHC) throughout the Health Board, as the guiding philosophy for how decisions are made, care is delivered and success is measured, following the commissioning of the Value & Sustainability programme, as the fourth Major Change Programme (MCP) for 2025/26. The scope of the report will therefore: - • Provide the national and local strategic context for the programme • Review progress to date in implementing the national Value & Sustainability (V&S) framework • Outline our phase two ambitions to hardwire value into the architecture of the Health Board • Detail plans to build organisational capability to scale and sustain our ambitions							
Argymhellion: <i>Recommendations:</i>	The Health Board is asked to: • RECEIVE ASSURANCE from the report provided and the actions being taken within the Value & Sustainability Major Change Programme							
Arweinydd Gweithredol: <i>Executive Lead/s:</i>	Russell Caldicott, Executive Director of Finance, Clara Day, Executive Medical Director							
Awdur yr Adroddiad: <i>Report Author:</i>	Neil Windsor, Programme Director: Value & Sustainability							
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<table border="1"> <tr> <td>I'w Nodi <i>For Noting</i> ☐</td> <td>I Benderfynu arno <i>For Decision</i> ☐</td> <td colspan="2">Am sicrwydd <i>For Assurance</i> ☒</td> </tr> </table>				I'w Nodi <i>For Noting</i> ☐	I Benderfynu arno <i>For Decision</i> ☐	Am sicrwydd <i>For Assurance</i> ☒	
I'w Nodi <i>For Noting</i> ☐	I Benderfynu arno <i>For Decision</i> ☐	Am sicrwydd <i>For Assurance</i> ☒						
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> ☐ 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> ☒ 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> ☐ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>				
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:								

<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>	
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	This report evidences a work programme which directly aligns with the following strategic objective: - 2: Developing Strategy & Long-Lasting Change 2E:Developing and Delivering Value & Sustainability
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	The programme impacts on key duty to deliver breakeven
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>	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	Many of the themes discussed in this report relate to risks currently identified on the Health Board's Board Assurance Framework (BAF) and Corporate Risk Register (CRR). These include risks associated with financial delivery, quality and safety of care, health inequalities, timely access and workforce resilience. The value and sustainability strategy we have adopted, including the commissioning of a formal programme of delivery provides further evidence to inform mitigation and assurance.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	As per our Financial Plan, the Health Board is in receipt of £82m of non-recurrent funding from Welsh Government that requires attainment of the 2025/26 plan (a) delivery of financial balance £40m and (b) de-escalation from Special Measures £42m for these funds to be received recurrently (available for future financial years). If the plan is not attained then the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	BAF risks BAF24-03 Not Achieving Long Term Financial Sustainability BAF24-06 Not Delivering the Required Improvements to Transform Care and Enhance Outcomes Link to Corporate Risk Register: CRR24-05 Delivery of the 25/26 Financial Plan

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: <i>Gweithredu argymhellion</i> Next Steps: <i>Continued implementation of the programme based on the delivery actions for Q3-Q4 in the Annual Plan</i>	
Rhestr o Atodiadau: <i>Dim</i> List of Appendices: <i>Appendix 1 Value & Sustainability Major Change Programme Overview</i>	

Value & Sustainability Major Change Programme Overview

1. Introduction

This report provides a detailed overview of the work to embed Value Based Health Care (VBHC) throughout the Health Board, as the guiding philosophy for how decisions are made, care is delivered and success is measured, following the commissioning of the Value & Sustainability programme, as the fourth Major Change Programme (MCP) for 2025/26.

The scope of the report will therefore: -

- Provide the national and local strategic context for the programme
- Review progress to date in implementing the national Value & Sustainability (V&S) framework
- Outline our phase two ambitions to hardwire value into the architecture of the Health Board
- Detail plans to build organisational capability to scale and sustain our ambitions

2. Background & Context

Value Based Health Care is an international campaign that is increasingly being endorsed as a response to rising concerns around the long-term sustainability of healthcare. As resources continue to be outstripped by demand, fuelled largely by an ageing population with more complex health needs, widening health inequalities and the emergence of more advanced treatment options (such as the expansion in Cancer treatment), there has been a renewed focus on how we can continue to deliver sustainable, equitable, outcome-driven care, which balances clinical excellence with affordability.

Whilst the cost of care rises at an unsustainable pace, evidence also suggests that finite health resources are often wasted, with the Organisation for Economic Co-operation & Development (OECD) estimating that at least 20% of all health care expenditure is at best ineffective and at worst wasteful, driven largely by unwarranted variations in care and the delivery of low value care (i.e care which is wasteful, duplicative or delivers minimal patient benefit). From a value perspective, of equal concern is the underuse of best practice interventions that result in a failure to detect, prevent or treat disease and disability in a timely manner, often resulting in the need for more complex treatment options when conditions deteriorate. This leads to worsening health outcomes, higher acute care costs and increased demand on social care.

Addressing these challenges requires a step-change in thinking, away from a reliance on short-term, transactional cost improvement initiatives and arbitrary cost cutting, to the system-wide transformation of services and pathways of care, based on a greater understanding of the relationship between cost and individual patient and wider population health need.

To drive this change, the national implementation of Value Based Health Care (VBHC) as the framework for delivering sustainable, transformational change, has become a strategic priority for NHS Wales. The approach builds upon foundational work around 'Prudent Health Care' and its core principles align within the strategic drivers of 'A Healthier Wales'², (1) Improved Population Health & Well-Being (2) Better Quality and Experience of Care (3) Sustainable & Efficient Use of Resources. This approach is underpinned by national planning expectations, with the latest NHS Wales Planning Framework 2025-2028, requiring Health Boards to ensure that "value based health care is the basis on which services are planned and delivered" and operational expectations, with Welsh Government's 2025-26 Remit Letter to the NHS Wales Executive requiring Health Boards to "demonstrate how their decisions align with Value Based Health Care (VBHC) principles and contribute to quality-driven outcomes".

National oversight is provided by the Value & Sustainability Board (VSB), chaired by the NHS Wales Chief Executive Officer, with workstreams based on six broad themes of opportunity, alongside a dedicated Value In Health team, managed from within the National Value Transformation Directorate.

In response, whilst the Health Board is still in the early stages of its transition to a value-led organisation, there is significant Executive support for the approach, with work to date preparing the foundations for change. For example, the focus on value is underwritten in our refreshed organisational design principles and will be a core component of our local planning, commissioning and performance frameworks.

To drive this ambition forward, Value & Sustainability (V&S) has been commissioned as the fourth Major Change Programme (MCP) for 2025-26 to oversee delivery. However, to achieve sustainable, long-term change, this agenda needs to shift quickly from value as a discrete programme of work, to delivering 'value by design', i.e. intentionally hardwiring our new operating model 'Foundations for the Future' (including our structures, process and culture) to capitalise on opportunities to deliver patient-centred, cost efficient, equitable, outcome driven care. Our ultimate aim is to embed a value culture within every layer of the Health Board, from architecture to analytics, ensuring it becomes a core operating principle and everyone's responsibility, shifting from isolated effort to system-wide change.

3. Where We Are Now? - Implementation of Value & Sustainability (V&S) Programme

The initial phase of our local approach replicates the national Value and Sustainability programme and is comprised of six workstreams (see fig 1): -

1. Medicines Management
2. Continuing Health Care (CHC)
3. Workforce
4. Non-Pay & Procurement
5. Clinical Variation & Service Reconfiguration
6. Value-Based Health Care

Fig 1 – Value & Sustainability Programme Structure

Exec Lead	Clara Day	Angela Wood	George Roberts	Russell Caldicott	Clara Day	
CFO/Senior Finance Lead	Paul Carler, Dylan Pritchard	Paul Carler	Rebecca Hughes, Jemima Orlick	Rebecca Hughes, Michelle Jones, David Williams	Adrian Butlin, Paula Jones, Nicola Hyde	
Workstream Lead	Lois Lloyd	Jane Trowman	Nick Graham	Michelle Jones	TBC	
Programme	1. Medicines Management	2. Continuing Health Care	3. Workforce	4. Non-Pay & Procurement	5. Clinical Variation & Service Reconfiguration	6. Value-Based Health Care
Key Themes	Generic v Branded Drugs	High Cost Placement Reviews	International Recruitment	Improved Contract Mgt	GIRFT Opportunities: Referral Mgt (incl Advice & Guidance)	High Value High Impact - Hip Arthroplasty
	Adoption of Biosimilars	Consistent Pricing	Nurse Staffing Levels	Improved Mgt of Non-Pay	GIRFT Opportunities: Optimal Pathways (One Stop, S2T)	High Value High Impact - Knee Arthroplasty
	Low Value Prescribing	Commissioned Care Planning	Agency Reduction		GIRFT Opportunities: Pre-Operative Assessment	High Value High Impact - Bone Health
			Sickness Reduction		GIRFT Opportunities: Theatres incl High Volume, Low Complexity Lists	High Value High Impact - Diabetes
					GIRFT Opportunities: Length of Stay incl Daycase/MCPs	PROMs Platform
					GIRFT Opportunities: UEC Flow/Transfer of Care Delays	Health Pathways
					Virtual Ward Models	Locally Funded Schemes
Additional National V&S Focus 25/26			Improved Job Planning & Rostering	Product Rationalisation & Standardisation	'Fragile' Services – Phase 2	HVHI – Heart Failure
			Standard Pay Rates for Additional Hours		Fit for Purpose Admin Estate	

Each workstream has an Executive Lead and is supported by a senior operational lead/subject matter expert and designated financial leads. Mirroring the national approach, to date the focus has largely been cost driven, with the primary objective to identify and work-up (on a regional basis), savings opportunities categorised against the key programme themes, providing the Integrated Health Communities (IHC's) with evidence and initiatives to drive their local cost improvement plans.

Utilising this approach to drive savings delivery has been highly successful and as per the Month 6 national monitoring return (see fig 2), the programme has identified over £40m of Green RAG-rated cash releasing savings, as part of a wider forecast plan (including Red and Pipeline schemes) of £45.3m. When realised, this will support a significant over-delivery against the original savings target and represents the largest savings plan in Wales.

Fig 2 – M6 National Monitoring Return Split By Value & Sustainability Workstream

V&S Workstreams*	Green	Red	Pipeline	TOTAL	Key	Definition
1. Medicines Management	10,008,508	73,261	1,163,709	11,245,478	Pipeline	Total opportunity identified by Workstream Lead, as yet unvalidated (may include FYE)
2. CHC	7,776,002	734,000	625,000	9,135,002	Red RAG	Indicative values identified for individual schemes, but formal SSD's not submitted/validated
3. Workforce	11,574,318	330,174	1,932,643	13,837,135	Green RAG	Savings opportunities fully profiled with submitted SSD's which have been validated
4. Procurement & Non-Pay	8,323,522		150,000	8,473,522		
5. Clinical Variation & Service Reconfiguration						
Other-Primary Care	181,133	320,000		501,133		
Income	464,362			464,362		
Other - Commissioning	1,680,581			1,680,581		
Total						
Target	40,008,427	1,457,435	3,871,352	45,337,214		
Gap	0					

However, it is recognised that the adopted national framework focuses on a narrow interpretation of value, prioritising savings delivery with cost the dominant reported metric (particularly for workstreams 1-4). Consequently, as our approach matures our local focus for future value initiatives will develop, giving equal emphasis to the non-financial determinants of value. Whilst we are only at the early stages of this transition, it is clear that the existing schemes driving the savings performance already deliver additional quality benefits over and above cost improvement and this requires further work to quantify and report, as part of our more rounded value approach. For example, the scheme of work prioritised within Continuing Health Care (CHC) around more timely intervention for Out of Area Placements (i.e. patients with major trauma or brain injury), has resulted in the earlier repatriation of patients back into the local community, with the associated patient benefits of delivering care closer to home.

For other workstreams which to date have focussed primarily on transactional, cost containment schemes, attention is shifting towards developing a more quality-driven plan. For example, whilst the key national themes within the Medicines Management workstream relate largely to the utilisation of lower cost products (i.e. Branded to Generic Drugs) our local approach will now target an additional focus in areas such as medicines optimisation.

Whilst it is on a smaller scale than our long-term ambitions propose, with all future value projects classified against a broader benefits framework, for those initiatives which are currently not active cost improvement schemes (particularly the schemes within Clinical Variation & Service Redesign and Value Based Health Care), we have already begun to mature our focus towards determining other non-financial measures of value.

Workstream 5 - Clinical Variation & Service Reconfiguration

The Clinical Variation workstream is focussing less on cost and more on GIRFT-type opportunities to improve the quality, efficiency and consistency of care, by addressing unwarranted variations in clinical practice, implementing best practice, standardising care at a regional-level where appropriate, improving resource efficiency/usage and reducing unnecessary/low-value care. Opportunities exist in areas such as Demand/Referral Management; Advice & Guidance, Pre-Operative Assessment, Theatre Efficiency/Productivity, Length of Stay and Urgent & Emergency Care Flow. Whilst the design and delivery of these schemes sits outside the scope of the programme, it is the responsibility of the value team to work alongside colleagues within the Planned & Urgent Emergency Care Major Change Programmes to determine the value-related benefits these initiatives can deliver and track delivery through this workstream.

An exemplar improvement initiative which maps against these GIRFT opportunities is BCUHB's Carpal Tunnel Surgery - The Lean, Green, More Efficient Surgical Pathway, developed in conjunction with the Bevan Commission and now a key initiative within their 'Adopt, Spread & Embed Compendium of Projects' for national adoption.

The primary objective of the project is to ensure carpal tunnel procedures are undertaken in the most appropriate care setting (i.e. shifting activity from Daycase Theatres to Minor Outpatient Procedure Rooms), which reduces pressure on hospital theatre capacity, improves access and throughput and delivers a better patient experience. To date, the project benefits realised can be mapped as follows¹: - (see fig 3).

Fig 3 – BCUHB's Green Hand Pathway - Measures of Value

Cost	Efficiency & Productivity	Outcomes	Experience	Environmental
£1,120 reduction in resources per CTS	Procedure times reduced by 50%	0 complications	Reduced number of visits	Clinical waste reduced by 60%
£37.42 reduction in procedure costs per CTS	Quicker patient turnaround			22.14kg less CO ² produced per CTS
	Less Equipment used			80% carbon reduction per CTS
	Reduced staffing model			

CTS = Carpal Tunnel Syndrome

This provides the blueprint for the future iteration of our value approach, away from measuring cost improvement in isolation.

Workstream 6 – Value-Based Health Care

Again, this workstream prioritises the development of a quality-driven portfolio of value projects directly funded on a non-recurrent basis, from national ring-fenced value funding, with this year's allocation supporting initiatives in the following areas: -

- Prehabilitation

¹Bevan Commission (2025). 'Adopt, Spread & Embed Compendium of Projects', accessed at <https://bevancommission.org/wp-content/uploads/2025/08/Adopt-Spread-and-Embed-Adoption-Compendium-.pdf>

- Lymphoedema
- Heart Failure
- Non-Emergency Patient Transport Services (NEPTs)
- Patient Reported Outcome Measures
- Endometriosis

Whilst these projects are at various stages of maturity, both Prehabilitation (BCUHB 2025 Achievement Award for Innovation) and Lymphoedema (NHS Wales Award 2024) have gained local and national recognition for innovative practice, which delivers evidenced improvements in patient care.

Prehabilitation is a positive case study of an initiative funded through our Value & Sustainability programme, which evidences our emerging shift in focus towards quality, with the following project benefits reported (see fig 4).

Fig 4 – BCUHB’s Value-Funded Prehabilitation Project

Cost	Efficiency & Productivity	Outcomes	Experience	Environmental
TBC	1,200 bed days saved due to a reduced length of stay	30% Reduction in post-operative complications	100% Patient Reported Experience Score 9/10 or over	
	560 HDU beds saved due to a reduced length of stay	5% Reduction in readmission rates		
		Reduced levels of mortality		
		Reduced anxiety scores (GAD 7 decrease 37%)		
		Reduced levels of depression (PHQ decrease 45%)		
		Improved functional scores such as grip strength, 6-minute walking test, Sit to Stand in 30-secs etc		

4. Where Do We Want to Be? - ‘Value by Design’

The next phase of our journey is to evolve our approach away from a discrete ‘top down’ programme of work, to value becoming “the way we do things” within the Health Board. Our refreshed organisational design principles evidence this ambition, as they are value-driven and advocate: -

- A people-centred approach to support better health and well-being outcomes
- Delivering best value care (outcomes, experience and cost)
- Streamlining and reducing unwarranted variation and adopting best practice
- Equitable and accessible services, taking into account the diverse needs of the community

These will form the guiding principles for future planning and service redesign, with our Integrated Medium Term Plan (IMTP) and our portfolio of Major Change Programmes (MCP's) and other key programmes hardwired to deliver against these objectives. Our new operating model 'Foundations for the Future' provides an opportunity to accelerate this design, by building structures, processes and cultures which support; strong clinical leadership to drive the requisite cultural change, high quality data intelligence (financial, clinical and patient-level) to guide decision making and evaluate success, outcome-driven planning, commissioning and performance frameworks, agile funding and resources aligned to population health needs and long term outcomes, collaborative and integrated working, a skilled and capable workforce trained in value principles, a culture of stewardship and the championing of bottom-up clinical innovation.

Our Quality Management System (QMS) will reinforce this by aligning our value goals with the day-to-day work of health care teams, identifying patient and population needs, measuring outcomes, identifying areas for improvement and developing data driven initiatives for improvement.

It is clear from the evidence that real time data intelligence is critical to the programme, in order to convert insight into actionable knowledge, by identifying the areas of greatest opportunity to increase value. To support this, the Value & Sustainability and Costings teams are working in collaboration to analyse current variations in practice across the Health Board and will produce intelligence that can support the redesign of care pathways for better value.

5. Building Capability

To deliver sustainable change, we will develop a common understanding of value and prioritise increasing local knowledge and skill (particularly at a clinical-level), as without this capability, Value Based Health Care (VBHC) cannot be effectively implemented at scale. The core skills we will promote are: -

- Data interpretation
- Outcome measurement
- Care pathway redesign
- Patient engagement (particularly around concepts such as shared decision making)

Our ultimate aim is to create a social movement for change through communities of practice, with professionals sharing knowledge, skills and experience, which in turn will foster innovation and accelerate the pace of change.

To incentivise this change, we aim to develop a Value Academy, which will encourage health care teams to pitch for a small pot of value funding (subject to approval), which will be allocated to test and scale the best clinical innovations.

6. Summary

This report highlights:

- The significant progress achieved to date
- Details of the next phase of the programme
- Our aim to develop organisational skill and knowledge of Value Based Health Care (VBHC)
- Our plans to build communities of practice and a Value Academy to foster innovation

Significant improvements have been achieved, particularly in relation to the savings plans and the quality outcomes evidenced in our local value improvement initiatives. However, the report recognises the need to embed Value Based Health Care (VBHC), as primary operating principle within the Health Board, in order for the approach to be sustainably implemented. To develop the level of clinical engagement required to drive this programme forward, a parity of focus is required between cost and broader clinical goals and outcomes. This will cement the idea that value is about delivering high quality, patient centred care, which is affordable, rather than traditional cost cutting.

Members are therefore asked to:

- **Acknowledge** the substantial work underway to develop the Value & Sustainability programme.
- **Recognise** the long-term ambition of the programme to integrate the approach into 'business as usual' and continue the shift to a more outcomes-focussed model of value.

Teitl adroddiad: Report title:	Integrated Planning Framework 2025			
Adrodd i: Report to:	Health Board			
Dyddiad y Cyfarfod: Date of Meeting:	27 th November 2025			
Crynodeb Gweithredol: Executive Summary:	The Integrated Planning Framework (IPF) sets out the Board's approach to joined-up, integrated and transparent planning across the organisation and with partners. It ensures that: - Planning becomes a core organisational discipline that drives delivery, accountability and improvement. - Aligns with strategic objectives, supports accountability, and strengthens governance. - Is one of three linked frameworks that together enhance assurance arrangements across Planning, Risk and Performance.			
Argymhellion: Recommendations:	The Board is asked to: NOTE the progress made in relation to planning and the current maturity assessment APPROVE the Integrated Planning Framework.2025 – 2027			
Arweinydd Gweithredol: Executive Lead:	Paolo Tardivel, Interim Executive Director of Transformation & Strategic Planning.			
Awdur yr Adroddiad: Report Author:	Paolo Tardivel, Interim Executive Director of Transformation & Strategic Planning.			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> ☐	I Benderfynu arno <i>For Decision</i> ☒	Am sicrwydd <i>For Assurance</i> ☐	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> ☐ 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> ☐ 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> ☐ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Good strategic planning facilitates delivery of the Health Board's strategic objectives. The Framework sets out the expected approach to ensure this is clear and consistent in all plans.
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	The legislative requirements in relation to planning are set out within the framework.
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?	The EqlA will be refreshed in line with approval of the Framework.
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?	As above
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)	Failure to meet Special Measures Framework requirements could result in undeliverable plans, inefficient use of resources, and limited impact on health outcomes and inequalities (BAF Risk 2.4).
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	The Framework has no direct financial impact. It ensures that service, workforce, and financial planning are integrated, supporting plans that are realistic and affordable within the Board's overall financial position.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	There are no direct workforce implications arising from the Framework. It ensures workforce planning is fully integrated with service and financial planning, supporting the optimisation of workforce resources through innovation and continuous improvement.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Failure to deliver an approved integrated medium-term plan covering service, workforce, financial balance and key performance targets to Welsh Government could lead to 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/Next Steps ▪ Publish the Integrated Planning Framework 2025. ▪ Share it across management and planning networks. Rhestr o Atodiadau: <i>List of Appendices:</i>	

INTEGRATED PLANNING FRAMEWORK

Introduction

There has been a focus over the last two years on improving planning as a core capability for the organisation. The Board approved an Integrated Planning Framework in Sept 2023 and as part of the Foundations for the Future Programme work to develop a new Operating Model, a revised Integrated Planning Framework to guide the organisation through the next two years has been developed.

In tandem, a Planning Maturity Assessment, required by the Welsh Government, has been undertaken and informs the revised Planning Framework. The detailed assessment is included for information as an appendix with a summary of outcome given below.

The Integrated Planning Framework will be implemented through a specific Implementation Plan and progress overseen by the Strategic Planning and Service Change (Executive) Group and via the Planning, Population Health and Partnerships Committee.

Assessment of Planning: Independent Review 2023/24

An Independent review of planning arrangements in Betsi Cadwaladr University Health Board (BCUHB), was commissioned as part of Special Measures by Welsh Government in 2023/24. Its key focus was to assess integrated planning capacity, capability, and the approach to developing the Integrated Medium-Term Plan (IMTP) and Annual Plan. The context and challenges at the time included a report from Audit Wales which had highlighted a lack of an approved IMTP; a clinical strategy that lacked detailed implementation plans; and misaligned timeframes for planning strategies. In addition, the Health Board restructured into Integrated Health Communities (IHCs) in 2022 and there were persistent issues of leadership instability, an unclear operating model, and weak governance.

The key findings of the Independent Review published in March 2024, undertaken by Sally Attwood, an experience strategic planner, identified planning system gaps, specifically:

- No implementable long-term strategy or clinical services model.
- Limited engagement and planning skills across the organisation.
- Fragmented approach; planning seen as an “event” rather than continuous process.

The Review also noted some key strengths coming through with the development of an Integrated Planning Framework (Sept 2023) and early improvements in the Annual Plan 2024–25 process (better engagement, prioritisation).

The Review made several recommendations:

1. Design an effective planning system:
 - Based on standards, clear roles, and resource planning.
 - Embed systematic engagement and learning.
2. Develop a 3-year organisational route map:
 - Include milestones for clinical model, OD programme, and strategic priorities.
3. Assess capacity and capability:
 - Baseline current and future commitments.
 - Build planning and implementation skills across the organisation.
4. Improve governance, risk management, and performance monitoring.
5. Strengthen partnership planning and communication.

Progress against the recommendations of the Planning Review 2023/24

The Board had already approved an Integrated Planning Framework ahead of the Independent Review findings, and whilst the majority of those findings had already been identified additional elements weaved into practice subsequently. The key points of progress include:

- The development of an Annual Plan for 2024/25 that drew together the elements of the Special Measures Response Plan and the other wider priorities.
- The development of an Integrated Medium-Term Plan 2025/26 – 2027/28, with a financially balanced position. Although this was not approved by Welsh Government, it was recognised in the feedback that substantial progress had been made in the planning approach.
- The IMTP 2025/25 – 2027/28 includes a clear route to a Strategic Intent, 10-year Strategy and Clinical Services Plan.
- An Executive-level Strategic Planning and Service Change Group has been established to lead the development of planning and service change.
- Challenged speciality plans have been developed and are being delivered.
- The Quality Management System has been developed with one of the quadrants focusing on Quality Planning.
- A new workforce planning function has been established, although this is in its infancy and will need further development. A Workforce Planning Approach is currently being developed in line with outcomes expected of the Foundations for the Future Programme.
- Service change approaches are being developed and learning from others being taken into account.
- The new Operating Model features planning capability strongly.

Assessment of current maturity

The Welsh Government requires all NHS bodies in Wales to undertake a Planning Maturity Assessment annually.

The Planning Maturity Matrix consists of the following 6 domains, each with a number of themes beneath them:

- 1) Strategy Development/Clarity of Purpose, Vision and Strategy
- 2) Strategy Alignment and Development of an IMTP
- 3) Dynamic & Engaged Planning
- 4) Operational Planning
- 5) Best Practice Approach to Improvement
- 6) Realistic & Deliverable

Each theme and then each domain is to be scored out of 5 levels based on Health Board's judgement:

- 1) Basic Level - Principle accepted and commitment to action
- 2) Early Progress - Early progress in development
- 3) Results - Initial achievements
- 4) Maturity - Results consistently achieved
- 5) Exemplar - Others learning from our consistent achievements

Evidence and measures of impact are to be assigned against the current position scoring and then an action plan to achieve an aspired maturity level within the next 12 months. A number of workshops have taken place including representatives from each Executive Portfolio to co-develop

this submission including scoring, evidence and improvement actions. This was subsequently reviewed at the Strategic Planning and Service Change Group on 13th November 2025.

Domain	Self-Assessment	
Strategy Development/Clarity of Purpose, Vision and Strategy	2	Early Progress - Early progress in development
Strategy Alignment and Development of an IMTP	2	Early Progress - Early progress in development
Dynamic & Engaged Planning	3	Results - Initial achievements
Operational Planning	2	Early Progress - Early progress in development
Best Practice Approach to Improvement	3	Results - Initial achievements
Realistic & Deliverable	2	Early Progress - Early progress in development

Key elements of the Integrated Planning Framework

The Integrated Planning Framework (IPF) sets out BCUHB's approach to integrated, transparent planning across the organisation and with partners. It aims to make planning a core discipline that drives delivery, accountability, and improvement. It covers:

1. Strategic Context

- Aligns with Welsh Government requirements and Health Board's strategic objectives.
- Supports the transition to a new operating model under the *Foundations for the Future* programme.
- Works alongside Risk Management Framework and Integrated Performance Framework.

2. Key Objectives

- Embed planning as a continuous process, not a one-off event.
- Ensure plans are evidence-based, realistic, and affordable.
- Strengthen governance, accountability, and partnership working.

3. Independent Review Findings (2023/24)

- Identified gaps: lack of long-term strategy, fragmented planning, limited skills.
- Recommendations:
 - Develop a 3-year organisational route map.
 - Build planning capability and governance.
 - Improve engagement and partnership planning
- The revised Framework takes into account the progress made since the Independent Review and the existing Integrated Performance Framework

4. Progress to Date

- First financially balanced IMTP submitted (March 2025).
- Established Strategic Planning & Service Change Group, building capability and oversight of strategic planning and service change.
- Developed specialty plans and workforce planning function.
- Introduced Quality Management System (focus on Quality Planning).

5. Planning Maturity Assessment (Nov 2025)

- Most domains scored **Level 2 (Early Progress)** or **Level 3 (Initial Achievements)**.
- Action plan aligned to this framework for improvement.

6. Framework Components

- **Types of Plans:** Strategic (10-year), Corporate (IMTP, ADP), Operational (service-level), Supporting plans.
- **Lifecycle:** Discover → Design → Deliver → Evolve.
- **Business Cases:** Based on HM Treasury Five Case Model.
- **Impact Assessments:** EQIA, QIA, SEIA, EIA, DPIA (HIA statutory from 2027).

7. Roles & Responsibilities

- **Board:** Responsible for the development of strategy, actively involved in the development and approval of the IMTP, ensures alignment and oversight.
- **Executive Team:** Leads strategy development, providing coherency and alignment. Works as part of NHS Wales. Establishes environment and mechanisms for delivery and service transformation.
- **Management & Clinical Teams:** Leads delivery and service improvement in services; Translate strategy into operational plans.
- **Partners:** Co-produce integrated plans.

8. Organisational Capability

- Focus on skills development:
 - Level 1: Planning Bitesize
 - Level 2: Planning Basics
 - Level 3: Diploma in Healthcare Planning.
- Emphasis on numerate plans (modelling demand, workforce, finance).

Conclusion and Recommendations

Significant progress has been made over the last two years in relation to the Health Board planning approach; this has been recognised by Welsh Government. The next phase of development is set out in the revised Integrated Planning Framework which takes into account the results of the maturity assessment.

The next steps are to

- Publish and disseminate the Integrated Planning Framework
- Develop an Implementation Plan
- Implement through annual planning cycle and capability-building actions.
- Undertake a rapid annual review in October/November 2026 and align with Planning Maturity Matrix, with a more fundamental review in two years.

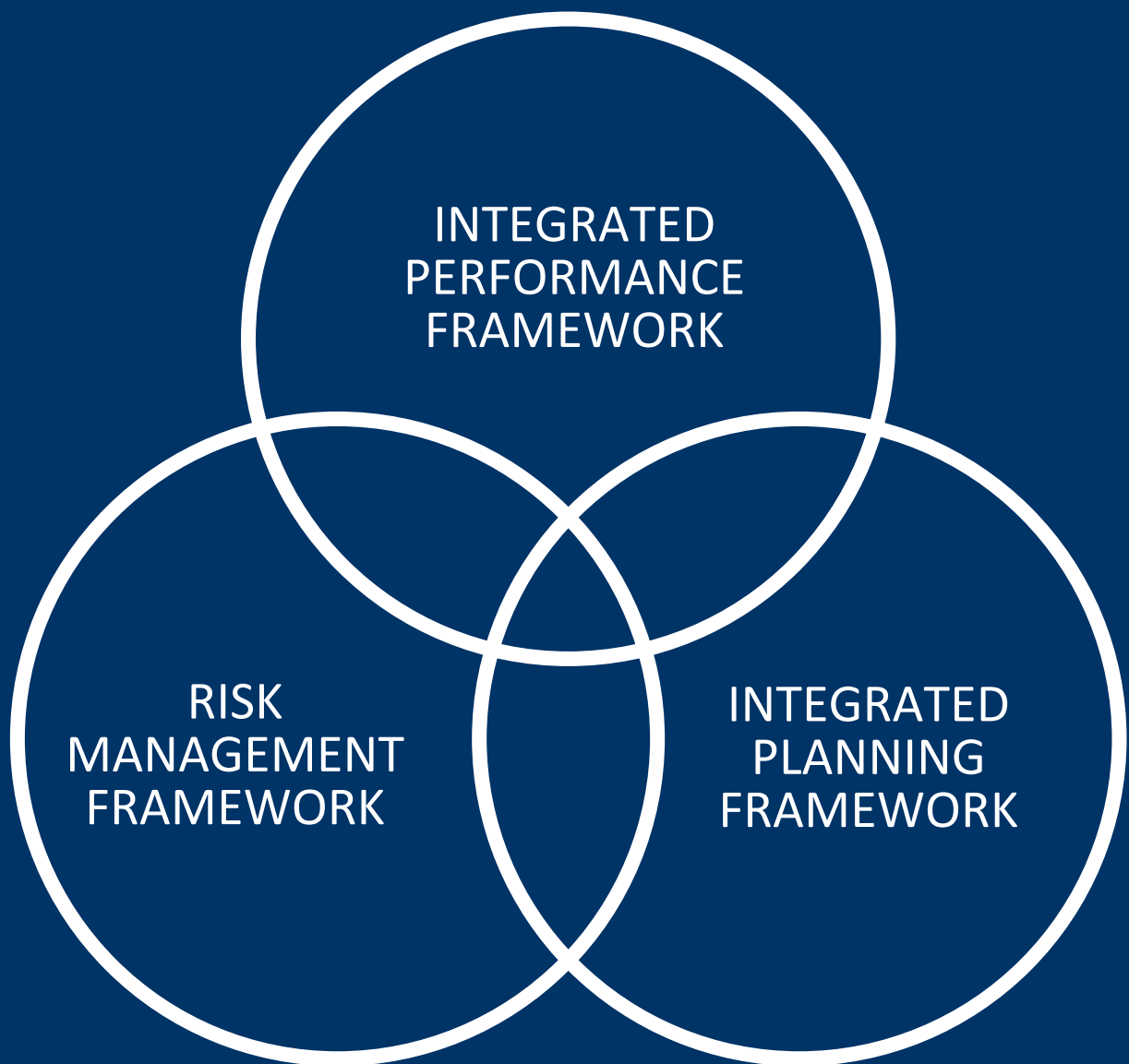
The progress will be overseen by the Executive Strategic Planning and Service Change Group and via the Planning, Population Health and Partnership's Committee.

The **BOARD** is asked to:

- **NOTE** the progress made in relation to planning and the current maturity assessment
- **APPROVE** the Integrated Planning Framework.2025 – 2027

INTEGRATED PLANNING FRAMEWORK

2025 - 2027



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Overview

The Integrated Planning Framework (IPF) sets out the Health Board's long-term commitment to developing planning as a core discipline that drives delivery, accountability and improvement across the organisation and with partners, ensuring Health Board plans are aligned, sustainable, and capable of meeting the changing needs of the population.

Over the next two years, this framework will guide how the Health Board strengthens planning capability and embeds evidence-based approaches into everyday practice. Effective planning is not simply about meeting annual requirements; it is central to shaping strategic direction, commissioning and delivering high-quality services, and improving outcomes for the communities in North Wales.

This will be particularly important to support the changes to the operating model under the Foundations for the Future programme, where the organisation moves towards pan-North Wales services. Planning will be a core part of the role for those leading these services and this framework and its underpinning collateral will seek to support consistent application of best practice across the organisation.

The IPF defines the principles and standards that will underpin planning, sets the context within national policy and legislation, and provides a structured foundation for continuous improvement. By embedding planning as a discipline, the Health Board will enhance resource stewardship, strengthen partnership working, and ensure the organisation is equipped to deliver sustainable, person-centred healthcare and well-being services well into the future.

Supporting the IPF are more detailed guidance that focus on specific aspects of planning. There is the annual Planning Guidance associated with three year Integrated Medium-Term Planning (IMTP) that provides a timeline and detailed process, the most up to date planning assumptions and requirements and templates to complete to support the process. There is also in development a set of planning toolkits to support the generation of each different type of plan outlined in this framework, providing more detail on approaches, processes and templates. More information on these supporting materials can be found on the Corporate Planning BetsiNet site.

The organisation has been on a journey to build the right foundations in effective planning. The Special Measures Independent Review of Planning produced in March 2024 (which can be found [here](#)) highlighted the need to create a fit for purpose planning system, to develop an organisational strategic route map and to create a baseline plan to fully understand the Health Board's commitments around change. There have been a lot of improvements over the last year and a half in terms of stakeholder engagement, more focused priorities and moving from 'crowdsourcing' the plan to commissioning defined programmes of work to meet strategic priorities. This culminated in the production of the organisation's first ever financially balanced IMTP submitted in March 2025. There is still some distance to travel, particularly in development of organisation-wide planning capability, which can be evidenced in the Planning Maturity Matrix self-assessment conducted in November 2025, which showed mostly level 2 (early progress) and level 3 (initial achievements)

maturity-out of the possible five levels. The resultant action plan has been aligned to this framework in support of future improvements to organisation-wide planning maturity. Planning therefore remains on a journey to deliver effective, consistent and high standard planning across the Health Board and this framework will be part of that drive for improvement over the next two years.

Other frameworks

This framework is designed to work in conjunction with and to complement other organisational frameworks:

- 1) **Risk Management Framework** – Important for plans to support mitigation of organisational risks and for the risks to delivery of the plans themselves to be appropriately identified and managed.
- 2) **Integrated Performance Framework** – Crucial to ensure that every plan identifies and tracks the intended impact and value in relation to outcomes, experience and cost.

There are a number of other frameworks in development that are also important to ensure they are aligned e.g. Decision Making and Prioritisation, Workforce Planning and the Organisational Approach to Change.

Legislative requirements

There are a number of legislative requirements that need to be taken into consideration when planning. Some relate to specific planning activity, such as the development of an Integrated Medium-Term Plan (IMTP), whereas others are more generally applicable to all planning activity. The main relevant legislation is listed below, further information can be found on the Welsh Government web site.

- **Welsh Language Act 1993 and Welsh Language Standards, Section 26 of the Welsh Language (Wales) Measure 2011** – Statutory duty to deliver services to the public in both Welsh and English.
- **NHS (Wales) Act 2006** – Contains the primary statutory duty to prepare an integrated plan for improving the health as well as the provision of health care to the population.
- **Equality Act 2010** – Health Boards must involve people whom it considers representative of those with different protected characteristics and those who have an interest in how it carries out its functions.
- **NHS Finance (Wales) Act 2014** - annual statutory requirement for expenditure not to exceed resource limits over a 3-year period.
- **Social Services and Well-being (Wales) Act 2014** - Requires health boards to co-operate with Partners in the formation of a Regional Partnership Board (RPB) to prepare and publish a 5-Year Area Plan.

- [Well-being of Future Generations \(Wales\) Act 2015](#) - Relates to improving the social, economic, environmental and cultural well-being of Wales. Requires health boards to: 1) consider the long-term impact of decisions, 2) to achieve the seven Well-being Goals, applying the '5 Ways of Working' to do so, 3) to set out well-being objectives and to work in partnership through Public Service Boards to develop a local Well-being Plan.
- [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#) – Relates to the [Duty of Quality](#) - ensuring health boards improve the quality of services, and the [Duty of Candour](#) – requiring health boards to be open and honest with people receiving care and treatment.

Broader strategic context

When planning it is important to take into consideration the broader strategic context. This can take many forms, but some of the main elements to consider can be found below.

National

- 1) [A Healthier Wales \(link\)](#) – Published in 2018 and refreshed in 2024, this is Welsh Government's 10-Year strategy to create a whole system approach to health and social care, that focuses on health and well-being and the prevention of illness and the shift of services out of hospitals to communities.
- 2) [National Clinical Framework \(link\)](#) – Published in 2021, this sets a coherent vision for the strategic and local development of NHS clinical services.
- 3) [Chief Scientific Advisor for Health report – NHS in 10+ years \(link\)](#) – Published in September 2023, the report outlines the changes in population demographics and health care needs expected over the next decade.
- 4) [Ministerial Priorities](#) – Each year the Cabinet Secretary for Health and Social Care publishes their priorities focusing on the following financial year.
- 5) [NHS Wales Escalation Status \(link\)](#) – Covering the requirements associated with the 5 levels of escalation a Health Board could be in, from Level 1 (Routine Arrangements) to Level 5 (Special Measures).
- 6) [NHS Wales Planning Framework](#) – Alongside the annual publication of the Cabinet Secretary's priorities, NHS Wales produce a technical planning framework that details the activity required to satisfy the conditions of producing an approvable 3-Year Integrated Medium-Term Plan (IMTP).
- 7) [NHS Wales Performance Framework](#) – This accompanies the NHS Wales Planning Framework and sets out the measures and targets expected to be achieved for the following financial year.
- 8) [Quality Statements \(link\)](#) – Set out the Welsh Government's policy and commissioning expectations for health boards to plan towards. Demonstrating delivery of services in line with

the quality statements through Health Boards' IMTPs evidences delivery against the Duty of Quality.

- 9) **Horizon Scanning** – Involves identifying emerging medical innovations, technologies and trends to inform future planning, including technology appraisal, budget planning and workforce planning.

Regional

It is important to take into consideration the strategic landscape across North Wales and adjacent areas. This includes:

- 1) **Joint population needs assessment ([link](#))** - Produced with partners via the Regional Partnership Board (RPB).
- 2) **Partner strategies and long-term plans** – Taking into consideration public sector, third sector and voluntary sector strategies and long-term plans – including but not limited to Regional Partnership Board (RPB) and Public Service Boards (PSBs).

Local

Any plans developed need to fit with and further the Health Board's long-term local strategy and plans:

- 1) **Strategic Intent co-developed with Partners (in development)** – Outlining a joint purpose and vision with partners, detailing a number of strategic intent statements.
- 2) **Health Board 10-Year Strategy (in development)** – Covering a 10-Year period, this document sets out the agreed choices and principles which will help the Health Board realise its strategic intent and fulfil its other obligations. It will be delivered through a number of underpinning plans e.g. Clinical Services Plan.
- 3) **Health Board Clinical Services Plan (in development)** - Set over three years and regularly refreshed, the CSP details how, aligned with the Health Board's strategy, clinical services will be configured to maximise quality and performance.
- 4) **Health Board Integrated Medium-Term Plan (IMTP)** - A three-year plan outlining how the Health Board will use its resources to deliver healthcare services that fulfil its strategic objectives and other obligations.
- 5) **Organisational Design Principles** - These design principles serve as a common and consistent set of considerations to be applied during planning and service development.

Principle	Overview	Considerations
1) People centred	Prioritise a people centred approach to support better health and well-being outcomes.	- Am I improving outcomes for people? - Whose life am I making better? - The Health Board's Wellbeing Objectives
2) Inclusive	Bring together the right people to collaborate and co-design services.	Have key stakeholders' been involved? For example, service users, carers, families, staff, other partners and those with relevant technical expertise.
3) Wise spending	Best value (outcomes, experience, cost)	Will this decision improve value in terms of outcomes, wise spending, and cost
4) Simplify, standardise and adopt best practice	Recognise complexity, streamline and reduce inappropriate variation.	- Learn from others and apply best practice - Is there a recognised standard, process or policy to benchmark against? - Have the different aspects/consequences of change been considered? - Keep it simple for the public
5) 'Digital first'	Adopt and promote new ways of working, harnessing the potential of digital innovation.	Seek advice and guidance from the Health Board's Digital, Data and Technology Team.
6) Equity and accessibility	Equitable and accessible services which take account of the diverse needs of the communities we serve.	- Does this decision promote fairness and equality of access? - Seek advice and guidance from the Health Board's Equalities Team - Consider the requirements of the Welsh Language Standards
7) Consistent with the Health Board's Values	The Health Board values, guide behaviours and decision making.	Does this decision align with the organisation's values?

Table 1: Organisational Design Principles

Quality Management System

The Duty of Quality Act applies to all NHS bodies in Wales, with two overarching aims:

- To improve the quality of healthcare services.
- To improve outcomes for people in Wales.

The guidance sets out a definition of quality and describes the need for NHS bodies to strengthen their Quality Management Systems (QMS) to achieve these aims.

A QMS enables an organisation to maintain a consistent and coordinated approach to meet the needs and expectations of the local communities. This will be achieved through joined up structures, systems and processes that allow for quality to be built into all activities with people and patients at the heart of all decision making and planning.



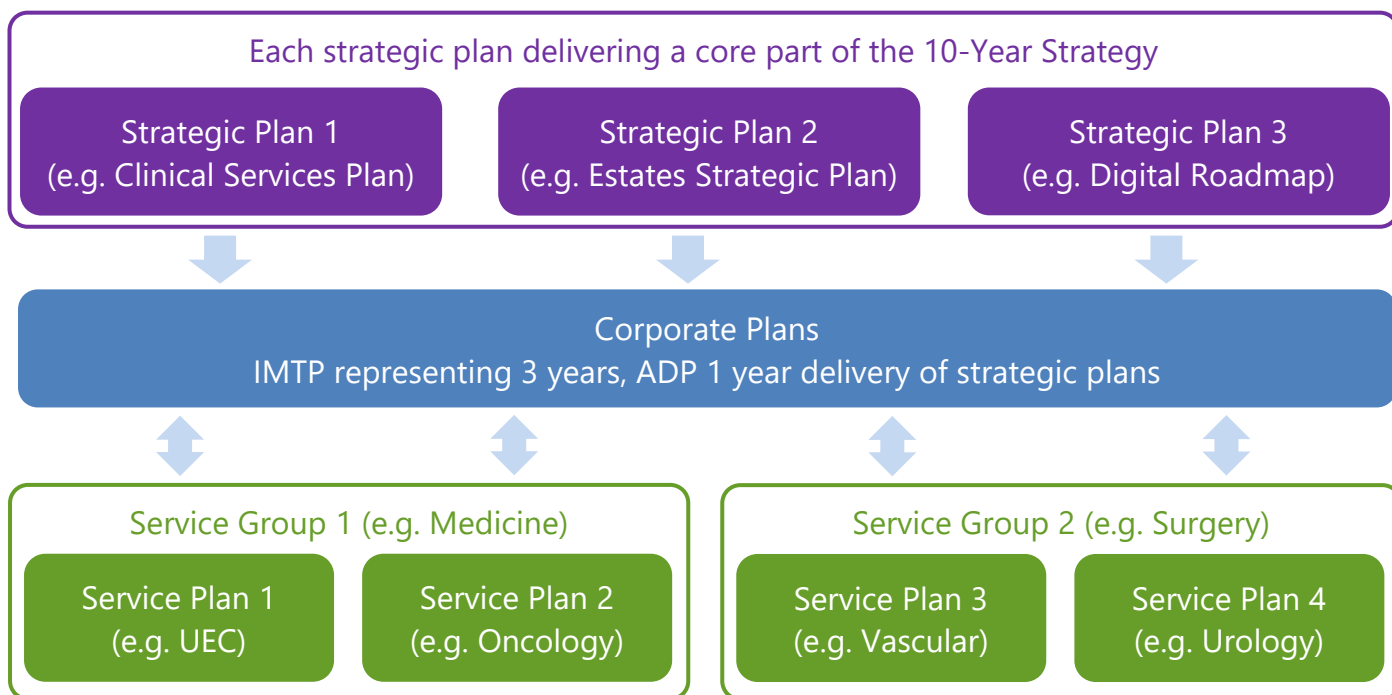
As can be seen in the graphic above, there are four elements to a QMS: Quality Planning, Quality Improvement, Quality Control and Quality Assurance. This framework focuses on ensuring effective Quality Planning but also touches on other areas in less detail.

Quality Planning is all about understanding needs and can be summarised into:

- Understand the standards and models that provide the best outcomes and experience.
- Evaluate current services with the input of those who provide and use them.
- Assess the gap between current and potential quality.
- Design services to meet the needs and provide the best outcomes and experience, as well as sustainability for the longer term.
- Identify the culture, systems, processes and structures needed to deliver the best quality model.

Types of plans

Given the broad applications of planning as a discipline, there are many different forms of plans. This section seeks to articulate the main types of plans in relation to those most commonly used within the Health Board in delivery of the Health Board's long-term strategic objectives.

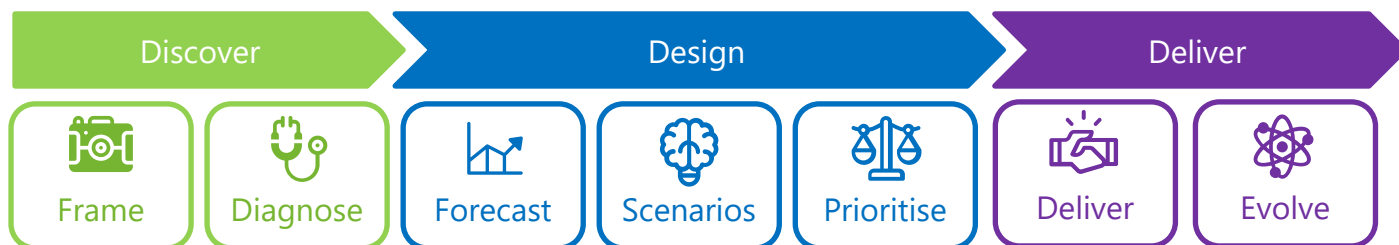


- **Strategic plans** - These represent the longest time horizon plans that span multiple years to support delivery of the Health Board's 10-Year Strategy. There will be a small number of strategically important plans that align with and deliver the organisation's strategic objectives, such as the Clinical Services Plan, Estates Strategic Plan, Digital Strategic Plan.
- **Corporate plans** – These plans are the primary delivery vehicle for the strategic plans, translating them into short to medium-term priorities and actions for delivery. The 3-Year Integrated Medium-Term Plan (IMTP) and the 1-Year Annual Delivery Plan (ADP) are examples of these.
- **Operational service plans** – These are more detailed Service Group (e.g. Medicine / Surgery etc) and individual Service (e.g. UEC / Oncology / Vascular / Urology etc) plans. They have a reciprocal relationship with the more strategically focused Corporate Plans in that they both inform and support delivery of the higher-level priorities. Modelling is an important part of this activity, to ensure there is a collective endeavour to produce connected activity, performance, workforce and finance projections for the service. These are multi-faceted plans that describe the approach for effective management of a service or department, covering safety, service, finance and people.
- **Supporting plans** – There are many other types of specific plans that support delivery, such as workforce plans, business plans, engagement plans and project-based plans. The guidance and

toolkits that support this framework will provide more detail and guidance relating to these plans.

Lifecycle of a plan

The organisation has regularly used the Discover > Design > Deliver phased approach to planning and delivery. This section explores in a bit more detail the component steps within each phase.



Discover

Frame

- Plans should clearly outline the [strategic context](#) and [statutory requirements](#) they address, while demonstrating alignment with the Health Board's strategic objectives. They must also define their [scope](#) from the outset, highlighting key objectives and the services, staff, and patients affected. Any areas explicitly excluded should also be noted.
- [Organisational risk](#) is often a key driver for the creation of plans and whether it is the primary driver or not, impact on the most important risks is something that should be explicitly identified.
- When considering the scope, the Tushman and O'Reilly model of considering: [Strategy](#), [People](#), [Process](#), [Culture](#) and [Structures](#) is a useful model.
- [Engagement](#) in plans from the outset is pivotal to their success. Whether that be staff, patients, families, carers, communities, partners or stakeholders, everyone will have something to contribute to planning from the very beginning of and throughout the process. An important part of this, across discover, design and deliver phases is ensuring that everyone can engage in the process through the [medium of Welsh](#). This ensures the widest possible involvement and that issues, solutions and learning are well understood by all.
- [Clinical leadership](#) should be embedded within planning from the outset, ensuring plans are [clinically credible](#) and [patient-centred](#), and [owned by the services](#) themselves.
- Examples of external requirements for consideration in plans are: [Welsh Government requirements](#) (set out in the section above), or those of a body like Health Inspectorate Wales (HIW) or National Institute for Health and Care Excellence (NICE), whose requirements must be met in the design and delivery of the plan.

Diagnose

- This phase is all about gathering together and **triangulating** across as broad a range of **insights** as possible in order to develop the most **holistic plan** possible.
- Plans should be informed by current and projected **population health needs**, using evidence such as **Population Needs** Assessment and **Well-being** Assessment to identify priorities and reduce **health inequalities**. They must also include an assessment of current service provision, highlighting risks, sustainability challenges, and any gaps that could impact performance or outcomes.
- As referenced in the section on QMS, **quality**, **safety** and **experience** are of paramount importance to every level of plan. Insights can be drawn from multiple sources to inform intelligence on current quality delivery and identify any gaps to an appropriate quality standard.
- The current **performance** of an area, across the broadest set of metrics possible, is important insight to be analysed and triangulated in order to ensure plans to improve performance are robust.
- Using internal and external **benchmarking** provides important insights to inform plans. This helps identify potential areas of unwarranted variation and opportunity for improvement.

Design

Forecast

- Plans should include **horizon scanning** to take a forward-looking assessment of internal and external factors to anticipate challenges, identify opportunities, and adapt accordingly.
- They must also integrate long-term **financial**, **workforce**, **digital**, and **change** management considerations, assess current performance using benchmarking where appropriate, and focus on achieving **better outcomes** and **value** for money.
- Every plan should clearly outline its **financial requirements** and **impact** of the plan, including identifying appropriate **sources of funding** (both revenue and capital). A common issue is not identifying **exit strategies** in relation to non-recurrent sources of funding.
- Where plans have a **workforce requirement** or **impact**, this needs to be considered carefully.
- **Recruitment challenges** are common, requiring innovative **modern workforce models** and skill-mix solutions.
- Ensuring that an appropriate and unified **modelling** exercise is conducted that takes in a wide range of factors for the type of plan in question. For a service plan for example this would cover well informed **demand** projections, **productivity utilisation** and **efficiency** assumptions, modern **workforce models**, that then generate connected **activity**, **performance**, **workforce** and **finance** projections.

Generate scenarios

- Plans should always start by considering the possibility of **prevention** of ill-health and improving **well-being**, rather than treatment alone. This is the only way the health service will be able to cope with the long-term future demand of an aging and increasingly ill population.
- Plans must also be grounded in **evidence** and **co-design** with **service users**, **carers**, **staff** and key **stakeholders**, drawing on **lived experience**, **professional standards**, and input from statutory and non-statutory groups.
- Plans should use both internal and external sources of **best practice** to inform plans is important to benefit from the learning of others on what does and does not work. Whether that be across North Wales, Wales, UK or the World. Useful sources of best practice include: Getting It Right First Time (**GIRFT**), **Royal Colleges**, National Institute for Health and Care Excellence (**NICE**) Guidelines, **National Programmes**, **Clinical Implementation Networks**.
- It is important to ensure that every aspect of delivery of a plan is considered and making sure that **enabling infrastructure** such as digital or estates work is included. This will ensure plans are well-rounded and appropriately balanced in their composition.
- Consider opportunities to work **regionally**, both internal to the organisation but also with partners. This involves **co-producing shared plans** and working together to create innovative **integrated service models**.
- Plans should make a determination as to whether there is sufficient demand and or in house capacity or capability to **provide a service internally** ('make') or whether the population would be better served by another provider **commissioned** by the Health Board ('buy').
- Plans should take a **logic model** approach to be clear on both **process** (inputs, activities, outputs) and **outcomes** (short-medium, and long-term) to ensure that they really focus on driving the right outcomes and to support effective **evaluation** of the plan.
- Ensure that all objectives within the plans are **SMART** (Specific, Measurable, Achievable, Relevant and Timebound).

Prioritise

- **Prioritisation** and **de-prioritisation** are essential to managing the complex challenges facing the Health Board. The Decision Making and Prioritisation Framework mentioned earlier in this document will bring a clarity and consistency in approach.
- Prioritising in a system where the need is great but resources are constrained means **difficult decisions** need to be taken. Attempting too much with limited resources undermines delivery. Applying a consistent set of criteria, **focused on delivery of strategic priorities**, is key to a successful organisation.
- It is important that all plans ensure good value in relation to use of taxpayers' money. **Value** in this context refers to the right balance between outcomes, experience and cost. Value in its broadest sense should inform a broad ranging benefits case for each plan.

- **Qualitative** as well as **quantitative** benefits should be taken into account when prioritising to ensure that all aspects that will make a difference to the population are taken into consideration, whether they are easy to quantify or not.
- Understanding and taking into consideration the **potential risks** to delivery during the design phase is important to ensure **decisions** to proceed are made with all relevant factors. This also enables early planning of **mitigating actions** to reduce the risk to the delivery phase.

Deliver

Deliver

- Having **engaged** with those impacted by plans from the outset, using their experiences to inform the discovery phase, then co-designing ideas and solutions in the design phase, it is equally as important to continue this engagement and involvement through **co-production** in the delivery phase.
- Ensuring **all aspects of delivery** are aligned is vital for successful change. Whether plans span different **geographical** or **organisational** boundaries, or different aspects such as **service**, **people** and **infrastructure**, ensuring the plan is considered as a whole and is delivered as such is important.
- Continuing to **monitor risks** and their **controls** identified during the design phase, and identifying any **emerging risks** and **mitigating actions** as soon as possible, is crucial in successful delivery.
- **Clinical leadership** during the delivery phase ensures that the plans are delivered and **owned within the services** themselves and not 'done on to' from outside the team. This is the only way to make truly **sustainable change**.

Evolve

- Initiatives should be **monitored** after they have been deployed to **measure** and **assess** their **impact**, taking any **learning** in order to adapt the current implementation or inform future ones. This is important for effective **benefits realisation**.
- Ensuring the '**value**' in its broadest sense is taken into consideration, both **qualitatively** and **quantitatively**, with a keen focus on real changes to **outcomes** is key.
- Some plans, especially where they are targeting **long-term improvements in health and well-being** through **preventative** interventions addressing wider determinants of health, require the use of **leading indicators** to monitor future impacts. It is important to note however that not all preventative interventions have long lead times in term of their impact.

Why are business cases important?

Strategies and plans will only achieve their spending objectives and deliver benefits if they have been scoped robustly and planned realistically from the outset and the associated risks taken into account. The business case, both as a product and a process, provides decision-makers, stakeholders, and the public with a management tool for evidence-based, transparent decision-making and a framework for the delivery, management and performance monitoring of the resultant scheme.

The organisation has a history of creating a large number of business cases throughout the year, for a variety of reasons and not always aligned with the annual planning cycle. It is important that everyone across the Health Board is clear on the organisational approach and process associated with business cases, to ensure consistency of approach, clarity of expectations and that effort is not wasted developing cases that cannot be supported. It is important to note, however, that investment is not always necessary in order to make improvements.

A business case is required where funding is required in addition to a service's delegated budget, with all approval routes in accordance with the Scheme of Reservation and Delegation ([here](#) – see Table 5b). The Corporate Planning team should be contacted before developing a business case to confirm whether a business case is the appropriate route for the change.

The Five Case Model

The Five Case Model is HM Treasury's approved standard for the production of public sector business cases, under the wider Green Book guidance on how to appraise policies, programmes and projects, (more information can be found [here](#)). The Better Business Case approach uses the Five Case Model to provide a structured approach by evaluating projects across five interconnected dimensions: Strategic, Economic, Commercial, Financial, and Management. The framework ensures that proposed projects align with strategic objectives, provide value for money, are financially affordable, and can be realistically delivered.

Strategic case	That the intervention is supported by a compelling case for change that provides holistic fit with other parts of the organisation and public sector.
Economic case	That the intervention represents best public value .
Commercial case	That the proposed Deal is attractive to the market place, can be procured and is commercially viable .
Financial case	That the proposed spend is affordable – both capital and revenue.
Management case	That what is required from all parties is achievable .

Table 2: The Five Case Model overview from Green Book 2022

The Business Case Development Stages

Single stage business cases are appropriate for low to medium value and risk initiatives, however where there are high value (over £2 million) and risk, the three-stage business case process should be applied:

- **Strategic Outline Case (SOC)** - The 'early' business case and first stage in the development of a business case for a significant project, which sets out the case for change and appraises available options.
- **Outline Business Case (OBC)** - The 'intermediate' business case and second stage in the development of a business case for a significant project, which identifies the option offering the best public-value, confirms the Deal and affordability, and puts in place the arrangements for successful delivery.
- **Full Business Case (FBC)** - The completed business case and third stage in the development of a business case for a significant project / programme, which confirms the most economically advantageous offer after procurement, confirms affordability and puts in place the detailed arrangements for successful delivery.

Further detail on the process and relevant templates can be found in the supporting guidance and toolkits.

Funding streams

The annual planning cycle will define a number of discrete funding streams and associated requirements for their use. It is important to confirm whether funding is recurrent or non-recurrent; for non-recurrent funding, an appropriate exit strategy must be defined from the outset. Prior to a business case being written it is important to identify and confirm that the case will be eligible for one of the defined funding streams. If it is not then the service must be clear on what it is proposing to de-prioritise in order to fund the scheme.

Envelopes and prioritisation

Each funding stream will set an envelope of funding that is available to be drawn down through the year by individual qualifying business cases. Those business cases that are eligible for a particular funding stream and meet the required standard during the IMTP development window will be prioritised against available funding. For cases that arise in-year, they will be prioritised against any unallocated funding and in exceptional circumstances prioritised against any schemes committed during the IMTP window that are able to be de-committed. The organisation's Decision Making and Prioritisation Framework will be used to make consistent and effective prioritisation decisions, ensuring that a view of the whole service is provided, not just the additionality requested. It is important that all prioritisation exercises are channelled through a single organisational approach, in particular in relation to the development of an IMTP. Areas that contain enabling works, such as digital or estates, which are often vital in the delivery of broader clinical service change, need to be viewed in the context of the complete service change and be prioritised through the IMTP process.

Governance

The Executive Committee will establish a group that will have the remit of considering business cases and decisions will be made in accordance with the Scheme of Delegation. This group will review qualifying business cases, in order to ensure they are supported to achieve the required standard. The Executive Committee, Performance, Finance and Information Governance (PFIG) Committee, Health Board and Welsh Government will then be used as appropriate to sign off qualifying business cases, dependent on their value.

Evaluation and Benefits Realisation

Gateway reviews will be conducted at appropriate stages within the lifecycle of each business case, including the final Post Implementation Review in order to understand the impact of delivery and any future learning. The Welsh Government Infrastructure Investment Guidance ([here](#)) provides some more detailed guidance in this regard.

Impact assessments

There are a number of important impact assessments that need to be considered when planning. These impact assessments should be completed early in the planning process to proactively inform the plans.

- **Equality Impact Assessment (EQIA)** - Ensures that plans consider and address the needs of diverse population groups, promoting fairness and eliminating discrimination in access, experience, and outcomes.
- **Quality Impact Assessment (QIA)** - Evaluates how proposed plans may affect the safety, effectiveness, and patient experience of care, helping to safeguard and improve service quality.
- **Socio-economic Impact Assessment (SEIA)** - Assesses how plans may affect individuals and communities experiencing socio-economic disadvantage, supporting efforts to reduce health inequalities and improve equity.
- **Environmental Impact Assessment (EIA)** - Considers the environmental consequences of plans, including carbon emissions, resource use, and sustainability, aligning with NHS Wales' decarbonisation and climate goals.
- **Data Protection Impact Assessment (DPIA)** – General Data Protection Regulation (GDPR) stipulates that organisations must complete a DPIA when data processing is likely to result to result in a high risk to the rights and freedoms of individuals.

It is worth noting that [Health Impact Assessments \(HIA\)](#) will become a statutory requirement from April 2027. HIAs act as an assessment of the likely effect, both in the short-term and in the long-term, of a proposed action or decision on the physical and mental health of the people of Wales or of some of the people of Wales.

Roles and responsibilities

Whilst this framework applies to all Health Board staff, this section outlines the roles and responsibilities of some key groups.

Unitary Board

Collectively responsible for the leadership, governance, and strategic direction of the Health Board's strategic plans.

- Sets strategic priorities aligned with national policy.
- Guides the development of and approves the 3-Year Integrated Medium-Term Plan (IMTP) and ensures it reflects population needs, financial sustainability, and service transformation.
- Provides oversight and assurance on delivery, risk management, and performance.
- Ensures public accountability and transparency in decision-making.
- Promotes a culture of quality, safety, and continuous improvement.

Independent Members

Bring independent expertise, scrutiny, community insight, and governance to the development and delivery of key strategic plans.

- Challenge and support the Executive Team in developing and delivering key strategic plans.
- Ensure plans are evidence-based, equitable, and patient-centred.
- Represent the public interest, advocating for transparency and inclusion.
- Chair and participate in Board Committees to monitor strategic plan delivery, progress and risks.
- Promote collaboration with external partners and community stakeholders.

Executive Team

Leads development and delivery of key strategic plans to achieve the Health Board's objectives.

- Develops key strategic plans, ensuring alignment with national, regional and local priorities.
- Leads service transformation, workforce planning, and financial strategy.
- Oversees performance, quality, and risk management.
- Engages with stakeholders to ensure plans are co-produced and inclusive.
- Drives innovation, digital transformation, and value-based healthcare.

External Partners

Support collaboration and alignment between the Health Board and external partners, such as local authorities, voluntary organisations, social care providers, and community stakeholders.

- Co-produce integrated plans that reflect local population needs and priorities.

- Collaborate on joint commissioning, service delivery, and workforce development.
- Provide community intelligence and lived experience to shape services.
- Support prevention, early intervention, and place-based integrated care models.
- Help ensure plans are inclusive, equitable, and locally relevant.

Management Teams

Management Teams translate strategic objectives into operational delivery plans and oversee performance across divisions, departments, or service areas.

- Translate strategic plans and objectives into operational delivery plans.
- Manage budgets, workforce, and service performance.
- Lead change management and service redesign initiatives.
- Monitor KPIs, risks, and improvement actions.
- Ensure staff engagement and alignment with organisational priorities.

Corporate Teams

Teams supporting the planning, monitoring, and reporting processes across the organisation.

- Provide technical expertise and infrastructure to support integrated planning across areas such as: Planning, Performance, Finance, Workforce, Digital, Governance and Risk, Estates, Quality, Commissioning.
- Ensure compliance with national frameworks, reporting, and assurance processes.
- Support data analysis, modelling, and forecasting.
- Facilitate internal and external engagement and communications.
- Enable digital transformation, workforce sustainability, and financial governance.

Clinical and Operational Teams

Clinical and operational team engagement is crucial to ensure that their expertise, patient experience, and frontline insights shape planning and performance monitoring.

- Deliver safe, effective, and person-centred care.
- Provide clinical leadership in service design and pathway development.
- Identify service pressures, risks, and improvement opportunities.
- Engage in multi-profession planning and delivery.
- Champion quality improvement, patient safety, and value-based care.

By clarifying these roles, the framework ensures:

- A common baseline for how planning and performance management should be conducted.
- Consistency and integration of plans across all levels of the organisation.
- A shared planning approach for delivering safe, high-quality, patient-centred services that are aligned with strategic objectives.

Organisational capability

Organisational capability in planning within the Health Board is critical for delivering high-quality, efficient, sustainable and patient-centred care. The Health Board is committed to strengthening the organisational capability in planning across the whole organisation, so every service is capable of planning for the future and delivering against those plans. By focusing on developing consistent planning approaches, embedding best practice, and building confidence and expertise across teams, the Health Board can foster a culture of proactive and effective planning that supports short, medium, and long-term priorities.

The efforts to improve the organisational capability in planning are focused in the areas outlined below.

Strategy development

A crucial part of effective planning is ensuring that plans align and contribute to delivery of the organisation's overarching strategy. At the time of writing in October 2025, the organisation is in transition between the previous strategy Living Healthier Staying Well published in 2018 and development of a new strategy.

This strategy development work introduces three interlinked strategic products, which will in turn provide a framework for the development of the Health Board's Integrated Medium-Term Plan (IMTP) and Annual Delivery Plan (ADP).

- 1) **Strategic Intent:** The 'big things' (strategic aims) the Health Board will seek to deliver over the next 5 to 10 years; a cornerstone of the Strategy. A 'Strategic Intent for health and wellbeing for the population of North Wales co-created with partners.
- 2) **10 Year Strategy:** The choices and principles that will enable the Health Board to realise its Strategic Intent and fulfil its other obligations.
- 3) **Clinical Services Plan (CSP):** One of the Health Board's strategic plans which details how clinical services will be configured to maximise quality, performance and value.



Figure 1 – Strategy Programme

This strategy work will act as a 'North Star' for all the other plans across the organisation to align to.

Embedding Planning in the Annual Performance Cycle

To ensure planning becomes part of everyday business across the organisation, there are a number of structural and cyclical processes that help with embedding planning practices. The first of these is bottom-up engagement in the Integrated Medium-Term Plan (IMTP) process to ensure that services are fully represented in the process and subsequent delivery plans. The Annual Delivery Plan (ADP) that covers the first year of the IMTP needs effective cascade at the start of the new financial year, so that everyone across the organisation is clear on their objectives for the coming year and how they contribute to delivery of the organisation's strategic goals. With the ADP disseminated through everyone's annual objectives, this provides a platform for teams to discuss during team meetings and managers to review progress at monthly one-to-ones. Executing this annual cascade effectively is vital in ensuring that the whole organisation moves in lock step and is focused on delivering the strategic priorities throughout the year.

Investing in Staff Skills and Training

It is important to ensure that all managers across the organisation have the necessary skills, tools, guidance and support to enable them to develop and deliver the various types of plans outlined in this framework. This is one of the core management competencies that will be supported through

a rolling training programme that covers the whole organisation. Relevant planning tools and resources will be available to support managers, along with access to further advice and guidance from the Corporate Planning team when necessary.

It is envisaged that there will be three tiers of planning training available in order to cater for the different requirements as well as existing knowledge and experience across the organisation.

- **Level 1 – Planning Bitesize:** A two-hour virtual course introducing the main concepts, principles and processes in planning as a discipline.
- **Level 2 – Planning Basics:** A series of half day virtual / face to face sessions building upon the Bitesize course with some practical application of planning in action, using the tools and templates.
- **Level 3 – Diploma in Healthcare Planning:** Cardiff Business School have developed and are managing the level 7 Diploma, which runs as an 18-month programme, accredited through Cardiff University. More details on the Diploma and the broader All Wales Planning Programme for Learning (PP4L) can be found [here](#).

Numerate Plans

Whilst it is important to have appropriate narrative within plans, it is equally if not more important for plans to be numerate. This means that appropriate modelling has taken place on things like forecast demand, planned productivity and service model to generate activity profiles, performance trajectories and workforce and finance forecasts. This unified modelling approach gives complete line of sight from key assumptions, planned improvements and intended impact. This will require specialist support from Corporate Teams in order to make the data, tools and processes available to teams to work with. This will be a key part of the investment in skills and training.

Planning Maturity Matrix

The Welsh Government Planning Maturity Matrix self-assessment tool provides a useful barometer of where the organisation is and where it needs to be in regards to Planning, across the six domains in the table below. The self-assessment process is conducted once a year and submitted to Welsh Government, with an accompanying action plan of improvements to be made over the subsequent year.

Domain	Description
A) Strategy Development/Clarity of Purpose, Vision and Strategy	▪ Evidence of a clear purpose, vision and strategy for the organisation. ▪ Responds to national, regional, local and partnership priorities, and the wider determinants of health. ▪ Translates national policies into local strategy, planning, and delivery.
B) Strategy Alignment and Development of an IMTP	▪ Evidence of alignment of strategy with components of the plan.
C) Dynamic and Engaged Planning	▪ Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes. ▪ Organisation identifies fragile services and has plans in place to address / mitigate risks and proposals in place for more robust service models e.g. via regional solutions, consolidation of services etc.
D) Operational Planning	▪ Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance. ▪ Embedding a culture of reducing unwarranted variation, improved performance and outcomes and evaluation of improvements
E) Best Practice Approach to Improvement	▪ Ambition to deliver best practice levels of equity, efficiency, effectiveness, quality and safety.
F) Realistic and Deliverable:	▪ Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.

Table 3: Welsh Government Planning Maturity Matrix six domains and descriptors

Implementation and review

Implementation

The Framework will be disseminated through the Health Board management structures and the planning leads' networks. The implementation of the framework will commence through the annual planning cycle for development of corporate plans and also through the actions required to grow organisational capability in planning outlined above. It is recognised that it will take time to implement fully all the requirements of the framework and it is intended to support incremental improvement.

This framework concentrates on the Quality Planning phase of the Quality Management System (QMS). Other frameworks focus on the other phases of the QMS, for example the Organisational Approach to Change framework that is in development and associated with the Quality Improvement phase of the QMS.

Review

The framework will be reviewed every year as part of the annual planning cycle reflection and learning phase. This will give insight to help assess how this framework is being embedded and to refine the content and approach. The Planning Maturity Matrix self-assessment tool and associated action plan will also be a key part of the annual reflection and learning and it is important that this framework remains aligned to them. Any changes to the framework will be brought through the appropriate Board and committee governance routes.

Betsi Cadwaladr University Health Board

Strategy and Planning Maturity Self-Assessment

November 2025

Domain	Self-Assessment
Strategy Development/Clarity of Purpose, Vision and Strategy	2
Strategy Alignment and Development of an IMTP	2
Dynamic & Engaged Planning	3
Operational Planning	2
Best Practice Approach to Improvement	3
Realistic & Deliverable	2

Strategy Development/Clarity of Purpose, Vision and Strategy

A) Strategy Development/Clarity of Purpose, Vision and Strategy

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Strategy & Plan	No CSS or delivery plan in place but strategic framework for its development in development.	Draft CSS developed or in development.	Agreed CSS and development of a co-designed clinical services plan underway, with evidence of strong clinical, stakeholder and public engagement throughout. A patient led approach is evident.	Approved CSS and CSP. Implementation underway. Organisation actively identifies risks and opportunities, outcomes are regularly monitored, and planning is informed by data, horizon scanning, and cross-functional collaboration.	The organisation has a fully implemented CSS and CSP that is continuously reviewed and refined using real-time data and predictive insights. Regular strategic reviews (at least twice annually) are in place that enable flexible adjustments in response to emerging trends and priorities, in-year performance, and long-term opportunities. Strategic planning is agile, outcome-focused, and aligned with system-wide priorities, to maximise opportunities driving measurable improvements in performance and population health.
Vision & Purpose	Organisation is developing its vision and purpose. Clear outcomes are not yet defined.	Vision and purpose, scope and methodology agreed with clear commitment and leadership at a Board and strategy programme level. Clear outcomes are in development.	Organisational vision and purpose with defined outcomes are affirmed in public and internal documents. Organisation demonstrates proactive leadership at Executive and Board level.	Annual Board discussion takes place on organisational vision and purpose ensuring alignment with CSS and enabling plans, intended outcomes and the identification of risks/issues.	Have regular board debate, at least twice annually, on organisational vision and purpose, ensuring alignment with organisational actions, CSS, outcomes and performance and how in-year achievements, issues or opportunities impact on this. Organisation is able to flexibly adjust its CSS to maximise opportunities and remain responsive, outcome-focused, and future-ready.
Alignment of National Policy and All-Level partnership priorities	National policies and national, regional, local and partnership priorities are understood but are not yet translated into organisational strategies and plans.	National policies and national, regional and local priorities have been translated into strategic intent and agreed with stakeholders. WBFG Act and AHW are apparent and embedded in the agreed approach.	Organisational strategies and plans reflect national policies and national, regional and local health and partnership priorities. WBFG Act and AHW principles and integrated throughout.	Strategies and plans are regularly reviewed. They are aligned and responsive to national policy and legislation, and national/regional/local partnership priorities with clear links to the Regional Partnership Board and Public Service Boards.	Strategies and plans are regularly and proactively reviewed and aligned to emerging national policy and legislation, and local, regional and national partnership priorities. RPB's and PSB's are regularly engaged and involved in process. CSS outcomes demonstrate a contribution to the wider local economy, improved health and well-being and operational effectiveness.

Key Enablers	Key enablers—such as quality, safety, workforce, finance, digital technology, and research—are identified but not yet aligned to strategic planning. Their role in enabling delivery is recognised but not actively managed or coordinated.	Key enablers are identified, with plans underway to align them with the organisations overarching CSS. Quality expectations are defined, and initial steps taken to coordinate enabler contributions across programmes.	Key enablers are fully aligned with strategic objectives. Their potential is well understood and actively explored to support delivery. Quality expectations are clearly defined and embedded in planning processes, with enablers contributing to strategic coherence.	Key enablers underpin the development and delivery of the CSS and CSP. Opportunities linked to enablers are translated into actionable deliverables. Quality is integrated throughout the key enabling strategies and plans driving performance and improvement.	Key enablers are embedded across all strategic functions and are delivering measurable improvements and are considered best practice. Their impact is tracked through performance metrics, and they are continuously optimised to support innovation, agility, and system-wide transformation. Quality is not only integrated but drives strategic refinement and outcome achievement.
Engagement in Development	The duties of the Health and Social Care (Quality and Engagement) (Wales) Act (the Act) are identified as integral to the development and implementation of the CSS.	Engagement plans are in place to support the development of CSS.	Engagement plans are agreed and reflect strong clinical leadership. Plans meet the requirements of the Act	Plans are being implemented effectively with robust processes in place to capture diverse voices (internal and external) with strong clinical leadership, and where appropriate and necessary, offers opportunities for stakeholder involvement in shaping the development of CSS.	Organisation operates best practice and continuous engagement with both internal and external stakeholders, exemplifying the values seen in the quality and engagement act, ensuring voices from all communities are heard and reflected in the annual review of the CSS.
Population Health Needs Assessment	Plans are in place to undertake a population health needs assessment.	A basic high level population health needs assessment has taken place and is being used to shape the CSS.	CSS and CSP development is informed by population and health needs assessments and incorporates the wider determinants of health.	There is a single, detailed and regularly updated population health needs assessment in place. Strategies are updated regularly to clearly reflect the outcome of the assessment.	Population health needs assessment is recognised as best practice and is recognised and used by partner organisations (such as PSB and RPB) to form a common and shared understanding. CSS/CSP is regularly tested against current, emerging, and future population health needs.
Priorities & Achievability	The organisation does not have a prioritisation methodology or a recorded list of priorities. Planning is reactive and lacks strategic direction.	The organisation has an approved prioritisation framework related to population health needs assessment and has basic understanding of its priorities but is not yet reflected in plans. health needs.	A prioritisation framework is fully implemented. Priorities are recorded and aligned to population health needs assessments and Cabinet Secretary expectations. Early progress is made to reflect priorities in plans,	The organisation has a published, best-practice prioritisation methodology. It is fully aligned to population health needs and Cabinet Secretary expectations. Prioritised services are proactively reviewed and updated, with robust	Prioritisation is embedded across all planning and decision-making processes. The methodology is sector-leading based on the outcome of the population health needs assessment and Cabinet Secretary's expectations. It is co-produced with stakeholders, and continuously refined through evidence, evaluation, and engagement. Priorities are transparently linked to outcomes, resource

			with initial monitoring arrangements in place.	monitoring and governance of decisions embedded in planning cycles.	allocation, and national policy, with real-time monitoring and adaptive planning in place.
Horizon Scanning	Horizon scanning is infrequent and informal, with no structured process or discussion at Executive or Board level. Strategic planning is reactive, lacking foresight into emerging risks, trends, or opportunities.	Annual horizon scanning is conducted to identify key risks and opportunities. Findings begin to inform strategic thinking, but integration into planning and governance remains limited.	Horizon scanning is carried out regularly and used to test and validate strategic plans against future trends and risks. Insights are reviewed annually and inform planning cycles, with growing Board-level engagement.	Horizon scanning is embedded into strategic planning and governance processes. Findings are discussed at Board level annually, and strategies are actively validated and adjusted based on emerging insights. The organisation uses structured methods to anticipate change and mitigate risk.	Horizon scanning is systematic, forward-looking, and published. It informs biannual Board-level strategic discussions and enables flexible, data-driven adjustments to CSS. Insights are used to anticipate future scenarios, align with system-wide priorities, and ensure the organisation remains agile, resilient, and future-ready.

A) Strategy Development/Clarity of Purpose, Vision and Strategy Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Strategy & Plan	2	- Extant Clinical Services Strategy - Draft Clinical Services Plan framework (in development) - Example of one of the Challenged Services plans (Phase 1 of CSP)	- There is an extant Clinical Services Strategy (CSS) from a number of years ago, but it was not implemented and the current Board are supporting new work in this space. - Work towards a new Clinical Services Plan (CSP) has been split into two phases – Phase 1 focused on the eight Challenged Services highlighted through Special Measures and fixing those issues that don't require service re-configuration. Good progress has been made in addressing the original issues raised under Special Measures, with Oncology and Plastics being under review by WG for de-escalation. - Phase 2 will be the full CSP scope and the preparatory work for this will be completed by the end of March 2026 (due to work on the Strategic Intent with partners and the 10 Year Strategy). A draft CSP Framework has been developed and is being refined. - Therefore a draft CSP is in development.
Vision & Purpose	2	- Extant 10-Year Strategy Living Healthier Staying Well - 5 Strategic Objectives within IMTP - Board and Executive Committee agendas utilising and reinforcing the 5 Strategic Objectives	- There is an extant 10-year Strategy called Living Healthier Staying Well, however it was developed before Covid and similar to the CSS, it has not been fully implemented and the current Board are supporting new work in this space. - 5 Strategic Objectives have been developed to give strategic direction to the organisation and IMTP planning. The Board and Executive Committee agendas are structured around these objectives. This has given strategic direction and shape to the organisation and it's governance. - The on-going work on a Strategic Intent with partners and the new 10-Year Strategy are working to an agreed methodology and have clear commitment and leadership at Board level.

Alignment of National Policy and All-Level partnership priorities	2	- 25-28 IMTP document - WBFG Act Well-being objectives review report	- The 25-28 IMTP demonstrates alignment between national policies and programmes and regional and local priorities. - WG feedback on IMTP 25-28 validated this, with a couple of areas for improvement. - Work continues with stakeholders and partners on development of the IMTP and underpinning plans e.g. UEC and Well North Wales.
Key Enablers	2	- 25-28 IMTP document - 25-28 Planning Guidance - Current Integrated Planning Framework	- Quality, safety, workforce, finance, digital technology and research all feature within the IMTP and are referenced within the associated planning guidance, as well as the Integrated Planning Framework. - There is however more to do to ensure they work in unison and to create fully holistic and well-rounded plans, but there are plans underway to align them.
Engagement in Development	2	- Challenged services plans. - Tywyn and Penley engagement documentation.	- The full CSP (phase 2) work is in the very early stages of development, however CSP (phase 1) on Challenged Services have plans that have had good clinical engagement. - Service changes at Tywyn and Penley Community hospitals have been taking a balanced room approach to stakeholder, community and staff engagement which has been cited as exemplar by Llais.
Population Health Needs Assessment	2	- Current RPB population health needs assessment (2022 – 2027) in place. - Current population needs profile work as part of Strategy Development.	- A population health needs assessment is in place via the RPB. The most recent iteration was completed in April 2022 and will be renewed in April 2027. - A population needs profile has also been generated as part of the IMTP and strategy development work.
Priorities & Achievability	2	- Current prioritisation framework document. - Draft joint Decision Making and Prioritisation framework document.	- The organisation has a prioritisation framework that has been utilised for a number of different purposes both regionally and locally. This has enabled more consistent and strategically aligned decisions. - This is being merged into a new joint Decision Making and Prioritisation Framework as one of the products under the Foundations for the Future operating model programme.
Horizon Scanning	1	- Examples of good practice from Finance, Pharmacy and Medicines Management, Capital.	- Some good examples in areas such as Finance, Pharmacy and Medicines Management, Capital, but not consistent. - This is an area that needs strengthening to ensure that consistent and value add horizon scanning is conducted routinely as part of planning.

Overall Judged Score	2		- Majority of scores are a 2 and reading the top level descriptors as well as the headings for level 1 (Basic Level - Principle accepted and commitment to action) and level 2 (Early Progress - Early progress in development), level 2 feels more appropriate, whilst acknowledging the importance of closing the other gaps, which there are plans in place to do.
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Strategy Development/Clarity of Purpose, Vision and Strategy Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Strategy & Plan	2	3	- Complete 10 Year Strategy work – to include section on Clinical Services Strategy. - Commence development of the CSP Phase 2 work, demonstrating strong clinical, stakeholder and public engagement, taking a patient led approach.	- Complete 10 Year Strategy work during FY26/27. - CSP Phase 2 Preparatory work to be completed by end of Q4 FY25/26, including updated CSP Framework. - CSP Phase 2 Development to have started by end of Q1 FY26/27.	- 10 Year Strategy. - Output of preparatory work for CSP Phase 2. - CSP Framework. - CSP Phase 2 Development plan including evidence of having started.	- 10-Year Strategy produced. - Positive clinical, stakeholder and public engagement undertaken.
Vision & Purpose	2	3	- Complete Strategic Intent with partners. - Complete 10 Year Strategy work.	- Complete Strategic Intent with partners by end of Q4 FY25/26. - Complete 10 Year Strategy work during FY26/27.	- Strategic Intent with partners. - 10 Year Strategy. - Evidence of Vision and Purpose re-affirmation in key Board, Committee and Executive level governance.	- Strategic Intent with partners produced. - 10-Year Strategy produced.
Alignment of National Policy and All-Level partnership priorities	2	3	- Address areas from WG feedback on 25-28 IMTP around national plan and policy alignment in 26-29 IMTP.	- Submission of 26-29 IMTP to WG by end of Q4 FY25/26.	- 26-29 IMTP document highlighting areas strengthened.	- Improved IMTP submission for 26-29.
Key Enablers	2	3	- Improve emphasis on key enablers (e.g. quality, safety, workforce, finance, digital, technology and research) in the Integrated Planning Framework and Planning Guidance. - Improve visibility and coherence of key enablers in the IMTP 26-29 document.	- Updated Planning Guidance by end of Q3 FY25/26. - Updated Integrated Planning Framework by end of Q3 FY25/26. - Submission of 26-29 IMTP to WG by end of Q4 FY25/26.	- Planning guidance used during 26-29 cycle highlighting areas strengthened. - Latest Integrated Planning Framework highlighting areas strengthened. - 26-29 IMTP document highlighting areas strengthened.	- Well rounded plans covering all key enablers that are fully aligned.

Engagement in Development	2	3	- Develop engagement plans in relation to the development of the CSP, ensuring they reflect strong clinical leadership and meet the requirements of the Health and Social Care (Quality & Engagement) (Wales) Act.	- CSP engagement plan in place by end of Q1 FY26/27.	- CSP engagement plan highlighting areas the demonstrate strong clinical leadership and how it meets the H&SC (Q&E) (Wales) Act.	- Strong engagement plans that meet the requirements of the Act produced.
Population Health Needs Assessment	2	3	- Utilise the extant RPB Population Needs Assessment (2022 – 27) as part of the Strategy and CSP Phase 2 development work. - Develop an up to date Population Needs Profile to support the Strategy and CSP Phase 2 development work, ensuring it is aligned to the current and subsequent RPB population needs assessment.	- Complete 10 Year Strategy work during FY26/27. - CSP Phase 2 Preparatory work to be completed by end of Q4 FY25/26. - CSP Phase 2 Development to have started, including an updated Population Needs Profile by end of Q1 FY26/27.	- An updated Population Needs Profile. - 10 Year Strategy – highlighting how it has been informed by the Population Needs Assessment and Population Needs Profile.	- A well rounded CSP having been informed by population and health needs assessments and wider determinants of health.
Priorities & Achievability	2	3	- Complete development and then implement the joint Decision Making and Prioritisation Framework.	- Approved Decision Making and Prioritisation Framework by end of Q4 FY25/26.	- An approved Decision Making and Prioritisation Framework.	- Decision Making and Prioritisation Framework produced and implemented leading to more strategically aligned and consistent decision making.
Horizon Scanning	1	2	- Develop and implement an organisation wide Horizon Scanning approach, drawing from existing good practice where it exists.	- Approved Horizon Scanning approach by end of Q2 FY26/27.	- An approved Horizon Scanning approach. - Evidence of implementation.	- Horizon scanning approach produced and contributing to forward looking plans.

Strategy and Plan Alignment, and Development of IMTP

B)Strategy and Plan Alignment, and Development of IMTP

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
IMTP Development	Organisation has an annual plan which responds to some but not all elements of planning framework and cannot provide a financially balanced plan over 3 years.	Organisation has an approved IMTP that aligns with the core elements of the planning framework. The plan demonstrates a structured approach to strategic priorities and is informed by baseline data. It includes initial consideration of risks, outcomes, and resource requirements.	IMTP meets almost all policy expectations and is tailored to deliver clear service transformation aligned with an agreed CSP and reflects a shift from operational delivery to strategic impact. Growing maturity in linking planning to measurable impact, return on investment, and strategic priorities. Risks are clearly identified, with evidence of controls and early mitigation strategies.	The IMTP meets all policy expectations and is consistently delivering against the quadruple aim and is embedded across the organisation and transforming services through the CSP. Risks across quality, access, workforce, and finance are actively managed with evidence of controls and mitigation and demonstrates clear alignment between planning, performance, and transformation.	The IMTP exceeds all national policy expectations. It is recognised as a benchmark for excellence, driving system-wide transformation and delivering sustained impact across the quadruple aim. The plan is co-produced, future-focused, and underpinned by robust evidence, innovation, and adaptive governance. It demonstrates clear and advanced triangulation, delivery timelines and milestones, and integrated risks and mitigation.
Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan	Some alignment is visible between the annual plan and CSS with the organisation planning on a continuous annual cycle.	Alignment is clear and coherent between the IMTP and CSS with the organisation planning on a continuous annual cycle.	The IMTP is tailored to deliver clear service transformation in line with an agreed Clinical Services Plan. Plans are directly linked to quality, performance and accountability and informed by detailed and future facing modelling.	Coherent aligned plans, including a commissioning plan are performance managed, with staff owning, adapting, acting on and learning from variation.	Planning is owned by all staff and fully integrated and aligned across organisational tiers and system partners. There is a clear golden thread between local, national and regional strategies and partnerships with dynamic alignment to the CSS and Plan, IMTP, commissioning intentions, resulting from horizon scanning results, detailed population health needs assessment and enabling strategies (e.g. workforce, digital, estates).
Triangulation of Services	Basic high-level triangulation is taking place between services, activity, workforce and finance.	Clear triangulation between services, activity workforce and finance.	Detailed triangulation between services, activity workforce and finance at service level.	Clear detailed and robust triangulation and analysis of activity, workforce and finance which considers other holistic requirements such as	Triangulation is system-wide, predictive, and continuously refined through real-time data and advanced analytics. It informs strategic decision-making, resource optimisation, and service redesign across organisational boundaries. The organisation demonstrates a proactive approach

				training and working regionally.	to managing interdependencies, future workforce needs, financial sustainability, and service demand, with clear links to population health, regional collaboration, and innovation.
Commissioning	The Board sets out high level commissioning intentions primarily focused on statutory requirements and broad service categories. Commissioning is reactive, with limited strategic alignment or stakeholder engagement.	The organisation has an approved and operational commissioning process. Intentions begin to reflect service priorities and are informed by basic population health data and stakeholder input.	Commissioning decisions are prioritised based on service need, population health data, and performance metrics. The impact of commissioned and supporting organisations is actively considered.	The organisation has a clear, transparent commissioning plan that includes a transparent prioritisation framework and actions for both commissioning and decommissioning ensuring risk to patients are minimised. Decisions are evidence-based, responsive to changing needs and communicated effectively to stakeholders.	Commissioning is strategically embedded across the organisation and system, with clear alignment to the population health needs assessment, clinical priorities, and service transformation goals. The process is co-produced with stakeholders with a clear and transparent prioritisation framework, underpinned by robust evidence, and includes pro-active decommissioning where appropriate with detailed communication strategies. Commissioning decisions are transparent, equitable, and continuously evaluated for impact on quality, access, and outcomes.

Strategy and Plan Alignment, and Development of IMTP Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
IMTP Development	2	- IMTP 25-28 document. - Board approval of IMTP 25-28. - WG feedback on IMTP 25-28	- The Health Board submitted it's first ever Board approved financially balanced IMTP for 25-28. Whilst this was not subsequently approved by WG, the significance of this milestone and the progress in the quality of the plan was highlighted in WG feedback.
Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan	2	- IMTP 25-28 document. - Example of Challenged Services Plan.	- For higher levels of maturity this is dependent on having a renewed and appropriate Clinical Services Plan in place. - The IMTP 25-28 draws through the importance of this work and plans are underway to close the gap. It also shows clear alignment with the CSP Phase 1 Challenged Services plans.
Triangulation of Services	1	- IMTP 25/28 document and supporting collateral e.g. MDS. - Example of service level planning demonstrating triangulation in action.	- High level triangulation between services, activity, workforce and finance is undertaken as part of the IMTP process, something that will be improved in this next IMTP cycle.
Commissioning	1	- Example of current commissioning / contracting for Planned Care.	- Work planned for this year on a Commissioning Framework. - Foundations for the Future will properly establish a Commissioning and Contracting function. - Lots of contracting work undertaken, but more to do to strengthen a consistent commissioning approach across the Health Board.
Overall Judged Score	2		- Work on the CSP Phase 1 on Challenged Services and its alignment to IMTP development contribute to the overall level 2 score of 'early progress', whilst acknowledging there is work required to do on more in depth triangulation and better integration of commissioning.

Strategy and Plan Alignment, and Development of IMTP Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
IMTP Development	2	3	- Implement WG feedback from the 25-28 IMTP submission – including focus on inclusion of ADP milestones, impact and risk within the main IMTP submission.	- Implement WG feedback from the 25-28 IMTP submission in the 26-29 IMTP cycle by end of Q4 FY25/26.	- 26-29 IMTP highlighting the areas strengthened as a result of WG feedback.	- Improved IMTP submission to WG.
Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan	2	3	- Develop Phase 2 of the CSP. - Include delivery plans for the CSP in the 27-30 IMTP. - Undertake future facing modelling directly linked to quality and performance.	- Develop Phase 2 of the CSP during FY26/27. - 27-30 IMTP submission by end of Q4 FY26/27. - Continue to iteratively improve the approach to modelling by end of Q4 FY26/27.	- Phase 2 of CSP. - 27-30 IMTP submission. - Example of modelling undertaken.	- IMTP starting to deliver agreed CSP.
Triangulation of Services	1	2	- Undertake a rolling programme of (aka 'continuous') detailed triangulation between services, activity, workforce and finance at a service level. Using a single model to capture inputs and assumptions and generate all required outputs, all in one place.	- Undertake detailed triangulation between services, activity, workforce and finance at a service level during the 26-29 IMTP cycle by end of Q4 2FY25/26.	- 26-29 IMTP document highlighting areas that have benefitted from the detailed triangulation. - Underpinning triangulation detail used to develop service level plans.	- Service level triangulation mitigating future service risks and issues.
Commissioning	1	2	- Establish a commissioning and contracting function. - Develop and implement a Commissioning Framework.	- Establish a commissioning and contracting function during FY26/27. - Develop and implement a Commissioning Framework by end Q2 FY26/27.	- Commissioning and Contracting team organogram with roles, names and vacancies. - Commissioning Framework.	- More robust service level commissioning as part of holistic service level plans.

Dynamic and Engaged Planning

C) Dynamic and Engaged Planning

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Stakeholder Engagement	Staff and partners are aware of CSS/CSP and there is a public commitment in place to undertake stakeholder engagement.	Organisational engagement is evident in practice and reflected in the CSS/CSP. Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.	Stakeholders are engaged in and co-design priority setting using the 'engagement cycle' model and a person-centred approach. Staff engagement at an organisation level is increasing.	Full and proactive continuous engagement including diverse communities which informs, owns and tests all impact assessments. Feedback from engagement activities influences and challenges the plan. Planning is also embedded and co-ordinated throughout the organisation.	Internal continuous engagement sees a fully engaged and informed workforce who are able to co-produce. Feedback and learning from continuous engagement activities including protected characteristic groups and socio-economic disadvantaged groups informs local priority setting and the development of the CSS/CSP.
Service Delivery Risk and Issue Management Approach	Organisation has a service risk management approach in place, but it has not been fully adopted across all areas.	Organisation has service risk management approach embedded across all areas of the organisation and has robust plans in place to address / mitigate risks	A risk management approach is evident and consistent across organisation. The organisations top fragile services are identified.	The risk management approach enables the early identification of fragile or soon to be fragile services allowing for early intervention to ensure service sustainability. Organisation sees less urgent service changes.	Potential fragile services identified early and robust risk management across organisation pre-emptively responding to emerging service risks and the organisation is able to flexibly adjust plan. The Board are informed and regularly updated on fragile services and organisation rarely sees urgent service changes.
Service Model / Regional Design	Organisation has no route, or route is ineffective to discuss potential opportunities or joint risks. Regional collaboration is minimal, ad hoc, and lacks strategic intent.	Strengthened partnership working arrangements are in place. A methodology for working together is developed, with early efforts to align priorities and build trust.	Opportunities for regional working and shared solutions are identified and developed collaboratively. Planning is increasingly aligned across organisations, with joint priorities and resource sharing.	Agreed proposals for robust regional service models (e.g. consolidation, shared services) are in place and delivery is underway. Governance structures support joint accountability and performance management.	Regional collaboration is fully embedded, strategically led, and continuously evolving. The organisation is a proactive system leader, driving the development, implementation, and optimisation of shared service models and regional solutions. Collaboration is underpinned by co-produced strategies, shared governance, and dynamic intelligence. The organisation anticipates future needs, fosters innovation, and delivers measurable improvements in equity, efficiency, and outcomes across the region.

Dynamic and Engaged Planning Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Stakeholder Engagement	3	- Engagement materials in relation to strategy, CSP phase 1 and 2, with stakeholders, staff and partners. - Output report from 8th October 2025 Strategy Development event. - Staff engagement improvements within staff survey.	- A number of engagements in relation to the broader strategy work with partners, Board and staff. - 8th October strategy development event was well attended by stakeholders, partners, staff, communities and was an important engagement milestone. Further events and broader engagement planned. - Engagement of services, staff and stakeholders in phase 1 of the CSP for Challenged Services has taken place, resulting in clinically owned improvements.
Service Delivery Risk and Issue Management Approach	3	- Risk management framework. - BAF, CRR and examples of operational risk registers. - Example of some programme risk and issue registers. - Risk management training material.	- This area is quite well developed via the Organisational Risk team's work that has developed and implemented a Risk Management Framework and Risk Management training. Supplemented by project and programme level risk and issue management best practice from the Portfolio Office. - The Board Assurance Framework (BAF) and Corporate Risk Register (CRR) are aligned to the IMTP and organisational strategic objectives. - Top fragile services identified in organisation wide risk registers.
Service Model / Regional Design	2	- Example of partner engagement on strategy, IMTP and individual areas of work (e.g. UEC and Well North Wales). This is happening through senior forums like RPB, SRG and PSBs and also through working level groups between key meetings.	- This is an area that has had a renewed focus particularly through the Regional Partnership Board (RPB) and Stakeholder Reference Group (SRG). Both have had streams of collaborative working on the organisation's strategy and IMTP development along with specific areas of work such as UEC, Well North Wales and Together for Mental Health. - Foundations for the Future will improve internal regional working across the 3 areas and between primary, community and secondary care.
Overall Judged Score	3		- Some good progress made in stakeholder engagement and risk management have led to an overall score of level 3 'initial results'.

Dynamic and Engaged Planning Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Stakeholder Engagement	3	4	- Continue to develop the engagement approach under the 'engagement cycle' model, ensuring a person-centred approach, taking a proactive and continuous approach to engaging diverse communities, stakeholders and staff. Ensure this engagement influences and challenges the plan.	- Updated engagement approach by end Q2 FY26/27.	- Engagement approach.	- Quantity and quality of engagement insights available to inform decision making.
Service Delivery Risk and Issue Management Approach	3	4	- Develop the QMS and associated implementation plans in order to triangulate key sources of insight to proactively identify services requiring support. - Test risk management approach for effectiveness and efficacy.	- QMS approach updated to take into account triangulation of key sources of insight by end of Q1 FY26/27. - Phased roll out of approach across the organisation during FY26/27 and FY27/28. - Output of risk management approach effectiveness and efficacy review by end of Q4 FY26/27.	- Updated QMS. - Phased roll out plan. - Evidence of implementation with services.	- Proactive identification of services requiring support. - Fewer urgent service changes as they are identified and handled proactively.
Service Model / Regional Design	2	3	- Capitalise on opportunity of the Foundations for the Future operating model changes to improve Pan BCU working across both 3 areas but also across primary, community and secondary care.	- FFTF implementation of strategy, people, processes, culture and structures during FY26/27.	- Single Pan BCU service models. - Evidence of sharing resources across geographies to meet population need. - Evidence of investing more in care closer to home.	- Improved service metrics (quality, experience and outcomes).

Operational Planning

D)Operational Planning

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Demand & Capacity Modelling	Basic demand and capacity work is undertaken and contains an appropriate level of detail to support service delivery	Demand and capacity planning undertaken at speciality level to support the design of current and future services. Data is more structured and used to inform service-level decisions	Robust and profiled projections of demand and capacity are used to inform the development of individual service plans, the Clinical Services Plan, and the IMTP. Planning is increasingly data-driven and cross-functional.	The organisation uses detailed and advanced modelling capability to support strategic planning. Demand and capacity modelling is embedded in the IMTP and informs transformation, workforce, and financial planning. Predictive analytics and AI tools support long-term planning.	Demand and capacity modelling including modelling projections is at the core of planning processes across the organisation. Predictive analytics and AI tools support long-term planning. Modelling triangulates resources, staff, finance and activity. It is able to undertake modelling at all levels of prevention and illustrates scenarios for improvement for the IMTP.
Clinical Leadership & Input	Clinical leads are identified and their roles are defined. Engagement is limited to basic consultation or information sharing	Clinical leads begin to inform service planning and contribute to performance improvement discussions. Their input is considered but not yet central.	Clinical leads are embedded early in the planning cycle to ensure that service design is clinically credible and patient-centred. Clinical leads co-produce plans and provide leadership in development processes. Their involvement is structured and increasingly strategic.	Clinical leadership is embedded in operational planning. Clinical teams actively shape service direction in alignment contributing to future direction services in line with clinical services plan.	Clinical leadership sits at the heart of planning and performance with a strong focus on quality and improvement. Clinical leaders co-produce plans and drive the future direction of plans through developing a culture of quality, innovation, and continuous improvement, fostering deep engagement and ownership across clinical teams.
Planning Process	Organisation has basic operational plans and planning process in place.	Operational plans are regularly reviewed and remedial action undertaken.	Operational plans have robust triangulation and modelling of plans based on a clear and consistent approach to demand and capacity modelling across the organisation	Coherent aligned and triangulated plans with clear links to CSS and CSP, including, with staff owning, adapting, acting on and learning from variation and inequity.	Operational plans are fully aligned and integrated into the development of IMTP and CSP. Staff own the process and act on opportunities and learning to improve holistic service provision and patient experience.

Operational Planning Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Demand & Capacity Modelling	2	- Demand and capacity modelling used within last year's IMTP cycle. - Demand and capacity work from 25/26 in year Planned Care delivery and outsourcing.	- Basic demand and capacity modelling is undertaken that generates activity profiles and performance trajectories, particularly in Planned Care Specialties. - Further development is required in order to undertake this work consistently across the organisation as an integral part of individual service plans that fully integrate with workforce and financial modelling.
Clinical Leadership & Input	2	- Challenged Services improvement plans and associated Welsh Government meetings. - Appointment of a substantive Executive Medical Director.	- Clinical leadership has been improved over the last 12 months with key roles filled and where that hasn't been possible a good working relationship across the region. Whilst there is further to go, this can be evidenced through the Challenged Services plans that have been clinically led (including a number of workshops) and the associated WG meetings that are now led by clinical and operational teams. - The Special Measures Challenged Services improvement plans and associated Welsh Government meetings have had clinical leadership and engagement at the heart of the work. - Appointment of a substantive Executive Medical Director is an important milestone. - There are however gaps that need to be closed and support required to ensure a consistent standard of quality clinical leadership across the organisation.
Planning Process	2	- IHC planning cycle process / governance documentation. - Example of service accountability review. - Central IHC launch event materials as an example.	- There is an established planning cycle for operational planning within the divisions, including annual launch events in some areas. - Regular accountability reviews held within some services where delivery against operational plans are discussed, risks and issues raised and any escalations identified. - More work required to better integration operational and strategic planning.

Overall Judged Score	2		- With the positive trajectory of work to improve Clinical Leadership and input, enabled by the recent substantive Executive Medical Director appointment, overall this area feels like it is in the level 2 'early progress' stage of development. More work to do consistent and integrated demand and capacity modelling.
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Operational Planning Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Demand & Capacity Modelling	2	3	- Develop and implement a consistent approach to holistic demand and capacity modelling that feeds activity, performance, workforce and financial plans – ensuring they are all properly interlinked. - Use demand and capacity modelling to inform individual service plans, the CSP and the IMTP.	- Develop a consistent approach by end of Q4 FY25/26. - Implement the consistent approach within the 26-29 IMTP cycle by end of Q4 FY25/26.	- Consistent holistic approach to demand and capacity modelling. - 26-29 IMTP cycle submission - highlighting how it has informed service level decisions.	- More accurate forecasting of activity, performance, workforce and finance.
Clinical Leadership & Input	2	3	- Close gaps in clinical leadership through creation a Clinical Leadership Development offering to support current and build a future pipeline of clinical leaders.	- Close gaps in current clinical leadership by end of Q2 FY26/27 (taking into account FFTF timelines). - Create and implement a Clinical Leadership Development offering by end Q1 FY26/27.	- List of gaps in Clinical Leadership vs baseline from October 2025. - Clinical Leadership Development offering.	- Reduction in gaps of Clinical Leadership roles.
Planning Process	2	3	- Develop and communicate guidance, access to data and tools to support operational planning to utilise demand and capacity modelling consistently.	- Develop and communicate support as part of 26-29 IMTP cycle by end of Q4 FY25/26.	- Guidance, access to data and tools communicated.	- More accurate forecasting of activity, performance, workforce and finance.

E) Best Practice Approach to Improvement

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Engagement	Engagement is minimal and reactive. Feedback is collected from patients and staff, but there is no structured approach to measuring the effectiveness of engagement activities or approach. Insights are rarely used to inform decision-making.	The organisation has a visible commitment to best practice, supported by training and an improvement strategy. Engagement with national programmes is active, and structured methods for collecting feedback and measuring impact are in place, though not yet fully embedded.	Organisation is developing an engagement strategy/plan and is proactive in identifying and learning from best practice in engagement to ensure voices are captured from all stakeholders especially clinical, minority and diverse voices.	Engagement is embedded across all organisational activities—planned and unplanned. The engagement strategy ensures robust inclusion of diverse and clinical voices, supported by strong data collection and analysis. Feedback directly informs action, driving continuous improvement.	Stakeholder engagement is transformational—co-designed and co-led by patients, staff, and communities. Real-time feedback tools enable adaptive responses, while inclusive practices ensure diverse voices shape decisions. The organisation is nationally recognised for its leadership in engagement, with a clear link between stakeholder input and measurable improvements
Benchmarking	Organisation is beginning to explore value-based healthcare principles, but planning remains reactive and output-focused. Benchmarking is ad hoc, with limited structure or consistency. There is minimal understanding of how comparative data can drive improvement, and benchmarking is not yet linked to strategic goals.	Value-based planning is gaining traction, and regular benchmarking is conducted with other NHS organisations. The organisation begins to use structured benchmarking methods to identify best practice, though application is inconsistent. Staff awareness is growing, and benchmarking is starting to inform service reviews and improvement discussions.	Benchmarking processes are formalised, consistently applied, and span across Wales and the UK. The organisation uses comparative data to identify performance gaps and inform strategic planning. Benchmarking is aligned with value-based healthcare principles, and results are used to prioritise improvement initiatives. Staff are engaged in interpreting data and applying insights to their areas.	Benchmarking is fully integrated into planning and performance cycles. Staff across the organisation actively lead benchmarking and improvement initiatives, using data to drive decisions and measure impact. There is a strong culture of ownership and continuous learning. Benchmarking includes qualitative and quantitative measures, peer comparisons, and outcome-focused metrics aligned with patient value. Insights are shared across teams and used to scale best practice.	Demonstrates full integration of benchmarking and value-based planning across strategic, operational, and clinical areas. Advanced analytics, including predictive and real-time data, drive proactive improvements and innovation. Recognised as a leader in the NHS, the organisation shapes best practice while fostering a culture where staff lead continuous improvement and scalable innovation.
Governance	Governance arrangements are informal, fragmented, or unclear. Oversight of IMTP development is minimal, with limited	A governance structure has been established to provide direction and oversight for IMTP	A formal governance and accountability framework is in place for IMTP development and	Governance is embedded across the organisation, with a mature CSS and oversight mechanisms that are	Governance is fully integrated, agile, and strategically aligned across all levels. Oversight of the IMTP, CSS and CSP is co-produced with clinical leaders and stakeholders, supported by

	accountability, transparency, or alignment to strategic priorities. There is no structured process for risk management, stakeholder involvement, or performance monitoring.	development. Roles and responsibilities are defined, and basic reporting mechanisms are in place. There is growing awareness of the need for structured governance, but integration with programme-level planning and delivery is still emerging.	monitoring at programme level. IMTP and CSS/CSP governance is aligned with strategic objectives, includes defined escalation routes, and supports performance tracking. IMTP Governance is periodically tested for improvements.	reviewed annually for relevance and effectiveness. IMTP and CSS/CSP governance structures support cross-functional collaboration, robust data use, and continuous improvement. Governance is constantly and pro-actively tested for improvements.	real-time data, predictive analytics, and dynamic risk intelligence. IMTP/CSS/CSP governance structures are benchmarked against national best practice, continuously refined, and used to drive innovation, accountability, and system-wide impact. Decision-making is transparent, inclusive, and outcome-focused.
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Best Practice Approach to Improvement Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Engagement	2	- Recent Service Change in Tywyn and Penley community hospitals. - Example of Public Affairs engagement activity. - Recent 8th October strategy development event – voices of the community section. - On-going annual cycle of engagement e.g. AGM in community setting. - Board Citizen Experience report and stories at Board Meeting.	- The organisation has undertaken a lot of work in this space, with a much fuller annual cycle of proactive engagement. - Public affairs team are very active in this space. - Recent specific examples of strong engagement work on Tywyn and Penley community hospital service change. - The recent Strategy Event on the 8th October was another good example containing a voices of the community section. - The Board role model the importance of engagement via a standing item on citizen experience at Board meetings.
Benchmarking	2	- Value & Sustainability work in this space, in relation to areas like productivity, costings and clinical variation. - Work exploring where the organisation spends its entire budget includes comparative benchmarks. - Examples of benchmarking works from individual areas including impact on services and staff awareness.	- The work in the Value and Sustainability programmes is starting to make traction in this space across areas like productivity, costings and clinical variation. - There is work exploring where the organisation spends its entire budget that include comparative benchmarks against other Health Boards. - Benchmarking is undertaken in some areas, although more work is needed to make this activity more widespread, consistent and embedded in BAU planning.
Governance	3	- Integrated Planning Framework. - Quarterly Annual Delivery Plan (ADP) reporting - Annual IMTP development plan covering	- The organisation has an established IMTP and ADP development and reporting governance structure including roles and responsibilities, outlined in the Integrated Planning Framework. - Quarterly ADP reporting is in place and established via Exec Committee, PPHP and Board. - There is an established annual IMTP development plan covering engagement via key stakeholder governance.
Overall Judged Score	3		- The governance element of this domain is particularly strong and engagement is nearly at a 3, leading to an overall judged score of 3 'initial results' feeling appropriate.

Best Practice Approach to Improvement Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Engagement	2	3	- Develop and implement an engagement approach that ensures that voices are captured from all stakeholders especially clinical, minority and diverse voices. Use learning from the current approach and others to find new ways to engage.	- Develop and implement an engagement approach by end Q2 FY26/27.	- Engagement approach.	- Quantity and quality of engagement insights available to inform decision making.
Benchmarking	2	3	- Formalise an organisational approach to benchmarking as part of the Integrated Planning Framework and supporting processes, that spans Wales and the UK, aligns to VBHC principles and enables prioritisation. Ensuring that service reviews have benchmarking embedded and awareness across the organisation continues to grow.	- Updated Integrated Planning Framework by end Q3 FY25/26. - Utilise benchmarking as part of the 26-29 IMTP cycle.	- Updated Integrated Planning Framework. - 26-29 IMTP cycle work that includes benchmarking information and interpretation.	- Increased adoption of good practice and resultant performance improvements.
Governance	3	4	- Continue to embed a governance and accountability framework for programmes, IMTP and CSP as the CSP comes into place, ensuring it is regularly proactively tested for improvements, including learning from others.	- Apply governance and accountability framework to CSP as it comes into place during FY26/27. - Test IMTP governance as part of annual learning cycle by end of Q1 FY26/27.	- Integrated Planning Framework. - Output from 26-29 IMTP cycle learning.	- Improved governance and accountability arrangements leading to improved delivery of plans and their intended impacts.

Realistic & Deliverable

F) Realistic & Deliverable

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Risk Identification & Management	Risk identification and management are inconsistent and reactive. Risks to IMTP delivery are not systematically captured or monitored. There is limited ownership or visibility of delivery risks.	A formal risk management process exists and is applied to IMTP delivery at a high level. Risks are identified at the planning stage and tracked through basic registers and reviewed periodically. Ownership is clearer, but integration with delivery assurance is limited. Escalation processes in place but not always followed.	Risk identification and management are embedded in IMTP development and delivery processes. Risks are identified early and linked to specific objectives, milestones, and outcomes. Controls are monitored, and mitigation actions are tracked. Risk registers are dynamic and inform delivery with clear ownership.	Risk management is proactive, strategic, and forward-looking with an agreed and clear risk appetite. Risks are anticipated and identified through horizon scanning, sensitivity analysis and scenario planning. The organisation adapts delivery plans in response to emerging risks with regular reviews. Lessons learnt informs future IMTP cycles.	Risk management is fully embedded across the organisation and system partners and is triangulated across workforce, finance, digital and clinical lenses. It is predictive, real-time, and continuously informs IMTP delivery through live dashboards and predictive analysis. The organisation leads in using risk intelligence to drive improvement, resilience, and transformation. The organisation operates continuous learning and is recognised for excellence in risk-informed delivery assurance.
Development of IMTP and track record	The organisation has a track record of submitting annual plans that do not meet the requirements of the planning framework, Cabinet Secretary expectations or provide a financially balanced plan over 3 years. Planning is largely operational and short-term, with limited strategic integration and has limited clinical or financial planning alignment and limited stakeholder engagement.	The organisation consistently develops robust annual plans that build assurance as a key step toward an approvable IMTP. Plans begin to reflect medium term priorities, include a finance and delivery framework, and show early signs of strategic alignment including financial forecasts and delivery milestones.	The organisation has developed an approvable, outcomes-focused IMTP that reflects strategic priorities, enabling plans and clinical service plans. A robust 3-year sustainable financial plan is included, with clear links to service transformation (with milestones and timelines) with clearly articulated risks and mitigations.	The organisation has a history of submitting high quality IMTP's that are strategically integrated and includes a comprehensive delivery and assurance framework. It demonstrates alignment across all enabling strategies and is informed by detailed modelling, population health intelligence, and with significant stakeholder input.	The organisation is recognised for excellence in IMTP delivery and assurance and has a long history of developing and submitting high quality IMTP's which surpass policy expectations and is recognised as a system-leading exemplar. It is co-produced and informed by detailed analysis and predictive tools to drive transformation across the health system, delivers the quadruple aim.
Monitoring and Delivery	Monitoring of annual plan or IMTP delivery is ad hoc and reactive and focused on immediate operational issues. There is limited visibility of progress, and reporting is inconsistent.	The organisation has a structured approach to monitoring annual plan or IMTP delivery with ownership of delivery emerging across services.	Monitoring of IMTP delivery is consistently seen as business as usual and integrated with performance management reviews and	IMTP delivery is monitored through a robust, outcome-focused framework which includes impact evaluation. The organisation adapts delivery plans based on	IMTP monitoring and delivery are embedded in real-time, system-wide performance and governance structures. The organisation demonstrates strategic leadership in delivery assurance, advanced triangulation, using predictive analytics, scenario planning, and co-

	Accountability is unclear and delivery risks are not systematically managed.	Key milestones and actions are tracked, and reporting mechanisms are in place through basic dashboards and reported to the Board regularly. Accountability is improving, but integration with performance and risk management is limited.	risk assurance processes. Progress is tracked against outcomes, and corrective actions are taken. Delivery is supported by enabling functions and aligned with strategic priorities. Delivery is starting to inform future planning.	performance insights, emerging risks, and system pressures. Staff are engaged in owning and delivering IMTP priorities.	produced improvement plans. Delivery is continuously optimised to achieve the quadruple aim. Continuous improvement cycles are embedded, with clear evidence of impact and the
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Realistic & Deliverable Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Risk Identification & Management	2	- Risk Management Framework. - Board Assurance Framework (BAF) and Corporate Risk Register (CRR). - Project and Programme Level risk registers. - Alignment between IMTP priorities and key organisational risks.	- The Risk Management Framework provides the formal risk management guidance. - The Board Assurance Framework (BAF) and Corporate Risk Register (CRR) are aligned to the IMTP and organisational strategic objectives. - Risks to individual project and programme delivery within the IMTP are tracked via their individual project/programme risk registers and governance. - More work to do to draw out risks to delivery and their mitigations in the IMTP document itself. This was part of Welsh Government feedback. - Key organisational risks drive the key priorities within the IMTP.
Development of IMTP and track record	1	- 25-28 IMTP - 25-28 IMTP Welsh Government Feedback	- The organisation hasn't had a great track record in submitting approvable IMTP or ADPs, apart from last year's financially balanced IMTP. - Good feedback was received from Welsh Government on last year's IMTP stating it showed significant progress and a strong foundation for future submissions. - Difficult to score above a 1 until more than one year track record is built up.
Monitoring and Delivery	2	- Integrated Planning Framework. - Quarterly Annual Delivery Plan (ADP) reporting. - Corporate Directorate Performance Reviews. - Operational unit service review examples.	- Monitoring of the IMTP is embedded into BAU processes. - Quarterly ADP reporting is in place and established via Exec Committee, PPHP and Board meetings. - Individual Executives report their performance against their ADP priorities via Corporate Directorate Performance Reviews held with the CEO and wider Executive. - Service reviews held against the operational delivery plans within the divisions. - More to do to integrate performance and risk into ADP quarterly reporting.

Overall Judged Score	2		- Given the progress made in risk management and early progress made in relation to building up more than just one year in terms of IMTP track record, level 2 'early progress' feels appropriate for this domain.
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Realistic & Deliverable Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Risk Identification & Management	2	3	- Update Integrated Planning Framework and underpinning processes to ensure that organisational risks are embedded within IMTP development and that risks to delivery are captured, monitored and mitigated through IMTP delivery.	- Updated Integrated Planning Framework by end of Q3 FY25/26. - 26-29 IMTP cycle to include organisational risks as a driver for planning and capturing risks to delivery and mitigations within the plan.	- Updated Integrated Planning Framework. - 26-29 IMTP submission highlighting organisational risks and risks to delivery and their mitigations.	- Improvements in reduction of organisational risk scores.
Development of IMTP and track record	1	3	- Develop an approvable outcomes focused financially balanced IMTP.	- Submission of 26-29 IMTP to WG by end Q4 FY25/26.	- 26-29 IMTP submission. - 26-29 IMTP response from WG.	- Improved value (outcomes, experience and cost) for the population.
Monitoring and Delivery	2	3	- Integrate IMTP delivery into performance reviews and risk assurance processes across the organisation. - Track progress of IMTP delivery against outcomes with any corrective action put into place in year or through future plans. - Undertake an annual reflection and learning exercise post submission of the IMTP to ensure the process is tested against the WG planning framework expectations	- Updated Integrated Planning Framework by end of Q3 FY25/26. - Updated Integrated Performance Framework by end of Q1 FY26/27. - Updated Risk Management Framework by end of Q1 FY26/27. - Annual IMTP process reflection and learning exercise by end of Q1 FY26/27.	- Updated Integrated Planning Framework. - Updated Integrated Performance Framework. - Updated Risk Management Framework. - Output of annual IMTP process reflection and learning exercise.	- Improved delivery of IMTP.

Teitl adroddiad: Report title:	Tywyn Community Hospital
Adrodd i: Report to:	Health Board
Dyddiad y Cyfarfod: Date of Meeting:	27 th November 2025
Crynodeb Gweithredol: Executive Summary:	This paper sets out the current position and recommended next steps for the service change process at Tywyn Community Hospital. The temporary closure of Dyfi Ward in April 2023, due to workforce shortages and reliance on agency staff, triggered a review of sustainable service options for the hospital. Tywyn serves a rural population with significant complex care needs, making access to local services critical. Since the closure, new services have been introduced, including expanded inpatient capacity at Dolgellau Hospital, the Tuag Adref community service, a treatment room, a reopened Minor Injuries Unit, and a Wellbeing Hub. Despite recruitment efforts, reopening the inpatient ward remains challenging due to workforce resilience and sustainability concerns. Two stakeholder "Balanced Room" sessions were held to co-design and appraise options. Five options were initially considered, and following weighted scoring against agreed criteria, three were shortlisted: maintaining current services without beds, developing Tywyn as a community health hub, and using Dyfi Ward as a day treatment centre alongside community-based provision. Options to reopen inpatient beds were not prioritised due to sustainability and workforce risks. Llais has advised that the absence of inpatient beds in the shortlisted options constitutes a substantial service change, requiring formal public consultation under Welsh Government guidance. Given the pre-election period, this consultation cannot commence until after the May 2026 elections. Preparatory work, including engagement, impact assessments, and development of consultation materials, will be undertaken in the interim. The Board is asked to note the shortlisted options and approve the recommendation to proceed with a formal consultation on the future of services at Tywyn Community Hospital following the Senedd Elections.
Argymhellion: Recommendations:	The Board is asked to: ▪ NOTE the short-listed options, which will come to a subsequent Board for approval following further more detailed work.

	APPROVE the recommendation to undertake a formal consultation on the future of services delivered from Tywyn Community Hospital post the Senedd Elections in May.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel, Interim Executive Director of Transformation & Strategic Planning.			
Awdur yr Adroddiad: <i>Report Author:</i>	Paolo Tardivel, Interim Executive Director of Transformation & Strategic Planning.			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☒	I Benderfynu arno <i>For Decision</i> ☒	Am sicrwydd <i>For Assurance</i> ☐	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> ☐ 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> ☐ 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> ☐ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		This work aligns to Strategic Objective 4 – Improving quality, outcomes and experience.		

Goblygiadau rheoleiddio a lleol:
Regulatory and legal implications:

Service Change Section 183 of the National Health Service (Wales) Act 2006 requires Health Boards with regard to services they provide or procure, to make arrangements to involve and consult current and prospective service users, or their representatives on:

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

All change must be completed in line with Welsh Government guidance "How to make changes to health services: guidance for NHS organisations" and be mindful of representations made by Llais (the Citizen Voice Body established by the Welsh Government under section 15(4) of the Health and Social Services (Quality and Engagement) (Wales) Act 2020)

When undertaking service change, NHS organisations must also fulfil their statutory duties as described within the:

- Gunning Principles
- Public Sector Equality Duty under the Equality Act 2010
- Socio Economic Duty under the Equality Act 2010
- Welsh Language standards
- Duty of Quality (Health and Social Care (Quality and Engagement) Act 2020
- Governance and Protocol Adherence
- The NHS Finance (Wales) Act 2014
- The Social Services and Well-being (Wales) Act 2014
- The Well-being of Future Generations (Wales) Act 2015

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>	A 'draft in development' EQIA has been prepared which will continue to be updated and finalised for the public engagement activity. The Equalities Team are supporting this work, with additional support from the strategic advisory team. This is currently being updated based on the learning from engagement activity to date.
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>	A 'draft in development' SEIA has been prepared which will continue to be updated and finalised for the public engagement activity. The Equalities Team are supporting this work with additional support from the strategic advisory team. This is currently being updated based on the learning from engagement activity to date.
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 requirements for lawful public engagement and consultation.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Costs associated with: • Specialist Engagement Advisory Support. • Specialist Co-ordination and Management Support. • Analysis of engagement feedback. • Design of materials. • Easy Read version of Issues Paper. • BSL version of Issues paper. • Costs associated with holding engagement events e.g. venue, refreshments, travel, and specialist support; varies by location.

	• PO Box for survey returns. •
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	It is recognised that staff who were substantively employed prior to the temporary closure of in-patient beds at both Tywyn Community Hospital have and continue to face uncertainty whilst the service review is on-going. The West Integrated Health Community team hold regular meetings with staff and 'staff engagement' is a fixed agenda item at each meeting of the Oversight Group.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	An Engagement and Communications Plan has been prepared and shared with Llais. The plan was signed off by the Oversight Group in September. A summary of the outcomes of Balanced Room 2 at Tywyn (16/10/25) have been developed and are subject to approval.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	The temporary service change at Tywyn Community Hospital relates to the following corporate risk: CRR24-19: Community Care Provision: There is a risk that the Health Board may not be able to provide safe, effective and timely care to patients in the community, and the Health Board not fully meeting its obligation to commission and provide accessible and high-quality community care, Discharge to Recover and Assess (D2RA), Care Home support services and Continuing Health Care (CHC) services.
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/Next Steps: Progression of the next steps outlined in the paper
Rhestr o Atodiadau: List of Appendices: Not applicable

Tywyn Community Hospital

This paper sets out the current position and recommended next steps for the service change process at Tywyn Community Hospital. The temporary closure of Dyfi Ward in April 2023, due to workforce shortages and reliance on agency staff, triggered a review of sustainable service options for the hospital. Tywyn serves a rural population with significant complex care needs, making access to local services critical.

■ Background

Recruitment and retention difficulties have significantly affected the ability to deliver safe inpatient care at Tywyn Community Hospital, leading to the temporary closure of Dyfi Ward in April 2023. Despite multiple recruitment campaigns, reliance on agency staff remained high, making the ward unsustainable.

Tywyn's rural location in South Gwynedd makes healthcare access challenging for the local community. Tywyn Community Hospital delivers a comprehensive range of community healthcare services, including outpatient care, minor injury management, and rehabilitation support. Before its temporary closure, the facility maintained a 10-bed inpatient ward offering ongoing care for patients who did not require admission to an acute hospital but were not yet ready for home-based care.

The hospital serves an ageing population, with over a third of residents aged 65 or older and many requiring complex care. This has increased demand for rehabilitation, mental health, and end-of-life services.

Actions taken to mitigate this temporary closure include:

- Expansion of inpatient bed capacity at Dolgellau Hospital from 14 to 18 beds.
- Redeployment of staff to the newly established Tuag Adref (Homeward Bound) community service, designed to provide support and prevent discharge delays for patients awaiting care packages at home.
- Establishment of a new Treatment Room to deliver wound care, phlebotomy services, and catheter management.
- Reopening of the Minor Injuries Unit, which now operates five days per week.
- Introduction of a Wellbeing Hub to promote health and facilitate community engagement.

Although there has been a successful recruitment drive since the temporary closure in 2023, workforce skill mix, retention, and resilience still prevent safe and sustainable ward reopening without affecting other hospital services.

■ Co-designing potential options for sustainable services

After community engagement shaped the approach, two full-day sessions were held with stakeholders to develop and assess options, ensuring a balanced representation of Health Board and stakeholder perspectives. Participants included community and county councillors, representatives of local community groups, Tywyn Hospital Action Group and Llais. The first Balanced Room was held in September and the second in October 2025.

Working collectively the participants in Balanced Room 1 produced a medium list of five options:

- Option A:** ■ Reopen the ward as it was in 2023, without 'new services'
- Option B:** ■ Maintain the current position of no beds plus 'new services'
- Option C:** ■ Use Dyfi ward as a day treatment centre.
 - Provision of beds for Tywyn by nursing and residential homes (including end-of-life beds)
 - Develop Tywyn as a hub for community services (without beds) building on existing service provision (including end-of-life at home)
- Option D:** ■ Maintain the current position of no beds plus 'new services.'
 - Use Dyfi ward as a day treatment centre.
 - Provision of beds for Tywyn by nursing and residential homes (including end-of-life beds)
 - Develop Tywyn as a hub for community services (without beds) building on existing service provision (including end-of-life at home)
- Option E:** ■ Use the ward as a reablement facility

Balanced Room 2's goal was to:

- Develop desirable criteria for assessing these options.
- Weight and score the criteria.
- Use those to agree a shortlist of viable options.

In Balanced Room 2, fourteen scoring members from community participants, BCUHB staff, and stakeholder groups took part in small-group and plenary discussions focused on staffing, access, community needs, and service design. Together, they identified five key criteria.

- 1) Meeting local population health needs and enabling care closer to home
- 2) Staff development, wellbeing, and service sustainability
- 3) Integrated care and system-wide collaboration
- 4) Reducing travel burden for patients, staff and carers
- 5) Community engagement and co-production

Participants gave the highest weight to meeting population health needs (21.8%) and the lowest to travel reduction (18.5%). Through open discussion and individual scoring, consensus emerged to

shortlist Options B, C, and D, and not to proceed with Options A and E (both bedded options) at this stage.

- **Options B, C, and D** best met the desirable criteria, especially sustainability, workforce feasibility, and access to local care. It was also noted that these options would benefit a greater proportion of the community.
- **Option A (reopening the 24/7 ward)** didn't score highly due to poor sustainability, and limited community benefit in comparison with the new services.
- **Option E (reablement beds)** was dropped because the option didn't articulate sufficient benefit and because it would close valuable new services.

Option D scored highest overall, reflecting strong support on the day for developing Tywyn Hospital as a comprehensive community health hub rather than reinstating inpatient beds. Whilst re-opening the beds at Tywyn has not been completely ruled out at this time, the two options in which this feature have not been prioritised for further consideration.

▪ Llais representation on the process so far

Llais informed the Health Board that as none of the three shortlisted options contain inpatient beds, that this would constitute a substantial service change and therefore would require a formal consultation. Their view is based on section 5 of the Welsh Government guidance (link [here](#)) which relates to a small number of patients with a large impact and highly sensitive issues within the local population. Llais are concerned that there is insufficient time to do the necessary work required to support a consultation of this nature prior to the May Senedd election pre-election period.

Under the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the Health Board must have due regard to representations made by Llais relating to service change (summarised on page 2 point 8 in the statutory guidance [here](#)).

▪ Delivering sustainable solutions

If the Board decides to consult on the service changes at Tywyn Community Hospital following Llais' advice, the process will include:

- By Christmas 2025: Engage the community to discuss prioritised options, strengths, improvements, gaps, and other input.
- After Christmas: Analyse engagement feedback and prepare a post-engagement report.
- Include findings in the report, and create all required documents for major NHS changes in Wales, ensuring compliance with Welsh Government guidance (link [here](#)), Llais protocol, and statutory duties:
 - **Consultation Document:** Bilingual, clear case for change, options, impacts, benefits, risks, accessible formats.
 - **Engagement Summary:** Overview of pre-consultation activities and stakeholder feedback.

- **Impact Assessments:** Cover equality, Welsh language, quality, and mitigation.
- **Options & Evidence:** Present all appraised options with data and stakeholder input.
- **Communications Plan:** Inclusive, bilingual, multi-channel, and scheduled engagement.
- **Compliance & Governance:** Meet Gunning Principles (link [here](#)), document Llais involvement, secure Board approvals, provide training for conscientious consideration.
- Develop a full schedule of consultation events, including senior clinical representation where appropriate.
- After May elections: Launch a formal public consultation.
- Post-consultation: Gather evidence, produce a final report, and allow the Board sufficient time for review before making a decision about Tywyn's services.

An external advisory group is being established that will include Llais and key community stakeholders.

▪ Financial implications

The temporary closure of Dyfi Ward and subsequent service reconfiguration have created notable financial pressures. Prior reliance on agency staff significantly increased workforce costs, and ongoing recruitment and retention initiatives require sustained investment. Additional expenditure has been incurred through the expansion of inpatient capacity at Dolgellau Hospital, the establishment of the *Tuag Adref* service, and the development of new facilities such as the Treatment Room and Wellbeing Hub. While these measures support patient flow and community care, delays in reopening Dyfi Ward risk further inefficiencies and potential cost escalation in acute settings. Long-term financial sustainability will depend on achieving a resilient workforce and balancing short-term mitigation costs with the benefits of integrated care models for an ageing population.

▪ Workforce implications

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

▪ Recommendations

The Board is asked to:

- **NOTE** the short-listed options, which will come to a subsequent Board for approval following further more detailed work.
- **APPROVE** the recommendation to undertake a formal consultation on the future of services delivered from Tywyn Community Hospital post the Senedd Elections in May.

Teitl adroddiad: <i>Report title:</i>	Health and Well-Being Centres/Hubs: Strategic Approach
Adrodd i: <i>Report to:</i>	Health Board
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	27th November 2025
Crynodeb Gweithredol: <i>Executive Summary:</i>	Executive Summary North Wales faces significant health challenges: falling healthy life expectancy, rising long-term conditions, and persistent health inequalities. People are living longer, often in poor health, and many communities struggle to access high-quality care. Health and Well-Being Hubs offer a solution. These hubs will bring together health, social care, and wellbeing services under one roof, making care more accessible, integrated, and proactive. They will help shift care closer to home, reduce pressure on hospitals, and support prevention and early intervention. This paper sets out a strategic approach for developing these hubs, aligning with Welsh Government's <i>A Healthier Wales</i> vision and our own 10-Year Strategy and Clinical Services Plan. It moves beyond individual projects to consider how hubs fit into a wider model of care for North Wales.
	Why This Matters • Population Need: ○ Life expectancy has stalled; healthy life expectancy has fallen. ○ More people will live 20+ years in poor health. ○ Health inequalities remain stark, especially in deprived and rural areas. • Case for Change: ○ One in five people in North Wales has a long-term condition. ○ Current models of care are unsustainable. ○ We need integrated, community-based solutions that address both medical and social needs.
	What Are Health and Well-Being Hubs? Hubs are modern, multi-agency facilities that provide: • Primary and community health services (e.g., GP, nursing, diagnostics) • Social care and wellbeing support (e.g., housing advice, social prescribing) • Opportunities for prevention and early intervention Benefits include: • Improved access and equity • Reduced hospital admissions • Better patient experience • Stronger workforce morale • Community regeneration

	Current Position Several hub projects are already in development, including Bangor, Holyhead, Caledfryn (Denbigh), and Royal Alexandra (Rhyl). However: • Progress has been uneven and siloed. • Funding constraints require prioritisation. • Strategic alignment with population need must improve.
	Strategic Approach • Manage all hub projects as a single programme with one Senior Responsible Officer. • Align hub locations and services with population health data and deprivation indices. • Integrate hubs with other assets (e.g., community hospitals) and digital care solutions. • Ensure governance through the Strategic Planning and Service Change Group. • Build hubs as part of a whole-system approach to primary and community care.
	Recommendations for the Board The Board is asked to: 1. Endorse the strategic approach to Health and Well-Being Hubs across North Wales. 2. Support further work to assess population need and optimal hub locations. 3. Note the importance of integrating hubs into the wider 10-Year Strategy and Clinical Services Plan.
	Next Steps • Confirm governance and leadership arrangements. • Review current schemes against population need. • Develop outcome metrics to measure impact on health inequalities and service access. • Engage communities in co-design and evaluation.
	In Summary Health and Well-Being Hubs are not just buildings—they are a cornerstone of a new model of care for North Wales. They will help us deliver care closer to home, tackle health inequalities, and create healthier, more resilient communities.
Argymhellion: <i>Recommendations:</i>	The Board is asked to: • DISCUSS and ENDORSE the Strategic Approach to Health and Wellbeing Centres/Hubs across North Wales; • SUPPORT further work as part of the development of the Strategic Intent, 10-years Strategy and Clinical Services Plan for a comprehensive assessment of need for further Health and Wellbeing Centres/Hubs, to include the considerations from the emergent 'Community by Design' work across Wales.
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)

Awdur yr Adroddiad: <i>Report Author:</i>	Geraint Parry, Assistant Director of Transformation (Interim)			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☒	I Benderfynu arno <i>For Decision</i> ☒		Am sicrwydd <i>For Assurance</i> ☐
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> ☐ 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> ☐ 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> ☐ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>			Not applicable	
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>			Not applicable	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>			Not applicable	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>			Not applicable	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>			Not applicable	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>			Not applicable	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>			Not applicable	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>			Not applicable	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)			Not applicable	

Links to BAF risks: (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf / Next Steps: Implementation of recommendations	
Rhestr o Atodiadau / List of Appendices: Appendix 1: Current Prioritisation	

1. Introduction and Background

North Wales is at a critical juncture in health and care delivery. The population is ageing, healthy life expectancy is falling, and health inequalities remain entrenched. People are living longer, often with multiple long-term conditions, and many communities—particularly those in rural and deprived areas—struggle to access timely, high-quality care.

Health and Well-Being Hubs offer a transformative solution. These hubs will bring together health, social care, and wellbeing services in modern, integrated facilities, enabling care closer to home, reducing pressure on hospitals, and supporting prevention and early intervention.

This paper sets out a **strategic approach** for developing these hubs, aligned with Welsh Government's *A Healthier Wales* vision and the Health Board's own developing 10-Year Strategy and Clinical Services Plan. It moves beyond individual projects to consider how hubs fit into a wider model of care for North Wales.

2. Strategic Context

A Healthier Wales remains the extant national strategy and a refreshed set of actions were agreed in 2024. This includes a clear focus on preventing the onset of poor health for individuals and within communities, and intervening early when disease occurs. Key to achieving this will be continuing to implement an integrated community care system that delivers seamless place-based care, planned and delivered around the needs of individuals and groups of people.

Health and Well-Being Hubs are a key part of the solution to delivering place-based care with partners in line with national strategy and are a key component in realising the overall vision. This works on a principle of taking a community by design approach to developing services and infrastructure to deliver strengthened, proactive, innovative primary and community care will be a key enabler. This ethos will also align with emerging national programmes.

Across North Wales there is a need to develop a sustainable model of care to ensure the health and well-being needs of the population are met, taking account of the key challenges and opportunities over the next 10 years. The strategic focus will be on the approach to using the resources available to best deliver services that match the needs of the population. At an operational level this requires an evolution of clinical services to deliver the strategy in a safe and sustainable way.

The Health Board is currently developing a new 10-year Strategy and Clinical Services Plan. However, in the last decade a number of proposals for Health and Well-Being hubs have developed, and are at different stages, and these have not benefited from an up-to-date strategic direction.

The implementation of these hubs also presents a strategic opportunity to support more people in their community with the added benefit of reducing pressure on acute hospitals, aligning with the Health Board's goals to improve access. These also play a role in enhancing sustainability, alongside national priorities around decarbonisation, digital transformation, and community regeneration. Integrated working between Health Boards, Local Authorities, Housing Associations and the Third Sector is also a key theme of the approach, responding to evolving demographics and societal trends.

It is important to note that the implementation of these hubs do not represent a discrete solution and need to be considered as part of a broader solution to strengthening primary and community care. Other opportunities that need to be considered at the same time are Breathlessness pathways and hubs, community based integrated Diabetes services, enhanced palliative care and stepped care solutions for Mental Health System Transformation. The development of a Women's Health Hub is a key consideration and overall, it is important that all these programmes of work build upon local systems of care and create connected solutions for each community.

■ 3. Strategic Intent

The Welsh Government **strategic intent** in relation to integrated community care services and specifically health and wellbeing hubs focuses on transforming health and social care delivery in Wales through integrated, sustainable, and equitable models, with the following aims:

1. Integration of Services

- Move away from fragmented care toward co-located, multi-disciplinary hubs that provide a “no wrong door” approach.
- Align with the Primary Care Model for Wales, ensuring easier access and continuity of care for citizens.

2. Rebalancing the Care Market

- Reduce reliance on for-profit providers in adult residential care.
- Strengthen local authority and not-for-profit capacity, promoting social value and community benefit.
- Encourage ethical commissioning and procurement practices.

3. Children's Care Reform

- Eliminate profit from children's residential care by 2030, ensuring care is driven by outcomes, not financial gain.
- Expand local authority and third-sector provision to meet demand sustainably.

4. Long-Term Planning

- Require 10-year Strategic Capital Plans from Regional Partnership Boards (RPBs) to ensure alignment with population needs, decarbonisation targets, and workforce planning.
- Embed Net Zero principles and BREEAM standards in all capital projects.

5. System-Wide Collaboration

- Foster partnerships across health, housing, education, and voluntary sectors.
- Use capital investment as a lever for service transformation, not just infrastructure development.

6. Outcome-Focused Investment

- Link funding to measurable improvements in well-being, independence, and community resilience.
- Ensure monitoring and reporting against national outcomes to demonstrate impact.

The Welsh Government intends Integrated Health and Wellbeing Hubs to improve service access in several key ways:

1. Single Point of Access

- Hubs bring multiple services—primary care, social care, mental health, housing support—under one roof.
- Citizens no longer need to navigate separate systems; they can access a range of support through a “no wrong door” approach.

2. Co-location of Professionals

- Multi-disciplinary teams work together in the same space, enabling faster referrals, joint assessments, and coordinated care plans.
- Reduces duplication and delays that often occur when services are siloed.

3. Community-Based and Local

- Hubs are designed to be close to where people live, reducing travel barriers and improving convenience.
- Encourages early intervention and preventative care by making services more approachable.

4. Digital and Physical Integration

- Many hubs include digital access points for virtual consultations and self-service tools.
- Supports blended models of care, especially for rural or hard-to-reach populations.

5. Holistic Support

- By integrating health, social care, and sometimes housing or employment advice, hubs address multiple needs in one visit.
- Improves outcomes by tackling social determinants of health alongside clinical care.

6. Consistency and Continuity

- Citizens experience consistent care pathways, reducing the risk of being “lost in the system.”
- Builds trust and familiarity with local services.

There are three major Welsh Government funds that currently underpin the delivery of the policy of Integrated Community Care Services, including Health and Wellbeing Hubs:

1. Housing with Care Fund (HCF)

- £60.5m annually (2022–2025).
- Provides housing solutions for vulnerable groups (older people, children with complex needs, learning disabilities, unpaid carers).
- Includes extra care housing, supported living, and transitional accommodation.

2. Integration and Rebalancing Capital Fund (IRCF)

- £70m annually (2022–2027).
- Develops integrated health and social care hubs and rebalances adult residential care towards not-for-profit provision.
- Supports elimination of profit in children’s residential care.

3. Regional Integration Fund (RIF)

- £146.2m annually (2022–2027).
- Builds six national models of integrated care:
 - Prevention & community coordination
 - Complex care closer to home
 - Emotional health & wellbeing
 - Supporting families & therapeutic care for children
 - Home from hospital
 - Accommodation-based solutions

The Regional Partnership Board oversees the development of proposals that meet specific criteria, however it is important to note that there is no regional allocation for these developments and business cases are assessed individually by the Welsh Government.

4. Population Need - North Wales

Within North Wales there is an ageing population with significant projected growth in the number of people aged 65 and over and aged 85 and over within the next 10-15 years. Life expectancy has stalled in North Wales and Healthy Life Expectancy has fallen in many parts of the region; this means that people can expect to live 20 years in poor health (see figure below)

Life Expectancy and Healthy Life Expectancy in North Wales



Additionally, health inequalities persist in North Wales and those living in the most disadvantaged communities have a shorter life expectancy, with over 10 more years in poorer health (See figure below)



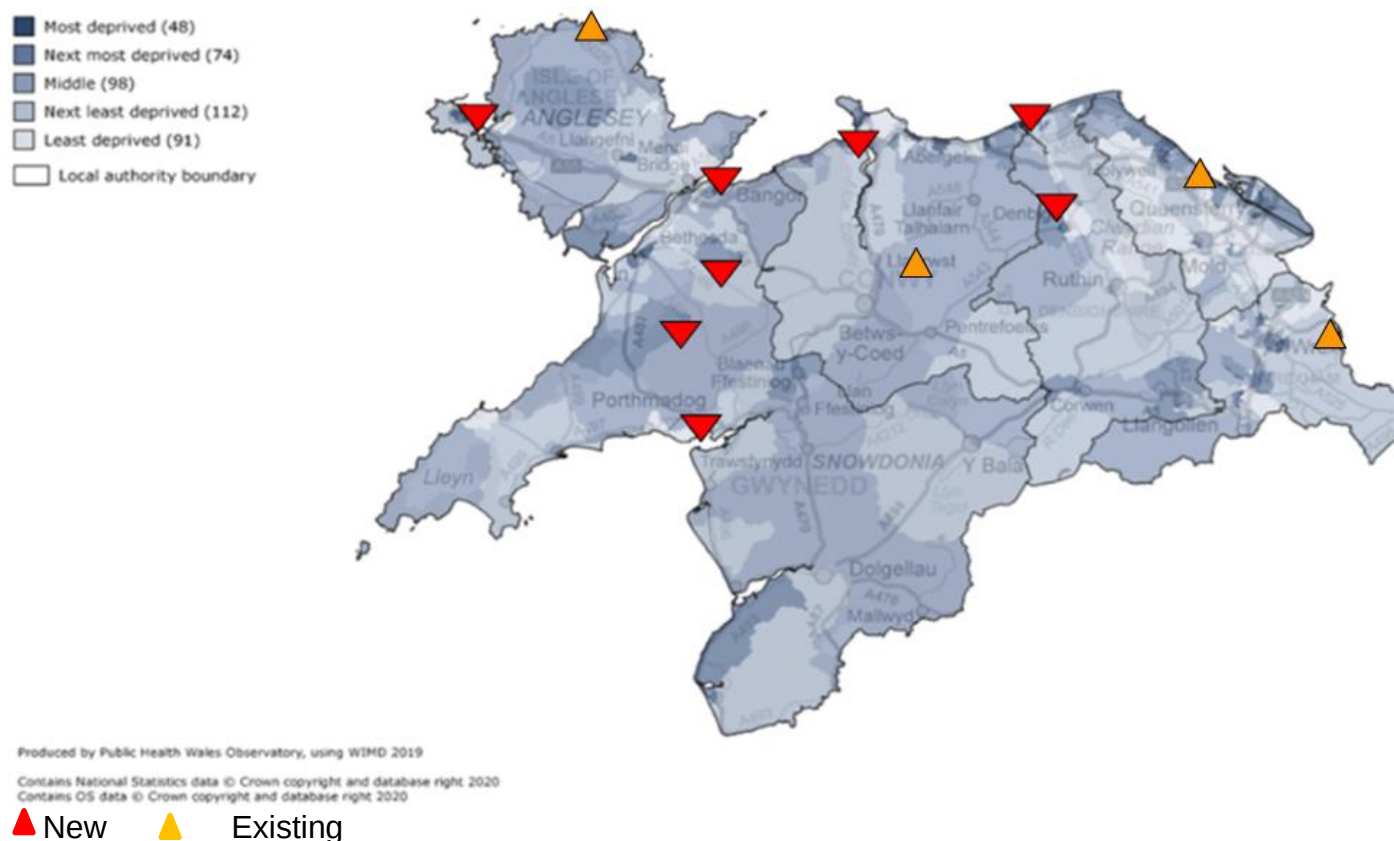
Therefore, there are more people living longer, in poor health, with increases in the number of people living with multiple long-term conditions and requiring different approaches to health care delivery. The development of Health and Well-being hubs offers a potential vehicle for the transformation of health and care delivery within North Wales, however in order to ensure that the greatest value is secured from their implementation it is vital that they are located in the areas of deprivation and support equity of access to high quality services.

Health Inequalities

Across North Wales, there are entrenched inequalities in access, experience and outcomes for some groups. Those belonging to vulnerable groups (such as people experiencing homelessness, Gypsy, Roma, Traveller communities, and people with learning disabilities) are least likely to access

healthcare services. The Inverse Care Law is also evident across primary and community services – whereby despite the greater need experienced within areas with higher levels of deprivation, there is poorer availability of good quality healthcare services. Additionally, rural inequalities exist across North Wales, with reduced service access through lack of provision and transport routes dependent on car ownership.

Whilst the hubs offer the opportunity to deliver care closer to home, and improve access to healthcare services for many people living in North Wales, it is recognised that the proposed locations of the hubs are not all concentrated in areas of greatest deprivation.



Despite these challenges, hubs enable delivery of care closer to home, and offer the opportunity to develop a more holistic model of healthcare delivery, and mitigation around health inequalities must be built into the design, planning and evaluation for each hub, and strategically on a regional footprint. Additionally, when considering location it is vital to take into account which citizens are most likely to use them, which could include frail elderly patients from less deprived areas who are living with long-term conditions, and the use of census data will be a vital component in supporting decision making.

This should incorporate an evaluation where benefits can be maximised through the completion of a health impact assessment for the Hub areas once there is confirmation of go-ahead. This should include both quantitative and qualitative elements, so that population needs are viewed from both a data and evidence perspective and through co-production and inclusive involvement of the population served. Impacts should include reducing health inequalities, for example through ensuring that access is proportional to needs and fully takes in to account barriers to access and potential for unwarranted variation in outcomes. In order to evaluate and maintain the role of the Health and Wellbeing Hubs in improving population health and wellbeing a range of outcome metrics should be developed. This could include health life expectancy, increasing detection, management and treatment of long-term conditions and could also include aims to decrease overall prevalence of risk-factors over-time, reducing frailty and demonstrating improved quality of life.

■ 5. Case for Change

BCU Health Board is subscribed to delivering government policy for out of hospital care which includes a requirement to work with partners to implement place-based care as appropriate for north Wales. There is a real case for change based upon demographics and a stated position to deliver care closer to home in an efficient and effective manner. Healthy life expectancy has fallen and this has been greatest in areas with the highest levels of deprivation thus widening the health inequalities gap. One in five people in North Wales has a long-term condition and of the main causes of mortality and morbidity, they all have modifiable risk factors meaning that by improving the health and well-being of our population we can reduce the impact of these conditions.

Integrated Health and Well-Being Hubs are a clear part of the plan to address these issues, allowing services to be closer the communities served in line with population needs assessments. Critically, people who live in areas with higher levels of deprivation are more likely to experience disadvantage whilst also finding services harder to access and it is there imperative that services are located in an optimal location to address these existing issues. These disadvantages increase exposure to risk factors and reduce positive impacts on health and it is therefore crucial that we develop new models of care, taking a community by design approach, and take action on risk factors as early as possible. This includes delivering complex care in the community, proactively identifying health and well-being needs and developing care plans that recognise their preferences.

There are a whole range of lifestyle factors that require consideration in developing services fit for the future needs of our communities, with unhealthy behaviours more common in the more deprived areas of north Wales. Addressing these means that a significant strengthening of primary and community care is essential, delivered in partnership with key stakeholders.

There is a clear requirement to build more resilient communities where citizens are empowered and where everyone works together in partnership to ensure services are stronger and more co-ordinated. This requires a more stable primary care than is currently the case, where extended multi-professional teams work collaboratively to deliver complex and specialised care in the community. Solutions must include leveraging the benefits of technology enabled care and where services can be directly accessed in primary care and community care.

Health and Well-Being Hubs are a key component of this whole system approach to place-based care, supporting connected communities and neighbourhoods to work together to support the wider determinants of good health in line with the Marmot principles. They will support people to access a range of seamless care and support close to home, based on their unique needs and what matters to them. This will support a focus on prevention and early intervention and can be a vehicle to address the stated health inequalities and the needs of vulnerable groups.

The Hubs also represent an opportunity to strengthen existing community-based services, such as those delivered by Allied Health Professionals (AHP's) but which are limited by Estates and accommodation challenges. They are a vehicle for shifting from traditional biomedical models of delivery towards more holistic models, where prevention-based healthcare services operate alongside well-being services such as social prescribing activities, debt or housing advice, and therefore helping to acknowledge the social determinants of health in building health and well-being. The broader opportunity to co-locate a range of primary, community, social care and voluntary sector services bring benefits of strengthened system partnerships and improved care for communities through a single point of access and boosting access to non-medical care.

■ 6. What is a Health and Well-Being Hub?

There are a wide range of Hubs in operation across Wales, all playing a valuable role in supporting people's well-being. For a hub to be eligible for the Integration and Rebalancing Capital Fund (IRCF) the greatest part of its service offer must be health and social care related.

The diagram on the following page describes the differing types of hub in more detail. For BCU there is a requirement to agree exactly which services will be delivered within the hubs and the demand for each of them. This represents an opportunity to consider developing services that have more traditionally been delivered within secondary care closer to home and further enhance primary and community care.

Examples of services under consideration include Community Diagnostics, Point of Care testing, phlebotomy, dental, Health Visitors and District Nursing, along with reablement. The opportunity to integrate with General Medical Services (GMS) run by GP's is significant and providing an improved environment for delivery of services.

It is however critical to note the distinction of moving beyond simply co-locating services in the same building to truly working differently together and ensuring improved outcomes. Anticipated benefits include:

- **Improved access and equity** - centralising services within a single, integrated hub will reduce fragmentation and improve access for all residents, particularly vulnerable and high-risk groups
- **Reduced Hospital Admissions** – evidence from similar models demonstrate measurable reductions in emergency department attendances, inpatient admissions, and length of stay for high-risk patients
- **Enhanced Patient Experience** – the 'one-stop shop' model will streamline care pathways, reduce duplication, and provide a single point of contact for patients. This approach is expected to improve satisfaction, continuity of care and health outcomes
- **Integrated and Proactive Care** – these hubs will support proactive care through initiatives such as comprehensive geriatric assessment and advance care planning
- **Workforce stability and morale** – improved working conditions, team cohesion and access to shared resources are expected to enhance staff wellbeing, reduce turnover and lower sickness rates
- **Community empowerment and regeneration** – they are expected to increase footfall, support local business and foster community pride
- **Support for Mental Health and Social Prescribing** – expanded social prescribing initiatives will help to de-medicalise low to moderate mental health issues, promote independence and reduce reliance on clinical services

Figure 1 describes Hub Types indicate a graduated range of Integrated Community Health and Social Care Hubs which may be considered for funding through IRCF. Hubs are intended to be cumulative i.e. a Type D Hub may include aspects of Type A to C Hubs. Type A hubs are outside of IRCF scope.

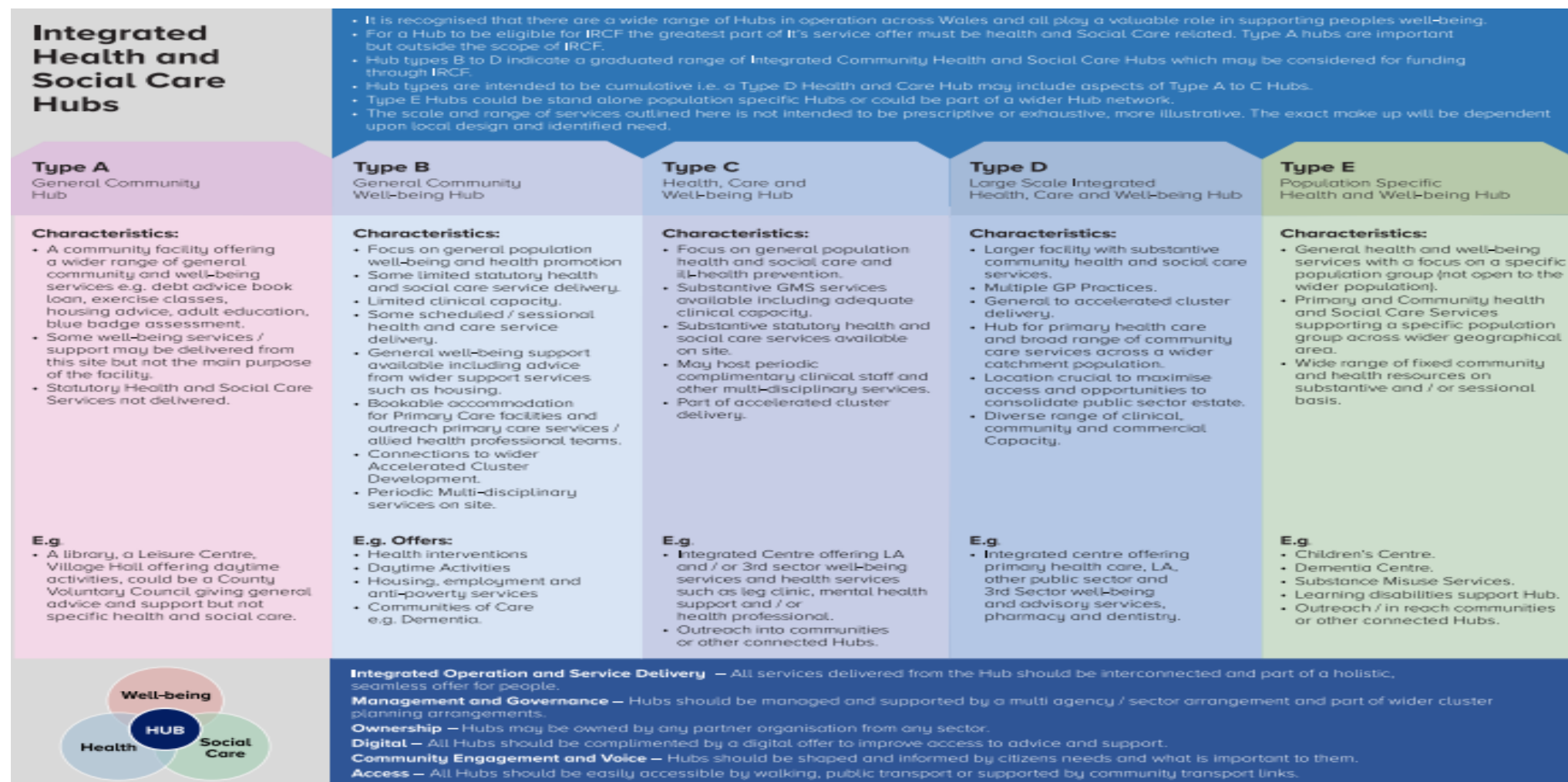


Figure 1: IRCF Definition of Integrated Health and Social Care Hubs

7. Current Developments

The following table represents a list of the current Health and Well-Being Hub developments being worked on. The scale and range of services outlined here is not intended to be prescriptive or exhaustive and the exact make up will be dependent upon local design and identified need. Each area of the Health Board has taken a slightly different approach due to differing resourcing, community capacity and capability.

In reviewing the list of hubs, it is important not to treat these in isolation however from the broader initiatives underway, and at its heart this is about a major strengthening of primary and community health and social care. This includes the development of anticipatory care and the optimal use of technology, whilst also recognising that above and beyond these buildings which are part of the service delivery model, it is imperative that we also review our other assets such as Community Hospitals and understand how they complement each and what care could morph into these sorts of facilities.

It is also worthy of note that a longer list of potential schemes did exist in the 10year strategic capital plan, including options within Flintshire and Wrexham. Other Regional Partnership Board developments should also be considered and will further be reviewed within the 10 year strategy work. These include:

Marleyfield, Flintshire
 Cros Atti, Flintshire
 Penrhos Development, Gwynedd
 Bwthyn y Ddôl, Conwy (Childrens Residential Centre)

Scheme Name & Description	Core Model	Current Status
Bangor Health and Well-Being Centre - The development of a more cohesive primary care model which also supports city centre regeneration by increasing footfall and community engagement. Delivered via a modern multi-agency facility in Bangor City Centre, integrating GP practices to enhance the sustainability of local services.	Type D - Large Scale Integrated Health, Care & Well-being Hub	Strategic Outline Case (SOC) submitted in June 2024 and has undergone significant scrutiny by WG – awaiting formal feedback and funding to proceed to OBC.
Caledfryn – The delivery of more sustainable, holistic services and improved collaboration through consolidating services currently located in multiple sites across Denbigh. Co-location also enables further expansion of services.		Building purchased, funded by IRCF. No current agreement for GP Practices to move in and therefore exploring further options.
Conwy West Health and Well-Being Centre – The consolidation of services currently spread across Conwy West, enabling expansion, improved integration, and delivery of more sustainable, holistic care. Supports the sustainability of Primary and Community Care through a more integrated health and care service model. Delivered via the development of safe, modern, integrated facilities serving Conwy, Llandudno Junction and the wider area.		Strategic Outline Case (SOC) approved by WG in 2023; Scheme deferred until 2028 - 2029 following prioritisation exercise and funding returned to WG.

Scheme Name & Description	Core Model	Current Status
Holyhead Health and Well-Being Centre – A single access point for health, social care, and wellbeing services. Supporting town centre regeneration and improved collaboration with the third sector and local authority services through co-location, increasing footfall and contributing to the sustainability, vibrancy and resilience of the town centre.		Meeting held with key stakeholders on 22 nd October and further work planned around developing a Memorandum of Understanding.
Penygroes Health Centre – Achieving service expansion, greater integration and delivery of more sustainable, holistic care. Delivered via a proposed development in the heart of Dyffryn Nantlle, transforming a village centre site into a modern health and well-being facility.	Type C – Health, & Well-being Hub	The Health Board and Grwp Cynefin are working together on closing down the former multi partner Canolfan Lleu scheme. Currently no funding earmarked to complete business case
Royal Alexandra Well-Being Hub - A transformative development with expanded and redesigned services which will reduce pressure on the acute site. To include reablement beds and a Minor Injuries and Ailments (MIAU) service which will divert 16% of all footfall from a YGC ED.	Type D - Large Scale Integrated Health, Care & Well-being Hub	Business Case submitted to Welsh Government following Board approval. Reviewed at Infrastructure and Investment Board on 10 th November – not approved at this stage with further queries to resolve.
Waunfawr Primary Care Centre Increase in clinical capacity and expansion of community health services through co-location and more effective networking of primary, community, social care and voluntary sector services. Supporting recruitment of an additional GP and offering training opportunities for medical students to support a more sustainable GMS model.	Type C – Health, & Well-being Hub	Business Justification Case reviewed by Executive Team. Procurement route to be clarified.
Porthmadog Primary Care Centre – Improved integration of services, incorporating the replacement of existing GP surgery ahead of lease expiry in 2030.	TBC	Early stage; Stage 0 application submitted to Regional Partnership Board.

8. Programme Approach

The Health Board is maturing its approach to Programme Management. There are several relevant models that underpin programmes including Prince2, Managing Successful Programmes (MSP) and the five-case model for Better Business Cases.

In assessing best practice, it is evident there are common principles that apply across all models ranging from initiation and planning through to post-implementation evaluation. These programme lifecycle approaches provide a structured method for developing and assessing investment proposals before an investment decision is made. Consistently applying these principles will ensure increased rigour around decision-making and improved governance in relation to reporting and escalation arrangements.

Most critically is that these individual schemes are managed collectively as a mini-portfolio, ensuring consistency of approach and strategic alignment based around population needs. In order to ensure success it will be vital to:

- Appoint a single Senior Responsible Officer (SRO) for all Health and Well-Being Hubs to provide cohesive leadership and accountability
- Ensure there is appropriate senior resource allocated to each scheme to support the SRO in discharging their duties
- Implement a consistent Programme Board structure including clear reporting lines upwards
 - It is proposed that the Strategic Planning and Service Change Group is formally adopted as the parent group
 - That the role of existing Capital Groups and the Regional Partnership Board are clarified in terms of formal oversight and decision-making
- Review of existing schemes set against population needs assessment and data around deprivation to ensure appropriate strategic fit.

■ 9. Summary & Recommendations

The Health and Well-Being Hubs present significant opportunities for service change and community regeneration. This paper brings together the individual Health and Well-Being Hub programmes into a single approach. Whilst work is already underway across a number of these developments it is important to consider this position statement as the starting point for a more strategic and integrated approach, ensuring challenges are addressed to ensure successful delivery.

Whilst progress has been made across individual schemes it is evident that to date the work has operated in silos and challenges remain around funding, timing, and strategic alignment. The schemes have largely operated out of individual Integrated Health Communities, rather than a strategic corporate approach and whilst various collaborative efforts have been made the strategic drivers are not consistently evident. There has also been an identified need to establish improved governance and oversight of the programmes organisationally, and there is a need to shift the focus of discussions beyond the buildings to ensure a full service change approach is central, integrating service model development, workforce implications, communication and engagement and estates and digital infrastructure.

The rapidly emergent Community by Design work will be actively considered and worked up as a potential Major Change Programme for the IMTP 2026/27, providing both the framework and the impetus to drive the work.

The **Board** is asked to:

- **DISCUSS and ENDORSE** the Strategic Approach to Health and Wellbeing Centres/Hubs across North Wales;
- **SUPPORT** further work as part of the development of the Strategic Intent, 10-years Strategy and Clinical Services Plan for a comprehensive assessment of need for further Health and Wellbeing Centres/Hubs, to include the considerations from the emergent 'Community by Design' work across Wales.

■ Appendix 1: Current Prioritisation

Below is a high-level summary of an outline timeline associated with each of the schemes, based on capital spend, as shared in the Executive Committee Paper in June 2025. This provides a rough guide on the timeframes anticipated at present, however since this exercise discussions regarding Bangor and Waunfawr alone may merit a need to revisit.

IRCF Potential Spend Profiles for Schemes Led by BCUHB

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Scheme (led by BCUHB)	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34
Caledfryn										
Waunfawr Primary Care Centre										
Royal Alexandra Hospital (North Denbighshire)										
Pen y Groes (formerly Canolfan Lleu Health & Wellbeing Hub)										
Holyhead Health & Wellbeing Centre										
Porthmadog Primary Care Centre										
Conwy West Health & Well-being Centre										
Bangor Health & Wellbeing Centre										

Readiness
Construction

Teitl adroddiad: <i>Report title:</i>	Director of Public Health Annual Report 2025		
Adrodd i: <i>Report to:</i>	Health Board		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday 27 th November 2025		
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this Report is to update the Health Board on the 2025 Director of Public Health Annual Report. This is an independent report produced annually as part of the statutory functions of the Executive Director of Public Health. This year's report is titled 'Building Health' and focuses on the building blocks of health, an asset-based approach to exploring the wider determinants of health and health inequalities. It sets out four ambitions for building a healthier, fairer North Wales: Build Strong Foundations — Make sure babies, children and young people have the support and opportunities they need to thrive. Build Fairer Communities — Work with communities to understand their needs, reduce inequalities, and build on local strengths. Build Healthy Places — Design environments that help people live well. Build Health Across the System — Make health and wellbeing part of everyday decisions across all sectors.		
Argymhellion: <i>Recommendations:</i>	The Health Board is asked to: • Note the themes and focus of this year's Director of Public Health Annual Report. • Support the ambitions and next steps identified with the Report • Identify and support alignment of the themes and ambitions with regional strategic objectives and priorities around health and wellbeing.		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jane Moore, Executive Director Public Health		
Awdur yr Adroddiad: <i>Report Author:</i>	Charlotte Smith, Consultant in Public Health, Public Health Directorate		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☒	I Benderfynu arno <i>For Decision</i> ☐	Am sicrwydd <i>For Assurance</i> ☐

Lefel sicrwydd: Assurance level:	Arwyddocaol Significant ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		The 2025 Director of Public Health Annual Report aligns with the following Strategic Objectives for 2025/26 • 2G Working with Regional Partners • 3C Citizen Engagement and Partnership Working • 4a Prevention and Early Intervention		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		Not applicable		
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>		Not applicable		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>		Not applicable		
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>		Not applicable		
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith		There are no direct financial implications. The costs associated with the production of the		

Financial implications as a result of implementing the recommendations	report are covered within core Public Health Directorate budgets.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: The Report will be made available in Welsh and English and in an easy read version. With a communications plan developed alongside the Betsi Cadwaladr University Health Board Communications Team to support dissemination of the report and the key messages	
List of Appendices: Director of Public Health Annual Report 2025 - Building Health	

▪ Introduction

The purpose of this report is to provide the Health Board with an update on the 2025 Director of Public Health Annual Report (PHAR), including an outline of the themes, contents and ambitions contained within the report.

This year's report 'Building Health' aims to explore the determinants of health and wellbeing, looking into what is needed to build a healthy society and thriving communities and people.

The Report uses an asset-based approach which focuses on building health and wellbeing as a concept rather than focusing solely on preventing disease. This also provides an alternate way to think about health inequalities and how we might work collectively to reduce them through empowerment of people and communities in North Wales.

Wales is set to become the world's first Marmot Nation, and the Marmot Principles, which tackle health inequalities through proportionate universalism and asset-based approaches, are introduced alongside case studies demonstrating how these principles might be implemented.

The Report discusses key issues around increasing health and wellbeing and supports current work to develop; the Health Board's Strategic Intent, 10 Year Strategy, and the Foundations for the Future Programme. It also aligns with the Regional Partnership Board's work to develop a Regional Partnership Framework supporting wellbeing and addressing the social determinants of health.

Additionally, the Report provides an opportunity to identify ambitions for the wider health and care system. These ambitions are focused on identifying how the wider system can work together to create the conditions for good health and wellbeing.

▪ Background

Producing an independent annual report is a statutory responsibility of the Director of Public Health, and is an opportunity to identify issues, challenges and areas for focus in order to improve the health of the local population.

This year the Report will focus on the building blocks of health as a way of conceptualising the wider determinants of health and to focus on how health and wellbeing are influenced at a societal, community and individual level.

The Report utilises a public narrative style, and intends to support engagement around asset-based approaches to health and wellbeing within the wider system.

▪ Building Health

The Building Health PHAR aims to explain key concepts of health inequalities and wider determinants of health. The report uses the building blocks of health as a metaphor for the foundational elements that determine health and wellbeing. Each block represents a determinant of health - such as education, housing and income. This metaphor supports understanding around the concepts of accumulation of disadvantage, as damaged or missing blocks that are needed to support a building. The use of the building metaphor is aided by illustrations within the document.

The Report contains ambitions which aim to guide and inspire wider partners, across a range of public sector partners, organisations and structures, including the Health Board. These ambitions align with the ethos of the emerging Health Board Strategic Intent, and with work currently underway through the Regional Partnership Board to develop a Regional Partnership Framework which addresses health inequalities through the social determinants of health and improves the wellbeing of people in North Wales.

The Report takes an asset-based approach and focuses on how different organisations and individuals can build health and wellbeing. The report is structured into sections which focus on the following questions for North Wales:

What is a building block of health?

This section introduces the idea of building blocks of health. It explains what they are and how they interact together to influence our health and wellbeing. There are examples of how strong building blocks make it far easier to make healthy choices; and how an environment where blocks are missing or are weak can make it much harder to thrive.

How do we build a healthy society?

This section highlights how society contributes to health and wellbeing, showcasing the work of the Marmot Review and subsequent Marmot Principles and how these are being adopted in Wales to support a shift towards a healthier society and reducing health inequalities.

How do we build healthy communities?

This section demonstrates how building healthy communities and places can create environments that support everyone's wellbeing. It focuses on empowering people, reducing inequalities and embedding health into everyday environments through collaboration and a whole systems approach.

How do we build healthy people and families?

This section considers how the building blocks of health impact individuals and families. Many of these building blocks are outside of our control, but around 30% of what shapes our health relates to health behaviours; though these choices are not made in isolation and in many cases the easier or cheaper option is also the less healthy one. These everyday pressures reflect the systems and environments we live in, which makes it challenging to always act in a way that supports our health and wellbeing. But when support and opportunities are in place, even small changes can add up, making these changes can be done at any stage of life to strengthen wellbeing.

Building our ambition for North Wales

This section sets out ambitions for the wider system based on the evidence and case-studies presented within the Report. This is the opportunity for the wider system in North Wales to utilise a focus on the building blocks of health as a way to support plans that create the conditions for good health and wellbeing and to reduce health inequalities.

The Report ambitions have been structured into the following themes:

- 1. Build Strong Foundations:** Ensuring babies, children and young people have the support they need to thrive.
- 2. Build fairer communities:** Working with communities to understand their needs, reduce inequalities, and build on local strengths.

3. Build Healthy Places: Design environments that help people to live well, with safe homes, green spaces, and good transport.

4. Build coordinated the system-wide action: Make health and wellbeing part of everyday decisions across all sectors.

▪ **Next steps**

The Report will be made available in Welsh and English and in an easy read version. With a communications plan developed alongside the BCU communications team to support dissemination of the report and the key messages.

▪ **Recommendations**

The Health Board is asked to:

Note the themes and focus of this year's Director of Public Health Annual Report.

Support the ambitions and next steps identified with the Report

Identify and support alignment of the themes and ambitions with regional strategic objectives and priorities around health and wellbeing



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Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University
Health Board

**Director of Public Health
Annual Report 2025**

Building Health



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Foreword

As Executive Director of Public Health for Betsi Cadwaladr University Health Board (BCUHB), I am pleased to present our 2025 Public Health Annual Report: ***Building Health***.

This year's report focuses on the building blocks of health and wellbeing – these are the foundations of health that shape our lives long before we ever enter a clinic or hospital. These include the homes we live in, the jobs we do, the communities we belong to, and the opportunities we have to thrive. They are the everyday factors that determine so many important parts of our lives and influence all aspects of our health and wellbeing.

In North Wales, we are fortunate to have strong communities, rich natural environments, and a shared ambition to improve health for all. But we also face persistent inequalities. Not everyone has the same access to the building blocks of health, and for some, the foundations are fragile or missing altogether. This report sets out how we can change that – by working together across sectors, listening to communities, and rather than focusing on deficits, thinking about strengthening these building blocks within everything we do.

From early years support to active travel, from arts in health to social prescribing, the report highlights some practical actions that can strengthen wellbeing across North Wales. Equally, there is a need to be ambitious and to build on the momentum of becoming a Marmot Nation to amplify efforts to adopt and embed the Marmot Principles.

Health is not constructed in isolation. It is shaped by the society we build, the communities we nurture and how we, as individuals, are able to navigate the challenges and opportunities we encounter. This report is a call to action – for public services, communities, and individuals – to build health together, block-by-block, for a fairer and healthier future.

Thank you to everyone who contributed to this report, and to all those working every day to improve the health and wellbeing of our places, communities and people.

Dr Jane Moore

Executive Director
of Public Health
Betsi Cadwaladr
University Health
Board



Acknowledgements

The Betsi Cadwaladr University Health Board Public Health Annual Report is an independent report of the Director of Public Health in North Wales.

We would like to thank everyone who contributed their time, expertise, and insights to help shape this year's report. Your support has been vital in helping us reflect the voices, experiences, and priorities of communities across North Wales.

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Executive summary

This report looks at how we can build better health in North Wales by focusing on the everyday things that help people live well – like good housing, jobs, education, transport, and strong communities. These are called the building blocks of health, and they affect our wellbeing long before we ever need healthcare.

Right now, not everyone in North Wales has the same access to these building blocks. This leads to unfair differences in health, with some people living many more years in poor health than others. The report shows how we can change this by working together – across public services, communities, and individuals.



It sets out four ambitions for building a healthier, fairer North Wales:



Build strong foundations – Make sure children and young people have the support and opportunities they need to thrive.



Build fairer communities – Work with communities to understand their needs, reduce inequalities, and build on local strengths.



Build healthy places – Design environments that help people to live well, with safe homes, green spaces, and good transport.



Build health across the system – Make health and wellbeing part of everyday decisions across all sectors.

By focusing on what matters most to people and acting together, we can create a North Wales where everyone has a fair chance to live a healthy, fulfilling life.



What is a building block of health?

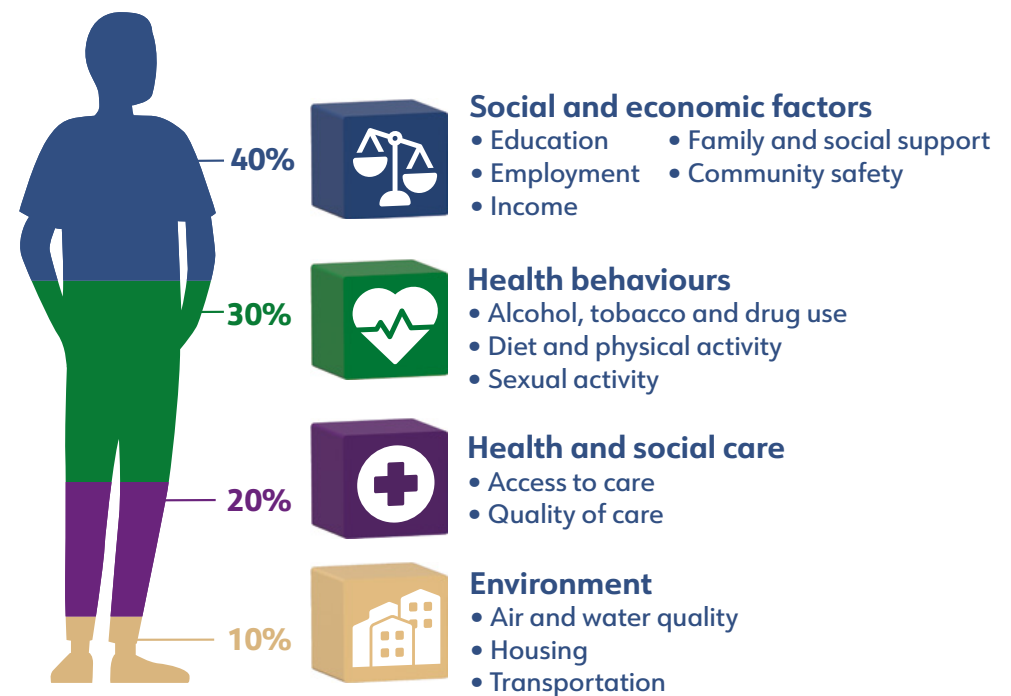
North Wales is a diverse and beautiful place, one that includes busy cities, towns and communities, mountain ranges, bustling and beautiful coastal areas and abundant farmland. Our population is also diverse in our experiences of health and wellbeing.

This chapter introduces the concept of building blocks of health – the everyday factors that shape our wellbeing. Later chapters explore how these blocks operate at different levels: in society, in communities and for individuals.

Health is shaped by many everyday factors – not just by our personal choices or genetics. Things like our income, education, housing, jobs, and the communities we live in all play a big role. These are called the **building blocks of health**. They help us live well and stay healthy ⁽¹⁾.

The building blocks of health are sometimes called **the wider determinants of health**, or the ‘causes of the causes of health’. These include the socioeconomic, political, cultural, environmental and non-medical factors in which people are born, grow, live, work, age, and that shape health outcomes and can lead to health inequalities ⁽²⁾.

Evidence shows that wider determinants have a considerable influence on a person’s health and wellbeing. Socio-economic factors have the biggest impact (40%), followed by health behaviours (30%). This means that whilst many of the building blocks that shape our health and wellbeing are outside our control, our individual health behaviours can and do influence our health and wellbeing ⁽³⁾.



Adapted from: [Health inequalities and the social determinants of health – CHEX](#)

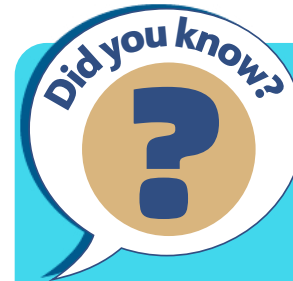


A building block of health can be thought of as anything that helps us live a healthier life. This includes our perceptions of the world – such as how safe we feel and how optimistic we are about the future – as well as our communities, workplaces, the services we can access, and the natural and built environments around us.

Not everyone has the same access to these building blocks. This is due to health inequalities, and in turn can lead to more health inequalities.

Health inequalities are the differences in people's health across our society – differences that are systematic, avoidable, and unfair.

If we can improve the conditions in which all of us grow, live, work, and age, we can reduce these inequalities and help everyone build better health ⁽⁴⁾.



Unfortunately in North Wales, there are stark and persisting health inequalities. A person living in the most deprived areas of North Wales may spend around **12 more years in poor health** than someone in the most affluent parts of the region ⁽⁵⁾. By 2050, the Welsh Government is committed to increasing the healthy life expectancy of adults and to narrow the gap in healthy life expectancy between the least and the most deprived by at least 15% ⁽⁶⁾.

Life expectancy is a measure of how long we can expect to live; **healthy life expectancy** tells us how long we can expect to live in good health without illness or disability.

Being healthy is easier when the building blocks are in place – such as support from others, having enough money, good work, and a safe, enjoyable environment. If one block is missing or weak, it can be harder to make healthy choices. If several blocks are missing, it can make life much more difficult and limit our chances of staying well.



That is why equity matters. Not everyone starts from the same place, so we need to make sure support is based on need. For example, access to green space is great for wellbeing, but not everyone has easy access, and this can be due to factors such as transport, finances, safety or time.

Equality means giving everyone the same support.

Equity means giving people the support they need, based on where they are starting from, so everyone has a fair chance to reach the same outcome.

It is not about giving everyone the same – it is about making sure each person has the right things in place to build a healthy life.



Strengthening the building blocks

We can all play a part in strengthening the building blocks around us. Using local services, joining community groups, volunteering, or supporting local businesses can help build healthier communities.

Building blocks also interact. Improving one can strengthen others. For example, making small changes to our neighbourhood – like planting trees or clearing a footpath – can lead to better physical and mental health, stronger social connections, and even reduced pollution.

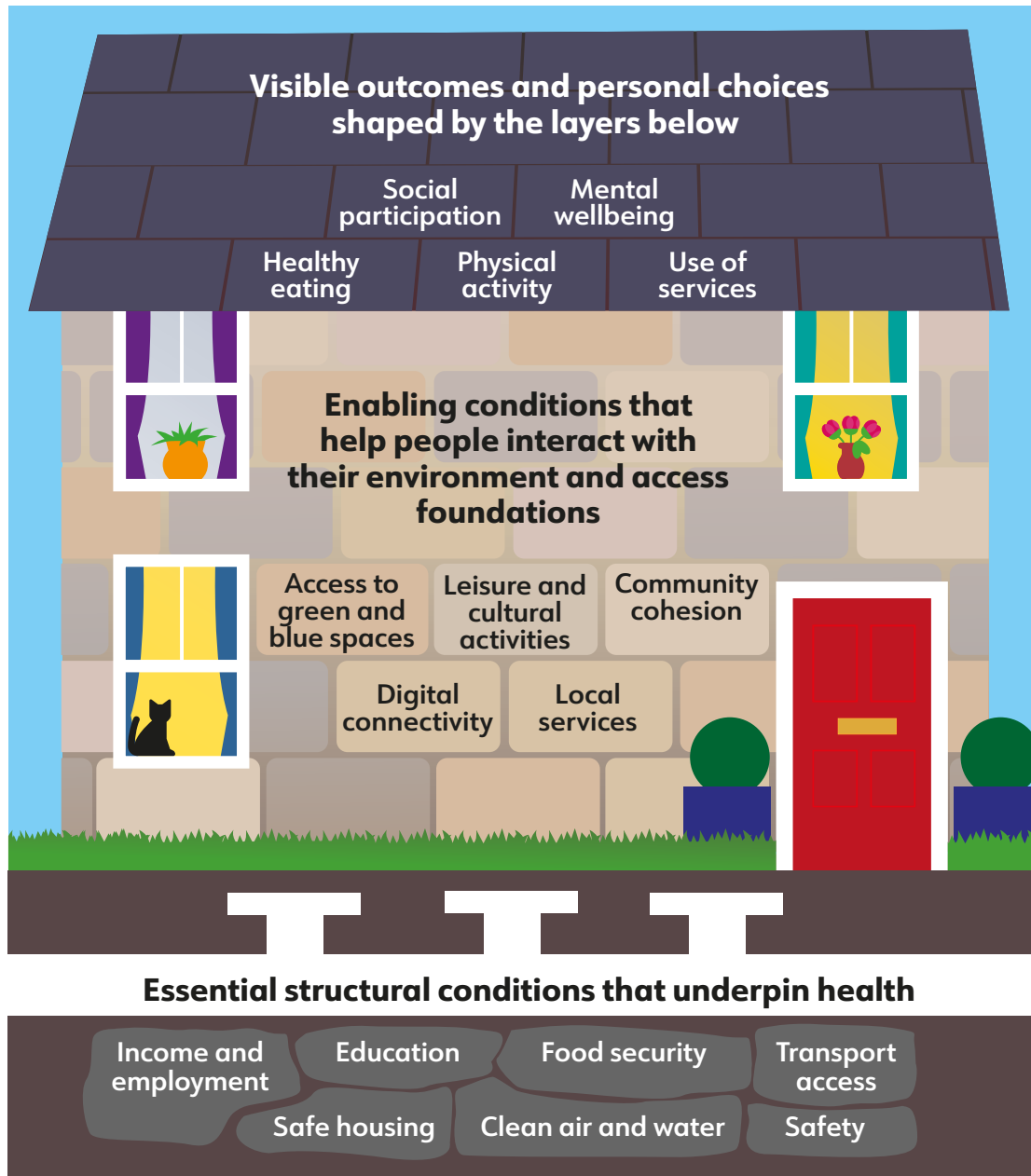
Together, these building blocks form the foundation for communities to thrive and for people to make simple, healthy choices.



Think about the building blocks that influence your health and wellbeing.

Can you identify what you feel are the most important ones?

Are there any that can be improved or are missing?



How do these building blocks work together?

No single building block can support good health on its own – whether for an individual, a family, or a whole community. Health is shaped by many interconnected factors: housing, jobs, transport, education, social connection, and access to supportive services. These blocks reinforce each other, and when they are strong and joined up, they help people thrive.

Supportive building blocks give us more control over our wellbeing. When we are well, we are better able to care for others, contribute to our communities, and help build more blocks of health – for ourselves and those around us.

The opportunity

The building blocks that support good health are wide-ranging and closely linked. There are opportunities to strengthen them at every level – from personal choices to community action and through national policy. By improving both the blocks themselves and how they work together, we can create the conditions for everyone in North Wales to live healthier, more fulfilling lives.

In the following chapters, we explore how these building blocks can be strengthened – from policy decisions to everyday actions – to build a healthier North Wales for all.



How to build a healthy society?

'Building a healthy society is like constructing a sturdy building. To succeed, we need all the right building blocks in place' ⁽¹⁾

We all want to live happy, healthy lives. To do this, we need a society that actively supports everyone's wellbeing. As mentioned in Chapter 1, the building blocks of health – often referred to as the wider determinants of health – play a crucial role in shaping our health in making society a healthier place.

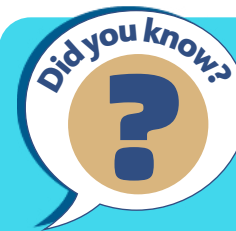
These building blocks form the foundations of a healthy society and include essential important ingredients, such as having enough income and secure employment, access to good education, safe and secure housing, having easy access to healthy food, clean air and water, transport access, and safety.

When these foundations are strong and equitable, individuals and communities are better able to thrive. But when they're missing or unevenly distributed, health inequalities deepen and opportunities to live well may be limited. A fair and healthy society depends on ensuring that everyone has access to these fundamental building blocks.

Among these, access to good transport stands out as a critical enabler. Whether by rail, car, bus, cycle, or on foot, transport plays a vital role in connecting people to other building blocks – such as employment, education, and community life. It supports the local economy, increases connections, and opens up opportunities for stronger communities by being able to take part in groups, events, and being able to use the services we

need. Good transport also enhances wellbeing by making it easier for residents to get out and about, reducing isolation and promoting active lifestyles.

However, transport systems must be designed with health in mind. While good road connections are essential for trade, economic prosperity, and access, particularly in rural areas. Living near busy roads can also negatively impact health. High traffic volumes contribute to air and noise pollution, increase the risk of accidents, and discourage active travel. Promoting healthy travel options, such as walking, cycling and public transport, not only reduces these risks but also supports physical activity, lowers emissions, and helps create safer, more connected communities. To truly support a healthy society, transport must be accessible, safe, sustainable, and health-promoting.



North Wales has a [Healthy Travel Charter](#) ⁽⁶⁾. Organisations signing up to the Charter commit to work towards 15 actions that contribute to promoting healthy travel for their staff and the people who use their services. So far eight organisations have signed up in North Wales.

Addressing the wider determinants to build a healthy society

The most compelling case to date for action on the wider determinants of health was presented in the 2010 Marmot Review, *[Fair Society, Healthy Lives](#)* ⁽⁷⁾. This landmark review set out an evidence-based strategy to address the wider determinants of health, with the aim of creating a fairer society by reducing health inequalities and improving health and wellbeing for all.

Central to the Marmot Review is the recognition that disadvantage begins before birth and accumulates throughout life. This concept – that disadvantage builds up throughout life – is reflected in the eight Marmot Principles, which offer a clear framework for action:



1. Give every child the best start in life



2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives



3. Create fair employment and good work for all



4. Ensure a healthy standard of living for all



5. Create and develop healthy and sustainable places and communities



6. Strengthen the role and impact of ill health prevention

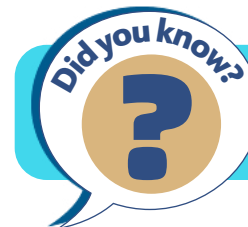


7. Tackle racism, discrimination, and their outcomes



8. Pursue environmental sustainability and health equity together ⁽⁷⁾

The Marmot principles offer a clear and practical roadmap for addressing the root causes of health inequalities, starting at the beginning of life and building a society where everyone has the opportunity to thrive.



Wales is to become the World's first Marmot Nation ⁽⁸⁾.

What could a Marmot Nation look like for Wales?

Wales as a Marmot Nation would aim to eliminate unfair and avoidable differences in health, which are often shaped by the fundamental building blocks of our lives ⁽⁸⁾. Achieving this vision means placing health equity at the core of policy and decision-making across the Welsh Government ⁽⁸⁾.

In practice, this involves working together with communities and partners across Wales to reduce health inequalities, guided by the Marmot Principles. These principles have already been successfully applied in other areas, offering valuable lessons and inspiration for Wales.



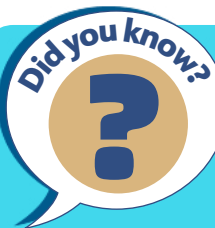
The examples below show how this can be done in real-world settings – demonstrating what is possible when health equity is prioritised and embedded into local action.

Gwent has worked closely with Professor Sir Michael Marmot using the Marmot Principles to become a Marmot region and have a clear five-year plan of how they will work together as a group of local stakeholders to address health inequalities and improve equity across their region ⁽⁹⁾.



Blackpool Better Start ⁽¹⁰⁾ is a National Lottery-funded programme aimed at improving outcomes for pregnant women, babies, young children, and their families – by offering support from the earliest possible stage. To help ensure children have the best start in life, the Blackpool Partnership has adopted four key approaches. These are designed to create positive change across communities based on evidence. They mark a significant step forward in how services work together, building shared understanding and taking coordinated action.

Local Authorities across North Wales have recently taken part in the **Early Years Integration and Transformation Programme** ⁽¹¹⁾. The learning from this programme between 2019 and 2024 is being evaluated independently on behalf of Welsh Government with the aim of informing future direction of travel to ensure every child has the best start in life.



The highest impact in reducing inequalities comes from investing as early as possible in the quality of early childhood development, from conception to age five ⁽⁷⁾.

Progress in North Wales

North Wales is already taking meaningful steps towards the vision of Wales as a Marmot Nation. As illustrated in the Well North Wales Mission Statements (Figure 1), the region is embracing a Marmot-informed approach to improving health.

But we're not stopping there. In North Wales, we are not just applying Marmot's Principles – we're building a healthier, fairer society. Marmot helps us see what needs to change - but it's up to all of us, from local communities to services and leaders, to make that change happen.

Figure 1: Well North Wales Mission Statements (September 2024)



Here in North Wales, key partners have come together as the Regional Partnership Board (RPB) to look at what a healthy North Wales would mean. This is done through us working together with the RPB on a project called Well North Wales. By using the Marmot Review's recommendations to better understand how our society works, and what affects people's health, the partnership is working to reduce health inequalities and improve the health and wellbeing of everyone living in North Wales.

But meaningful change does not come from plans and policies alone – it comes from **how we act as a society**.

To truly embed health equity, we need collective action across all sectors:

- **Anchor institutions** such as hospitals and universities ⁽⁷⁾ must lead by example – creating fair jobs, supporting local communities, and using their influence to promote and improve wellbeing.
- **Public services** must work together to tackle inequalities, making health equity a core consideration in every decision.
- **Communities** must be actively involved in shaping solutions that reflect their lived experiences, needs, and strengths.
- **Everyone** has a role to play – whether it is supporting inclusive policies, volunteering, or simply helping neighbours.

Together, we can build a society where everyone has the opportunity to live well.

Why does a healthy society matter?

Health is shaped by much more than access to healthcare. It is influenced by where we live, how we grow up, the work we do, and the support we receive. These everyday conditions are what truly determine whether people can live well. By coming together to strengthen these foundations, we can make North Wales a fairer, healthier place for everyone.

A healthy society gives children the best start in life and ensures that everyone can learn, grow, and thrive throughout their lives. It offers fair work that supports wellbeing, and homes that are safe, warm, and affordable. Communities are well-connected, with access to green spaces that nurture both physical and mental health. Illness is prevented before it begins, and no one is held back by racism or discrimination. At the same time, the environment is protected in ways that also enhance health – laying foundations that last, and, equitable wellbeing for all.

Creating a fairer, healthier North Wales is more than an aspiration – it is a shared responsibility. The Marmot principles offer a powerful framework, but real progress depends on how we bring them to life in our communities, organisations, and everyday actions. By embedding health equity into everything we do – from early years support to employment, housing, and looking after the environment – we can build a society where everyone has the opportunity to thrive.

The journey to becoming a Marmot Nation is already underway. With continued collaboration, commitment, and courage, North Wales can lead the way in shaping a future that puts wellbeing at its heart.





How do we build healthy communities and places?

Building a healthy society begins with nurturing healthy communities and places. While the vision of a healthy society includes fair jobs, safe homes, and connected environments, these outcomes are shaped locally – in the neighbourhoods, schools, workplaces, and public spaces where people live their daily lives. The wider determinants of health, as outlined in the Marmot Framework, provide the foundation, but it is when communities are supported to take action and places are designed with people's wellbeing in mind that real change happens. In North Wales, we believe that to build a fairer and healthier society, wellbeing needs to be part of everyday life in our communities.

This is why communities and places play such a vital role in shaping population health and wellbeing. A healthy community is not simply defined by the absence of illness – it is about creating environments where people feel safe, connected, and able to live well ⁽¹²⁾. In North Wales, communities are diverse, spread out, and can be deeply rooted in local identity. To build health into the places where people live, work, learn, and connect, we must strengthen social networks and build social capital – ensuring that every community has the opportunity to thrive.

In North Wales the Welsh language is a strong part of our cultural identity. We know that people's health and wellbeing is better if they can use their first language when accessing services.



Why social connections matter



Loneliness can increase the risk of premature death by **26%** ⁽¹³⁾

Strong social networks act as one of the building blocks of health and wellbeing. When people feel connected and supported, they are more motivated to contribute to their communities and make a difference. Feeling that we can make a difference is extremely beneficial for both our mental and physical health. In fact, lacking social connection is as harmful as smoking 15 cigarettes a day ⁽¹⁴⁾.

However, communities are not always defined by geography. While the place where we live is vital, many people find connection through shared language, interests, identities, cultures, or experiences. These types of communities can be just as powerful in creating belonging and resilience.

If people are struggling because of challenges such as poor housing, pollution or ill health, it becomes harder to feel connected, get out and about, or find motivation to make changes. By supporting as many building blocks as possible, we can improve health for everyone in the community – wherever and however that community is formed.

Social connection is one of the most powerful building blocks of health. The **World Health Organization** defines it in three dimensions ⁽¹⁵⁾.

Structural

Who we know and how our network is set up

Functional

The support and help those relationships provide

Quality

How positive or satisfying those connections feel

How can we build healthier places?

Every community has its own challenges. Some places and groups of people find it harder to stay healthy or get the help they need. This leads to unfair differences in health, known as health inequalities.

To address them, it is important to understand and listen to local communities. All communities have strengths, and they are more likely to create sustainable solutions for their area. They know best what their area needs, and how to make it better to build good health ⁽¹⁶⁾.

Did you know?



Healthy life expectancy in North Wales averages 61 years for women and 62 years for men, despite overall life expectancy being 82 and 78 years respectively. This means that, on average, people in North Wales spend around 20 years in poor health

– a stark gap that reflects deep-rooted inequalities ⁽⁵⁾. While life expectancy varies by area, the consistently lower healthy life expectancy across the region is a clear signal that we must act. These are not just numbers; they represent real challenges for our communities, with those in more deprived areas disproportionately affected, and they highlight why tackling the wider determinants of health is so critical for North Wales. Improving healthy life expectancy is one of the most urgent and meaningful ways we can build a fairer, healthier society.

Average life expectancy & health life expectancy in North Wales

Average years	Healthy years		Healthy years	Average years
82	61	 	62	78
82.4	62	Conwy	62	78.7
80.9	60	Denbighshire	61	77.6
82.5	59	Flintshire	60	78.7
83.2	63	Gwynedd	64	79.3
82.6	63	Isle of Anglesey	63	78.6
81.6	60	Wrexham	61	77.2

One way of building health into where people live, work, learn and connect is by appreciating and valuing what we already have in our communities. This is called an asset-based approach. It means recognising the strengths that are already in our communities.

An asset-based approach to health focuses on:

- building and creating health rather than only fixing problems
- identifying protective factors within individuals, communities, organisations, and systems
- taking a whole system approach, where all the building blocks work together ⁽¹⁷⁾.

To work in this way, it is important to focus on:



1. Building on local strengths



2. Empowering communities



3. Creating healthy environments for all



4. Connecting communities



5. Connecting people to services and each other

By focusing on what is already strong in communities, we can unlock their potential:

‘When we work with what’s strong, not just what’s wrong, we unlock the potential of our communities’ ⁽¹⁸⁾

When people feel they belong, have a voice, and can contribute, they are more likely to thrive.

‘Community health is not something done to people, it’s something built with people’ ⁽¹⁹⁾



We are working with communities to:

- Partner groups of people who often experience barriers to good health, to understand their needs and find practical ways to improve health
- Work directly with communities to build on their strengths, for example through projects addressing the Inverse Care Law ⁽²⁰⁾ to ensure services reach those who need them most
- Learn from our recent Bevan Exemplar project in Conwy East ⁽¹⁶⁾ that shows how working closely with communities (co-production) can really help improve people’s health and wellbeing

We are also supporting:

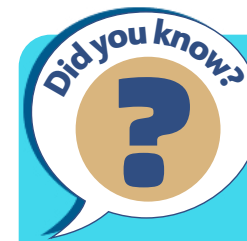
- Community hubs as places for local wellbeing, for example places like Gwelfor Community Hub in Holyhead offers inclusive activities that reduce isolation, support people of different age ranges to connect, and provide access to advice and services. Features include a Men's Shed, dementia group, bereavement café, warm space, and community events.
- Investing in Social Prescribing such as the Môn Community Link connects people to local activities and support using an asset-based model and the **Five Ways to Wellbeing** ⁽²¹⁾.
- Working with people in Towyn and Kinmel Bay to make decisions together, so that any changes reflect what the community says is important. This approach is helping shape local plans and wellbeing – priorities across North Wales.

'The places where people live, work, learn, and play have a greater impact on their health than clinical care' ⁽²²⁾



That's why it is vital to design communities and places that support everyone – especially children, older adults, and those living with disabilities or disadvantage ⁽²³⁾. When environments are inclusive and empowering, they can give us the right ingredients for better health.

Healthy environments for all



People living near green spaces are less likely to suffer from anxiety and depression, regardless of age or income ⁽²⁴⁾.



Having safe walking routes, green spaces to enjoy, good homes to live in, and clean air to breathe all help our physical and mental health. To make this happen, we need to start from where communities are and build on what matters to them, giving people the power to shape decisions.

In North Wales, our communities are rich in identity, resilience, and local knowledge. However, to unlock their full potential, we must address some key barriers. In rural areas, improving transport and digital connectivity can help people stay connected and access opportunities. In urban communities, enhancing access to green spaces and affordable, healthy food can support wellbeing and reduce inequalities. Tackling flood risk and improving housing quality will help protect vulnerable residents and strengthen community resilience.

We are working with partners to:

- Support whole-system approaches and strategies that prioritise health
- Make sure health is considered in local planning and regeneration policies
- Improve options for walking, cycling, and using public transport
- Promote warm, energy-efficient homes

Many of these challenges cannot be solved by a single agency, which is why a whole-system approach is essential to connect people to the right support and each other.

In North Wales, BCUHB is working with partners to strengthen these building blocks by:

- **Taking a whole-system approach to Healthy Weight** – by taking a whole-system approach we are working collectively with everyone (professionals and local communities) who can help make it easier to buy affordable healthy food, and create opportunities for people to be active.
- **Supporting health and wellbeing in all policies** – making sure health is considered in areas like housing, transport and education. For example, contributing to Local Development Plans by sharing population health data and identifying any risks to health.
- **Investing in social prescribing** – helping people to access community activities and support that improve wellbeing.



‘Everyone has a role to play in improving the health of our communities’⁽²⁵⁾.

Healthy communities do not happen by accident. They are built on strong foundations and are created when we invest in people, places and partnerships. In North Wales, this means understanding our local areas and the challenges people face, listening to communities, and working together to make it easier for residents to live healthy lives.

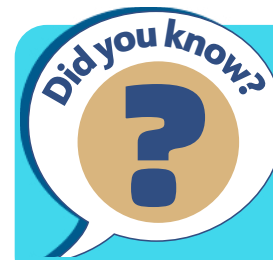


How do we build health as individuals and families?

Building health does not just happen at the society and community level – it starts with the everyday lives of individuals and families. The choices we make, the environments we live in, and the support we receive all shape our health and wellbeing.

Building blocks of health affect us in different ways. Some are personal, like our habits and relationships. Others are shaped by our surroundings – housing, transport, education, and community services. Through prevention, we aim to strengthen the positive building blocks and reduce the impact of those that are missing or damaged.

While communities and society play a vital role, individuals and families also have the power to influence their own health. This includes focusing on health behaviours, connecting with others, and making the most of local spaces and services. Most of this happens outside the NHS – in homes, schools, workplaces, and neighbourhoods – supported by a wide range of organisations and community groups.



Where you live matters more than the healthcare you receive. Around 70% of what shapes our health comes from our surroundings – like housing, education, work, and community – not hospitals or clinics ⁽³⁾.

Advertising influences our choices. In the UK, 33% of food and drink advertising spend goes to unhealthy products, while just 1% promotes fruit and vegetables ⁽¹⁾.



Proximity to tobacco shops affects health. People living closest to tobacco outlets live nearly 3 years less than those further away ⁽¹⁾.



What works?

At the 2025 National Eisteddfod in Wrexham, BCUHB and partners launched **wellbeingnorth.wales** – a resource to support the emotional health and resilience of children, young people, and families in North Wales.

Inspired by the **Five Ways to Wellbeing** ⁽²¹⁾, the site encourages families to:

- **Connect** with others
- **Be active**
- **Take notice** of the world around them
- **Keep learning**
- **Give** time to support their community



These simple actions are proven to boost wellbeing and can be woven into everyday life – like joining a walking group or volunteering locally.

The site also includes an **Explore Outside!** section with a searchable map of beaches, playgrounds, woods, and walks to help families enjoy the outdoors together.

Strengthening our building blocks

Around 30% of what shapes our health comes from our behaviours – the specific actions we take, like eating well, being active, getting enough sleep, and avoiding smoking or excessive drinking. But these behaviours are part of a wider picture: our **lifestyle** ⁽³⁾.



Lifestyle is the way in which we live – shaped by our routines, relationships, values, and environment. It includes where we live, how we spend our time, what resources we have access to, and the choices available to us. Behaviours are the visible actions, but lifestyle is the context that makes those actions easier or harder to take.

For example, choosing to walk daily is a behaviour. Living in a walkable neighbourhood with safe paths, time in your day, and motivation to move reflects lifestyle. The building blocks of health help shape both.

Often, the easier or cheaper option is the less healthy one: driving instead of walking, buying processed food because it is more affordable, or being influenced by advertising that promotes unhealthy choices. That is why enabling healthier behaviours is not all about personal willpower – it is about shaping environments and policies that make healthy lifestyles and behaviours easier.

Even small changes can make a big difference:

- Join a **Park and Stride** scheme to walk part of the school journey⁽²⁶⁾
- Use an app or join a group to **learn or improve your Welsh**
- Be more active at work – if possible for you take the stairs, try walking meetings, or wear **Active Soles**⁽²⁷⁾
- Explore ideas at **Actif Workplace – Actif North Wales**⁽²⁸⁾

Building a good life at any age

Wellbeing is built over time – through strong foundations that support us now and into the future. But not everyone in North Wales has the same chance of living a long and healthy life. People in our poorest communities may spend 12–17 fewer years in good health than those in more affluent areas⁽⁵⁾.

As we age, long-term conditions become more common, which can affect quality of life. But even with health challenges, there are ways to strengthen wellbeing – through personal action, supportive communities, and accessible services. It's never too late to start building health. Positive changes can make a difference at any age, even for those living with existing conditions.

The **Five Ways to Wellbeing**⁽²¹⁾ offer a simple, proven framework for everyone, at any age. These actions do not need to cost anything and often overlap – like joining a walking group, which helps you connect, be active, and take notice.



Small, regular actions – supported by environments that make healthy choices easier – help individuals and families build stronger foundations for health and wellbeing. We do not have to do it alone. Support is available from local services, community groups, employers, and health teams to help make positive changes.

Supporting individuals and families to live well is central to building health – but this does not happen in isolation. It depends on the strength of the wider building blocks around them: safe homes, good work, connected communities, and access to supportive environments. To make these foundations stronger, we need to work together with shared goals and joined-up actions. The next section sets out how we can build on this understanding to shape a healthier, fairer North Wales.



Building our ambition for North Wales



Everyone deserves the chance to live a good life. That starts with strong foundations – not just for individuals, but for families, communities, and the places we live. When these foundations are in place, North Wales becomes a place where everyone can thrive.

Across the region, there is a growing recognition that health and wellbeing are collectively shaped by the environments we create, the opportunities we offer, and the communities and places we build. This report sets out a series of ambitions that reflect what matters most to people and communities – and what we can all build together.

These ambitions point us in the right direction, helping guide our progress while giving us the flexibility to grow and adapt as we move forward. They are designed to support the wider transformation underway across the health and care system, including the Health

Board's emerging Strategic Intent and 10-Year Strategy. These ambitions also align with work underway through the Regional Partnership Board to develop a framework for North Wales that

addresses the social determinants of health, and helps create the conditions for good health and wellbeing. By focusing on what enables people and communities to flourish, we can all help shape a future that is fairer, more connected, and more sustainable.

Our ambitions for North Wales

1. **Build strong foundations:** enabling babies, children and young people to thrive



We want every child in North Wales to grow up with the support, opportunities, and environments they need to live well. This means strengthening the conditions that support early development, learning, and family wellbeing – from housing and education to community connection and emotional support.

What next?

Working together at a regional level, the Regional Partnership Board and the Public Services Boards, should consider adoption of the Marmot Principles to guide future actions.

2. Build fairer communities: amplifying voices and unlocking local strengths



Communities across North Wales are diverse, resilient, and full of potential. We must work together to reduce inequalities and ensure that services reflect the needs and strengths of all communities – especially those who are often overlooked. This means listening, co-designing, and investing in inclusive approaches that build trust and connection.

What next?

We must ensure public sector plans and strategies are developed through partnership and co-production, strengthening the focus on inclusive engagement. This means involving all voices – especially those from minoritised and seldom-heard groups – to help shape services that reflect what matters to people living in North Wales.

3. Build healthy places: designing environments that support wellbeing



Our surroundings shape how we live. From housing and transport to green spaces and air quality, we must design places that help people connect, move, and feel safe. This ambition reflects a growing recognition that health and wellbeing can be built into the spaces where we live, work, and learn.

What next?

Look to expand sign-up to the Healthy Travel Charter, and consider opportunities to build the wider determinants of health, including environmental sustainability and health inequalities, into the plans of public sector and community partners in North Wales, including within the Local Development Plans of Local Authorities.

4. Build health and wellbeing across the system: making wellbeing part of everyday life



To build a healthier North Wales, we need to embed wellbeing into every part of our system – from policies and partnerships to everyday decisions. This means working together across sectors, aligning our efforts, and creating a culture where health is everyone's business.

What next?

We should utilise the forums in North Wales that bring partners together such as the Regional Partnership Board and the Public Services Boards to consider opportunities to maximise the wellbeing of our population. For example, through supporting the development of the Regional Partnership Board's framework.



Next steps for North Wales

Within the Betsi Cadwaladr Public Health Directorate, our role is to enable and champion these ambitions by working alongside partners across North Wales. We will support progress through collaboration, sharing evidence, and connecting organisations, recognising that leadership for delivery will sit across sectors.

Build strong foundations: enabling babies, children and young people to thrive



We will work with organisations across North Wales to build in the Marmot Principles into ongoing priorities and agendas.

Build fairer communities: amplifying voices and unlocking local strengths



We will bring organisations together to identify and share best practice around community engagement approaches that can be used to build in the voice of the community and those who are seldom heard.

Build healthy places: designing environments that support wellbeing



We will work with a wide range of partners, including the arts and culture sector, to find opportunities to address the wider determinants of health, and to look for effective ways to build wellbeing into our communities.

Build health and wellbeing across the system: making wellbeing part of everyday life



We will work with partners across North Wales to identify opportunities for plans and actions that deliver the greatest health and wellbeing benefits for our population, drawing on intelligence and insight from the Regional Population Needs Assessment and the Public Services Boards' Wellbeing Assessments currently in development.

Create a collaborative network for building health



We will develop a network that brings together partners focused on creating the foundations for better health and wellbeing for everyone in North Wales. Using this report as a starting point, the network will share insights, develop collaborative solutions, and champion approaches that address the building blocks of health, so that healthy living becomes part of everyday life.

Building for the future

These ambitions offer a shared foundation for action across North Wales. They reflect the strengths and aspirations of our communities and provide a direction for how we can work together to create the conditions for everyone to live well – wherever they are, and whatever their starting point.

III Foundations we can build on

In Wales we have laws and policies that support the foundations we need for better health. These are like the foundations for us to build fairer, healthier communities.

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

This requires public bodies to plan for the long term, work to prevent problems before they happen, and work together to improve the social, economic, environmental and cultural wellbeing of Wales.

How this builds health: It makes prevention everyone's business and gives the legal basis to put health at the centre of all policies and plans.

Social Services and Well-being (Wales) Act 2014

This sets out how health and social care should work with people, families and communities, to focus on early intervention and partnership.

How this builds health: It shifts services away from focusing only on crisis and towards supporting people earlier, closer to home.

Public Health (Wales) Act 2017

Provides a framework to address key population health risks, such as tobacco and obesity.

How this builds health: It strengthens our ability to take action across communities to tackle the biggest causes of poor health.

Environment (Wales) Act 2016 and Planning Policy Wales

Legislation and policy that aims to ensure that local planning decisions take account of environmental and health concerns, and planning decisions improve health.

How this builds health: Where we live shapes our health and wellbeing – housing, air quality, transport, and access to green space are all fundamental building blocks of health.

A Healthier Wales (2018)

The Welsh Government's long-term plan for a whole-system approach to health and social care focused on health and well-being and preventing illness.

How this builds health: It provides the national vision for meeting future health and social care challenges.

Regional Partnership Boards (RPBs) and Public Services Boards (PSBs)

These are statutory partnerships that bring together health, councils, social care, and the third sector (RPBs) and wider public bodies (PSBs) to plan jointly.

How this builds health: These are the places where decisions about health, care, prevention, housing and education can be made collectively, so health is built into every local strategy.

References

- 1 The Health Foundation. *What Builds Good Health? An introduction to the building blocks of health.* [What builds good health? | The Health Foundation](#) [Accessed 14th Oct 2025].
- 2 Public Health Wales. *Working together for Healthier Wales: Section 2 – Background to our strategy.* [Section 2 - Background to our strategy - Public Health Wales](#) [accessed 14th Oct 2025].
- 3 Community Health Exchange. *Health Inequalities and the Social Determinants of Health.* [Health inequalities and the social determinants of health – CHEX](#) [accessed 14th Oct 2025].
- 4 Public Health Scotland. *What are health inequalities?* [What are health inequalities? - Health inequalities - Equity and justice - Social and economic impacts on health - Population health - Public Health Scotland](#) [accessed 14th Oct 2025].
- 5 Public Health Wales. *Public Health Outcomes Framework for Wales Reporting Tool.* Sept 2025. [PHOF Reporting Tool](#) [Accessed 14th Oct 2025].
- 6 Healthy Travel Wales. *North Wales Healthy Travel Charter.* 2022. [North Wales Healthy Travel Charter - Healthy Travel Wales](#) [Accessed 20th Oct 2025].
- 7 Marmot M, Goldblatt P, Allen J, Boyce T, McNeish D, Grady M, Geddes I. *Fair Society, Healthy Lives (The Marmot Review).* 2010. [Fair Society Healthy Lives \(The Marmot Review\) - IHE](#) [Accessed 14th Oct 2025].
- 8 Welsh Government. *Wales to become world's first 'Marmot nation' to tackle health inequalities.* Press Release 16 June 2025. [Wales to become world's first 'Marmot nation' to tackle health inequalities | GOV.WALES](#) [Accessed 14th Oct 2025].
- 9 Institute of Health Equity. *Building a Fairer Gwent: Improving health equity and the social determinants.* [main-report.pdf](#) [Accessed 14th Oct 2025].
- 10 Blackpool Better Start. *Blackpool Better Start.* [Blackpool Better Start – Raising happy, healthy children together in Blackpool, Lancashire](#) [Accessed 14th Oct 2025].
- 11 Welsh Government. *Evaluation of the Early Years Integration Transformation Programme.* [Evaluation of the Early Years Integration Transformation Programme | GOV.WALES](#) [Accessed 20th Oct 2025]
- 12 Marmot, M. Allen J, Boyce T, Goldblatt P, Morrison J. *Health Equity in England: The Marmot Review 10 Years On.* London: Institute of Health Equity. 2020. <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on> [Accessed 14th Oct 2025].
- 13 World Health Organization. *From loneliness to social connection: charting a path to healthier societies: Report of the WHO Commission on Social Connection.* [Report of the WHO Commission on Social Connection](#) [Accessed 14th Oct 2025].

- 14 Holt-Lunstad J, Smith TB, Layton JB. Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med.* 2010;27(7): e1000316. doi: 10.1371/journal.pmed.1000316.
- 15 World Health Organization. *Social connection linked to improved health and reduced risk of early death.* [Social connection linked to improved health and reduced risk of early death](#) [Accessed 14th Oct 2025].
- 16 Bevan Commission. *How to put communities truly at the heart of transforming outcomes.* [How to Put Communities Truly at the Heart of Transforming Outcomes: Testing Innovative Approaches of Tackling Socio-Economic Root Causes to Improve Longer-Term Population Health and Wellbeing - Bevan Commission](#) [Accessed 14th Oct 2025].
- 17 Van Bortel T, Wickramasinghe ND, Morgan A, et al., Health assets in a global context: a systematic review of the literature. *BMJ Open* 2019;9: e023810. <https://bmjopen.bmj.com/content/9/2/e023810>.
- 18 Kretzmann JP & McKnight JL. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets.* Evanston, IL: Institute for Policy Research. 1993.
- 19 Blickem C, Dawson S, Kirk S, et al. What is asset-based community development and how might it improve the health of people with long-term conditions? A realist synthesis. *Sage Open.* <https://doi.org/10.1177/2158244018787223> [Accessed 14th Oct 2025].
- 20 Urban Foresight. *Evaluation of the BCUHB Inverse Care Law Programme.* [ICL Programme Evaluation Urban-Foresight Final.pdf](#) [Accessed 14th Oct 2025].
- 21 Betsi Cadwaladr University Health Board. *Five Ways to Wellbeing.* [Five Ways to Wellbeing - Betsi Cadwaladr University Health Board](#) [Accessed 14th Oct 2025].
- 22 Center for Disease Control (CDC). *About Healthy Places.* [About Healthy Places | Healthy Places | CDC](#) [Accessed 14th Oct 2025]
- 23 Burgemeister S, Ferla C, Sutcliffe, K, et al. (2021). Place-based initiatives supporting families to improve the health of children: a scoping review. *PLoS ONE*, 16(12), e0261643. <https://doi.org/10.1371/journal.pone.0261643>.
- 24 Maas J, Verheij RA, Groenewegen PP, de Vries, S. Spreeuwenberg, P., 2006. Green space, urbanity, and health: how strong is the relation? *Journal of Epidemiology & Community Health*, 60(7), pp.587–592. <https://doi.org/10.1136/jech.2005.043125>.
- 25 Codes-Johnson C, Rattay KT, Saperstein L. Health in all Policies: Cross-Sector Collaboration Prevents and Solves Health Problems. *Dela J Public Health.* 2018;11;4(2): 50-53. <https://pubmed.ncbi.nlm.nih.gov/34466964/>.
- 26 Living Streets. *Park and Stride.* [Park and Stride](#) [Accessed 14th Oct 2025].
- 27 Actif North Wales. *A movement to change the way we think about workwear.* [A Movement to Change the Way We Think About Workwear - Actif North Wales](#) [Accessed 14th Oct 2025].
- 28 Actif North Wales. *Actif Workplace.* [Actif Workplace - Actif North Wales](#) [Accessed 14th Oct 2025].



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Betsi Cadwaladr
University Health Board

Contact us: BCU.PHAdmin@wales.nhs.uk

Teitl adroddiad: <i>Report title:</i>	Implementation of the Healthy Travel Charter within BCUHB		
Adrodd i: <i>Report to:</i>	Betsi Cadwaladr University Health Board (BCUHB)		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 27 November 2025		
Crynodeb Gweithredol: Executive Summary:	Following approval at the BCUHB Executive Committee Meeting on the 12th November, this paper recommends that the Board agrees to sign up to the North Wales Healthy Travel Charter (HTC, the Charter), complete its baseline assessment to capture the work already in place, and then work towards completion of its fifteen actions over the following 24-month period. Reasons to sign up to the HTC include: • Completion of its actions contributes towards eight of the actions of the NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030. • Encouraging and enabling staff physical activity will lead to better staff wellbeing, and increased productivity. • As the biggest Anchor Institute in North Wales, this brings an expectation that BCUHB will encourage and enable physical activity in its staff and patient cohorts, and to lead by example. • Actions to increase healthy travel will serve to reduce the considerable pressures on car parking at BCUHB's acute sites. • BCUHB is the only health board in Wales who have not committed to sign up to the HTC. This carries a risk for reputational damage. • Signing the HTC would allow BCUHB to join PSB partner organisations who have signed up to the Charter in working collaboratively towards enabling active and healthy travel in North Wales.		
Argymhellion: <i>Recommendations:</i>	The Board is asked to: • Support BCUHB's approval in signing up and progressing the implementation of the North Wales Healthy Travel Charter. • Support the development of a communications plan with BCUHB Communications Team to socialise the Healthy Travel Charter within the various directorates within the Health Board.		
Arweinydd Gweithredol: <i>Executive Lead:</i>	• Stuart Keen – Director of Environment and Estates • Dr Jane Moore – Executive Director for Public Health		
Awdur yr Adroddiad: <i>Report Author:</i>	• Matthew York – Specialty Registrar in Public Health • Louise Woodfine – Consultant in Public Health • Stuart Keen – Director of Environment and Estates • Arwel Hughes – Head of Operational Estates • Gwyneth Page - Head of Public Health Assurance & Development		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☐	I Benderfynu arno <i>For Decision</i> ☒	Am sicrwydd <i>For Assurance</i> ☐

Lefel sicrwydd: Assurance level:	Arwyddocaol Significant ☐	Derbyniol Acceptable ☒	Rhannol Partial ☐	Dim Sicrwydd No Assurance ☐
	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>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		This work will contribute towards the following strategic objectives from BCUHB's IMTP: - Objective 1: Building an effective organisation: 1G – Workforce planning. 1J – decarbonisation. - Objective 3: Compassionate culture, leadership & engagement. 3A – Compassionate Leadership and Organisational Development. 3C – Being a Good Partner - Objective 4: Improving quality, outcomes and experience. 4A – Patient Experience. 4B – Prevention. NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		- Equality Act 2010 - Public Sector Equality Duty - Socio-economic Duty - Human Rights Act 1998 - Quality and Health and Care Quality Standards 2023 - Wales Wellbeing of Future Generations (Wales) Act 2015 - NHS Wales Decarbonisation Strategic Delivery Plan		
Yn unol â WP7, a oedd EQIA yn angenrheidiol ac a gafodd ei gynnal?		An Equality Impact Assessment will be undertaken on the implications of signing up to the HTC as part of this programme of work.		

<i>In accordance with WP7 has an EQIA been identified as necessary and undertaken?</i>	
<i>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</i>	A Socio-economic Impact Assessment will be undertaken on the implications of signing up to the HTC as part of this programme of work.
<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
<i>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</i> <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	• CRR25-03 – Population Health: <i>There is a risk that the organisation will fail to meet the health needs of the population and will not enable good health and wellbeing of the population. This may be caused by a failure to take appropriate health prevention responses in areas such as immunisation, outbreak management and screening, failure to deliver interventions that improve people's health, increasing pressures in primary care, rising demand for chronic condition management, and insufficient capacity in children's, dental, and mental health services. This may lead to unmet health needs, preventable and communicable diseases, poorer health outcomes and widening inequalities for the North Wales population.</i> • ID 4200: Residents in North Wales are unable to achieve a healthy weight due to multifactorial and complex system wide factors that promote obesity. • Reputational risk from being the only Health Board in Wales who have not signed the Healthy Travel Charter.
<i>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</i> <i>Financial implications as a result of implementing the recommendations</i>	• There is no cost associated with signing the Charter. • Signing the Charter does not commit BCUHB to any actions that carry a cost implication. Some of the activities that contribute to completion of its actions may have a cost, however they are external to the Charter and each would need Executive approval on their own merits. • Once implemented, the actions of this Charter should lead to improved staff health and productivity, and for patients to be better able to access our sites which may lead to cost savings.
<i>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</i> <i>Workforce implications as a result of implementing the recommendations</i>	• No additional workforce resources will be required to implement the HTC. • Implementation of its actions is expected to have a positive impact on staff wellbeing and productivity.
<i>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</i> <i>Feedback, response, and follow up summary following consultation</i>	This proposal has been discussed and guided within the following fora: • BCUHB's Environmental Management Steering Group

	• BCUHB's Public Health Directorate Health Improvement Programme Group • BCUHB's HTC Working Group, which has representatives from the following internal BCUHB groups ○ Environment and Estates ○ Environment officers from West, Central, and East ○ Green groups ○ Communications ○ Finance ○ Public Health ○ Representatives of the IHCs ○ Workforce & Organisational Development ○ Equality The proposal has received universal support.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	BAF24-06 - There is a risk of not delivering the required improvements to transform care and enhance outcomes
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: 1. For the Board to note the content of this report and the benefits of signing up to and implementing the Healthy Travel Charter 2. For the Board to support the recommendations in this paper. 3. For the Board to support the HTC with the corresponding communications announcements. 4. To keep the Board up to date with progress.	
Rhestr o Atodiadau: List of Appendices (attached to brief): 1. The North Wales Healthy Travel Charter 2. Link to: BCUHB Director of Public Health Annual Report 2024 entitled 'North Wales on the Move'	

Implementation of the North Wales Travel Charter within BCUHB

1 Background

This paper has been prepared to provide BCUHB's Board members with information regarding the benefits of active and healthy travel and how those benefits may be encouraged and enabled within the Health Board by the adoption of the North Wales Healthy Travel Charter. The paper provides the information on which the Board is asked to agree with the recommendation to sign up to the Charter, and for BCUHB to work towards completion of its actions over the successive 24 months.

2 Introduction

Being physically active is the third biggest modifiable risk factor for ill health and premature death in the UK behind tobacco smoking and healthy weight (Everest, Marshall, Fraser, & Briggs, 2022). The UK Government recommends adults undertake at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity per week (NHS, 2024). More than 30% of adults do not achieve even 30 minutes of physical activity per week (Welsh Government, 2025). Regular physical exercise has many benefits to physical health, mental health, and wellbeing, and those who are physically active have up to a 50% reduced risk of developing coronary heart diseases, stroke, diabetes, and some cancers, and have a 20-30% reduced risk of death (NHS 111 Wales, 2025).

The health implications of physical inactivity impact BCUHB in two ways:

- The increased prevalence of non-communicable disease associated with inactivity drives patients to healthcare services provided by BCUHB.
- Physical inactivity has a negative impact on BCUHB's workforce which leads to reduced productivity and effectiveness.

The predominant method of travel for both staff members as well as patients and visitors is by private car. This drives significant demand for available car parking facilities on BCUHB's sites and causes an increase in pollution, danger from increased traffic and illegal parking, frustration, and missed appointments.

BCUHB has demonstrated a commitment to encouraging physical activity of its workforce via its Staff Health and Wellbeing Guidance¹ and by its support to produce the Actif Workplace Policy (Appendix Two), both of which recognise the benefits of physical activity and encourage their promotion within the workplace. Separately, the 2024 BCUHB Director of Public Health Report stated the intention to '[work] with Public Service Boards to facilitate implementation of actions from the Healthy Travel Charter for North Wales' (Appendix Three).

BCUHB's Actif Workplace Policy and Green Travel Plans provide a framework for delivering many of the Charter's actions and allow alignment with and contribution towards existing sustainability efforts including contributing towards eight of BCUHB's commitments detailed in the NHS Wales Decarbonisation Strategic Delivery Plan².

3 The Healthy Travel Charter

The Healthy Travel Charter is an initiative from Healthy Travel Wales to develop an approach across the public sector to encourage and enable healthy and sustainable travel. The work is led by Dr Tom Porter, a consultant in public health with Cardiff and Vale University Health Board. The first HTC within Wales was produced in 2019. The North Wales Healthy Travel Charter was developed by the BCUHB Public Health Team in partnership with Local Authority Active Travel Officers, Natural Resources Wales and Sustrans (now renamed the Walk Wheel Cycle Trust) and was published in 2022. The North Wales Healthy Travel Charter was supported by the Regional Partnership Board (RPB) in July 2022.

¹ [BCUHB Staff Health and Wellbeing Guidelines](#)

² [NHS Wales Decarbonisation Strategic Delivery Plan](#)

The Charter contains a list of fifteen actions. Organisations complete a baseline score against those actions at the point of sign-up and then report progress on a bi-annual basis, with an aim to complete as many of the remaining actions over the successive 24 months. The assessment is self-reported and, although anonymised scores may be shown, individual scores for each organisation are never released. The Charter and its individual actions can be seen in appendix one. Signing up to the Charter does not indicate commitment to enact specific initiatives (apart from offering the Cycle-to-work scheme which is already in place), but does demonstrate a commitment to review actions under each topic.

BCU remains the only Health Board in Wales which has not signed up to a HTC. Eight organisations within North Wales have signed up to the Charter, with several others undertaking pre-signing preparation through activity organised within the Public Service Boards. Names of organisations who have signed the Charter are not published, however they are mainly large public-sector organisations operating on a local or regional basis. Those who have signed the Charter attend local, regional, and national forums where good practice is shared and where there is advantage to partnership working such as in tackling systemic issues e.g. public transportation. By becoming a signatory, BCUHB will be able to play an integral role in that activity and provide leadership.

4 Recommendation

The Board is asked to:

- Support BCUHB's approval in signing up and progressing the implementation of the North Wales Healthy Travel Charter.
- Support the development of a communications plan with BCUHB Communications Team to socialise the Healthy Travel Charter within the various directorates within the Health Board.

5 Budgetary / Financial Implications

It is anticipated that signing up to the HTC will have the following financial implications:

- There is **no cost** associated with signing the Charter.
- Signing the Charter does not commit BCUHB to any actions that carry a cost implication. Some of the activities that contribute to completion of its actions may have a cost, however they are external to the Charter itself and each would need Executive approval on their own merits.
- Once implemented, the actions of this Charter should lead to improved staff health and productivity, and for patients to be better able to access our sites which **may lead to cost savings**.

6 Risk Management

It has been assessed that signing up to the HTC would have the following risk implications:

- **CRR25-03 – Population Health:** *There is a risk that the organisation will fail to meet the health needs of the population and will not enable good health and wellbeing of the population. This may be caused by a failure to take appropriate health prevention responses in areas such as immunisation, outbreak management and screening, failure to deliver interventions that improve people's health, increasing pressures in primary care, rising demand for chronic condition management, and insufficient capacity in children's, dental, and mental health services. This may lead to unmet health needs, preventable and communicable diseases, poorer health outcomes and widening inequalities for the North Wales population.*
- **BAF24-06** - There is a risk of not delivering the required improvements to transform care and enhance outcomes.
- **ID 4200:** Residents in North Wales are unable to achieve a healthy weight due to multifactorial and complex system wide factors that promote obesity.
- **Reputational risk** from being the only Health Board in Wales who have not signed the Healthy Travel Charter.

7 Equality and Diversity Implications

An Integrated Equality Assessment will be completed as part of this work to ensure that signing up to the Charter does not negatively impact those with protected characteristics, and that the socio-economic impact is considered.

8 Bibliography

Everest, G., Marshall, L., Fraser, C., & Briggs, A. (2022). *Addressing the leading risk factors for ill health: A review of government policies tackling smoking, poor diet, physical inactivity and harmful alcohol use in England*. The Health Foundation. doi:<https://doi.org/10.37829/HF-2022-P10>

NHS 111 Wales. (2025). *Physical Activity*. Retrieved from <https://111.wales.nhs.uk/lifestylewellbeing/physicalactivity/>

NHS. (2024). *Physical activity guidelines for adults aged 19 to 64*. Retrieved from <https://www.nhs.uk/live-well/exercise/physical-activity-guidelines-for-adults-aged-19-to-64/>

Welsh Government. (2025). *National Survey of Wales*. Retrieved from <https://www.gov.wales/national-survey-wales-results-viewer-dashboard>

9 Appendices (attached to brief)

1. The North Wales Healthy Travel Charter
2. BCUHB Director of Public Health Annual Report 2024 entitled 'North Wales on the Move'

Appendices

Appendix One – The North Wales Healthy Travel Charter

Action	Communications and leadership
1	Establish a network of proactive sustainable travel champions, including senior staff, managers and where relevant, elected members, who routinely promote and model active and sustainable travel behaviour, in line with the sustainable travel hierarchy
2	Agree and use regular and consistent communications messages with the public, visitors and staff on healthy travel and reducing unnecessary travel, including targeting people of different backgrounds, gender, age, abilities and disabilities
3	Promote and consider healthy travel options and benefits across wider functions, such as: procurement, conferences, and when advertising roles in our organisations
4	Review our travel expense policies and journey planning processes for staff, to align with the sustainable transport hierarchy
5	Collaborate with partners and provide strategic leadership and planning on healthy and sustainable travel, including infrastructure and services where relevant
6	Support staff driving fleet vehicles to be responsible and considerate road users (e.g. driving within speed limits and not parking in cycle lanes), to enable safe walking and cycling
	Public transport
7	Explore discounts for staff on Transport for Wales rail services and with local transport providers
	Walking, cycling and public transport
8	Make information easily available on how to get to our main site(s) by walking, cycling and public transport links, for example by contributing to an interactive map
	Cycling and walking
9	Offer the cycle to work scheme to all staff, including e-bikes
10	Assess and provide secure and accessible cycle storage, showers and lockers at all suitable sites
11	Improve access to bicycles at work where appropriate, e.g. pool bikes, hire bikes and cargo bikes
12	Explore and promote cycle training and maintenance sessions where appropriate
	Agile working
13	Provide flexible working options for staff wherever possible, including home and/or hub working, and promote a culture of agile working across public sector sites
	Ultra low emission vehicles (battery electric or hydrogen)
14	Review the current and future need for electric vehicle (EV) and e-bike charging infrastructure on our sites
15	Review our fleet and procurement arrangements (where applicable) for introduction of ultra-low emission vehicles, including e-cargo and e-bikes where appropriate



Teitl adroddiad:	Culture and Leadership Programme – Discovery phase synthesis report
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 27 November 2025
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	This report provides an update on the Culture and Leadership Programme, which forms a key component of the Health Board's strategic objective to create a compassionate culture, leadership, and engagement. The programme, delivered under the <i>Foundations for the Future</i> change framework, aims to improve organisational culture through evidence-based tools and tailored approaches that foster inclusive, collective, and compassionate leadership. The synthesis report consolidates findings from the Discovery phase, incorporating staff feedback from multiple sources including the NHS Wales Staff Survey 2024, Staff Wellbeing Support Services, and engagement activities across the organisation. Key themes identified include the need for consistent application of values and behaviours, streamlined governance, improved psychological safety, enhanced leadership capability, and greater support for innovation and wellbeing. Progress to date includes measurable improvements in mandatory training compliance, PADR completion, and reductions in vacancy and turnover rates. However, challenges remain in embedding cultural change consistently, addressing silo working, and ensuring leadership visibility and accountability. The report outlines a proposed three-year improvement plan (Appendix 3) prioritising actions to strengthen vision and values, governance, learning and innovation, support and compassion, and teamwork.
Argymhellion: Recommendations:	Members asked to: • NOTE the findings within the report. • ENDORSE the suggested Culture and Leadership Improvement Plan.
Arweinydd Gweithredol: Executive Lead:	Georgina Roberts - Interim Executive Director of People & OD supported by Jason Brannan - Deputy Executive Director of People & OD
Awdur yr Adroddiad: Report Author:	Nia Thomas - Head of Culture Development Nia Harris - Senior OD Manager Culture Katie Lynn Williams - OD Manager Culture

Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☒		I Benderfynu arno <i>For Decision</i> ☒		Am sicrwydd <i>For Assurance</i> ☐
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> ☐ 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> ☒ 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> ☐ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>	
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>					
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		Strategic Objective 3: Creating Compassionate Culture, Leadership and Engagement			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		N/A			
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i>		Do/Naddo Y/N Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol <i>If no please provide an explanation as to why the duty does not apply</i> <u>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</u> <u>WP7 Procedure for Equality Impact Assessments</u>			
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>		N/A			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>		Detailed financial implications of any potential elements of this work will be further developed. Utilisation of current, budgeted resources will be prioritised.			

Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	The intended outcome is a positive impact on workforce. There are no significant workforce planning matters related to this proposal.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	• Foundations for the Future Programme Board (06/10/25) • Executive Committee (15/10/25) • People & Culture Committee (16/10/25) Feedback from all forums noted above has been integrated into the suggested Improvement Plan at Appendix 3.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	CRR24-01 - There is a risk that BCU do not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care. This could be caused by staffing shortfalls, 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 CRR24-16 - 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.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i>	
Rhestr o Atodiadau: <i>List of Appendices:</i> Appendix 1: Culture Dashboard Appendix 2: Culture & Leadership Programme Methodology Appendix 3: Three Year Culture, Leadership & Engagement suggested Improvement Plan Appendix 4: Roles, Responsibilities and Expectations	

Culture and Leadership Synthesis Report – Discovery Phase Findings

1. INTRODUCTION

In September 2023, the Board approved the development of an evidence-based Culture and Leadership Programme to strengthen organisational culture, leadership, and staff engagement. Designed by leading experts including Professor Michael West and supported by NHS Improvement and the King's Fund, the programme enables us to understand our culture through robust diagnostics and implement tailored approaches to foster compassionate, inclusive, and collective leadership.

This work aligns with Welsh Government's ambition for a national culture and leadership framework, and our experience has positioned BCUHB as a key contributor to shaping this agenda. The programme is central to delivering Strategic Objective 3 of our Integrated Medium Term Plan: **Creating Compassionate Culture, Leadership and Engagement**.

The synthesis report summarises findings from the Discovery Phase, drawing on multiple sources including the NHS Wales Staff Survey 2024, Foundations for the Future engagement, and staff wellbeing data. It identifies key themes, challenges, and opportunities to inform a three-year improvement plan aimed at embedding cultural change, improving staff experience, and ultimately enhancing patient outcomes.

2. OUR STRATEGIC INTENT

The culture within NHS organisations is a key determinant of safe, high-quality care. Evidence shows that poor culture contributes to bullying, discrimination, sickness absence, presenteeism, staff turnover, and recruitment challenges.

The Health Board's objective is to establish a compassionate, inclusive, and collective culture. This will be achieved by embedding behaviours that prioritise respectful relationships, listening, understanding, and supporting colleagues. Leadership is the most significant factor influencing culture; therefore, investment in leadership development across all levels is a priority. Every member of staff has a role in shaping culture through daily interactions.

Organisational culture impacts:

- Clinical outcomes and overall performance
- Patient experience
- Bullying and harassment prevalence
- Discrimination
- Sickness absence and presenteeism
- Staff turnover and recruitment

To monitor progress, a culture dashboard (Appendix 1) has been developed, supplemented by NHS Wales Staff Survey data, Foundations for the Future engagement feedback, and Speaking Up Safely reports.

Culture Change Leaders are central to delivering this programme locally and across the organisation. To date, 208 staff have committed to this role.

The benefits of the Culture and Leadership Programme

Compassionate and inclusive working environments are proven to improve staff engagement. NHS England data indicates that a 0.12 increase in staff engagement scores correlates with a 0.9% reduction in agency spending, equating to an average saving of £1.7 million per trust.

Data from the Culture and Leadership Programme has been triangulated with the NHS Wales Staff Survey 2024 and feedback from senior colleagues through the Foundations for the Future discovery work. This analysis highlights broader themes including retention, patient safety, and freedom to speak up.

Since implementation in August 2023, the BCUHB Culture Dashboard shows improvement across several key metrics linked to organisational culture. Notably, BCUHB has achieved the lowest sickness absence rate and the highest PADR compliance in NHS Wales. It is recognised that some metrics may initially deteriorate as the programme embeds.

Culture Dashboard Metrics

Metric	Aug 23	Aug 24	Jul 25	Change over two year period
Mandatory training completion	88.9%	90.4%	91.4%	2.5% increase
Performance Appraisal Development Review (PADR)	76.6%	78.3%	81.8%	5.2% increase
Medical Appraisal and Revalidation (MARS)	97.3%	96%	96.6%	0.7% decrease
Roster approvals	No data	80%	84%	4% increase
Stress/Anxiety/Depression	1.6%	1.9%	2%	0.4% increase
Vacancy rates	8.4%	8.3%	8.1%	0.3% decrease
Avoidable turnover	5.4%	5%	4.3%	1.1% decrease
Grievance cases (Respect & Resolution)	12	8	7	Notable reduction
Emergency payments	50	40	50	Emergency payment numbers fluctuate
Over payments	56	49	35	Notable reduction
Speak Up Safely concerns	46	58	113	* Notable increase

*Notable increase in Speak up Safely concerns signifies staff feel more able to raise concerns and more awareness of service.

NHS data indicates that the cost of replacing a fully-trained nurse is £12, 000 and according to Credentiaally, a healthcare onboarding and compliance platform built by healthcare professionals, the average cost of recruiting and onboarding a new NHS employee is £3, 500. A decrease in avoidable turnover and retaining more staff means we are able to avoid this cost.

To help complement the picture of steady improvement suggested by the metrics above, our NHS Wales Staff Survey 2024 results achieved an Engagement Index score that is above average in four of the seven elements that make up the Index. In particular, staff indicated more positive responses in the following:

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

Compelling data by West et al (2021) also shows that those NHS organisations that stick with the programme derive key benefits including care quality, financial performance, staff engagement and staff turnover.

Culture & Leadership Programme Methodology

All six discovery tools available within the Culture & Leadership programme were used and/or adapted to BCUHB's context. Further detail of the diagnostics can be seen in **Appendix 2**. However, the headlines include:

- 46 one-to-one Board/Senior Leaders conversations conducted by Culture Change Leaders to capture thoughts and feedback on the six pillars of the programme.
- Culture Dashboard co-developed to monitor key metrics that affect staff experience at work.
- 16 Culture Focus groups facilitated across 15 sites where staff were invited to participate and provide thoughts and feedback. 251 individual and team responses received.
- Thematic analysis of Civica patient experience data undertaken.
- Mapping of leadership behaviours survey questions to staff survey data to allow year on year comparison completed.

Culture Change Leaders have played a significant role in the discovery phase of the programme by leading and scribing for Board/SLT conversations, facilitating organisation wide and local focus groups and by offering valuable insights in the synthesis workshops.

Data and information from all of the diagnostic tools were presented in two synthesis workshops held for Culture & Leadership Design group members, Culture Change Leaders and the wider Organisational Development team in August 2025. The information was themed and then prioritised into short, medium and longer term priorities.

Feedback from one of our Culture Change Leaders (CCLs):

“For me, the discovery phase has been about uncovering how people, at every level, feel about the current culture and capturing ideas for the future which gives a reality to the project as any actions produced are based on evidence. There has also been an element of assessing what resistance there may be to any change that is required! I have been able to foster working relationships by building trust through discussing a key issue for everyone and made connections with people that will continue beyond the project work. “

3. KEY FINDINGS

The key findings will be presented as strengths, challenges and opportunities under the six pillars of the programme which are:



The fifth pillar in the programme is Equity and Inclusion, which runs through all pillars. Any agreed interventions will incorporate equity and inclusion as a key requirement.

There is strong correlation from the findings gathered to other sources of information such as the Foundations for the Future Discovery work and Staff Survey. Any finding that correlates to findings from the Foundations for the Future Discovery work and/or the 2024 NHS Wales Staff Survey are highlighted in as (FFTF) or (SS) throughout the report and also feature within the Improvement plan.



Our values and behaviours shape the way we work, how we interact with each other, our patients, service users and our partners. Values are beliefs or principles that are important and meaningful to us - they are what drives us. Behaviours are the actions we observe and demonstrate, bringing our values to life. We demonstrate our values through what we say, how we say it, how we do things, how we treat others and how we expect to be treated.

Between June and November 2024, extensive engagement was conducted across the organisation to refresh our values and develop associated behaviours. Staff shared insights about what makes a good day at work, shaping the initial draft of our values. Through further discussions and collaboration, our new values were established which are **Compassion**, **Openness**, and **Respect**, each holding equal significance in guiding our workplace culture.

To nurture a high-performing culture we need leaders, leadership behaviours and leadership collaboration aligned around reinforcing the vision, values and behaviours that are core to the desired culture.

Observations from our Culture Change Leaders (CCLs):

"I feel the culture work is having a local impact through the culture leaders taking the work back to their teams to talk about the new values and behaviours and introducing the staff engagement toolkits to great success and I personally now feel more able to challenge people against the framework for behaviours and values. However, the wider consistency for change at organisational level will take time and prolonged positive effort."

"It has been inspiring to share the journey, to hear the experiences and challenges of colleagues while working on ways to empower ourselves and develop the culture of the organisation and to deliver the values and behaviours in a real and meaningful way. As more local areas embrace the change in culture, embracing the new values and behaviours it shows other areas that it is possible and the change spreads."

Key findings from Vision and Values

Strengths	Challenges
- Progress has been made in terms of behaviours with the introduction of the new Values & Behaviours Framework - There are small pockets of good behaviours in-line with a compassionate approach and with the Health Board values and behaviours, but work is required to make these behaviours standard across the Health Board (SS)	- Successfully and sustainably embedding the Values & Behaviours Framework across all processes, procedures and systems - Cascading Board level objectives is inconsistent - No coherent organisational vision (SS)
Opportunities	
- Develop psychological safety where staff at all levels feel they can speak up and call out inappropriate behaviours, in order to continue to develop the culture we want to see (SS) - Develop a clear organisational vision that connects Board level ambition with frontline reality (SS)	



Vision and values statements provide direction for staff, but in order to create cultures that are truly focussed on delivering high quality care, we need to translate these statements into clear, aligned and challenging objectives or goals at all levels of the organisation. This will radically transform our organisation's effectiveness and efficiency.

Feedback from one of our Culture Change Leaders (CCLs): -

"The Discovery Phase was a lightbulb moment when I realised I the change started with me, not the organisation. The discussions and collaborations energised me – and boy did I feel jaded. While I don't see a lot of change organisationally yet, I do see more

conversations about how we interact and what good culture looks like than I noticed before. It's more visible now as a topic."

Key findings from Goals and Performance

Strengths	Challenges
- Governance mechanisms evolving at certain levels of the organisation to improve accountability and consistency - Improvements in engagement levels in some measures such as PADR and mandatory training	- Our governance processes are complex and lengthy which delays decision making (SS) - Organisational metrics are not always measuring the right elements e.g. we currently monitor completion rates of PADR and mandatory training, rather than measuring the effectiveness of the process - Staff feel disempowered to make changes or drive forwards efficiencies due to finance and system restrictions (SS) - Lengthy Establishment Control process impacts time to recruit which has far reaching implications for wider teams and ability to achieve outcomes - Lack of recognition of good effort and performance (SS)
Opportunities	
- Streamline governance processes to allow organisational change at pace (FFTF) - Develop more meaningful organisational metrics which impact staff engagement e.g. effectiveness and quality of PADR, mandatory training, staff roster completion rates etc (FFTF) - Develop local decision-making frameworks/clear accountability where decisions are made closer to the team/patient (FFTF) (SS) - Review Establishment Control process (FFTF) - Celebrate and share positive good news stories more widely including externally, including patient experience data and feedback (SS) - Succession planning / Talent Management process development to align with workforce planning (FFTF) (SS)	



Learning and Innovation

Innovation can enable modern healthcare organisations and systems to meet the radically changing needs and expectations of the communities they serve. Adequate financial support is a necessary precondition, but money on its own without the necessary transformative change will not be enough (West et al 2017).

Environments that support learning and innovation are essential for delivering continuous improvement and meeting the evolving needs of our communities. Maintaining traditional

approaches is no longer sufficient. To achieve meaningful change, the organisation must foster a culture that encourages innovation and quality improvement. Compassionate leadership is a critical enabler of this transformation, creating the conditions for collaboration, creativity, and sustained improvement.

Key findings from Learning and Innovation

Strengths	Challenges
Local innovation and knowledge sharing are emerging strengths in pockets of the organisation (SS)	- Although innovation is championed by the organisation, implementation is sporadic due to limited organisational and wider system support. Change typically stems out of necessity and is driven by individuals (SS) - Silo working evident as each region holds its own identity (East, Central and West) creating integration barriers which hinder innovation and system working (FFTF) - Limited time and high workload pressures stifle innovation (SS) - Digital systems are lagging behind national standards, creating inefficiencies and limiting the potential for innovation (SS)
Opportunities	
- To sustain innovation and quality care, successful models like Pan-Health Board services must be scaled, and clinical leadership embedded across reforms to drive strategic, person-centred design and coherence. This opportunity is being directly linked to Foundations for the Future work - Autonomy to make changes at local levels rather than layers of approvals currently stifling improvement (FFTF) (SS) - Greater emphasis needed on reflective practice particularly activities such as Schwartz Rounds which are already well-established, to aid organisational learning and development. This will require buy-in and engagement at a senior level, with senior practitioners and board members attending regular reflective practice sessions	



The NHS was founded on the basis of the core value of Compassion. In organisations where the core value is compassion, staff motivation, wellbeing and effort are sustained and nurtured. Compassionate cultures are nurtured when leaders and all staff behave with compassion. Compassion spirals out, so that those who receive compassion are themselves more likely to direct caring and supportive behaviours towards others, which in turn has a significant impact on quality of care, patient experience and general performance of an organisation.

When staff are well led and supported, patients say they too are treated with respect, care and compassion (West et al 2011). The average level of staff engagement in an organisation predicts care quality and financial performance, staff health and wellbeing, patient satisfaction and lower patient mortality, staff absenteeism and stress.

Feedback from one of our Culture Change Leaders (CCLs):

"I am very proud to be one of BCU's Culture Change Leaders (CCL). After so much bad press for Betsi due to special measures, if anything positive such as this programme can rise up to help us move forward from that position, then I would encourage as many interested colleagues as possible to join the next cohorts of CCL."

Key findings from Support and Compassion

Strengths	Challenges
- Board development work is progressing - Leadership landscape in places is shifting towards cohesion /collaboration - Some areas display strong teamwork and communication	- Lack of Board / Exec visibility leading to disconnect with frontline staff (FFTF) (SS) - Lack of consistency in leadership approaches / competence across the organisation (FFTF) (SS) - Senior Leadership is not clearly defined (FFTF) - Lack of consistent wellbeing support available for staff. Service is reactive rather than being proactive where staff access support ahead of reaching burnout (SS)
Opportunities	
- Develop a 'Bridging the gap plan for Execs and Senior Managers' to include a combination of working from different sites, committees to rotate meeting locations, 'walk in my shoes' approaches to spend time with staff and understand their challenges - Mandate leadership development for a consistent and standard baseline across the organisation (FFTF) - Clear definition of 'Senior Leadership' in BCUHB, primarily for the purpose of conducting leadership workforce analysis, succession planning, talent management and forward forecasting (FFTF) - Develop adequate, sustainable provision of wellbeing support services for staff including support which is proactive and designed to keep people well and in work, rather than reactive to distress and therefore unable to adequately support staff to stay healthy and engaged with the organisation. (SS)	



Teamwork is vital to healthcare quality. Staff must work together across professional boundaries to deliver high quality care, especially as the complexity of healthcare increases. The more staff work within effective, collaborative teams, the lower the levels of errors, injuries to staff, harassment, bullying, violence against staff, staff absenteeism and patient mortality. Where there are interprofessional rivalries, teams are unlikely to interact and share information effectively with detrimental effects on patient care.

To achieve effective teamworking and co-operation across boundaries, leaders need to work collectively and commit to:

- Model compassion
- Promote engagement and involvement
- Promote staff autonomy and accountability
- Ensure staff voices are heard and acted on
- Encourage staff to be proactive and innovative

Experiences of our Culture Change Leaders (CCLs):

"I feel the culture work is beginning to ripple across the organisation, creating space for more honest conversations, stronger connections, and a shared sense of purpose. It's lovely to spend time with people who share a passion for culture."

"Certainly, within our team it's been a pause for thought among us and I feel how we work together and interact has improved. I think the really heartening thing is knowing more people are willing to become involved in this space. I feel confident we will reach a critical mass at some point, where compassion, openness and respect are not organisational goals but a non-negotiable, baseline standard."

Key findings from Team Work

Strengths	Challenges
• Examples of great team working in areas (SS)	• Too many reporting lines which hinders effective teamworking (FFTF) • Communication emerges as a persistent barrier, with many staff feeling uninformed and excluded • Siloed working, teams work in isolation, clear divide across IHCs creating duplication and internal barriers (FFTF) • Lack of rationale behind decisions taken at Board level (FFTF) • Lack of clarity around Board level roles and content of board development sessions

Opportunities

- Re-look at organisational structure as part of Foundations for the Future (FFTF)
- Improve internal communication channels to become more engaging and two way as well as information sharing (SS)
- Improve Board communication and transparency around decision making, roles and development (SS)

Additional sources of staff feedback

As previously noted above, there is strong correlation between the findings from discovery of the Culture & Leadership Programme, the Foundations for the Future Discovery work and Staff Survey, as well as other organisational intelligence as highlighted below.

Staff Wellbeing and Support Service

The Staff Wellbeing and Support Service is designed to provide wrap-around support to staff to enable them to stay psychologically healthy and feel connected to the organisation. As such, it provides us with a source of rich data regarding staff wellbeing and levels of stress/burnout which is very important as it affects attitudes and culture as well as the ability to carry out work effectively i.e. may be irritable, have reduced empathy and exhibit severe exhaustion.

Most recently, the top reason for accessing the SWSS Psychology service was psychological trauma (28% of referrals in Q2). The most significant contributing factor to staff distress reported was organisational processes (22% of staff reported this in Q2).

Burnout is recognised by the World Health Organisation as an occupational phenomenon and it is not generally thought as being a mental health condition. We do not record burnout on the Electronic Staff Record as a sickness reason, therefore cannot report effectively on the true picture.

Staff quote:

"I have been off sick for months and have struggled to get any (support)...from the tools given to me I am now able to start to move on and not feel like a failure anymore"

Data from the Schwartz Rounds offered within the Health Board suggests that staff value this input, with 82% of staff stating that they would attend again. Schwartz Rounds are designed as a reflective practice space to hold distress and aid emotional processing. They are not designed to problem-solve or offer solutions.

Staff quote:

"Fantastic bravery from those who spoke up and shared their stories. It left me emotional and happy to have such amazing colleagues"

Wellness, Work and Us (Mental Health and Learning Disabilities Division)

The Wellness, Work and Us (WW&U) Service provides a service for all staff in the Mental Health and Learning Disabilities (MH&LD) Division which is additional to the BCUHB Staff

Wellbeing Support Service (SWSS). The MH&LD specific service recognises the daily challenges (emotional, physical, moral, psychological) that our staff experience in the course of their work, and as citizens of North Wales. This helps us understand some of the challenges colleagues are facing in their day to day working lives.

Staff quote:

“One of the patients was talking about experiences when they were younger and it brought it all back. I just wanted to self-harm like I did when I was a teenager to deal with my stress. I phoned the Wellness, Work & Us team for help and got time and support to help me deal with the feelings. And they gave me loads of links and ideas of how to get extra help. They also offered to give me a call to check in on my and see how I was doing. It was a life-line”

Specialist Organisational Development

The Specialist OD team collate and share recurring themes and trends as part of their work with teams within the organisation.

Developing the three year Culture, Leadership & Engagement suggested Improvement Plan 2026-29

The key findings from each pillar of the Culture and Leadership Programme, together with feedback from additional sources, have informed the development of the proposed improvement plan set out in **Appendix 3**. Each action within the plan has been cross-referenced to its original source to ensure accuracy and alignment with staff feedback. Some actions, such as the embedding of the Values and Behaviours Framework, are already in progress.

The improvement plan is structured over a three-year period, with timescales assigned to each workstream. Prioritisation has been agreed in collaboration with Design Group members and Culture Change Leaders. In addition to addressing identified themes, the plan incorporates further improvement areas based on research and evidence from the programme to support the creation of an effective organisational culture.

4. SUMMARY OF FINDINGS

The Discovery Phase of the Culture and Leadership Programme has highlighted consistent themes across multiple sources of staff feedback, including the NHS Wales Staff Survey 2024, Foundations for the Future engagement, and wellbeing data. The organisation has made progress with the introduction of the Values and Behaviours Framework and improvements in engagement metrics such as PADR compliance and mandatory training. There are emerging examples of innovation and collaborative working. However, challenges remain in embedding values consistently, streamlining governance processes, improving psychological safety, and addressing silo working and communication barriers. Opportunities exist to develop a clear organisational vision, strengthen leadership capability, enhance wellbeing support, and improve transparency and internal communication.

The Culture Dashboard indicates early improvements in key metrics, including reductions in avoidable turnover and grievance cases, alongside increased PADR compliance. Some indicators, such as Speak Up Safely concerns, have increased, reflecting greater confidence among staff to raise issues.

Next steps will be governed through the Foundations for the Future programme structure. The three-year Culture, Leadership and Engagement Improvement Plan will be implemented, with immediate priorities focused on embedding the Values and Behaviours Framework and mandating leadership development programmes. Progress will be monitored through the Culture Dashboard and ongoing staff feedback. Recruitment and development of Culture Change Leaders will continue to maintain momentum, supported by strengthened communication and engagement plans. Financial and workforce implications will be managed within existing resources, with detailed costings developed for future phases.

5. CONCLUSION

The Culture and Leadership Programme is delivering measurable progress and providing a clear framework for cultural transformation across the Health Board. The findings from the Discovery Phase confirm that while there are areas of strength, significant challenges remain in embedding values consistently, improving leadership capability, and creating an environment where staff feel safe, supported, and empowered. The proposed three-year improvement plan sets out a structured approach to address these issues and build a compassionate, inclusive, and high-performing culture. Successful implementation will require sustained commitment from the Board and senior leadership, alignment with organisational priorities, and ongoing engagement with staff at all levels. This work is fundamental to improving staff experience, strengthening organisational effectiveness, and ensuring the delivery of safe, high-quality care for the population of North Wales.

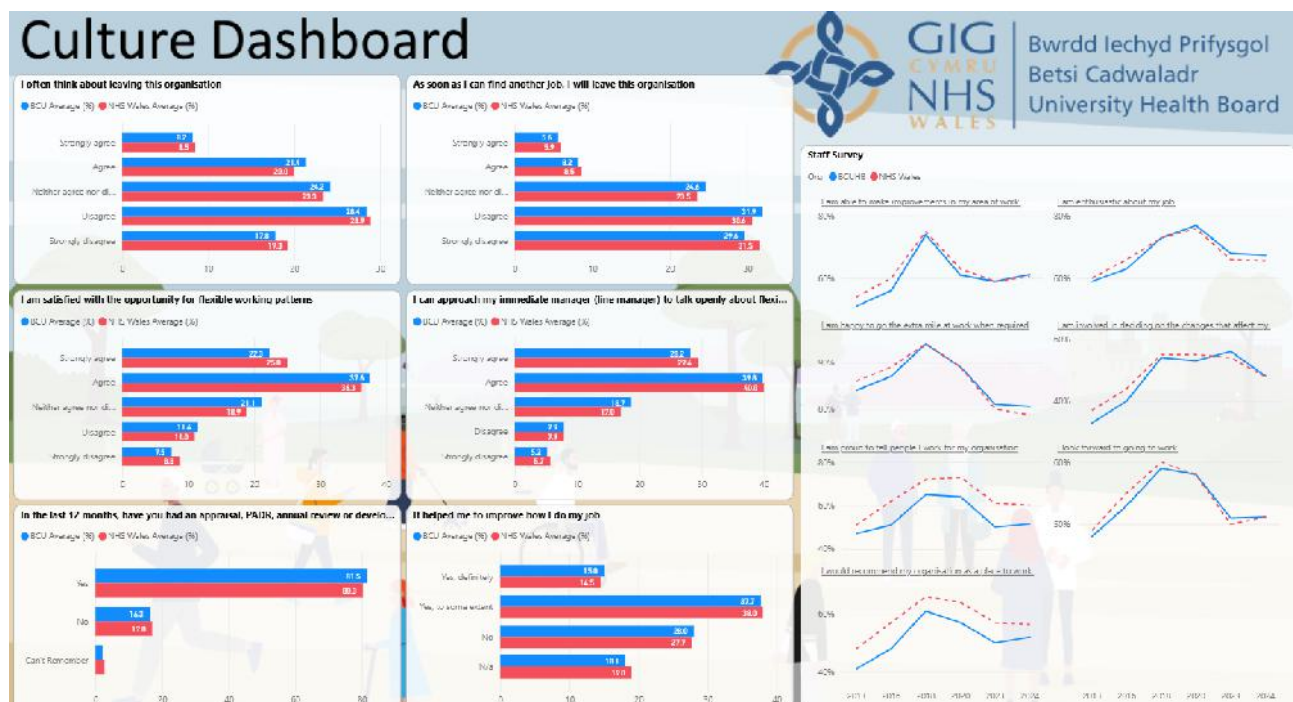
Governance of the improvement plan will be through the Foundations for the Future programme management structure, however **Appendix 4** outlines the different levels of responsibility for achievement of the plan as whole.

6. RECOMMENDATIONS

Members are asked to:

- **NOTE** the findings within the report
- **ENDORSE** the development of the Culture and Leadership Improvement plan with oversight by the People and Culture Committee
- **ENDORSE** the continuation of the Culture and Leadership Programme

Appendix 1 – Culture Dashboard



Appendix 2 – Culture & Leadership Programme Methodology

All six of the discovery phase tools offered by the programme were utilised as follows:-

Dashboard: A metrics dashboard was co-designed with the Culture & Leadership programme Design group and Culture Change Leaders to measure certain business intelligence/workforce metrics associated with organisational culture. Metrics measured include: PADR and Mandatory compliance completion rates, Staff survey data, Overpayments and Emergency payments, Roster approvals, Stress related sickness absence, staff retention, Vacancy and Turnover rates as well as Speak Out Safely case numbers, flexible working requests and the number of Respect and Resolution cases. Some areas have seen an increase over the two years from June 2023 – June 2025, e.g. mandatory training and PADR compliance whilst others have seen a positive decrease e.g. emergency and over payments.

Board conversations: Leadership is described as the biggest detriment of an organisations culture. Each Board member was invited to attend a 1:1 conversation facilitated and scribed by Culture Change Leaders, with the questions asked being structured around the 6 cultural pillars. Whilst tailoring and confirming the questions with design group members, it was decided to extend the offer of these conversations to the Senior Leadership Team (SLT), due to size and complexity of the organisation. Over a three month period, a total of 46 conversations were held, comprising of 10 Board, 13 Independent Members and 23 SLT.

Focus groups: Following on from the Board/SLT conversations focus groups were arranged to hear staff voices from across the organisation. A flexible approach was taken to encourage and maximise participation. Organisational wide events were arranged where staff could join facilitated sessions, supported by Culture Change Leaders and members of the Board where possible. Local events were encouraged, where teams could meet and review a selection of the questions and provide their responses. Additionally, a number of walkabouts were held by the Culture team and Culture Change Leader across the organisation to provide staff with paper copies of the survey to submit, as well as the opportunity to complete via an Ipad. Over a period of 2 and a half weeks, a total of 15 formal focus groups were held, with a total of 351 individual/group responses submitted.

Leadership behaviours survey: The programme suggests issuing a survey to look at leadership behaviours within the organisation. With the annual All Wales national staff survey results being recently published, the decision was made to map any staff survey relevant questions across to the suggested questions within the Leadership Behaviour Survey. As the national staff survey is held annually, we can monitor year on year to identify high performing areas and areas for improvement.

Leadership Workforce analysis: This tool is used to understand the organisation's needs of the future workforce and to collect information in order to develop the compassionate and inclusive leadership strategy. This tool can be particularly helpful to support our workforce planning activity and will be reviewed on a regular basis as part of the culture and leadership programme. Whilst conducting the Leadership Workforce analysis it became clear that

some of the information was not available, this is an area identified for improvement and can be seen included in the future approach in appendix 2.

Patience Experience data: Evidence shows that organisational culture has a significant impact on the quality of care and overall experience our patients receive. Our patients, service users and carers can therefore provide us with a helpful insight to the culture. A thematic analysis of Civica data was conducted as part of the discovery phase. The analysis revealed a focus on patient complaints rather than patient experience in its entirety, this is an area identified for improvement and can be seen included in the future approach in appendix 3

Method taken for analysis of each tool:

- AI was used to establish initial themes from the data collected from the Board/SLT conversations and focus groups
- Themes generated were quality assured by members of the Culture team before being submitted for a final QA check with the Head of Service

Synthesis workshops:

As a further sense check, two synthesis workshops were held for the Culture Design Group and Culture Change Leaders to come and review the data and to establish what they make of the data collected, gather their thoughts on what actions could be taken to address the challenges and an approach for the groups to prioritise the actions through further engagement.

"I really enjoyed the synthesis session. It was lovely to be able to meet other CCLs and to look at the feedback received and to be able to comment on it - it really feels like we're making a difference :) "
(Quote from Culture Change Leader)

Additional sources of staff feedback utilised

Staff Voice and Staff Connect workshops in MH&LD by Wellness, Work & Us

'Staff Voice' has been launched which aims to continually engage with staff, to actively seek their views. The Workshops have taken the format of a group (on-line) discussion open to any staff in the Division, with a specific focus for each. This has been followed by reaching out to all MH&LD staff to take a 'pulse' of what their own views on the theme is. Feedback is to be collated and reviewed as part of the 2025-26 WW&U Action Plan. Continued work is focused on understanding more clearly what staff feel and experience, with an aspiration that there will be increased engagement with the survey in 2025.

Staff Connect days have been delivered by the Wellness, Work & Us Team to staff new to the Division or in a new role within the Division to help them to connect with each other, understand the wider-division, meet and engage with senior leaders, and focus on wellbeing.

Key: * Culture and Leadership programme recommendation

Appendix 3: Three Year Culture, Leadership & Engagement suggested Improvement Plan 2026-29

Ref	Required Action	Required Outcome(s)	Measures	Values link (C/O/R)	Yr 1				Y2	Y3
					Q1	Q2	Q3	Q4		
1: Vision & Values										
1.1	Develop psychological safety through training for all which discusses specific and actionable behaviours that can contribute to psychological safety in teams and organisations. (SS)	A culture where staff at all levels feel they can speak up and call out inappropriate behaviours in order to continue to develop the culture we want to see	- Reduction in number of SOS submissions which relate to feeling unable to speak up directly to line managers - Increase in participation rates on All Wales staff survey - Increase in scores on Staff survey relating to staff being able to speak up	O	x	x	x	x		
1.2	Develop a clear organisational vision that connects board level ambition with frontline reality (FFTF and SS)	All staff have an awareness of the organisational vision and understand how the work they do connects/aligns to the wider organisational vision	Evident in PADR documentation, demonstrating the cascade of org vision/goals to local levels (<i>General audit checks of PADRs required to measure this</i>)	O	x					
1.3 *	Values-based recruitment (<i>e.g. pre-screening assessments; structured interviews; role play or responses to scenarios; assessment centres; psychometric instruments etc</i>) (FFTF)	Attracting and selecting employees whose personal values and behaviours align with the organisation's values	- Reduction in staff turnover - Reduced sickness absence - Staff survey data	C/O/R	x	x				
1.4 *	Values-based appraisal process (<i>NB. To include training for all those undertaking the appraisal process</i>) (FFTF)	Reinforce the core elements of culture in the organisation. Ensure everyone is clear about what is most important, help staff to stay	Staff survey data	C/O/R	x					

		focussed on the areas that ensures organisational effectiveness									
1.5	Consistent cultural approach across the Health Board (SS)	- Teams living and displaying the organisational values through their everyday interactions with one another - Staff accountability to adhere to the framework - Inclusion of a Values & Behaviours section within the PADR documentation, to aid staff reflection on behaviours with a focus on 'what' they did to achieve their goals, as well as 'how' they achieved this through their behaviours.	- Evident in PADR documentation - Reduction in grievance cases/SOS submissions - Increase in participation rates on All Wales staff survey - Development of Culture pulse surveys to obtain and measure local level data for teams	C/O/R			x	x	x	x	
1.6 *	Values-based induction and transition	- A realistic induction programme that enforces the importance of value alignment - A transition process over 12mths that helps to make the staff member feel psychologically safe and supported with clarity of expectations and goals	- Reduced staff turnover / greater staff retention - Increase staff engagement index score in Staff Survey	C/O/R	x	x					
1.7 *	Succession planning (FFTF and SS)	- Provides continuity and sustained performance - Right people in the right roles - Supports organisation learning and performance	- Reduction in number of external appointments - Reduction of interim posts - Staff survey data	C/O/R	x						
1.8 *	Annual talent review cycle (process in which managers and leaders review their staff's performance and potential)	Enable informed approaches to recruitment, talent management and leadership development	- Reduction in number of external appointments - Reduction of interim posts - Staff survey data	C/O/R	x	x	x				
2: Goals & Performance											
2.1	Review and streamlining of governance processes (FFTF and SS)	- Clear governance processes in place (FFTF) - Staff feeling empowered to influence local decisions/change	Staff survey data	O/R	x	x					

2.2	Develop more meaningful organisational metrics which demonstrate the impact on staff engagement (e.g. <i>Further development/ refinement of the Culture dashboard effectiveness of PADR, mandatory training, staff roster completion rates</i>)	Staff feeling PADR/Mandatory training are meaningful	- On-going review and discussion of metrics as part of management discussions to aid shared learning - Staff survey data	C/O/R					x	
2.3	Develop local decision-making frameworks/clear accountability where decisions are made closer to the team/patient (FFTF and SS)	- Staff feel empowered to make decisions at a local level whilst feeling valued and trusted - Decisions are made faster and closer to patient care - Teams can adapt quickly to changing patient needs or local conditions. - Encourages ownership and continuous improvement	- Patient experience levels - Staff survey data - Staff retention levels	O	x	x				
2.4	Review ECR process	Reviewed process leading to a continuation of service provision	Reduction in length of recruitment process	O	x	x				
2.5	Celebrate and share positive feedback more widely including patient experience data (SS)	- Embed process to capture positive feedback from patients and service users - Increased staff morale	- Greater balance of feedback - Staff survey data - Staff retention levels	C/O/R					x	
2.6	Promote greater recognition of staff achievements (SS)	- Boosts morale and motivation - Supports improved mental health and wellbeing - Enhanced productivity and engagement	- Staff survey data - Staff retention levels - Reduced sickness absence - Reduced turnover	C/O/R	x	x	x	x		
2.7	Talent Management process development to align with workforce planning (FFTF and SS)	- Provides continuity and sustained performance - Right people in the right roles - Supports organisation learning and performance	- Reduction in number of external appointments - Reduction of interim posts - Staff survey data	C/O/R	x	x				
2.8 *	Leader role job design (FFTF)	Designing leadership roles to deliver direction, alignment and commitment	360 feedback - Staff survey data	C	x	x				

2.9 *	Inclusive recruitment	Ensuring a proactive approach to redress the balance in recruitment and promotion	Staff survey data (Equality data)	C/O/R	x	x						
2.10 *	Annual Leadership forecast updates	Annual update of leadership forecast to ensure changing needs inform our leadership strategy and talent management programmes	- Number of staff on talent management programme - Feedback from delegates on programmes	O								x
2.11 *	Develop compassionate feedback mechanisms and 360 degree feedback (FFTF)	Increase self-awareness and identify leadership strengths and development needs	- Development of Culture pulse surveys to obtain and measure local level data for teams - Annual 360 feedback	C/O/R							x	
2.12 *	Develop mechanisms to measure compassion (SS)	- To provide a consistent and standard baseline of practices and behaviours across the organisation - Staff will feel supported in-line with organisational values and guidance - Staff will feel empowered to demonstrate Compassionate behaviours - Increase self-awareness across the organisation	360 feedback - Staff survey data - Patient experience data	C/O/R							x	
3: Learning & Innovation												
3.1	Working in collaboration across the organisation (FFTF and SS)	- Reduce silo working - Sharing of best practice - Support the drive towards a Learning Organisation	Staff survey data	O							x	
3.2	Develop greater reflective practice across the organisation	- Support the drive towards a Learning Organisation - Support organisational development - Support existing reflective practice interventions across BCUHB	- Staff survey data - Number of staff members attending formal reflective practice events such as Schwartz Rounds	O								x
3.3	Review current pathways for staff development (FFTF and SS)	- Staff feel valued and invested in - To provide a consistent and standard baseline of performance and behaviours across the organisation - Staff will feel supported in-line with organisational values and guidance	- PADR feedback via Values Selfie - Compassionate Leadership 360 - Staff survey data	C/O/R								x

		Staff will feel equipped with the knowledge and skills to fulfil roles and responsibilities									
3.4 *	Developing a culture of innovation (SS)	- Culture of innovation requires a wide programme of activities and approaches: - Inspiring vision and strategy - Compassionate and collective leadership - Positive inclusion and participation - Enthusiastic team and cross-boundary working - Skills, capabilities, systems and processes for innovation - Support and autonomy	Staff survey data	O							x
3.5 *	Develop Leading for innovation and quality improvement	Leaders having key knowledge, skills, abilities and behaviours that ensure high levels of innovation in teams	Number of quality improvement initiatives	O						x	
4: Support & Compassion											
4.1	Increase Executive and Senior Leadership visibility (e.g. Execs/senior leaders to work on sites; Committees rotate locations; Walk in my shoes; A Day in the life etc) (SS)	- Strengthen the connection between Board members and the wider workforce - Raise awareness and clarity of roles across the organisation	Staff survey data	C/O/R	x	x	x	x			
4.2	Mandate the 'Fundamentals of Leadership and Management programme' for all People Managers (All in post and all new to post within first 6mths) (FFTF and SS)	- To provide a consistent and standard baseline of management practices and behaviours across the organisation - Staff will feel supported in-line with organisational values and guidance - Managers will feel equipped with the knowledge and skills to manage teams effectively	- People Manger 360 feedback via PADR process - ESR recording all People Manager attendance and completion of programme - Reduction in reliance on Workforce professionals for guidance on simple management processes/practices.	C/O/R						x	

4.3	Clear definition of Senior Leadership (FFTF)	Conducting leadership workforce analysis, succession planning, talent management and forward forecasting	- Successful completion of leadership workforce analysis - Number of people on Talent Management programmes	O	X	X				
4.4	Develop adequate and suitable provision of wellbeing support services for staff which focuses on treating the cause not the symptoms, including the provision for trauma-informed care across the whole of BCUHB (SS)	- Staff feeling supported and valued by the organisation - Staff more able to manage their own psychological distress and therefore stay in work	- Reduced sickness absence rates - Staff survey data - Data from staff accessing support on appropriateness of support available	C/O/R			X	X		
4.5 *	Developing compassionate, inclusive leadership and emotional intelligence (SS)	- Modelling compassionate, collective and inclusive behaviours - Awareness and modelling behaviours associated with greater emotional intelligence	360 feedback - Staff survey data	C/O/R					x	
4.6 *	Developing inclusion: listening to all voices (SS)	Ensuring the views and ideas of all staff, patients and the wider community are heard and integrated into developing our services	Staff survey data	C/O/R						x
4.7 *	Strengthen formal coaching and mentoring opportunities – leaders developing leaders (SS)	A collaborative approach to learning and development which empowers staff to set their own goals and explore their own solutions to problems.	- PADR documentation - Staff survey data - Number of staff receiving coaching	C					x	
4.8 *	Develop compassionate and civil behaviours training (review current internal offer)	- To provide a consistent and standard baseline of compassionate behaviours across the organisation - Staff will feel equipped with the knowledge and skills to fulfil roles and responsibilities in line with values and behaviours framework	- Number of staff receiving training - PADR feedback via Values Selfie - Compassionate Leadership 360 - Staff survey data	C				x		
5: Teamwork										
5.1	Re-look at organisational structure (FFTF and SS)	As defined in Foundations for the Future	As defined in Foundations for the Future	C/O/R	x	x	x	x		

5.2	Improve internal communication channels (SS)	Develop more engaging and two-way communication where staff feel informed, involved and listened to	Staff survey data	O		x	x				
5.3	Improve Board communication and transparency around decision making, objectives, roles and development (SS)	- Strengthen the connection between Board members and the wider workforce - Raise awareness and clarity of roles across the organisation - Awareness of decision-making processes	Staff survey data	O						x	
5.4 *	Develop selection mechanisms for team leadership capability (FFTF)	Develop strong team leadership skills for good team performance. Select people with knowledge, skills, abilities and values for teamworking.	Staff survey data	C/O/R						x	
5.5 *	Develop team leadership training (FFTF and SS)	Ensure leaders have the knowledge, skills and abilities to develop and structure teams, to facilitate and maintain healthy team processes and to develop positive team climates and relationships	Staff survey data	C/O/R							x
5.6 *	Develop teamwork training and team based appraisals Team development for wellbeing (FFTF and SS)	- Developing good communication, co-ordination and collaboration in healthcare teams. - Supporting effective leadership through collaboration	- Number of staff undertaking the training - Number of whole teams undertaking the training - Local team-based working pulse surveys	C/O/R							x

Teamworking resources and support based on the Affina model is currently being developed by the Organisational Development team as part of the Foundations for the Future Culture workstream, the development includes:

- Level 0: Pre-Team Working: A set of resources available on the Intranet including guided team activities around the psychological and relational dimensions of change and transition, supporting teams to explore the human experience of going through change and transition, of encountering loss, and coming to terms with change – Launching 31/12/2025

- Level 1: Team Working Lite: A tailored set of resources and facilitated exercises that team managers and leaders can self-facilitate linked to three core principles of team working – team objectives, role clarity and regular, effective meetings (Including the number one predictor of team performance: to agree 5 or 6 clear and challenging goals)
- Level 2: Team Working Journey Resource: A tailored set of resources and facilitated exercises that team managers and leaders supported by People Colleagues can use with their teams to undertake the seven interrelated dimensions of the Team Working Journey, informed by the evidence-based Affina Team Working Journey methodology. (Including the number one predictor of team performance: to agree 5 or 6 clear and challenging goals)
- Level 3: Direct team coaching: Team Coaching input from Specialist OD and where appropriate, People Colleagues to implement the team working journey. For those teams in the organisation identified as needing additional support and scaffolding to be able to understand, implement and sustain the elements of team working – Available from 31/01/2026

Appendix 4 : Three Year Culture, Leadership & Engagement suggested Improvement Plan – Roles, Responsibilities and Expectations

Health Board Level through the Chief Executive

- Meet Special Measures Framework requirements
- Reduce BAF risks through targeted plans
- Build awareness of our Culture Change Programme (CCP)
- Meet the 3 Year strategic plan 2024-27 requirements
- Support & establish organisational wide approach to improve our culture via the Culture Change Programme
- Delivery of the culture change programme and associated deliverables
- Agree Accountability framework (with clear expectations)
- Support the implementation of the ILDF
- Support resource requirements to deliver the priority areas

IHC/PAN Level through the Chief Operating Officer

- Advocate all elements of the Culture Change Programme (CCP)
- Encourage staff to be involved in the CCP and share views / ideas
- Nominate Culture Change Leaders and support them
- Attend targeted Leadership development programmes (ILDF)
- Role model Leadership behaviours, BCUHB's values and People Manager behaviours
- Commit to continued professional development
- Make Leadership for All a priority
- Review culture dashboard data monthly via local P&CC
- Ensure delivery of key objectives as per the culture, leadership, engagement improvement plan at a local level through the P&CC infrastructure

Corporate Services through Corporate Executive Directors

OD – Culture Team

- Lead the CCP
- Provide advice and guidance to enable IHC/Pan services to achieve improvements in relation to the plan.

OD Team

- Lead the implementation of the ILDF
- Provide advice and guidance to enable IHC/Pan services to achieve improvements in relation to the plan.

HRBP

- Review people data and provide local insight
- Support culture improvement priorities locally

Workforce Systems/BI

- Data/dashboard creation/ESR recording

POD & Transformation Directorates

- Alignment of health board improvement plans
- Programme management responsibility for the improvement plan via FFTF

Communications

- Support the priority areas, develop clear organisational wide messaging and progress updates

Teitl adroddiad: <i>Report title:</i>	Urgent and Emergency Care Progress Report
Adrodd i: <i>Report to:</i>	Health Board
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	27 th November 2025
Crynodeb Gweithredol: <i>Executive Summary:</i>	The Board considered Urgent and Emergency Care in detail at its meeting in September 2025. It discussed the significant concern regarding patient safety, outcomes and experience and the impact of staff of the current position. Overcrowding in the Emergency Department (ED) is having a significantly detrimental impact on being able to provide safe care. It is well understood that the core issue relates to being able to discharge patients and free up beds for those new patients attending the ED who require admission. This is therefore a whole hospital and whole system (including social services) responsibility. The report provides and overview of the actions take over the last 6 weeks and the actions that will be taken in the next 6 weeks. There has been good and growing clinical and operational team engagement in the urgency of the issue in the last few weeks, with direct leadership from Clinical Executives and the Chief Operating Officer specifically. Escalation and accountability mechanisms have been established to enhance the focus on delivering immediate actions to improve patient safety, outcomes and experience and the care experience of staff. There is however a significant amount of work to do and further expertise and capacity is being secured to assist clinical and operational teams to deliver the improvements. It is recommended that the Board would wish to consider this area again at its January 2026 meeting.
Argymhellion: <i>Recommendations:</i>	The Board is asked to: • DISCUSS the priority actions that have been undertaken over the last 6 weeks and those proposed over the next 6-weeks. • NOTE the work underway to develop sustainable approaches for the longer term.
Arweinydd Gweithredol: <i>Executive Leads:</i>	Tehmeena Ajmal, Chief Operating Officer Dr Clara Day, Executive Medical Director Angela Wood, Executive Nurse Director

Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☐	I Benderfynu arno <i>For Decision</i> ☐	Am sicrwydd <i>For Assurance</i> ☒
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocao <i>Significant</i> ☐ 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> ☐ 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> ☒ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>			
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>			
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Attainment of IMTP UEC targeted performance to enhance timely access to care for the local population. Deliver the National Six Goals for Urgent and Emergency Care 2021-2026 objectives.		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Ministerial Priority, target and impacts on key duty to deliver breakeven financial duty		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable		

<i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	Corporate Risk 24-10
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in deterioration of care and harm to patients and services. 1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on the quality of care and patient experience.
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> To implement the actions outlined in the report over the next 6 weeks	

Rhestr o Atodiadau:
List of Appendices: None

URGENT AND EMERGENCY CARE PROGRESS REPORT

Introduction

The Board undertook a 'deep dive' of Urgent and Emergency Care (UEC) at its meeting in September 2025. The substantive discussion indicated the seriousness of the issues affecting patient safety, outcomes and experience and the experience of staff in providing care. Clear, unambiguous support was given for focusing on immediate and rapid improvement.

This report provides an overview of the work undertaken since the September Board discussion, centred both on the 'here and now' and the more sustainable actions within the Urgent and Emergency Care Major Change Programme. Furthermore, it provides an overview of the actions to be taken over the next 6 weeks or so, recognising this as a dynamic and agile approach to improvement.

Overview of the key issues

The urgent and emergency care pathway presents one of the main issues for the Health Board to tackle. The core issue relates to timely access and is a key patient safety and experience issue, which also presents unacceptable challenges to staff morale and wellbeing. The Board agreed to focus in on a small number of key transparent areas that would indicate patient safety, outcomes and experience; recognising a wider set of measures, including those relevant to specific, often time-sensitive clinical pathways will be used specifically to drive service improvement and reduce risk and harm.

The **immediate delivery** for UEC focuses mainly on the following:

- Targeting a significant reduction in the number of patients waiting to be handed over to Emergency Departments from the Ambulance to no more than 45 minutes (Handover 45)
- Median time from arrival at an emergency department to triage by a clinician
- Median time from arrival at an emergency department to assessment by a clinical decision maker
- Targeting a reduction in the number of patients waiting 4 hours or more to be seen, treated and discharged in ED
- Targeting a reduction in 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
- Targeting both a reduction in the number of total days of delay patients experience and Pathway of Care Delays (Delayed Discharge)

A. Targeting a significant reduction in number of patients waiting to be handed over to Emergency Departments from the Ambulance to no more than 45 minutes (Handover 45)

Safety impact: Having insufficient ambulances available to attend emergency calls in the community could lead to harm (including catastrophic outcomes) in the community.

This issue is significant in terms of risk balancing healthcare resource across the pathway from community through to hospital settings. Making significant progress on handing over patients within 45 minutes is a key and immediate priority, as currently progress is markedly below expectation. There have been some signs of positive movement over recent weeks, however this is not yet being sustained and built upon. The improvements in this area will be more significant and importantly maintained when the other elements of the pathway have been enacted, including the discharge of patients and flow through the hospital, as well as alternative pathways and streaming at the 'front door'. The physical space in departments for handing over more patients, in a more timely way is key and work is underway to examine the potential for additional, appropriate physical accommodation to be made available.

BCU Total - Showing data for: <45 Min Handovers % Handovers

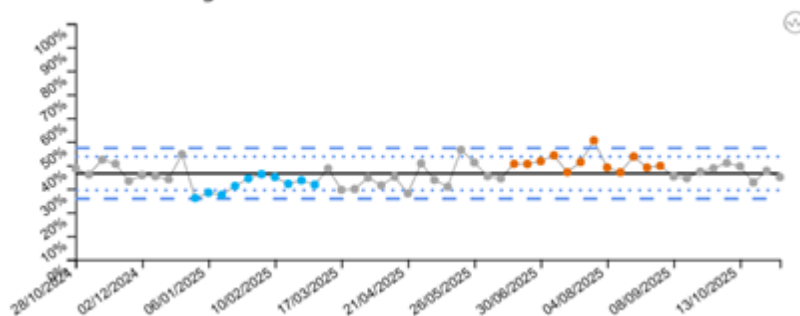


Chart indicating the percentage of ambulance handovers within 45 minutes

B. Median time from arrival at an emergency department to triage by a clinician

Safety impact: Patients self-presenting at ED could have life threatening conditions undetected with resultant deterioration and poor outcome.

There has been improvement in the 'time to triage' in each of the Health Boards Emergency Departments when comparing Oct 2025 to October 2024 performance. The national standard of triage within 15 minutes however is not being consistently met, with the current median time to triage being 20 minutes. The time to triage compliance changes with the hour of the day and volumes of attendances, requiring a great level of staff flexibility. There is a trigger in place that activates the redeployment of staff to additional triage and this is being used, however there is significant room for improvement in reducing risk of harm. The threshold for the trigger and the staffing pattern relating to triage activity is being urgently reviewed to enable an improvement to the standard of 15 minutes.

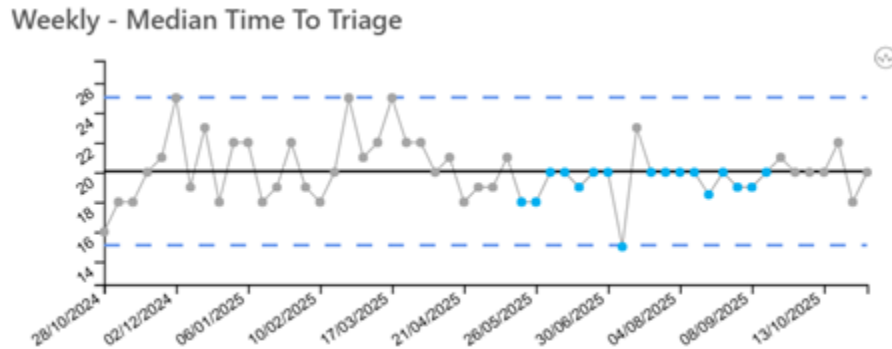


Chart indicating median time from arrival of a patient in ED to triage assessment

C. Targeting a reduction in the median time from arrival at an emergency department to assessment by a clinical decision maker to a standard of 60 minutes

Safety impact: Patients could have a life-threatening condition not detected by triage, requiring urgent intervention to avoid harm and poor outcomes.

The time standard for a patient to be seen in the ED by a clinical decision maker is 60 minutes or less. This is only occurring for approximately 35% of patients currently across the three EDs in North Wales. The pattern of the number of patients within the department and the speed of assessment correlate with longer lengths of wait experienced through the late afternoon and into the evening. The workforce model is being considered alongside the patient pathways and alternatives to ED, via streaming to other services, including SDEC (Same Day Emergency Care). Offering SDEC as a direct pathway for Paramedics and for GPs is a key development that will assist the ED workforce resource, particularly the clinical decision maker, to achieve a more timely assessment of patients, improving both patient safety and experience.

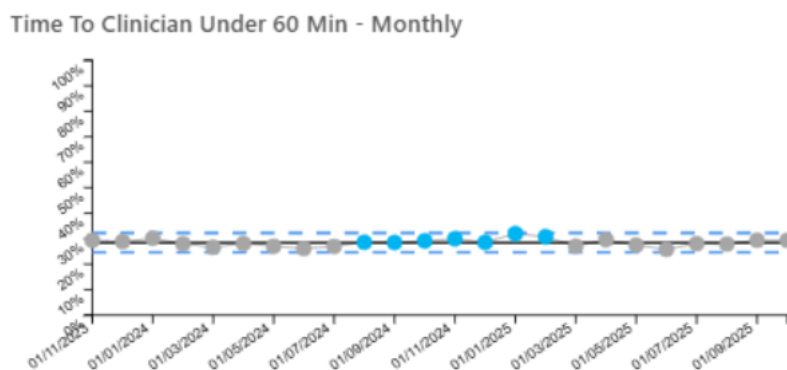


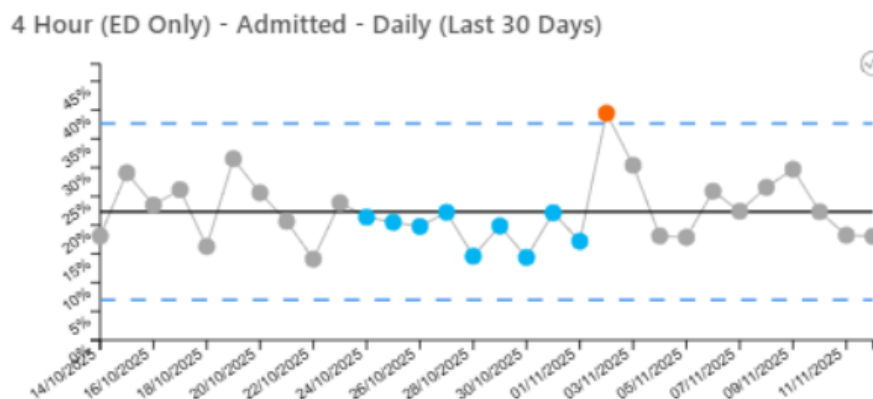
Chart indicating the percentage of patients seen by a clinical decision maker from arrival in ED

D. Targeting a reduction in the number of patients waiting over 4 hours to be seen, treated and discharged from the ED

Safety impact: Long waits are associated with higher patient mortality and poorer outcomes

For patients attending the ED in North Wales the length of wait to be seen, treated and discharged from the department varies. For those who are not admitted to an inpatient bed/equivalent facility approx. 50% of people complete their ED attendance within 4 hours; meaning on average 50% of patients exceed this time. This is a key area of improvement and will be supported by guiding/streaming patients to alternative pathways of care and other care options including minor injury and illness services, community services, and Same Day Emergency Care where appropriate.

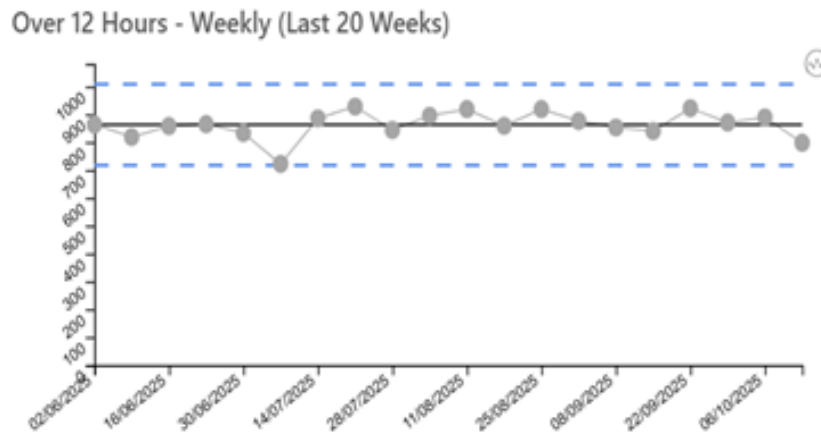
For those patients who are admitted to an inpatient bed, only approximately 20 – 40% of patients leave the Emergency Department within 4 hours. The directly correlates to the availability of inpatient beds within the main hospital and is shown more starkly in the over 12 hours in ED data. The focus on improving hospital flow and in particular the timeliness of discharge of other patients is key in improving the safety and experience of patients. The physical environment and space directly impacts on the ability to accept more patients into the Emergency Department and hence the higher the number of patients awaiting an inpatient bed in the ED, the longer the handover period for people arriving by ambulance.



E. Targeting a reduction in 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

Safety impact: Long waits are associated with higher patient mortality and poorer outcomes

The most significant issue affecting patient safety and experience is the flow through the hospital of patients awaiting the next stage of their care. The focus on discharge, including time of discharge during the day and proactive onward admission of new patients to ward areas form part of the improvement work underway. Balancing the risk to patient safety, outcomes and experience across the system rather than holding the risk in the Emergency Department is key.



F. Targeting both a reduction in the number of total days of delay patients experience and in Pathway of Care Delays (Delayed Discharge)

Safety impact: Patients become deconditioned and are at increased risk of healthcare acquired infection.

The number of patients experiencing a delay in their pathway (mainly leaving hospital) is reducing although not significantly at this stage. This is a crucial area for improvement given it affects patient safety, outcomes and experience in several ways. Firstly, patients with an inappropriate extended stay in hospital experience harm in the form of a risk of deconditioning and healthcare acquired infection; secondly, those patients requiring an inpatient hospital admission from the Emergency Department may experience long delays before being transferred to a ward; and finally, because it may take longer to transfer a patient from an ambulance in the Emergency Department, patients may wait longer in the community for an ambulance crew to attend.

The actions needed to improve the position for patients rests with both the NHS and Local Authority partners in the main. Timely access to social care services remains a key issue, as well as inter-hospital reasons such as awaiting assessment or transfer to another hospital (including community hospital). The focus on discharge in early December ahead of the coming peak of the winter period will be linked to improvement in safety, outcome and experience. The additional investment in social care services of £30m across Wales is key to being able to enable to reduce the risk to patients across the pathway during this winter period.

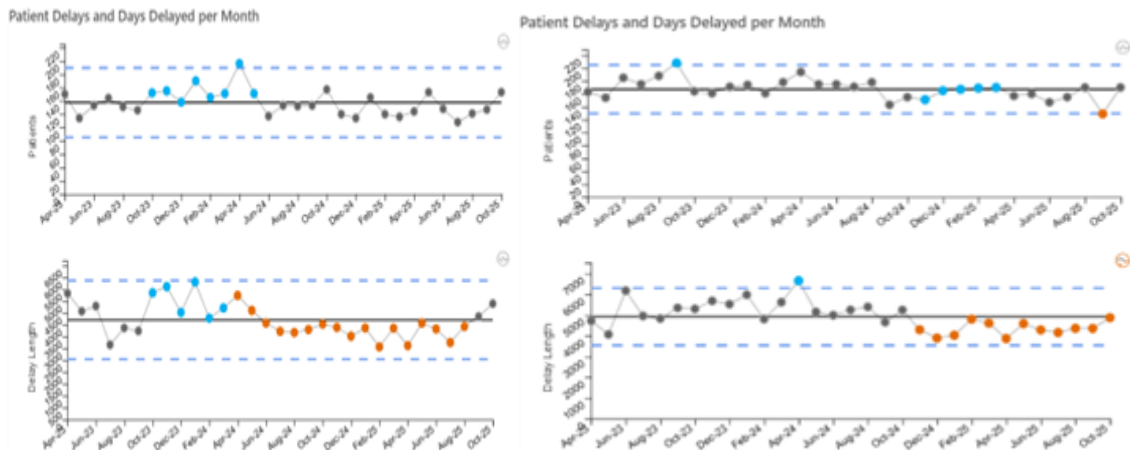


Chart outlining number of patient delays and length (total days) delayed for acute hospital (left) and community hospitals (right)

Overview of Action Taken in last 6 weeks

1. A clinically-led **Urgent and Emergency Care Task Team** has been established to lead on taking decisive steps with senior clinical leaders and operational teams to support system-wide improvement and improve outcomes and experience for patients. The focus is on three key areas:

- Reducing avoidable admissions and ambulance conveyances to Emergency Departments
- Improving flow through the hospital including establishing an acuity-led discharge process and improved weekend flow
- Working with clinical and operational teams to strengthen system working.

2. The Executive Medical Director led a **Rapid Quality Review** meeting drawing together clinicians to address the following:

- Specific and focused consideration to quality concerns and risks within the pathways passing through the ED
- Facilitate rapid and collective judgements about quality within these pathways
- Identify actions within these pathways as a result of the risk identified to
 - Measure quality of care and risk within the ED pathways
 - Improve quality of care and reduce risk within ED pathways.

The approach focused on the following key questions:

- A. What are your main concerns regarding quality of care within ED pathways?
- This should include information on serious incidents over the last 3 months in addition to a review of all incidents reported in ED pathways to give a picture of main concerns.
- B. How do you measure quality of care / risk of harm / actual harm in these pathways?
- How does this feed into day-to-day operational actions, internal governance and local learning / improvement?

- Are you satisfied, as accountable clinical leaders with local measurement and governance processes or do you feel change is required to improve and if so, what do you intend to do?

C. What do you need to do to improve quality of care? Please outline proposed actions and then how this will improve care

- What can you do within acute site?
- What can you do within the wider Integrated Healthcare Community?
- What do you need from partners?
- What do you need from the executive team?

This Rapid Quality Review meeting worked alongside and was complementary to current operational programmes such as the UEC 6 goals programme. It identified major changes of clinical practice and behaviours required to achieve the stated purpose. A summary of key outputs includes:

- Measurement of safety within the ED is as elsewhere in the BCUHB, using incident reporting via Datix. Main themes include falls; pressure ulcers; issues associated with delays in care / trying to provide care in a crowded environment; and violence and aggression.
- As per the Integrated Concerns Process, when of significant concern, these are reviewed in the Daily Hub with escalation to rapid review and weekly executive oversight panel as required. These will then proceed to Learning Review or Learning Investigation with escalation as Nationally Reported Incidents and application of Duty of Candour when required. As per elsewhere in the NHS, incident reporting provides a 'snap shot' of incidents with a clinical environment. BCUHB has a reporting incidence similar to other Health Boards and thus incident reporting gives a reasonable representation of incidents occurring. There are however no 'must report' incidents within emergency pathways and this was considered within the meeting.
- All IHCs have local quality governance within Emergency Care departments and at a hospital and IHC level where incidents are reviewed and learning taken. Changes in practice can be evidenced associated with these measures including mechanisms to action tests for patients who have left, improving safety of care within corridor areas and review of radiology to pick up any missed abnormalities on first review.
- Within the meeting data was provided and reviewed for several time sensitive pathways; stroke, myocardial infarction and fractured neck of femur. Local and national benchmarking data was reviewed with variation between sites. Times to critical intervention also varied between whether patient had accessed care via ambulance or as a 'walk-in'; this is of particular note as increasing numbers of patients are self-presenting with time critical conditions when they would previously have been conveyed by ambulance.
- Extra nurse and health care support workers are rostered to support care, using agency if required, despite strict controls on agency spend. In addition to standard rounds for observations and medication, intentional care rounding is in place to check on patient well-being. The Nurse in Charge will facilitate moving of patients if their condition requires it.
- All IHCs were linking into the local operational improvement plans and Health Board wide national six goals programme. There was widespread agreement

that actions needed to be SMART; focus needs to be on a few high impact interventions with metrics that are clear and not just 'to improve emergency care'.

3. A new system, **Right Patient Right Place**, has been developed and launched providing real-time, patient information at a glance so staff both in hospital and community, as well as social services can see exactly where a patient is in the hospital, how long they have been there and what they need to help them to leave hospital.

4. Ringfencing key clinical areas such as **Same Day Emergency Care** units (SDEC) from being used as a ward when the pressure for bed spaces becomes greatest. This often gets triggered in the evenings or weekend. When the purpose and flow becomes disrupted it can take several days for the units to recover.

5. **Executive walkthroughs** have been held at each District General Hospital to engage clinical and operational teams in opportunity and solution identification, as well as providing visible leadership and commitment of the Board to supporting improvement on the ground. A commitment of high visibility has been made, without seeking to disrupt the work of local teams.

5. **Escalation** held by the CEO involving Chief Operating Officer, Clinical Executives and the Directors of Integrated Health Communities (IHC). Initially the focus has been centred around a 'prospect for improvement' approach detailing each IHC outlining:

1. An understanding of the problem, underpinned by clear data
2. An understanding of what 'good' looks like and the actions needed to get to 'good'.
3. An assessment of capability needed to get to 'good'.

This has enabled a much stronger focus by IHCs in drawing operational and clinical teams together to focus on immediate and rapid improvement at the local level. This escalation and accountability intervention will continue.

Overview of Action To Be Taken in the Next 6 weeks

There are key actions to be implemented in the next 6 weeks and these are outlined below. Other interventions are currently being considered, including increased expertise and capacity to support the scale and pace of the work, and a further update will be provided at the Board meeting, as will the latest position in relation to performance.

1. A **'Discharge Fortnight'** will take place from 8th December 2025. This will provide a key focus on maximising the number of people who should be discharged from hospital. This will require cross sector efforts particularly between the Health Board and Local Authorities. The Chair and Chief Executive of the Health Board have written to counterparts in Local Authorities to facilitate further discussions regarding collaboration, leadership and commitment to improving the health and care systems offer to the local population. Currently approximately 8000 days are lost to patients who could be in the right place (usually in their own home).

2. The '**Resilience Hub**' will be fully enacted providing 7 day per week senior leadership for managing the system across North Wales. The Resilience Hub provides system leadership and coordination, enabling the North Wales health system to work as one. Whilst there is usually a senior manager on-call system, over the intensive winter period this will move to a daily 'shift' type approach.

3. The Clinical Executives will be issuing **Quality Standards** and the Chief Operating Officer **Operational Standards** in the next two weeks. These Standards provide the practice framework that when implemented will improve the level of service provision to patients and improve the care experience for staff.

4. A **Patient Flow approach** 'Our Next Patient Please' will be agreed and implemented. Whilst some elements of this approach are already deployed it is inconsistent and not maximised. The approach centres on moving patients from the ED onto ward areas ahead of expected discharges in a planned way, enabling ED departments to become less congested and more able to manage new patients as they present.

5. A draft proposal for a **new Single Point of Access** will be developed in order to improve the connection of patients with alternative pathways and in particular community services. Importantly rapid progress will be made on redirecting appropriate patients from ED to primary care services, particularly out of hours. This work, which is being clinically led, will form a key element of reducing the need for attendance at ED. Once considered and approved the implementation of the SPOA will be a priority for implementation early in 2026.

6. Each ED will be assessed from an **environment and estate** perspective. A consistent theme at each ED whilst on Executive Walkthroughs has been the availability of clinical rooms to examine patients. This severely hampers the efficiency of the department and is a major source of frustration for clinicians. Work to improve this will be considered as a priority within the discretionary capital programme.

7. A focus on **utilising data and intelligence** for management and for improvement will be undertaken. A 'masterclass' approach to the availability and use of data, including the SEDIT (Summary Emergency Department Information Table) will be targeted at colleagues working across the system, enabling a greater understanding of evidenced problems, where focused action is likely to improve key indicators and track the impact of implementing actions. In addition, briefing sessions for colleagues who work as Bronze, Silver and Gold on-call will be key, given the criticality of decisions taken during 'out of hours' periods.

Strategic Developments

Community

There are a range of strategic developments that will enable the clear intent of supporting more people in the community. Whilst these are not 'short-term' developments they provide clear evidence of the investment being made to progress alternatives to hospital admission at District General Hospitals, providing more appropriate care and support for many.

- *Community by Design*. The Board will consider this emerging work in the coming weeks and months. This nationally guided but locally owned and led work will be considered as one of the Major Change Programmes for 2026/27.
- *Royal Alex Hospital development*. The Board approved the Business case for submission to Welsh Government at its meeting in September. Scrutiny processes have been undertaken and the Health Board is awaiting the outcome. The new service will provide a Minor Injury and Minor Ailments service, a reablement facility supporting around 200 people each year and potentially releasing over 4000 acute hospital bed days, and increased diagnostics.
- Ty Croes Atti, Flintshire. This development, a partnership under the umbrella of the Regional Partnership Board will provide accommodation for 56 older people and will be operational shortly. This builds on the successful Marleyfield development also in Flintshire bringing health and social care together.
- A range of other developments are currently in the pipeline and link to the agenda item on Health and Wellbeing Hubs.

Hospital

It is clear that there are multiple, different approaches and models of care in each DGH or Integrated Health Community system. It is also clear that some models and approaches work more effectively than others and that there is considerable variation. Whilst local nuances will be important to consider there is benefit to having more consistent models of care and in the approach to core service provision. These areas, such as the approach to Same Day Emergency Care, Frailty Services, and Acute Medicine models for example, will be considered and strategically aligned to best practice (Getting It Right First Time for example).

This work will be led through the Major Change Programme and the recently appointed Programme Director will take up post early in 2026.

Board Oversight

The Board considered urgent and emergency care to be its key priority in the September Board meeting. Considering the urgency of the improvement that is needed further consideration is being given in the November meeting and it is suggested that again in January the Board considers the progress being made. Board Committees, specifically the Quality, Safety and Experience Committee and the Performance, Finance and Information Governance Committee may wish to consider this as a key focus through the next quarter.

The CEO, Chair and Vice Chair will continue to meet with lead Executives weekly to review progress and performance.

Recommendations

The Board is asked to:

- **DISCUSS** the priority actions that have been undertaken over the last 6 weeks and those proposed over the next 6-weeks.
- **NOTE** the work underway to develop sustainable approaches for the longer term.



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

Board Date		27/11/2025
Date of Committee		06/11/2025
Report of:		Quality Safety and Experience Committee
Quoracy met:		Yes
1	Agenda	The Quality, Safety and Experience (QSE) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: QSE Committee - BCUHB
2a	Alert	The QSE Committee wish to Alert members of the Board that: 1. Safeguarding – QSE reflected on the Our Bravery Brought Justice Extended Child Practice Review report, published by the North Wales Safeguarding Board, and asked for a paper which considers the lessons for BCU, in particular how we will address the Recommendations made to the Health Board.
2b	Assurance	The QSE Committee wish to Assure members of the Board that: 1. The Challenged Services update provided the Committee with a really good overview and assurance that things are moving forward positively for each of the Challenged Services, noting clear oversight within the Executive Group 2. Clinical Coding is being considered for de-escalated as there is a 95% compliance rate and this has been the case for three months. 3. The Nurse Staffing Act report was considered, noting the levels and that nurse staffing levels are monitored for all wards not just those regulated under the Act. 4. The All-Wales Individual Patient Funding Request and Prior Approval Requests Policies were noted. These will be received by the Board as part of the Corporate Governance Report. 5. Received the Welsh Risk Pool and Legal and Risk Services Annual Report, noting that the Committee would receive a report at a future meeting on revisions to the Regulations governing the Putting Things Right (PTR) process coming into effect in April 2026, which will be known as the Listening to People (LTP) process. 6. An update on our response to the Royal College of Psychiatrists report was received, and QSE noted that the Board would be receive the final report from the Chair of EAG in due course.
2c	Advise	The QSE Committee wish to Advise members of the Board that: 1. There has been a significant improvement in the number of overdue Learning from Event Reports over the past 12



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		months, down from 64 in December 2024 to 11 in November 2025 2. Significant work has been undertaken to provide evidence for the All-Wales Maternity and Neonatal Assurance Assessment, commissioned by the Welsh Government's Cabinet Secretary for Health and Social Services 3. We received a patient story highlighting the experience of a patient diagnosed with a pulmonary embolism. 4. The Committee received the Infection Prevention Annual Report.
2d	Review of Risks	The Committee reviewed the risks on the Corporate Risks that the Committee had oversight of, noting that there are two new risks, CRR25-01 Timely Access to Safe and Effective Care and CRR25-08 Non-Compliance with Regulatory and Legislative Requirements.
2e	Sharing of learning	Nothing to note.
3	Actions to be considered by the	There were no actions to be considered or referred to another Committee.

Teitl adroddiad: <i>Report title:</i>	Improving Quality Report – August and September 2025			
Adrodd i: <i>Report to:</i>	Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	27 th November 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on quality issues and information on the improvements underway.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to note this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	- Angela Wood, Executive Director of Nursing and Midwifery - Dr Clara Day, Executive Medical Director - Teresa Owen, Executive Director of Allied Health Professionals and Health Science - Dr Jane Moore, Executive Director of Public Health			
Awdur yr Adroddiad: <i>Report Author:</i>	- Patient Safety: Chris Lynes, Deputy Director of Nursing - Patient and Carer Experience: Chris Lynes, Deputy Director of Nursing - Clinical Effectiveness: Dr James Risley, Deputy Medical Director - Safeguarding: Michelle Denwood, Director of Safeguarding & Public Protection - Infection Prevention Control (IPC): Andrea Ledgerton, Deputy Director of Nursing IPC - Quality Assurance: Joanne Kendrick, Head of Quality - Healthcare Law: Matthew Joyes, Deputy Director of Legal Services			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☐	I Benderfynu arno <i>For Decision</i> ☐	Am sicrwydd <i>For Assurance</i> ☒	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> ☐ 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> X 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> 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		Outcome 4 - Improved access, outcomes and experience for citizens Outcome 5 - Recognition of BCU as a learning and self-improving organisation		

Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards. Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)	BAF-SP18 and CRR-24-04 – Quality, Innovation, and Improvement
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (Or links to the Corporate Risk Register)	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	N/A
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations N/A	
Rhestr o Atodiadau: List of Appendices: 1. Board Improving Quality Report 2. Ombudsman Annual Letter 2024-2025 3. Health Board Draft response to Ombudsman Annual Letter 2024-2025	



Board Improving Quality Report – November 2025

INTRODUCTION

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

Detailed information relating to trends, themes, learning, and improvement is provided to the Quality, Safety and Experience (QSE) Committee in specific reports, and high-level quality data is provided in the Integrated Performance Report to the Board.

The report is structured, for ease, around the three high level domains of quality: patient safety, patient experience and clinical effectiveness, with specific sections on safeguarding, infection prevention and control (IPC), quality assurance and healthcare law.

PATIENT SAFETY

Nationally Reportable Incidents (NRI)

From 01st August 2025 to 30th September 2025, there were 26 National Reportable Incidents (NRIs) occurring by incident date compared with 22 for the previous reporting period.

The total number of NRI investigations that were open as of the end of September 2025 was 54 with 6 overdue closures.

The proportion of NRI's that remain open for more than 90 days continue to be the best across Wales, with the Health Board having 20% of cases taking longer than 90 days. The median working days to completion is also the lowest at 77 days compared to the All-Wales median of 134 days.

Never Events

The Health Board reported one Never Event (ID147218) in August 2025 of a retained swab during varicose vein surgery.

Oxygen Administration Improvement

The short-term task and finish group continues to meet monthly to address key issues relating to oxygen cylinder incidents. Task and finish group to continue until assurance re: action plans in place, this will be reviewed Jan 2026. Compliance of oxygen cylinder training on ESR in September 2025 was 78.7%. BOC attended the Health Board in September 2025 to demonstrate the latest version of their cylinder and receive feedback. Formal feedback is being sent to the company.

COMPLAINTS / PATIENT EXPERIENCE

Complaint's position as of 29th September, 2025

- Total Number of open complaints = **270**
- Number of Complaints Less than 30 working days = **238**
- Number of Complaints overdue = **32**
- Compliance with 75% target of overdue complaints = **88.15%**

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

Complaint themes

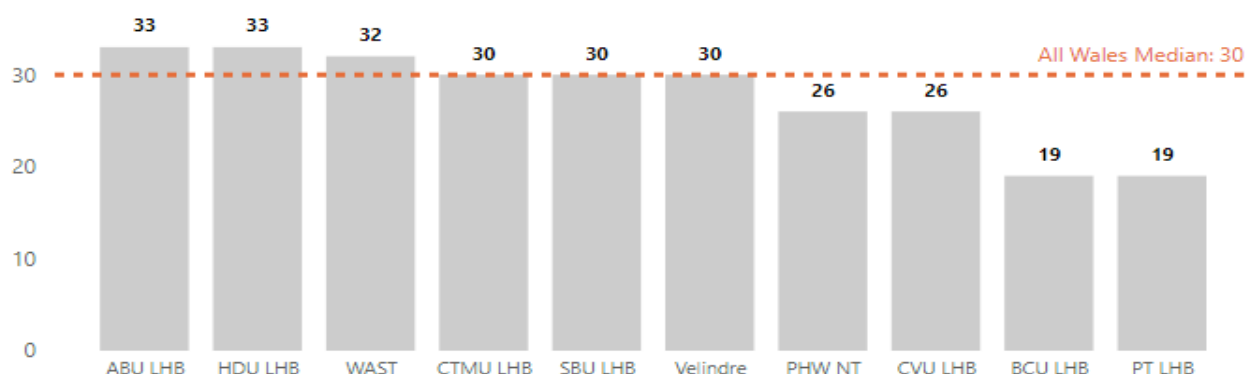
The top 6 high level themes of complaints are, as follows

- Clinical treatment/assessment
- Communication issues
- Patient care
- Attitude and behaviour
- Discharge issues
- Appointments
- Access to services

As of 29th September, the longest open complaint in the BCUHB has been open 92 working days, with only 1 complaint open over 90 working days across the Health Board.

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

All Wales - Median working days for a response (includes still open co...



Patient Experience

Between the 1 August 2025 –2025, the Patient Advice and Liaison Service (PALS) facilitated the resolution of 1321 enquiries, received 100 compliments in writing and 4 suggestions for improvement. As of 30 September 2025, PALS took on average 5.74 working days to resolve an enquiry. (Target 10 days)

The key themes identified from PALS enquiries within the reporting period include:

- Appointments
- Clinical treatment or assessment
- Communication

Patient Feedback

From 1 August 2025 – 30 September 2025, 11001 All Wales People's Experience Survey responses were received via Civica feedback system. 96.72% of respondents shared their experience of accessing services "in the last week". On average within the reporting period respondents rated their overall experience of accessing Health Board services as 'very good' at 67.66%

Overall, 85.38% of people reported always being treated with dignity and respect and 90.18% of people being reported 'always' able to communicate in their preferred language including; Welsh, English, Polish, Romanian, Panjabi, Urdu, BSL, Romanian, Italian, Bengali and Portuguese. These two new survey questions exceed the NHS Wales satisfaction benchmark score of 85%.

All Wales People's Experience Survey (Easy Read)

An Easy Read version of the People's Experience Survey was launched across the Health Board in July 2025. From 1 August 2025 to 30 September 2025, 74 surveys were completed with 68.12% of respondents rating their overall experience of accessing Health Board services as 'very good'.

Key findings:

- 92.28% of respondents were treated well 'all of the time'
- 85.92% of respondents felt everything was explained well so they could understand 'all of the time'
- 79.17% of respondents felt looked after 'all of the time'
- 84.29% of respondents felt listened to 'all of the time'
- 91.55% of respondents said they could use their language to communicate when we gave care 'all of the time'. Languages included English, Welsh, Romanian and Polish
- 81.43% of respondents were involved in decision making about their care 'all of the time'

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 8 patient information leaflets were reviewed by the Readers Panel.

SWAN Model for End of Life and Bereavement Care

The Macmillan SWAN Specialist Bereavement Nurses have been engaging with third sector organisations, staff, patients, and families to capture feedback to understand how the Health Board can improve end of life experiences. In total 118 feedback responses were received collected from a variety of sources including, surveys, patient/family stories, compliments, staff forum's, analysis of PALS, Complaints and Civica feedback data.

This feedback will be used to help inform the implementation of the SWAN Model of Care.

Chaplain & Spiritual Care Service

From 1 August 2025 to 30 September 2025, the Chaplain and Spiritual Care Service responded to 149 requests for support, including out of hours referrals pan North Wales. These requests for support are in addition to daily pastoral work undertaken on wards/units.

Multi-faith events were attended across North Wales fostering inclusivity and support for individuals from diverse religious backgrounds. Imam Khan represented the Health Board at the Eisteddfod 2025, where he led Friday prayers for the Muslim community and participated in a media discussion on spiritual care. Iman Khan also appeared on the Welsh television programme "Pawb ar Farn", contributing to a segment focused on Chaplaincy and Spiritual Care, helping to raise awareness of the service's role within healthcare.

A collaborative art project is currently ongoing with North Wales Adolescent Service (Nwas) in Abergele, creating a spirituality-themed wall hanging with young people.

Citizen Voice

What people said was good about their experience:

- *"All staff were very caring, and I was kept informed of everything throughout the appointment. They made me feel at ease" (Wrexham Maelor, Maxillo Facial).*
- *"I was an emergency admission, my treatment started very quickly. Impressive co-ordination between several specialist teams, nursing staff couldn't have been more helpful or supportive. Overall, my bad situation was dealt with in the best possible way" (Ysbyty Gwynedd, Emergency Department).*
- *"The attention and care from the ambulance to the A and E to the Ffroncon Ward and the theatre was exceptional. There are no words to express how thankful I am to the paramedics, doctors, nurses, healthcare assistants, cleaning staff, cooks, anaesthetist. Everyone was patient and kind, respectful and an absolute STAR! Thank you, a thousand times!" (Ysbyty Glan Clwyd).*

- *"Excellent treatment from wonderful staff. From booking in lady to nurses and radiographer. All lovely and professional people. My injuries were dealt with very quickly. I left hospital with spare dressing and self-care leaflet. One word sums up my visit. EXCELLENT. Big thankyou to all". (Wrexham Maelor Hospital, Emergency Department).*

CLINICAL EFFECTIVENESS

Clinical Audit Performance

13 Tier 1 national clinical audits were published within Quarter 2, with 1 reported and details noted below and 12 scheduled for Quarter 3 reporting.

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 Diabetes Foot Care Audit (NDFA)	2024 Dashboard report (2023-2024)	29-Jul-25	23-Sep-25	Yes - Draft	Yes - Draft	Yes - Draft	Good ascertainment rates in Central & East, with actions in place to improve this in the West. Good performance against key indicators, although varied across the three areas. The audit findings and learning from these are discussed via regular meetings with relevant staff

NICE GUIDELINES

NICE Guidelines Compliance - Significant Improvement

- Improved compliance with NICE guidance with proactive support and training provided to departments.
- Outstanding compliance rate of **97%** (only 3% overdue as of September 2025)
- Marked improvement across all compliance categories since implementation of the Audit Management and Tracking (AMaT) tool
- Services now required to review partially achieved guidelines with six-month review deadlines

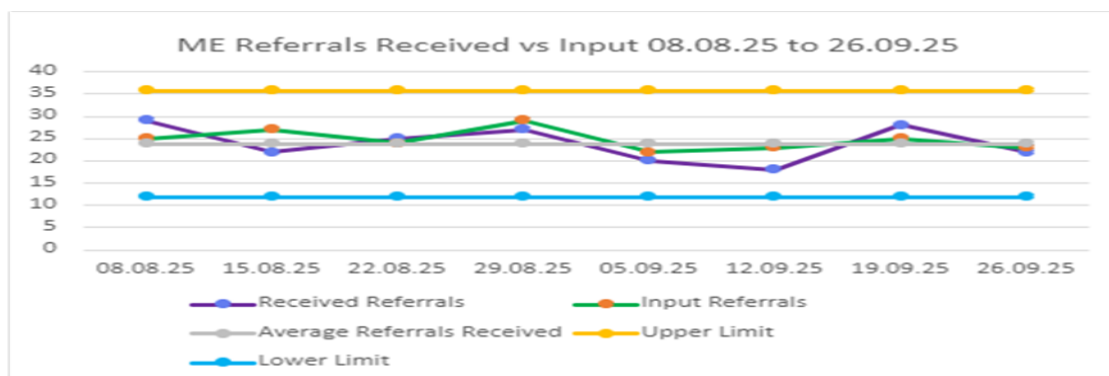
MORTALITY REVIEW

Corporate Mortality Update:

- Following finalisation of the All-Wales Medical Certification of Cause of Death (MCCD) process, the Corporate Mortality team have been implementing changes and have communicated them to BCU doctors, mortality leads and bereavement teams, as well as updating the mortality intranet page. The BCU provisional MCCD forms are also available via the 'report it' tool on the BCU intranet homepage, and via a QR code link in the below posters. A presentation on the process was also presented by Mortality AMD's during the new doctor induction in August.
- The Grand Round focussing on Medical Certification of Cause of Death was stood down in June, due to impending changes to the final process, and stood down due to unforeseen circumstances in August. This is scheduled for 16th October 13:00-14:00 via teams. The session will be recorded to allow clinicians to listen when they can, and to increase engagement.

- September Mortality learning lesson of the month: Late diagnosis of Pulmonary Embolism.
- Potential Next of Kin Family Concerns are captured as Quarterly Data from Medical Examiner Scrutiny Reviews Engagement with the Medical Examiner Service ongoing, which supports continuous learning and quality improvement.
- Engagement with the Medical Examiner Service ongoing, which supports continuous learning and quality improvement.

Corporate Mortality Update



Strategic Impact

The Health Board demonstrates substantial progress in clinical governance with systematic improvements in audit compliance, mortality review processes, and NICE guideline implementation.

The 97% compliance rate for NICE guidelines represents a significant achievement in clinical standardisation, with continued work from the team engaging with IHCs and Divisions to support them through the process. There is a structured approach to mortality reviews and learning dissemination which enhances patient safety culture across BCUHB.

Operational Excellence

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

SAFEGUARDING & PUBLIC PROTECTION

Safeguarding and Public protection Training Compliance Q2 2025-2026

BCUHB's Safeguarding and Public Protection Training activities continue to have a targeted approach to ensure compliance meets the KPI of 85%. Training is delivered utilising a variety of platforms and materials to support learning and the implementation of safeguarding in all areas.

Quality monitoring and assurance of compliance is also a key consideration and is monitored by audit activities and the findings from Single Unified Safeguarding Reviews

(SUSR's) as training data alone does not evidence the understanding or the application of the training.

Minister for Children and Social Care

Welsh Government Safeguarding Board Governance and Accountability Arrangements Review.

‘Safeguarding people from abuse, neglect, and other forms of harm is a continually evolving area of practice. To ensure our systems remain effective, responsive, and focused on achieving the best outcomes, it is essential that they are subject to regular review and remain fit for purpose’.

In line with this commitment, the Welsh Government are undertaking a review of the current accountability and governance arrangements, BCUHB are fully engaged and will be supporting implementation of changes as they are identified.

ICON Programme

In February 2025, the North Wales Safeguarding Board agreed to provide the funding for BCUHB to implement the ICON programme.

ICON is a research-based programme that has been widely implemented in England and Scotland and recommended as best practice in the National Review of Non-Accidental Injury in under 1's. BCUHB will be the first health board in Wales to implement ICON.

ICON is a multi-disciplinary Abusive Head Trauma prevention programme, that aims to support parents and carers in understanding infant crying and managing associated stress, and helping to reduce the risk of abusive head trauma. This is co-ordinated to fit into mainstream service delivery, sharing a simple message during a series of core ‘touch points’;

- **I** – Infant crying is normal and will stop
- **C** – Comfort methods can sometimes soothe your baby
- **O**- It's OK to walk away for a few minutes if your baby is safe and the crying feels too much
- **N** – Never shake or hurt a baby

The launch will take place during Safeguarding Week and the aim is all parent/carers of babies discharged from inpatient Maternity, Neonatal, and Home Birth settings will receive the ICON message.

ICON information and the ICON Crying Plan will be included in the Personal Child Health Record (PCHR – red book) and parent/carers will be signposted to this during the core touchpoints.

INFECTION PREVENTION AND CONTROL

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

When comparing performance to the same period in 2024/2025, progress has been made in some key areas, aiming to reduce the overall number of healthcare-associated infections across both community and hospital settings. As of the end of September 2025, the following changes have been reported:

- Clostridioides difficile (C. diff): 31 fewer cases (no specific goal set for overall numbers).
- Methicillin -resistant Staphylococcus aureus (MRSA): 0 more case (no specific goal set for overall numbers).
- Methicillin -sensitive Staphylococcus aureus (MSSA): 6 more cases (no specific goal set for overall numbers).
- Escherichia coli (E. coli): 34 fewer cases (aligned with Goal 1).
- Klebsiella spp: 7 more cases (aligned with Goal 2).
- Pseudomonas aeruginosa: 4 more cases (aligned with Goal 3).

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

- 1st for Klebsiella
- 3rd for MRSA, MSSA, Pseudomonas
- 4th for E. coli
- 5th for C.diff
-

This represents a downward trend for Pseudomonas with an improvement in the position for MSSA. Rankings for E.coli, Klebsiella, MRSA and C.diff remain stable.

Community Onset Infections

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

Additionally, for Staphylococcus aureus (combined MRSA/MSSA), BCUHB reported a rate below the improvement goal of fewer than 25 cases per 100,000 population

Ongoing Strategic Priorities

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

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

QUALITY ASSURANCE

Published Reports (0)

There are no published reports for this period.

Announced/Unannounced Inspections (1)

HIW undertook an inspection at Hergest Ward, Ysbyty Gwynedd, from the 8th to the 10th of September 2025. No immediate assurances were issued. The Health Board awaits the improvement plan and draft inspection report from HIW.

Concerns / Requests for Assurance (2)

Emergency Department at Wrexham Maelor, IHC East

Healthcare Inspectorate Wales have raised concerns in September 2025.

The Health Board issued a response to HIW on 16th September 2025 to confirm:

- Staffing levels were fully established across medical and nursing teams.
- Reinforced patient confidentiality protocols have been shared with staff.
- Maintained dynamic risk assessments undertaken and prioritised patients with greatest clinical need.
- Allocated staff to monitor patients outside cubicles and escalate concerns.
- Commitment to improving patient communication during periods of extreme demand.

These actions aim to ensure safe care delivery and mitigate future risks under high-pressure conditions.

Hergest Ward, Ysbyty Gwynedd, Mental Health and Learning Disabilities

Healthcare Inspectorate Wales (HIW) has raised concerns following an incident involving a detained patient at the Hergest Unit. HIW sought assurance from the Health Board on clinical decision-making, risk assessment processes, and protocols for managing leave in high-risk cases. The Health Board has provided the response as requested.

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

Care Inspectorate Wales

Quality of Care Review Visit	Date	Lead	Position overview / Summary
Enhanced Community Residential Services, Mental Health and Learning Disabilities, Mold (East)	4 th July 2025	Responsible Director MHL D	The visit was undertaken by the Health Boards designated Responsible Individual (Head of Quality), in line with the Regulation and Inspection of Social Care (Wales) Act 2016. No immediate patient safety issues were identified and recommendations have

			been made in relation to minor areas for improvement. Once the improvement plan is completed by the service, the actions will be captured on the Health Boards AMaT system for monitoring and tracking.
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Public Services Ombudsman for Wales

The Health Board has 1 ongoing Public Interest Report issued by the Ombudsman.
[PIR received March 2025 \(Case ref ID2087 / 202301141\)](#)

Status: Overdue

Progress Update: 8 of the actions have been completed with 1 remaining action overdue which was due 25 September 2025. The final recommendation in relation to implementing a Commissioning Assurance Framework (CAF) is overdue. The Health Board has requested an extension due to a change to the approach of the work required. Progress is overseen by the Health Boards Regulatory Assurance Group, Executive Delivery Group and Quality Safety and Experience (QSE) Committee.

Learning from the Ombudsman

The Quality Team continue to collaborate with other Local Health Boards via the NHS Wales Ombudsman Safety & Learning network, to review published reports and discuss themes for wider learning. The Health Board also continue to meet with the Ombudsman's Office quarterly, with the next meeting scheduled for January 2026.

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

Ombudsman Annual Letter (draft) 2024-25

The Health Board has received the Ombudsman's Annual Letter 2024-25 for review and response. The Health Board's Quality Directorate have undertaken a review of the data and information. A response from the Health Board has been drafted and approved at Quality and Safety Executive Committee. A copy of the Ombudsman Annual Letter and Health Board Draft Response is attached, appendix 2 and 3.

ORGANISATIONAL LEARNING

The Learning Repository is a pivotal digital initiative, developed in-house, to capture, validate, and share organisational learning that enhances patient safety and clinical practice.

Phase 1 of the project, focused on Pharmacy and Medicines Management as the pilot area, remains on track for delivery by December 2025.

To support the wider organisational rollout in 2026 and uphold strong governance, a dedicated Project Board has been established. The Project Board will oversee project management, ensure strategic alignment, and maintain accountability throughout the implementation process.

Quality Management System (QMS)

The QMS has now been rolled out to Pharmacy, Mental Health & Learning Disabilities, and Women's Services, alongside the challenged services.

Membership to the strategic meetings has been revised to include Subject Matter Experts (SMEs) in corporate services, who will provide targeted support, templates, tools, and best practice resources within their domains.

Quality Dashboard/Quality Scorecard

The Health Board has officially launched the Quality and Assurance Dashboard in September 2025 following a period of development and testing in 2024 with internal colleagues and stakeholders such as NHS Wales Performance and Improvement, ensuring alignment with the National Beacon Dashboard for Wales.

The dashboard is a single, easy-to-use platform where staff can access key quality related data on Patient Safety, Patient Experience, and Workforce. By turning everyday data into actionable insights, the dashboard supports proactive decision-making, risk mitigation, and improved outcomes for patients across North Wales.



Recent key developments include the development of a **Quality Score Card**. A Quality Scorecard is a structured tool used by healthcare organisations to monitor, report, and improve performance across key areas of care. It brings together a set of quality metrics, such as patient safety indicators, clinical outcomes, patient experience, and compliance with standards into a single, visual dashboard.

The scorecard provides a snapshot of how well the organisation is delivering safe, effective, and person-centred care. It enables leaders, clinicians, and teams to track progress, identify areas for improvement, and make informed decisions that support better outcomes. The Quality Score Card under development and will be available as part of the Quality Dashboard once approved. The score card will be utilised for future quality reporting to both the Quality Safety and Experience Committee and Board.

HEALTHCARE LAW

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

The Health Board achieved significant improvement in the number of overdue Learning from Events Reports (LFERs) due with the Welsh Risk Pool (WRP), dropping to just 7 by the

beginning of quarter two. At the end of September that number had risen to 17 (with over half in one division) and continued focus remains in place with the aim of achieving a sustainable reduction during quarter three.

CONCLUSION

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

The key points of note are:

National Reported Incidents (NRI)

- The proportion of NRI's that remain open for more than 90 days are the best across Wales, with the median working days to completion also the lowest at 77 days compared to the All- Wales median of 134 days.
- Never Event: Retained swab.

Complaints

- Complaints position remains compliant with national target.
- The average number of working days / months a complaint is resolved on average is 19 working days (including historical and backlog complaints in 2024-25), this remains below the target days. (Target 30 working days).

Patient Experience:

- 11001 survey responses; 67.66% rated experience as "very good".
- 85.38% treated with dignity; 90.18% communicated in preferred language.

Infection Prevention

- 29 outbreaks in August and September; resulting in 429 bed days lost.
- Positive progress in reducing C. diff and E. coli infections.
- Strategic priorities include disinfection, isolation capacity, and staff training.

Organisational Learning

- Quality Management System (QMS) entering full implementation phase.

Healthcare Law

- No Prevention of Future Death notices
- Overdue Learning from Events Reports (LFERs) shows an improving position.

Ask for: Communications



01656 641150



caseinfo@ombudsman.wales

Date: 30 September 2025

PERSONAL & CONFIDENTIAL

Dyfed Edwards

Betsi Cadwaladr University Health Board

By email only

dyfed.edwards@wales.nhs.uk

carol.shillabeer3@wales.nhs.uk

bcu.ombudsman@wales.nhs.uk

Dear Dyfed Edwards

Annual Letter 2024-25

Role of PSOW

As you know, our role as the Public Services Ombudsman for Wales is to consider complaints about public services, to investigate alleged breaches of the councillor Code of Conduct, to set standards for complaints handling by public bodies and to drive improvement in complaints handling and learning from complaints. We also undertake investigations into public services on own initiative.

Purpose of letter

Through this letter, we want to give you an update on our work, share key trends in complaints about local government in Wales and highlight any particular issues for your organisation, together with actions I would like your organisation to take.

Complaints about public services

This letter, as always, coincides with the publication of our Annual Report. Again, we saw an increase in the number of people contacting us about public services. Since 2019-20, the volume of new complaints about public services reaching our office has increased by 44%.

We also closed a record number of complaints about public services – 5% more than last year. This year, we intervened (found that something has gone wrong, and recommended how to put things right) in 18% of complaints that we closed. Positively, this year we resolved many more complaints early on. 87% of our interventions this year involved Early Resolution, compared to 70% in 2023-24.

We understand that people who come to us want their complaints resolved as quickly as possible and we are committed to dealing with them in a timely manner.

Overall, we assessed incoming complaints, or intervened with an Early Resolution, within an average of 4 weeks; well within our target of 6 weeks. We have also reduced the time it takes us to complete an average investigation, from 64 weeks in 2023-24, to 53 weeks this year.

During 2024-25, we received 949 complaints about health boards. This is an increase of only 1% since last year, and shows that the rate of increase in health board complaints is still slowing down. Still, we are now receiving 26% more complaints about health boards than in 2019-20.

Predictably, most complaints about health boards concern health services. By far, the most common area of these complaints is clinical treatment in hospital. In addition, about 16% of complaints about health boards related to complaint handling. This was a welcome drop from 18% the year before.

We intervened in 27% of health board complaints that we closed – compared to 31% last year.

In 2024-25, we received 236 complaints about Betsi Cadwaladr University Health Board and closed 227 – some complaints were carried over from the previous year. Betsi Cadwaladr University Health Board's intervention rate was 28%. You can find detailed information on complaints about your organisation that we handled this year can be found in the appendices.

We published 4 public reports in the public interest. These related to:

- Multiple failures to perform surgery to remove the patient's gallstones which resulted in biliary sepsis that led to the patient's death (202206250).
- A failure to treat an urgent suspected cancer patient with prostate concerns in a timely manner which compromised the patient's care along with a failure to offer the patient to receive potentially curative surgery (202207270).
- A failure to appropriately treat and manage the pain of a patient with Learning Difficulties, as well as a failure to communicate appropriately with her and make appropriate adjustments (202300527).
- Cross border commissioned care in a patient with gynaecological and colorectal issues (202301141).

I am pleased that compliance with the recommendations made in the first 3 public interest reports is now complete. We are engaging closely with your officers to ensure that it fully complies with the recommendations made in the remaining public interest report.

We made 196 recommendations to your organisation during the year. To ensure that our investigations and reports drive improvement, we follow up compliance with the recommendations agreed with your organisation. In 2024-25, 210 recommendations were due. 65% of the recommendations due was complied with in the timescale agreed. Recommendations and timescales for complying with recommendations are always agreed with the public body concerned before being finalised, and we therefore expect organisations to comply within the timescales agreed.

Supporting improvement of public services

We continued our work on supporting improvement in public services.

During 2024-25, we concluded our second wider own initiative investigation which looked into unpaid carers' needs assessments in Wales. We considered whether 4 local councils – Caerphilly, Ceredigion, Flintshire and Neath Port Talbot - undertook carers' assessments in line with their statutory obligations.

We published the report on this investigation in October 2024. We found that only 2.8% of people in those council areas who identified as carers had received a needs assessment. In addition, only 1.5% had received a proper support plan following their assessment. Many carers were also not aware of their rights with regard to assessments and support services that might be available to them.

We identified some areas of good practice by the councils we investigated. However, we also made several recommendations including to:

- improve recording practices
- improve how information is shared with carers
- offer staff refresher training on carers' rights
- collaborate better with the healthcare sector.

We invited the other local councils in Wales to make similar improvements.

As we did in the case of our first own initiative investigation, we have been actively monitoring how organisations' have been complying with our recommendations.

We are planning to review compliance with the recommendations and any other impacts of the report in October 2025.

Currently 54 organisations across Wales operate our model complaints policy. This includes all local councils, all health boards and now most housing associations - representing about 85% of the complaints which we receive.

Our offer of free complaints handling training has remained popular and we provided a further 52 training sessions to public bodies across Wales during the year. This brings the total to 550 training sessions and 10,000 people, since 2020.

We have continued our work to publish complaints statistics, gathered from public bodies, with data published twice a year. We expect to publish the data on complaints handled by local councils in Wales during 2024-25 in the Autumn. This data allows us to see information with greater context – for example, during 2024-25, 6.13% of complaints made to NHS bodies went on to be referred to us.

Finally, this year we also published 1 thematic report, which included as case studies complaints about health boards:

- ‘Equality Matters’ (January 2025): a thematic report on inclusion and accessibility across public services.

This report includes general recommendations for public service providers, drawing on lessons learned from our casework.

Action we would like your organisation to take

Further to this letter can I ask that your organisation takes the following actions:

- Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.
- Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation’s compliance with recommendations made by my office.
- Provide my office with a copy of the Health Board’s Annual Report for 2024-25 on the Duty of Candour and Quality.
- Inform me of the outcome of the Board’s considerations and proposed actions on the above matters at your earliest opportunity.

I would like to thank you, and your officers, for your continued openness and engagement with my office.

Yours sincerely

Michelle Morris

Michelle Morris

Public Services Ombudsman

Cc. Carol Shillabeer, Chief Executive, Betsi Cadwaladr University Health Board
Denise Williams, PSOW Liaison Officer, Betsi Cadwaladr University Health Board

Information Sheet

Appendix A shows the number of complaints received by PSOW for all health boards in 2024-25. These complaints are contextualised by the population of each authority.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows intervention rates for all health boards in 2024-25. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix D shows outcomes of the complaints which PSOW closed for the Health Board in 2024-25. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix E shows the compliance performance of each health board.

Appendix A – Complaints received (overview)

Health Board	Complaints Received	Population	Received per 1,000 residents
Aneurin Bevan University Health Board	178	595412	0.30
Betsi Cadwaladr University Health Board	236	691991	0.34
Cardiff and Vale University Health Board	149	518269	0.29
Cwm Taf Morgannwg University Health Board	102	446514	0.23
Hywel Dda University Health Board	130	388139	0.33
Powys Teaching Health Board	20	134439	0.15
Swansea Bay University Health Board	134	389640	0.34
Welsh Ambulance Services University NHS Trust	24	-	-
Total	973	3164404	0.28

Appendix B – Complaints received (by organisation)

Betsi Cadwaladr University Health Board	Complaints Received	% Share
Admissions/discharge and transfer procedures	3	1%
Adult Mental Health	11	5%
Ambulance Services	0	
Appointment procedures (including outpatients)	8	3%
Care Homes	1	0%
Child and Adolescent Mental Health	5	2%
Clinical treatment in hospital	128	54%
Clinical treatment outside hospital; Dentist	3	1%
Clinical treatment outside hospital; GP	6	3%
Clinical treatment outside hospital; Other	8	3%
Clinical treatment outside hospital; Physiotherapist	1	0%
Complaints Handling	0	
Confidentiality	0	
Continuing care	5	2%
De-Registration	0	
Disclosure of personal information / data loss	1	0%
Funding	1	0%
Gender Identity Funding	0	
Health	25	11%
Housing	0	
Medical records/standards of record-keeping	1	0%
Medication > Prescription dispensing	2	1%
Non-medical services	0	
Nosocomial (Framework)	0	
Other	2	1%
Out of Hours GP care	1	0%
Patient list issues	7	3%
Poor/No communication or failure to provide information	1	0%
Prisoner Care	6	3%
Referral to treatment time	7	3%
Rudeness/inconsiderate behaviour/staff attitude	1	0%
Various Other	2	1%
Total	236	

Appendix C – Cases with PSOW intervention (overview)

Health Board	No. of interventions	No. of closures	% of interventions
Aneurin Bevan University Health Board	50	176	28%
Betsi Cadwaladr University Health Board	64	227	28%
Cardiff and Vale University Health Board	27	154	18%
Cwm Taf Morgannwg University Health Board	36	104	35%
Hywel Dda University Health Board	43	131	33%
Powys Teaching Health Board	6	25	24%
Swansea Bay University Health Board	33	136	24%
Welsh Ambulance Services University NHS Trust	4	29	14%
Total	263	982	27%

Appendix D – Complaint outcomes (by organisation) (* denotes intervention)

Betsi Cadwaladr University Health Board	Complaint Outcomes	% Share
Complaint investigation discontinued (with early resolution at assessment stages)*	0	
Complaint investigation discontinued (without settlement)	1	0%
Decision not to investigate complaint	94	41%
Early resolution*	44	19%
Matter out of jurisdiction	51	22%
Non-public interest report issued: complaint not upheld	3	1%
Non-public interest report issued: complaint upheld*	13	6%
Non-public interest report issued: complaint upheld with early resolution at assessment stage*	2	1%
Premature	14	6%
Public interest report issued: complaint upheld*	3	1%
Public Interest report issued: complaint upheld with early resolution at assessment stage*	1	0%
Special Interest Report*	0	
Voluntary settlement*	1	0%
Total	227	

Appendix E – Compliance performance comparison

Health Board	Number of recommendations made on complaints closed in 2024-25	Number of recommendations falling due in 2024-25	% of recommendations, complied with in line with agreed target date
Aneurin Bevan University Health Board	136	160	66%
Betsi Cadwaladr University Health Board	196	210	65%
Cardiff and Vale University Health Board	72	96	70%
Cwm Taf Morgannwg University Health Board	101	118	42%
Hywel Dda University Health Board	137	140	89%
Powys Teaching Health Board	16	12	33%
Swansea Bay University Health Board	86	86	64%
Welsh Ambulance Services University NHS Trust	18	6	33%



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,
Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business
Park, St Asaph, LL17 0JG

Michelle Morris,
Public Services Ombudsman for Wales,
1 Ffordd yr Hen Gae,
PENCOED,
CF35 5LJ

Sent via email to:
Caseinfo@ombudsman.wales

Ein cyf / Our ref:

☎: 03000 852633

Gofynnwch am / Ask for: Denise Williams

E-bost / Email:
BCU.Ombudsman@wales.nhs.uk

Dyddiad / Date: To be completed

Dear Michelle,

Re: Ombudsman Annual Letter 2024/25

Thank you for your Annual Letter for 2024–25 and for the continued work of your office in promoting transparency, accountability, and improvement across public services in Wales.

As a Health Board, we welcome the insights shared in your letter, particularly the data on complaint volumes, intervention rates, and the emphasis on early resolution. I note the specific figures relating to Betsi Cadwaladr University Health Board and appreciate the detailed breakdown of complaint themes and outcomes.

The public interest reports you referenced are sobering reminders of the importance of learning from serious incidents, and as an organisation, we remain committed to ensuring full compliance with all recommendations and sharing the learning across the organisation.

The Health Board continues to be committed to becoming a learning, self-improving organisation. This ambition is reflected in its strategic plans, governance reforms, and the development of a robust Quality Management System. By embedding learning into every layer of service delivery, this includes proactive responses to patient feedback and concerns to timely incident reviews and working with the Ombudsman office on recommendations. The Health Board continues to build on a building a culture of transparency, responsiveness, and continuous improvement.

Through structured feedback forums, shared insights, and visible leadership commitment, the Health Board has a robust framework to act on Ombudsman recommendations timely and track and monitor progress to ensure we can communicate effectively with the ombudsman office. This approach provides assurance that concerns are not only addressed but translated into meaningful change, reducing the need for external intervention and reinforcing public trust.

I can confirm that the Health Board has reviewed the data provided in your Annual Letter, including the detailed breakdowns in Appendices A to E, and welcome the opportunity to reflect on our performance and identify areas for improvement. This will inform our ongoing work to strengthen complaints handling and organisational learning.

Complaint Volumes and Context (Appendix A)

Betsi Cadwaladr University Health Board received the highest number of complaints (236) in 2024-25, which is proportionate to our position as the largest Health Board in Wales. Our rate of 0.34 complaints per 1,000 residents is slightly above the national average (0.28) and comparable to other large Health Boards. This contextualised data helps us understand our relative position and informs our approach to service improvement.

Complaint Categories (Appendix B)

Over half of the complaints received by your office (54%) related to clinical treatment in hospital settings, which is consistent with the scale of our acute services. Other categories such as mental health, general health, and appointment procedures were present in smaller proportions. Whilst this breakdown is helpful, a further breakdown of more defined themes would further assist the Health Board to focus our internal review and improvement efforts on the most frequently reported concerns, enabling more targeted intervention for improvement.

Intervention Rates (Appendix C)

The Health Boards intervention rate of 28% matches the national average and is in line with other large Health Boards. This suggests that while our complaint volume is higher due to population size, the proportion requiring Ombudsman intervention is not disproportionate. We remain committed to resolving concerns early and learning from upheld cases.

The Health Boards Integrated Concerns Policy directly supports the ambition to reduce the rate of interventions by the Public Services Ombudsman for Wales. By resolving concerns effectively, timely and person centred and demonstrating a culture of openness and continuous improvement, the Health Board is better positioned to:

- Minimise the number of complaints that escalate to the Ombudsman due to dissatisfaction with local handling.
- Provide clear evidence of fair, timely, and proportionate responses when cases are reviewed externally.
- Address systemic issues before they become entrenched, thereby reducing the likelihood of repeat findings or thematic investigations.

In the context of the Health Board's ongoing improvement journey and its status under enhanced monitoring, the Integrated Concerns Policy is a critical enabler of cultural and operational change. It signals a shift from reactive complaint handling to proactive service improvement, aligning with the expectations of the Ombudsman and the wider public.

Complaint Outcomes (Appendix D)

The Health Board notes that of the 227 complaints closed, 41% were not investigated by your office and 22% were out of jurisdiction. This indicates positively that complainants are fully informed of how to refer their case to the Ombudsman. That said, as a Health Board, we accept that further work needs to be undertaken to support complainants on receipt of their complaint to ensure higher levels of satisfaction, negating the need for the complainant to refer the case to the Ombudsman.

Early resolution accounted for 19% of outcomes, and only a small proportion (8%) were upheld through formal reports. These figures reinforce the importance of strengthening local resolution and ensuring robust complaint handling to reduce escalation.

The forthcoming Listening to People Framework (formerly known as Putting Things Right (PTR)), marks a transformative shift in how NHS Wales organisations, including Betsi Cadwaladr University Health Board, respond to patient concerns. Scheduled for implementation in April 2026, this framework is designed to embed compassion, responsiveness, and learning at the heart of complaints and feedback processes.

The Listening to People Framework complements the Health Board's Integrated Concerns Process, which brings together complaints, incidents, and patient feedback into a single, streamlined system. It further complements our broader ambition to become a learning organisation. Furthermore, it integrates with the Quality Management System and governance reforms, ensuring that patient experience is a driver of continuous improvement.

Together, these form a cohesive strategy for improving patient experience, enhancing accountability, and reducing Ombudsman intervention rates. They signal a maturing organisation one that listens, learns, and acts in partnership with its communities.

Compliance Performance (Appendix E)

We note that 210 recommendations fell due in 2024-25. Our compliance rate of 65% is broadly in line with other large organisations, though we recognise the need to improve timeliness.

Over the past year, the Health Board has been collaborating with other NHS organisations and once for Wales, in order to improve how Ombudsman recommendations are consistently captured and tracked across Wales.

The Health Board continues to review our internal processes in order to improve compliance with Ombudsman recommendations, strengthening oversight and accountability. This includes development work such as including compliance rates within the Health Boards Quality Dashboard.

These insights will be used to inform our internal reporting, Board discussions, and quality improvement planning.

Thank you for drawing our attention to the publication of the Public Services Ombudsman for Wales's Equality Matters thematic report (January 2025). The Health Board recognises its relevance to improving inclusion and accessibility across health services and is committed to learning from external scrutiny and improving the experience of all service users, particularly those from marginalised or underserved groups.

As such, the Health Board has asked its Equalities and Human Rights Strategic Forum to review the report's findings and ensure that the Health Board takes steps to embed its recommendations into internal processes.

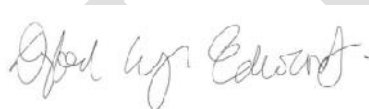
Please be assured that where Ombudsman cases identify learning in relation to Equalities and Human Rights, the Health Board reports these cases through its corporate governance processes.

I enclose a copy of our 2024–25 Annual Report on the [Duty of Candour](#) and [Quality](#) and look forward to your feedback.

Thank you for continuing to highlight the experiences of our patients and their families as this is a key contribution to our learning and improvement journey. I look forward to updating you further on the progress made, and look forward to continuing to work with you and your team.

The Health Board values the collaborative relationship that it has with your office and remain committed to upholding the principles of fairness, transparency, and continuous improvement in our services.

Yours sincerely



Dyfed Edwards
Cadeirydd / Chair

c.c Carol Shillabeer, Chief Executive
Angela Wood, Executive Director of Nursing and Midwifery and executive lead for PSOW
Pam Wenger, Director of Corporate Governance



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Betsi Cadwaladr
University Health Board

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

Board Date		27/11/2025
Date of Committee		22/10/2025
Report of:		Performance, Finance and Information Governance
Quoracy met:		Yes
1	Agenda	The Performance Finance and Information Governance Committee (PFIGC) continues to meet bi-monthly. The Committee considered an agenda which is attached: PFIG Committee - BCUHB
2a	Alert	The PFIG Committee wish to Alert members of the Board that: 1. There is a deficit of £15.1 million on the year to date and a financial risk of £40.8 million to achieving the plan to break-even: an advisory group has been convened to discuss additional measures to retrieve the situation, noting that some of the issues are ones outside the Health Board's control. 2. The Committee is concerned about the way in which Enhanced Establishment Controls are working: the system needs to be made significantly simpler where recruitment is to posts within the establishment and the budget. 3. There are significant pressures on the drugs budget but good work is being done on this under the value and sustainability work programme. 4. There are significant concerns about our ability to get close to the Ministerial target on ambulance handovers, given current systemic problems, particularly in terms of flow.
2b	Assurance	The PFIG Committee wish to Assure members of the Board that: 1. It received a Q1 report on the activity of the Shared Services Partnership and noted significant improvements in the performance of the Health Board in terms of meeting timescales on recruitment. 2. It had a detailed discussion of the work being undertaken to increase the efficiency of theatre utilisation and was assured that there is a clear understanding of the issues which needed addressing and that appropriate targets are in place– the challenge however is to achieve significant improvement. 3. The Committee was informed that a baseline budget review had not taken place in recent years, but it was a firm intention to progress this once Foundations for the Future had been concluded.
2c	Advise	The PFIG Committee wish to Advise members of the Board that: 1. The Performance Report was not available due to the timing of the meeting but it was agreed that the report would be shared by email within one week of the meeting taking place.

		2. The Committee has asked for an update (outside the meeting) on progress on developing a mental health crisis service and on the development of clearer referral pathways for primary care.
2d	Review of Risks	PFIG received assurance and endorsed the updated Corporate Risk Register noting that: • The Finance Risk CRR25-06 had been reviewed in detail. • The Safe Environment Risk needed to be reviewed to identify meaningful medium-term targets, given that 2035 seems an understandable timescale for significant mitigation of the risk. a list of risks which had been downgraded would be circulated outside of the meeting. • There was a lack of systematic horizon scanning in the Health Board, which should be considered from a risk perspective.
2e	Sharing of learning	Nothing to note
3	Actions to be considered by other committees	• People and Culture to review the Shared Services Partnership report and to consider what more could be done to speed up the shortlisting process. • People and Culture to consider how the establishment control process can be simplified.



Teitl adroddiad: Report title:	Integrated Quality and Performance Report
Adrodd i: Report to:	Health Board
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 27 November 2025
Crynodeb Gweithredol: Executive Summary:	The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027, the purpose of the Framework to integrate key performance indicators (KPIs) from: - 1. Key deliverables from the Annual Plan (IMTP) 2. NHS Wales Performance Framework (Quadruple Aims) 3. Key deliverables in response to Welsh Government (WG), Health Education and Improvement Wales (HEIW), and other formal recommendations including Special Measures. 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. The Performance Directorate reports through the portfolio of the Executive Director of Finance. The directorate is to review the Integrated Performance Framework (to include Accountability) and Integrated Quality & Performance Summary Report and the overall report. The intention being to develop the reporting in conjunction with Board members, the new reports presented to May 2026 Health Board. 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, BCUHB's internal improvement trajectories 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, the initial high-level one-page summary will in future months be developed to identify success and areas for improvement, action taken and impact. • This followed by a page for each quadrant to offer greater insight for the area to the reader, to include a key for RAG rating and Statistical Process Control (SPC) charts. • The main body of the report then containing all of the metrics by domain. The report enabling members to identify key escalations, whilst enabling oversight of the nationally required metrics, and local metrics that give greater insight into current performance. Also, moving towards greater ownership by committees of the measures included within the escalation section of the report for Health Board. The Performance Framework (Accountability refresh) will enable the Health Board to embed the endorsed Integrated Performance Framework. These arrangements include putting in place formal and informal integrated (accountability) review structures. The Performance Directorate is working with corporate, clinical and operational leads to evidence current performance, actions being taken and their resultant expected impact on future performance and where this results in comparison to National and planned delivery for the year, key highlights contained within the report centring upon; • Significant improvement required within Diagnostics for 8-week delivery (plan to move to c4,700 from currently c17,000) • The 55% reduction in patients waiting in excess of 104 weeks for treatment (c10,500 to 4,600) • The significant reduction (50%) of patients waiting for their first outpatient appointment from c31,000 to c15,900 • Urgent Suspected Cancer at 53% (target 75% within 62 days) Whilst highlighting these improvements it is important to note the ambition of the IMTP being to have zero 8-week diagnostic waits, zero patients waiting 104 weeks for treatment and 75% of patients seen on a cancer pathway by 31st March 2026. In addition, the Health Board is to continue to drive performance in ambulance handover times, with a focus placed upon discharges being timely and understanding and resolution of delays that are resulting in risk to harm for patients attending the Emergency Departments.
Argymhellion: Recommendations:	The Health Board is asked to: Review the contents of the report and identify any additional assurance work required

Arweinydd Gweithredol: Executive Lead:	Russell Caldicott, Executive Director of Finance			
Awdur yr Adroddiad: Report Author:	Ed Williams, Deputy Director of Performance			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> ☐	I Benderfynu <i>For Decision</i> ☒	Am sicrwydd <i>For Assurance</i> ☒	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> ☐ 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> ☐ 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> ☒ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	The performance measures included in this report are from the NHS Wales Performance Framework 2025-26.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	This report will be available to the public once published for Health Board.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N The Report has not been Equality Impact Assessed as it is reporting on actual performance.			

Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022. References to Corporate Risks have been made in the body of the report, where applicable. 24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	The delivery of the performance indicators within our IQPR will directly/indirectly impact upon the financial recovery plan of the Health Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	The delivery of the performance indicators within our IQPR will directly/indirectly impact on our current and future workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	This report has been reviewed by Executive Team. The report has been reviewed by the Executive Director of Finance
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	The Deputy Director of Performance continues to work with the Head of Risk Management in strengthening linkage from this report into the Corporate Risk Register and eventually Board Assurance Framework (BAF) once objectives have been set.

	References to Corporate Risks are included in the body of the report, where applicable. 24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations:</i> To enhance the reporting of current performance, actions taken and their impact on future access to services for the local population. This to include assessment of forecast performance compared to local plans and national targeted delivery (using GIRFT of Ministerial enabling actions as examples). The Integrated Quality & Performance Report to be developed for the remainder of 2025/26 with a view to having the new reports available in May 2026.	
Rhestr o Atodiadau: <i>List of Appendices:</i> • Integrated Performance Summary Report (see below) • Integrated Performance Report Presentation	

Appendix 1 (IQPR Summary Report)

Committee:	Health Board
Report title:	Integrated Quality & Performance Report (IQPR)
Report Author:	Deputy Director of Performance
Executive:	Executive Director of Finance and Performance

1. Introduction

The Performance Directorate now reports through to the Executive Director of Finance's portfolio, with development of the Integrated Quality and Performance Report (IQPR) a key objective to ensure the needs of Operational forums, Executive, Committees and the Health Board are met. The development of the report will build on the launch of the Foundations for the Future model for services, which is essential to ensure clarity on roles, responsibilities and accountability.

Statistical Process Control Charts (SPC) will be the main vehicle to report performance (historical, current and future trends) ensuring movements in performance are understood. It is essential the users of the reports can ascertain the impact of key actions expected for future performance, and importantly how this compares to that contained within our Integrated Medium-Term Plans (IMTP) and national expectations.

Initial meetings with the Executive, Senior Leadership and the teams have occurred, with further debate to occur with Health Board colleagues to shape the future report model, the anticipation being this would be supported by;

- Hierarchical reporting (the information tailored for the audience)
- Review of metrics used for assessment, ensuring relevance
- Engagement with Operational and Clinical teams, to ensure actions planned to improve performance are quantifiable and thus can be used to forecast delivery
- A refreshed 'Performance and Accountability Framework' that will enable areas and directorates that require additional support to be identified and escalated

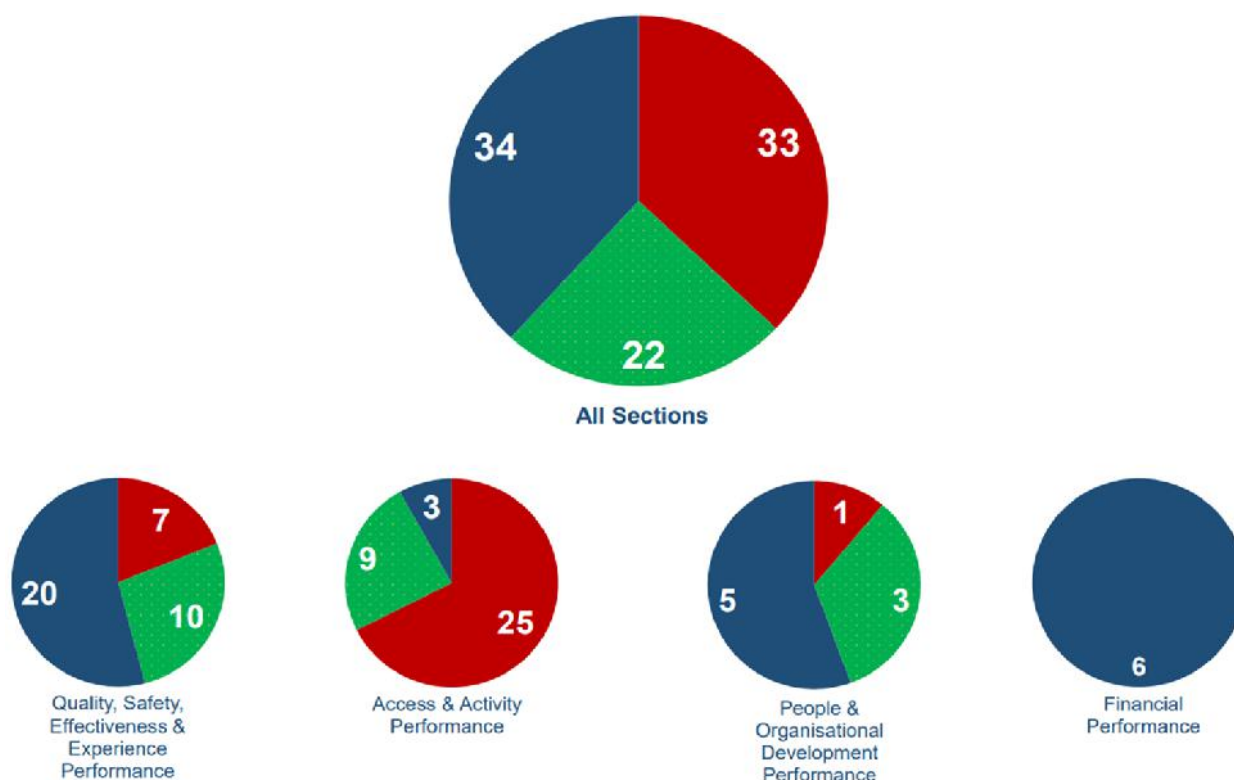
The implementation of 'Foundations for the Future' in providing clarity on roles and responsibilities will support identification of lines of accountability, it is important that the accountability framework recognises high performing areas and differentiates with those requiring support to deliver improvement. Reporting future performance requiring Operational & Clinical colleagues to determine action to be taken and expected impact.

Whilst these developments are progressed, the report will continue to be presented within the current format, each section will endeavour to enhance reporting with inclusion of;

- A one-page high level summary of matters to be highlighted to members
- Then a page per quadrant, supporting a more focused view of the performance

- Finally, each performance metric is then articulated within the report to provide the detail should officers seek to understand more in regards to a particular metric

2. Overall Summary; -



Of the measures from the NHS Wales Performance Framework included in the report, 22 are on target. Whilst this is an improvement from September's report (18 on target) it remains clear that there continues to be significant risks to delivery on a number of key metrics described within this report.

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, with members invited to review the detail contained within the summary and full performance report to assess areas of key challenge and improvement opportunity.

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: -

3.1.1 Quality Management System

The Health Board implemented a Quality Management System in 2024, with four key quadrants as depicted within the below graphic;

Betsi Cadwaladr UHB Quality Management System Framework

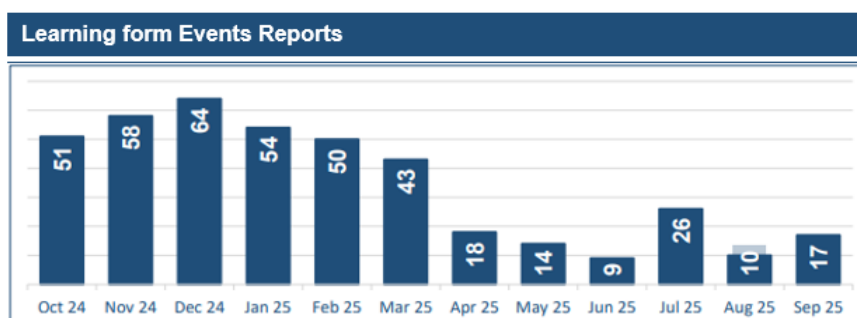


3.1.2 Significant progress has been achieved in complaints management;

- Closed the highest percentage of complaints within 30 working days in Wales, demonstrating a high priority of responsiveness. The Public Service Ombudsman Wales is upholding fewer complaints against the Health Board, suggesting the quality of responses is improving.
- The average closure time for completing and closing complaints is 22 working days, demonstrating improved grip and control.
- Incidents reported to Datix are discussed in weekly local Senior Leadership Teams Integrated Concerns Operational (ICOP) Panel. Moderate and above incidents are reviewed at the Health Board daily Integrated Concerns Hub for allocation of review/investigation type.

3.1.3 Never Events and Learning from Events Reports (LFER)

Whilst no never events occurred during August, it is of note that in October 2025 there were three reported never events (only four reported previously in the last 12 months).

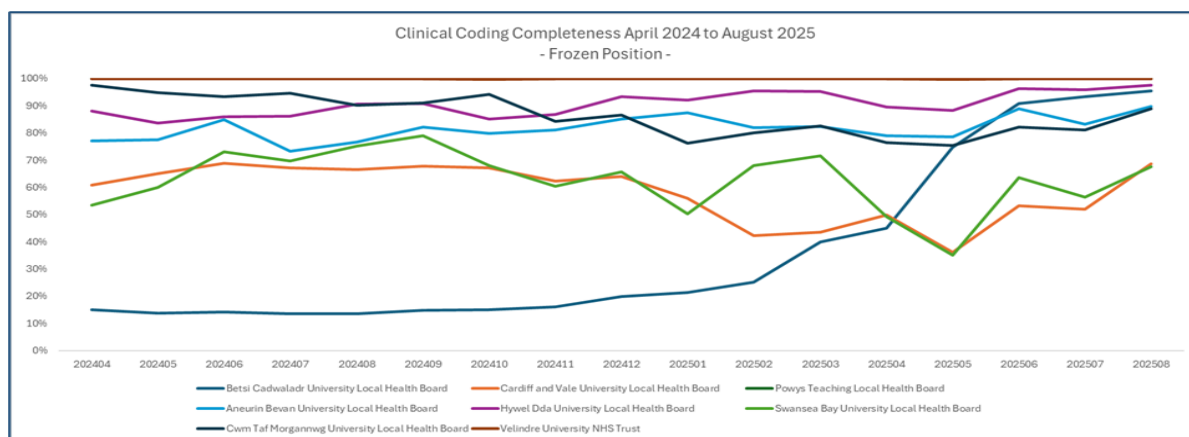


LFER performance improved, though requires continued focus to learn for future events and to avoid the fines levied for failure to achieve this target (£2,500 per episode).

3.1.4 Clinical Coding Compliance:

Performance against this measure has continued to improve and has consistently been above trajectory and national target rate of 95% and BCUHB is now the second best performing in Wales against this measure.

The latest meeting of the Integrated Performance Executive Delivery Group agreed that this measure should now be de-escalated to Level 1, Standard Monitoring from here on in. for assurance full details on slide 17.



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: -

Key metrics for the People and Organisational Development centre upon;

- Sickness absence has slightly increased to 6.08%
- The percentage of agency spend as a proportion of the total pay bill totals 3.2%
- The appraisal rate remains high at over 80% across the Health Board

3.3 Access & Activity Performance

3.3.1 Introduction to Planned Care Delivery

This section contains the greatest number of measures within the report and articulates the access to services experienced by our local population. The Health Board submission of the Integrated Medium-Term Plan (IMTP) indicating attainment of national directives for Planned Care on the basis of;

- Receipt of additional funds to support 104-week delivery
- Ability to commission activity from the private sector for key specialities

The Health Board received a reduced allocation of £5M to support commissioning of external care provision and experienced difficulties in securing capacity within the private sector to service patients waiting, these two factors impacting on the ability of the Health Board to attain the trajectories of performance indicated within the IMTP.

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 Chairing a weekly oversight and escalation

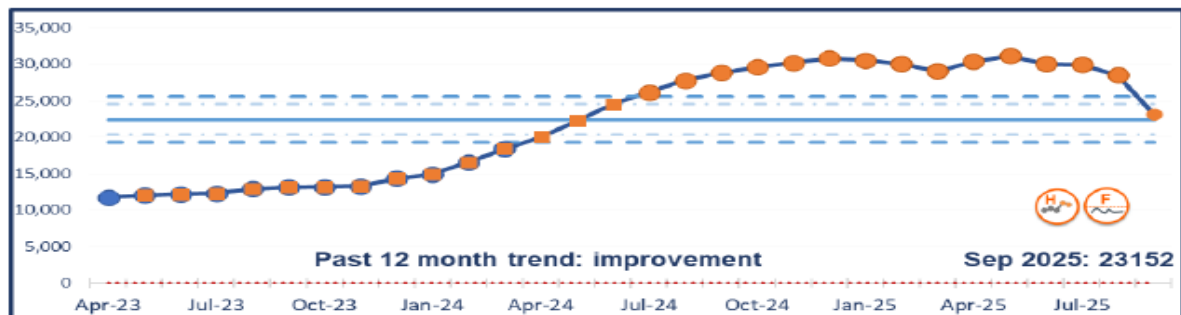
meeting) with additional oversight and governance through a weekly meeting of the Chair and Vice-Chair for the Health Board.

3.3.2 Planned Care Performance

(Corporate Risk 24-11 Planned Care)

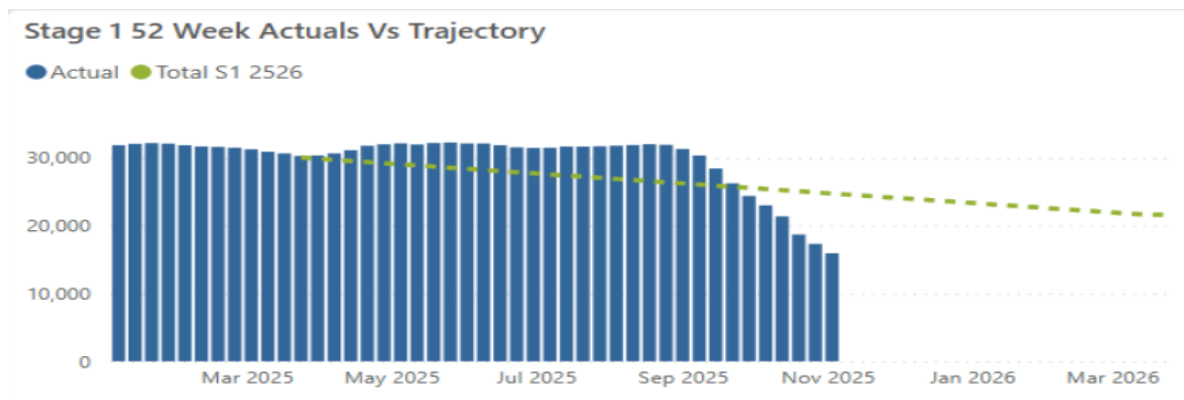
(Corporate Risk 24-13 Timely Diagnostics)

(a) Patients waiting over 52 weeks for a first outpatient appointment



The introduction of a centrally managed booking service for first outpatient appointment and adoption of GIRFT recommendations for each speciality in regards to clinic bookings resulted in a stabilisation of deterioration in performance that had been experienced throughout the Health Board.

In addition, the national initiative of placement for insourcing to service patients first new outpatient appointments has seen over 2,000 patients per weekend seen. This additionality has dramatically reduced the numbers of patients waiting for first outpatient appointment and this trend is set to continue for the remainder of the financial year. The position has already improved from c30,000 to c20,000 and is expected to be zero by close of the financial year.



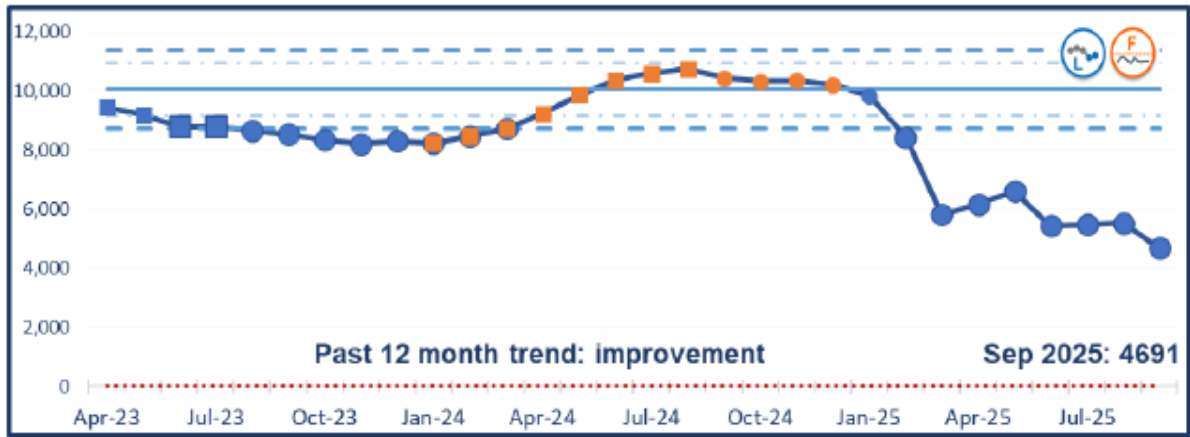
Based on management information currently going through validation (hence draft at this stage), the number of patients waiting over 52 weeks for their first outpatient is as follows:

- We had 31,905 patients at 25 August 2025
- We now have (unvalidated) 15,949 patients waiting over 52 weeks (15,946 reduction)

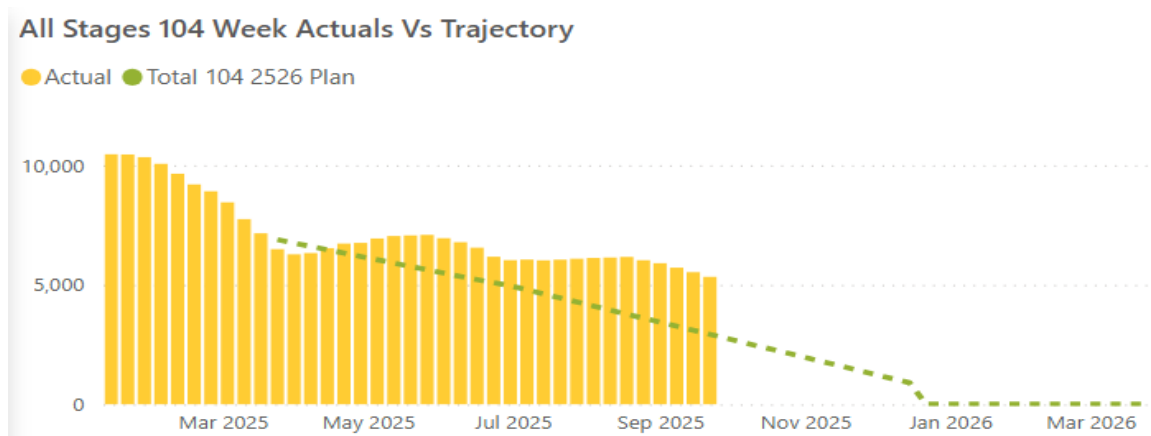
The initiative will continue to close of the financial year, and as such we expect significant further reductions in 52 weeks. As the new booking centralised service is in place, we expect this improvement to be maintained. the national initiative removing the backlog and central booking equalising demand with capacity available through enhanced productive use of the clinics available.

However, it is of note these patients will convert and place pressure upon delivery in the future 104-week performance (a cohort of the stage 1 outpatients requiring a procedure) with some of these urgent or even Urgent Suspected Cancer and displacing current routine capacity to service patients currently waiting in excess of 104 weeks.

(b) Patients waiting greater than 104 weeks for all stages of care delivery



The Health Board targeted zero patients waiting over 104 weeks by 31st March 2026. Whilst the Health Board has secured significant improvements in the 9 months to September 2025, with the latest numbers indicating 4,400 (a 55% reduction in patients waiting over a 9-month period) patients remain waiting above 104 weeks for conclusion of their care and the trajectory to attain zero by 31st March 2026 remains challenging (see below chart).



Whilst this does not meet the trajectory submitted as part of the IMTP, the funds anticipated in the IMTP also did not materialise at the level planned. Also, as the numbers reduce it has been more difficult to identify patients suitable for treatment through commissioned activity.

Plans have been submitted to Welsh Government colleagues that indicate for Quarter three (by 31st December 2025) patients waiting beyond 104 weeks will total 3,890, as articulated below;

Ref	Speciality	Patients waiting 31 st December 2025 above 104 weeks
1	General Surgery	837
2	Urology	437
3	Vascular Surgery	66
4	Trauma & Orthopaedics	284
5	ENT	555
6	Ophthalmology	197
7	Oral Surgery	803
8	Orthodontics	275
9	Pain Management	190
10	Gynae	246
11	TOTAL	3,890

There is an opportunity to enhance performance beyond these levels through the current contractual provision for insourcing and outsourcing, with indicative values included within the below table;

Ref	Description	Patient number waiting beyond 104 weeks at 31 st December 2025
1	Revised Plan submitted to Welsh Government	3,890
2	Opportunity to enhance plan delivery; • Pain • Orthodontics • Oral Surgery (full pathway commissioned) • Continued Outsourcing	120 135 250 400
3	TOTAL	2,985

The Health Board continues to place focus on attainment of the 3,890 patients, with additionality to improve to 2,985 a best case for quarter 3 of 2025/26. In relation to quarter 4 attainment, the Health Board modelling indicates an increase in each month of those patients breaching the 104 weeks for waiting for care, as noted below;

- Leading up to December 2025 approximately 2,000 patients per month were added to the list of those waiting beyond 104 weeks
- January to March 2026 this number has increased on average to over 3,000 patients per month

The Health Board is required to therefore service (during the winter period) the forecast 3,890 plus each month the further additional 3,000 patients, this totals £12,890 patients for the three months to 31st March 2026. The resultant modelling indicating;

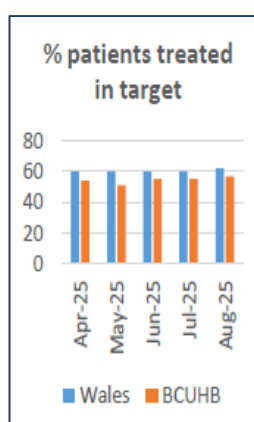
- Patients waiting beyond 104 weeks at 31st March 2026 will total 3,782
- Debate continues with WG officials in securing further resource to enable further commissioning where appropriate

The Health Board continues to drive improvements alongside the commissioning of activity through the Planned Care Major Programme, improvements in theatre utilisation (early and late starts plus reducing cancellations at short notice or on the day) will support improvements in delivery to that currently articulated.

(C) Cancer Performance (national standard 75%)

In September 2025 the Health Board treated 53% of patients within the targeted 62 days, as denoted within the below table;

	BCUHB Total	West	Central	East
Upper GI	77% (23/30) ↑	80% (8/10)	78% (7/9)	73% (8/11)
Skin	73% (67/92) ↑	69% (18/26)	79% (23/29)	70% (26/37)
Haematology	73% (19/26) ↑	86% (6/7)	73% (8/11)	63% (5/8)
Lung	63% (20/32) ↓	58% (7/12)	50% (4/8)	75% (9/12)
Colorectal	58% (26/45) ↑	46% (6/13)	55% (6/11)	67% (14/21)
Gynaecology	44% (8/18) ↑	50% (3/6)	20% (1/5)	57% (4/7)
Breast	38% (30/80) ↓	53% (17/32)	14% (4/29)	47% (9/19)
Urology	32% (34/107) ↓	55% (17/31)	23% (7/31)	22% (10/45)
Head & Neck	26% (5/19) ↓	33% (3/9)	0% (0/5)	40% (2/5)
Total	53% (242/460) ↓	59% (87/148) ↑	54% (66/145) ↑	53% (89/167) ↓



- The principal reason for the drop in performance in September was an increase in the number of breast cancer patients treated after day 62. This was as a result of delays in the screening service and increased waits to first appointment over the summer period.
- The Maggie's Centre on the Ysbyty Glan Clwyd site opened on September 29th, thanks to support from the Steve Morgan Foundation. The centre offers free expert care and support to anyone affected by cancer and is open Monday to Friday 9am to 5pm; No appointment is needed. The centre is designed to be welcoming, providing a friendly, supportive and tranquil environment.

Performance across Wales on Cancer performance remains challenged, measures have been deployed to enhance delivery in Dermatology (skin) through insourcing contractual performance, Colorectal with additional endoscopy, Breast through a re-alignment of clinic capacity away from Mondays and additional recruitment to Head and Neck consultants.

(D) Diagnostics (performance against the 8-week standard)

Diagnostics performance against the 8-week standard has deteriorated over the past 12 months, predominantly a consequence of demand for MRI, Ultrasound and Endoscopy, key information being;

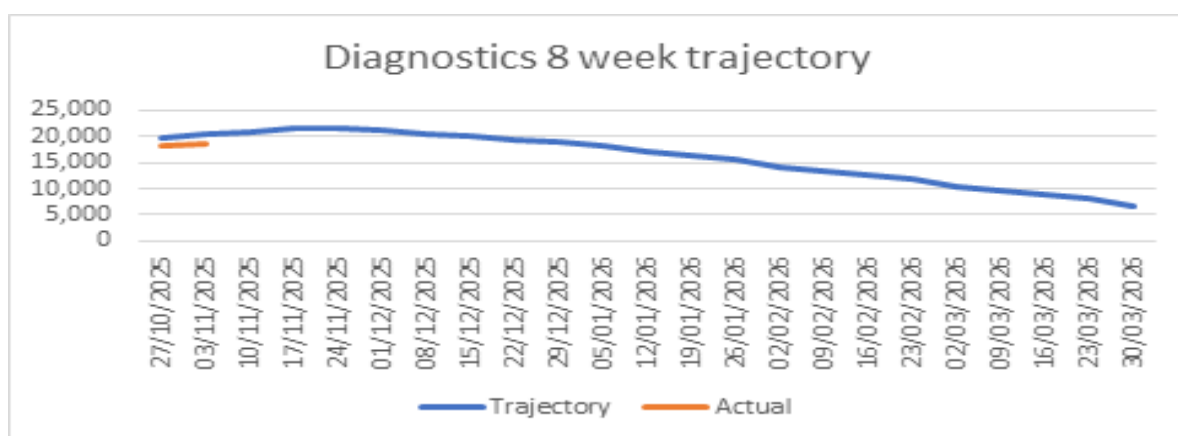
- 18,826 patients waiting in excess of 8 weeks at end of September
- Drivers being increased Endoscopy & Radiology from increased demand and GP direct access, although now improving in Endoscopy
- Further allocation of £3.6m in year to improve towards zero waits of 8 weeks at end of March 2026

Key actions in the current quarter centring upon;

- Completion of procurements / Commence solutions (mobile MRI on site)
- Adoption of additional demand management measures

The increased access is set to reduce patient waiting times beyond 8-weeks to approximately 4,700 patients by 31st March 2026. However, the additional outpatient activity seen through the national 52-week first outpatient insourcing model will result in significant additional diagnostic activity being required, with this potentially impacting on performance adversely in this area.

The below table models the expected impact on the trajectory previously submitted, though it is of note the Health Board is still targeted attainment of the 4,700 patients waiting for a diagnostic test at 31st March 2026 submitted to Welsh Government.



Whilst the plan does not achieve a zero position by close of March 2026, the teams are attempting to improve on the current 4,700 plan submitted to Welsh Government, this number would representing the best performance on access for diagnostics.

3.3.3 Therapy Waits

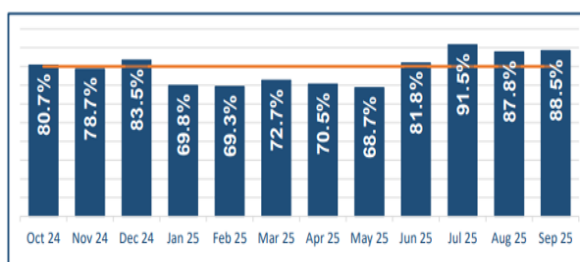
There has been a substantial improvement in waits for Therapy intervention, with a continuing month on month improvement in performance and reduction in waiting times. The remaining waiting times residing predominantly within Physiotherapy and Dietetics.



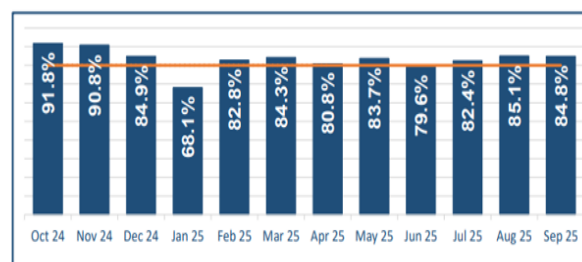
3.3.4 Adult Mental Health Measures Performance

Adult Mental Health Assessments and therapeutic interventions have consistently been performing above the 80%. Escalation remains as there are inequalities of waits across the region (Anglesey Denbighshire not achieving the 80% rate).

Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)



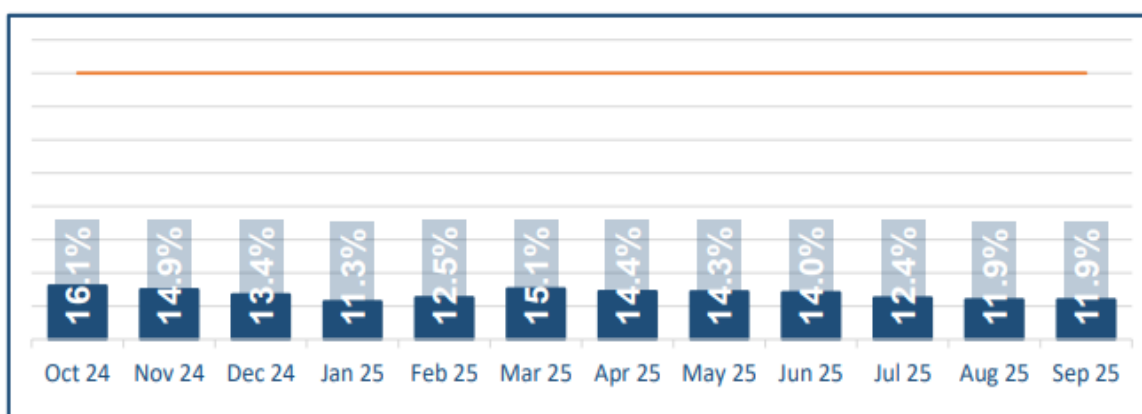
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)



3.3.5 Children's & Adolescent Mental Health Services (CAMHS) and Neurodevelopment

Neurodevelopment waiting times remain a concern, with the Health Board currently ranked as 6th of 7 in Wales. The All-Wales latest performance is 21% as at February 2025 and no Health Boards are achieving the target.

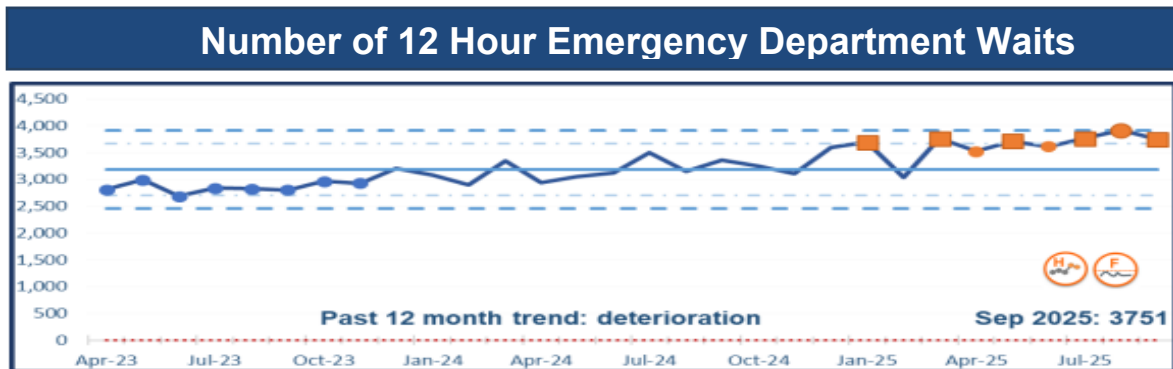
Percentage children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment



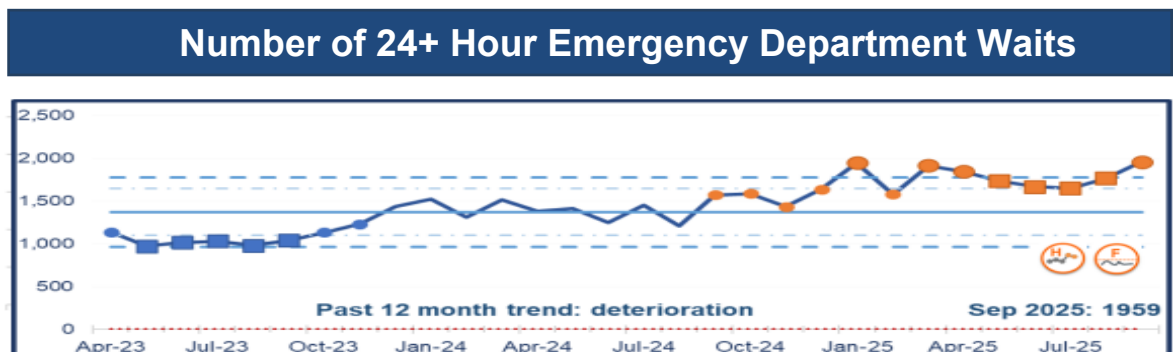
3.3.6 Urgent & Emergency Care Performance

(Corporate Risk 24-10 Urgent and Emergency Care)

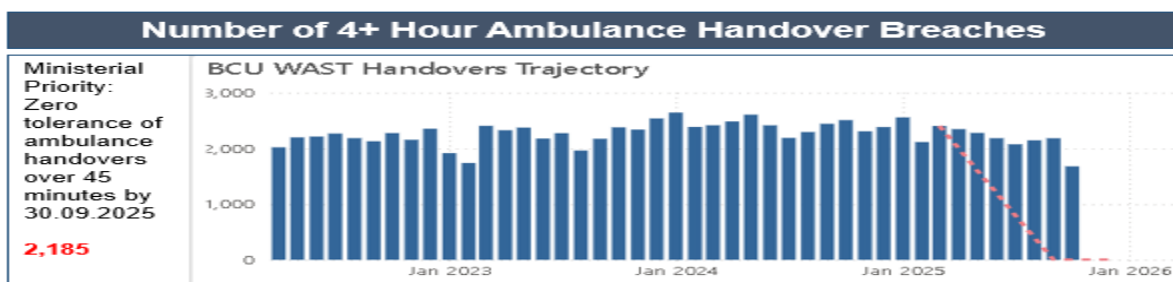
There is a focus placed upon performance in this area, the recent 45 minutes ambulance handover and acknowledgment of harm to patients owing to excessive waiting times is driving an immediate improvement requirement, as denoted within the below;



The number of 12-hour waits has increased to 3,751 and is the upper range of the SPC Chart above, measures to improve performance centre upon a focus on eradication of discharge delays (time of day and medically fit for discharge). The level of outliers significantly impacting the ability of the Health Board to flow through emergency patients.



An increasing number of patients waiting beyond 24 hours, with this range now exceeding normal deviation through the SPC Chart. Work is progressing with the teams on additional actions that would support enhanced performance in this area.



3.3.7 Summary

The Health Board has achieved improved access for patients waiting for outpatients new (50% reduction in patients waiting) and 104 weeks (55% reduction in patients waiting) for treatment. However, the pace of improvement does not match the ambition of the Health Boards Integrated Medium Term Plan (IMTP).

Major programmes of work in relation to Urgent Emergency Care and Planned Care continue to drive productivity and efficiencies within the Health Board, this being the substantive solution to ensure access to services demands for services are able to be met.

3.4 Financial Performance (Month 12 2023-24 and Month 1 2024-25?)

(Corporate Risk 24-05 Financial Sustainability)

The Health Board has a cumulative deficit to month 7 of £16.3m, drivers being;

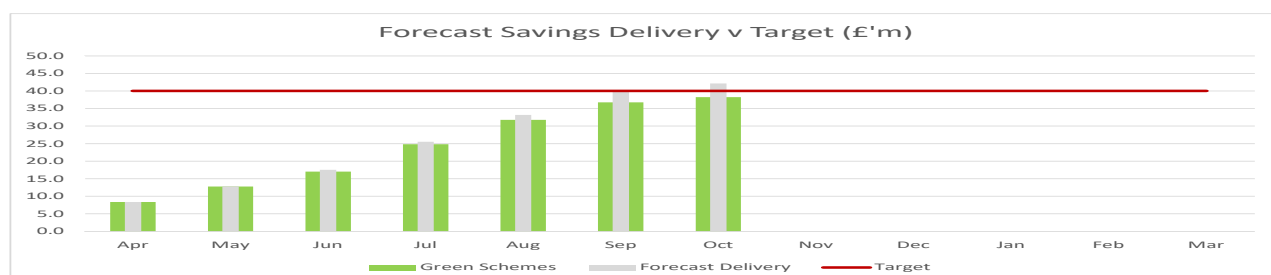
- Joint Commissioning Cost Pressures £3.4m
- Capacity Pressures (additional beds open) £5.7m
- Out of Area placements (Mental Health) £4.4m
- English tariff inflation £3.0m
- Employers National Insurance (funding shortfall) £2.5m

The Health Board continues to seek mitigations, with further costs centring upon national pressures associated with pay structures and Welsh Risk Pool. The Health Board is required to mitigate these pressures to attain financial balance.

If unable to attain financial balance, the £82m conditional allocation for 2025/26 is placed at risk of receipt for 2026/27. The below table indicating the improvements required in the remainder of the financial year;

	2025/26													
	Actual							Forecast						Total Year to Date Position
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	0.0	3.0	3.7	4.7	4.9	(16.3)	0.0

Whilst the financials remain a challenge in attainment for the 2025/26 financial year, it is of note that the savings ask of £40m for the Health Board has been attained and exceeded at month 7 reporting, see below;



In summary, the Health Board has a risk to delivery of plan totalling approximately £40m and will require additional measures to be deployed if the outturn and conditions associated with securing the £82m is to be attained. A Financial Oversight Group has been initiated in order to provide Board oversight to the deployment of measures to attain financial plan.

4.0 Appendix

Appendix 1 – Integrated Performance Report



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Performance Report

Reporting Period: to 30.09.2025

Presented to **Health Board**
Thursday, 27th November 2025



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University Health Board

Integrated Performance Escalations Report



Escalated Performance Measures at a Glance

KEY: ■ = Better ■ = Worse than previous reporting period

Quality

(CRR 24-04 Failure to Embed Learning)

- New Never Events: **0** reported in August 2025 (Target 0) Details in Quality Report
- National Reportable Incidents (NRI): **1** overdue in September 2025 (Target 0)
- Learning From Events Reports (LFERs): **17** in September 2025 (Target 0)
- Clinical Coding Compliance: **95.4%** in August 2025 (above trajectory and de-escalated)

Finance (CRR 24-05 Financial Sustainability)

Financial Position

- Year to date – Deficit versus Plan **-£16.3m**
- In-month Variance to plan **-£1.2m**
- Full year outturn position – Forecast **Balanced Position** as per Plan with significant risk to delivery

Savings Position

- Year to Date Savings Delivery including Accountancy Gains v target **£6.8m** (£3.5m more than the £3.3m target)
- Forecast Savings Delivery including Accountancy Gains v Target **£42.1m**

Capital Expenditure

- Year to Date expenditure totals £19.1m.

Access & Activity

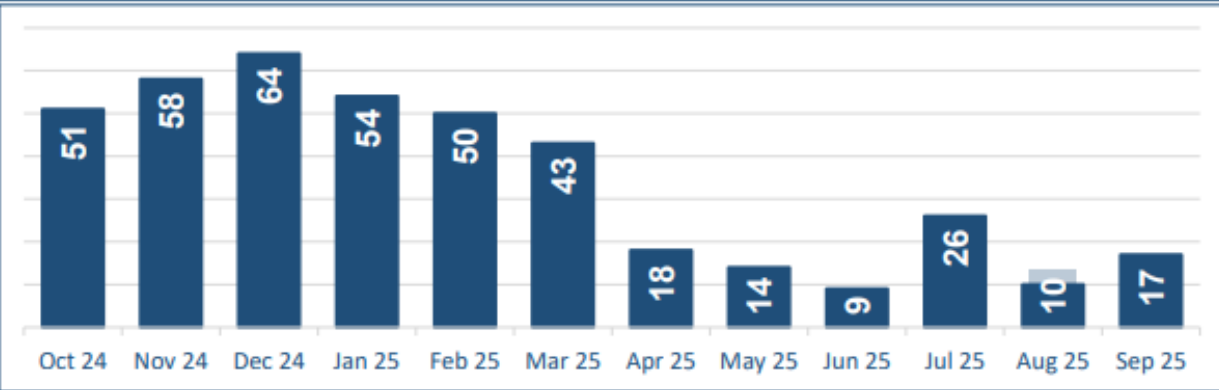
(CRR 24-10 Urgent and Emergency Care; CRR 24-11 Planned Care; CRR 24-12 Areas of Clinical Concern; CRR 24-13 Timely Diagnostics)

- CAMHS Part 1b Intervention within 28 Days of Assessment: **55.7%** (Target 80%, Trajectory 60%)
- Neurodevelopment Assessment within 26 weeks: **11.9%** (Target 80%)
- Adult Mental Health Part 1b Intervention within 28 Days of Assessment: **84.8%** (Target 80%)
- Adult Psychological Assessment within 26 weeks: **69.8%** (Target 80%)
- Ambulance Handover Delays over 45 minutes: **2,185** (Target 0) **MP**
- Emergency Department waits over 12 Hours: **3,751** (Target 0)
- Emergency Department Waits over 24 Hours **1,959** (Target 0)
- Number of patients with Delayed Pathways of Care: **280** (Target 0)
- Percentage compliance with 62 Day Single Cancer Pathway: **53%** (Target 75%)
- Referral to Treatment waiting over 52 weeks 1st Appointment: **23,152**
- Referral to Treatment waiting over 104 weeks: **4,691** (Target for end of Q2 2,800)
- Referral to Treatment waiting over 156 weeks: **266** (Target 0)
- Referral to Treatment waiting over 208 weeks: **0** (Target 0)
- Number of patients waiting over 8 weeks for Diagnostics: **18,826** (Target 0)
- Number of patients Over 100% due their clinical follow up: **101,456** (Target 0)

People & Organisational Development

- Personal Appraisal & Development Review (PADR): **82.6%** (Target 85%)
- Sickness & Absence: **6.1%** (Target Reduce)
- Agency Spend: **3.2%** (Target Reduce)
- Staff turnover less than 1 year service: **15.5%** (Target Reduce)

Learning form Events Reports

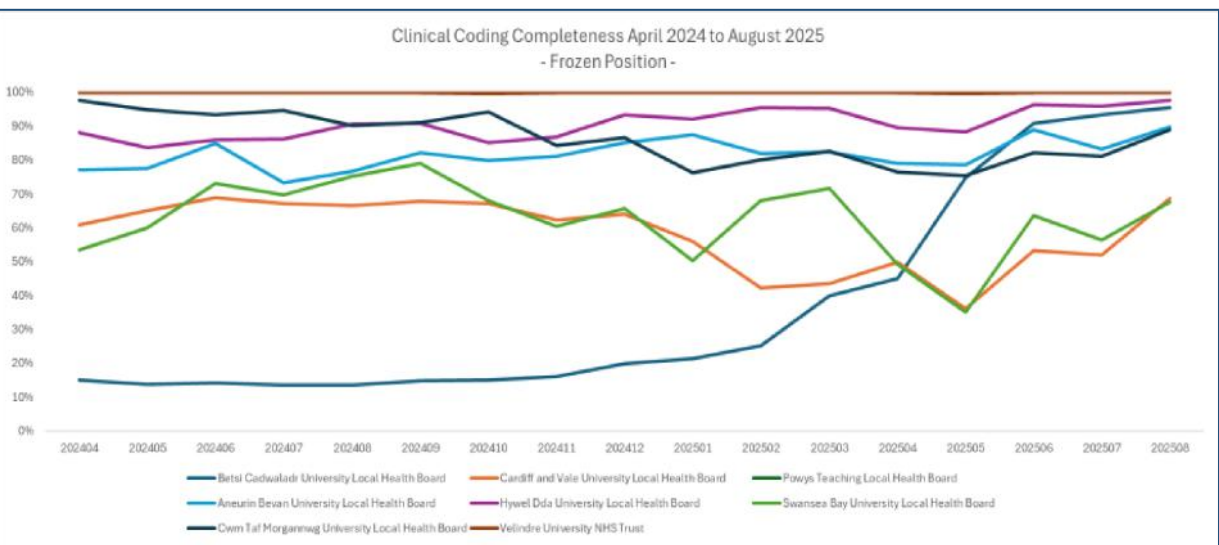


Learning From Events Reports (LFERs):

There had been a month on month decrease in number of overdue reports since December 2024, with an increase in July at 26. However, there were 17 outstanding LFERs at the end of September and more detailed information is available in the Quality Report.

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

Clinical Coding Compliance



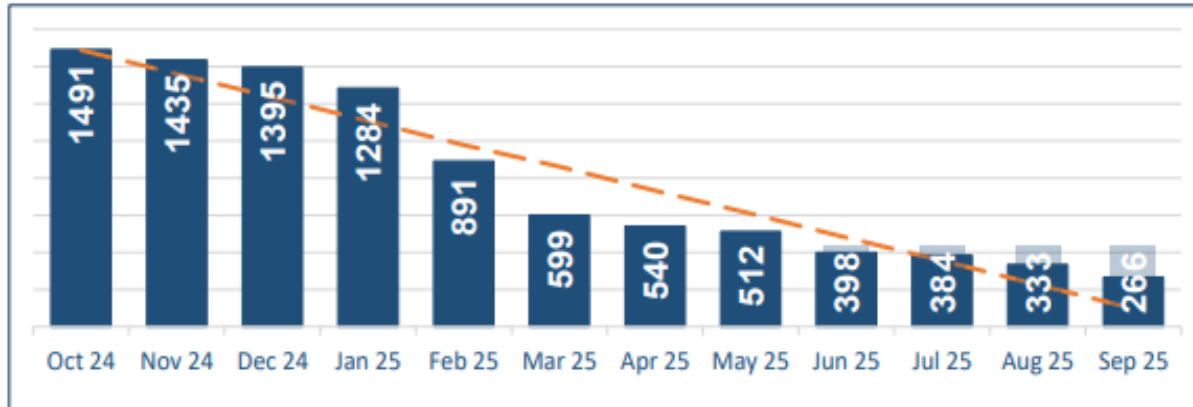
Clinical Coding Compliance:

Performance against this measure has continued to improve and has consistently been above trajectory and national target rate of 95% and BCUHB is now the second best performing in Wales against this measure. The latest meeting of the Integrated Performance Executive Delivery Group agreed that this measure should now be de-escalated to Level 1, Standard Monitoring from here on in. for assurance full details on slide 17.

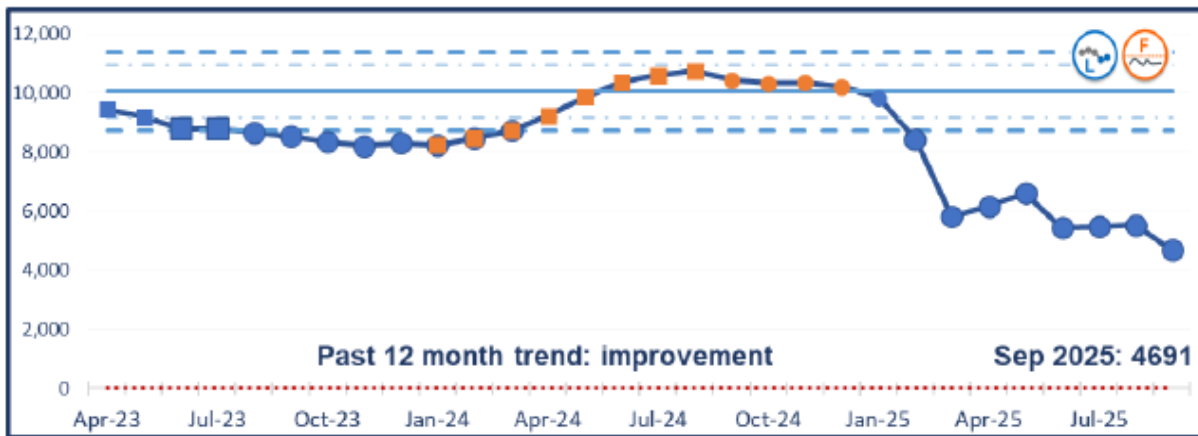
Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern)

Reduction of Extreme Waits (156 Weeks and above)



Reduction of Extreme Waits (104 Weeks and above)



Referral to Treatment over 104 and 156 Weeks

- Plans include element of enhancement for treat in turn, interventions not normally undertaken (INNU), screening and validation
- Q2 delivery not met, now targeting end of Q3 using outsourced capacity
- Target of zero 104 weeks waits by 31.12.2025 deferred to 31.03.2026, some key specialities (Oral Surgery and Orthodontics examples) solutions commenced in Q2 for delivery to be assured by end of Q3 (many of these also driving our 156 position).

Further Development:

- Patient referral review (SOS & PIFU) with follow up reviewed and new appointments capacity maximised
- Utilisation – Theatres (start and finish times) & Outpatients (Booking to GIRFT standards)
- Cleansing of lists - Validation (clerical and clinical), INNU & Medically fit for Procedure

Number waiting over 52 weeks for a new appointment



New appointments over 52 weeks

Insourcing of capacity for over 15,000 new outpatient appointments has enabled a significant reduction in the number of patients waiting over 52 weeks for a first appointment and this will continue for the remainder of the year.

Access & Activity: Escalated Performance Measures

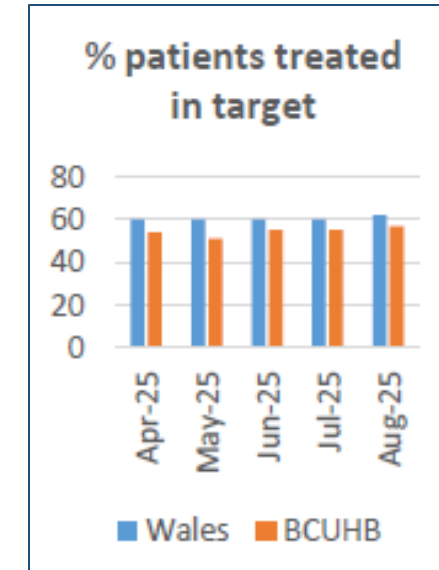
(Corporate Risk 24-11 Planned Care, Corporate Risk 24-12 Areas of Clinical Concern, & Corporate Risk 24-13 Timely Diagnostics)

BCUHB Suspected Cancer Pathway 62 Days Performance

	BCUHB Total	West	Central	East
Upper GI	77% (23/30) ↑	80% (8/10)	78% (7/9)	73% (8/11)
Skin	73% (67/92) ↑	69% (18/26)	79% (23/29)	70% (26/37)
Haematology	73% (19/26) ↑	86% (6/7)	73% (8/11)	63% (5/8)
Lung	63% (20/32) ↓	58% (7/12)	50% (4/8)	75% (9/12)
Colorectal	58% (26/45) ↑	46% (6/13)	55% (6/11)	67% (14/21)
Gynaecology	44% (8/18) ↑	50% (3/6)	20% (1/5)	57% (4/7)
Breast	38% (30/80) ↓	53% (17/32)	14% (4/29)	47% (9/19)
Urology	32% (34/107) ↓	55% (17/31)	23% (7/31)	22% (10/45)
Head & Neck	26% (5/19) ↓	33% (3/9)	0% (0/5)	40% (2/5)
Total	53% (242/460) ↓	59% (87/148) ↑	54% (66/145) ↑	53% (89/167) ↓

Colour coding: **Above target i.e., 75% and above;** **65-74%;** **below 65%;** **arrows reflect change from last month**

Wales Cancer Pathway 62 Days Performance

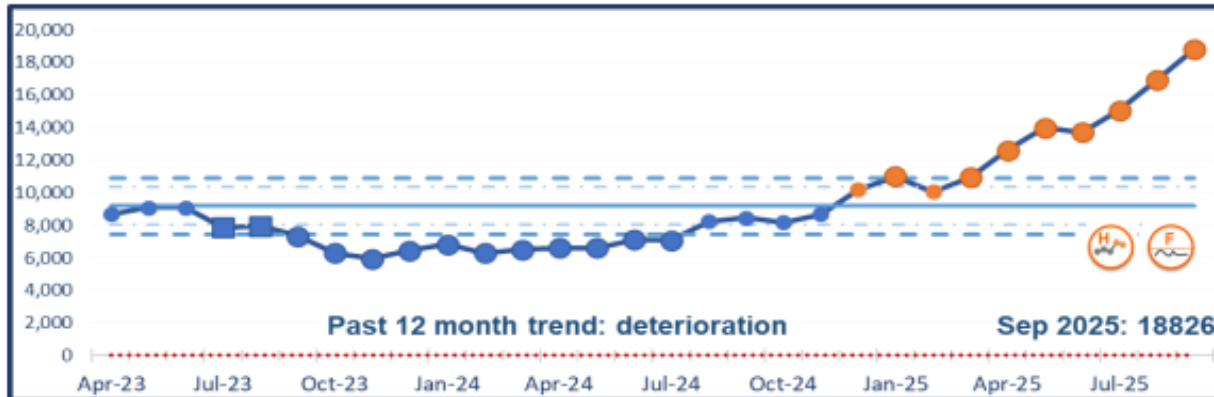


- In September 2025, BCUHB treated 53% of new cancer patients within target i.e. within 62 days of suspicion of cancer. This is a drop from the 57% treated in target in August.
- The principle reason for the drop in performance in September was an increase in the number of breast cancer patients treated after day 62. This was as a result of delays in the screening service and increased waits to first appointment over the summer period. Additional activity is underway to reduce these waiting times.
- The Maggie's Centre on the Ysbyty Glan Clwyd site opened on September 29th, thanks to support from the Steve Morgan Foundation. The centre offers free expert care and support to anyone affected by cancer and is open Monday to Friday 9am to 5pm; No appointment is needed. The centre is designed to be welcoming, providing a friendly, supportive and tranquil environment.

Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care, Corporate Risk 24-12 Areas of Clinical Concern, & Corporate Risk 24-13 Timely Diagnostics)

Number of diagnostic Waits over 8 Weeks



- 18,826 patients waiting in excess of 8 weeks at end of September
- Adverse performance within Endoscopy and Radiology linked to increased demand and GP direct access although now improving in Endoscopy.
- Additional funding £3.6M allocated to HB to support reaching expected position of zero waits of 8 weeks at end of March 2026
- Revised trajectory in development, reflecting risks to delivery

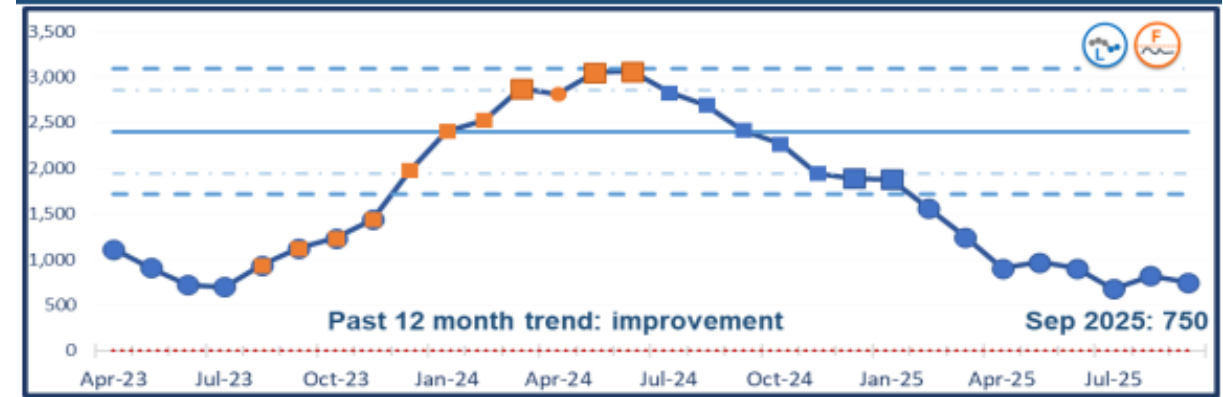
Q2

- Position deteriorated as expected in line with run rate whilst solutions implemented
- Radiology RISP implementation on 8th September limiting capacity 1-2 weeks
- Internal monitoring to limit loss of capacity

Q3:

- Completion of procurements / Commencement of solutions
- Adoption of additional demand management measures
- Trajectory refinement in accordance with risks to delivery

Number of Therapy Waits over 14 Weeks



- 12 month trend improvement in number of patients waiting in excess of target
- Backlog remains predominantly within physiotherapy and dietetics.

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

Physiotherapy (East IHC) Executive Director of Estates has met with East IHC service – availability of Plas Gororau will enable more accurate trajectory of recovery and offer economies of scale, reduced waste and better clinical cover for absence.

- Continuation of validation of waiting lists, group assessment days and remote activity

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

Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern)

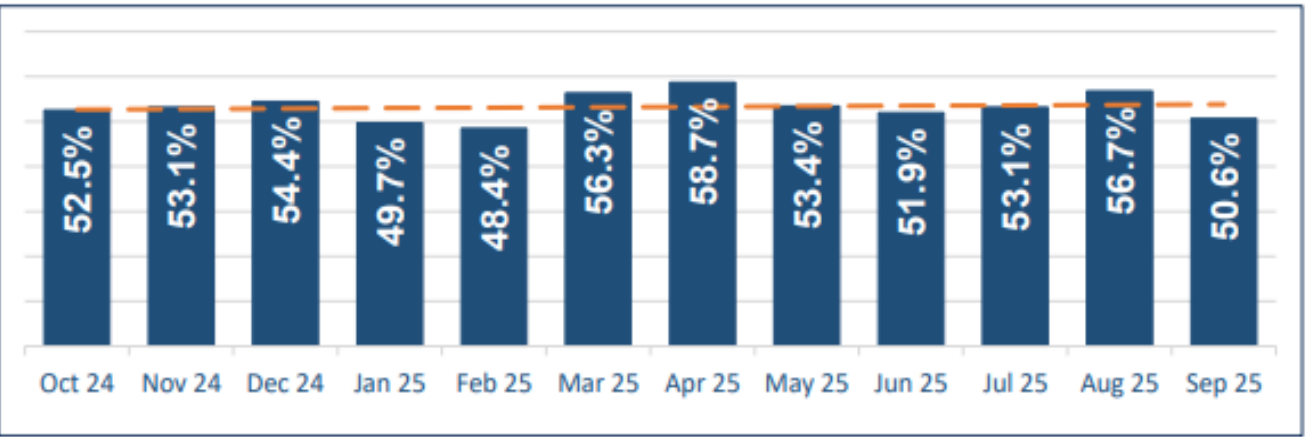
Follow-Up Backlog – Number over 100% of clinical due date



The backlog of patients awaiting a follow up appointments over 100% passed their clinically due date continues to grow. Efforts underway to reduce this backlog includes:

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

Ophthalmology R1 – % seen within 25% of clinical target date



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

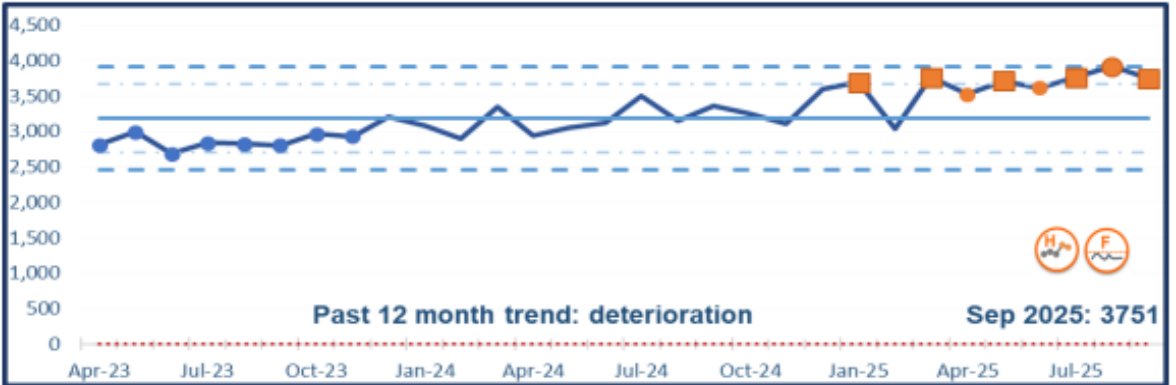
- Focussed harm reviews within an integrated concerns management approach (including investigation, learning identification and application, feedback).
- Outsourcing of over 4,600 of the longest waiting cataract patients
- Direct listing for cataracts
- Commenced new glaucoma and medical retina pathways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

Access & Activity: Escalated Performance Measures

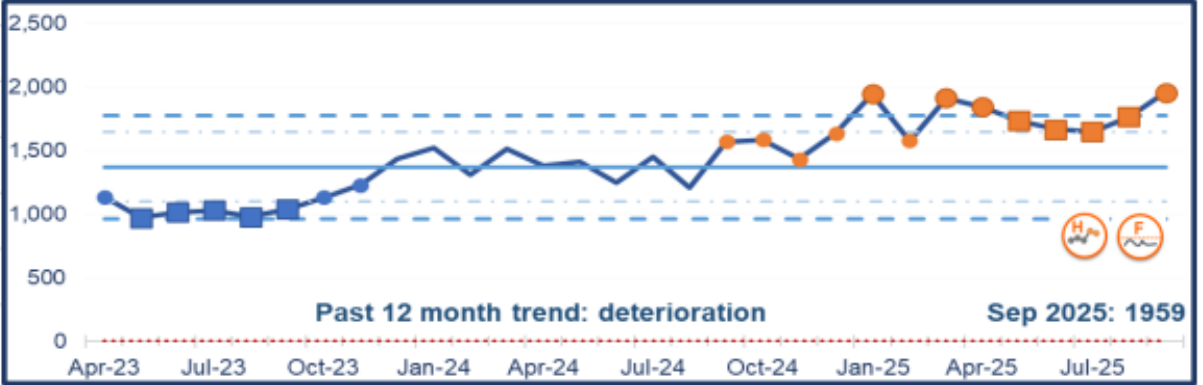
(Corporate Risk 24-10 Urgent and Emergency Care)

Performance in urgent and Emergency Care is now under weekly scrutiny at weekly escalation meetings chaired by the Chief Executive Office. Whilst there have been slight improvements, including a reduction in the number of delayed pathways of care and the number of patients waiting over 12 hours in our emergency departments, Ambulance handover times, and number of patients waiting over 24 hours in our emergency departments continue to rise. This is despite the number of attendances, and the acuity of those attendances being the same as they were in the same period of 2024/25.

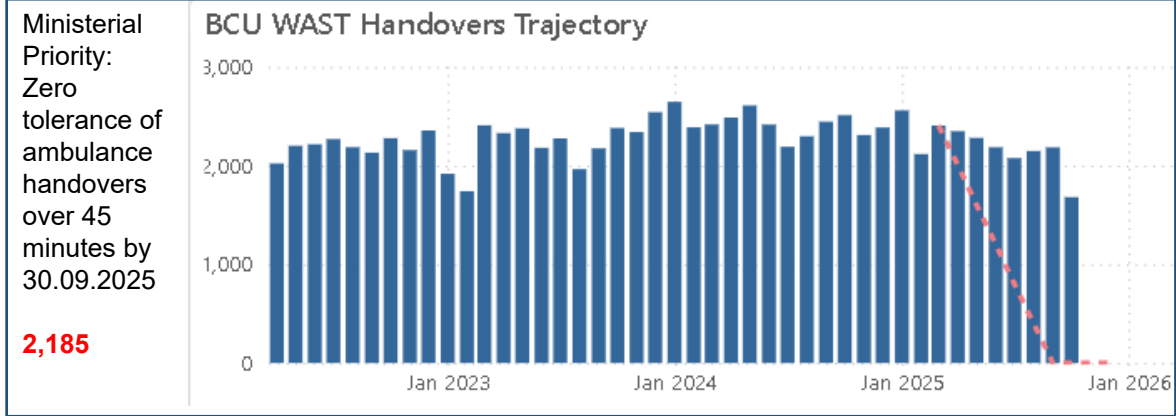
Number of 12 Hour Emergency Department Waits



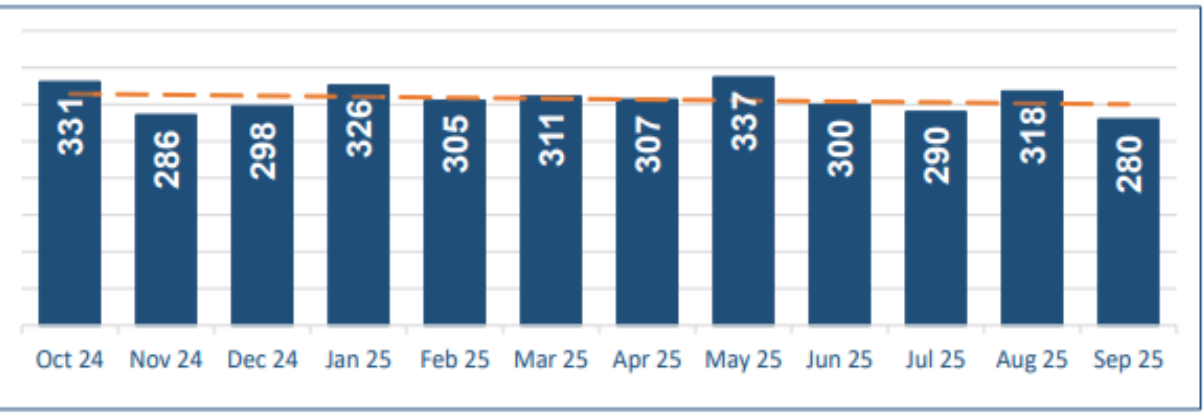
Number of 24+ Hour Emergency Department Waits



Number of 4+ Hour Ambulance Handover Breaches



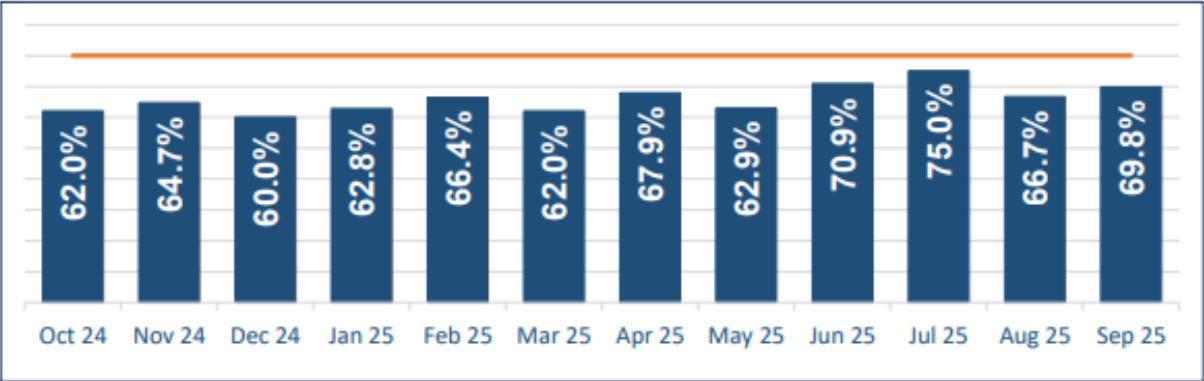
Number of Delayed Pathways of Care



Access & Activity: Escalated Performance Measures

Adult Mental Health

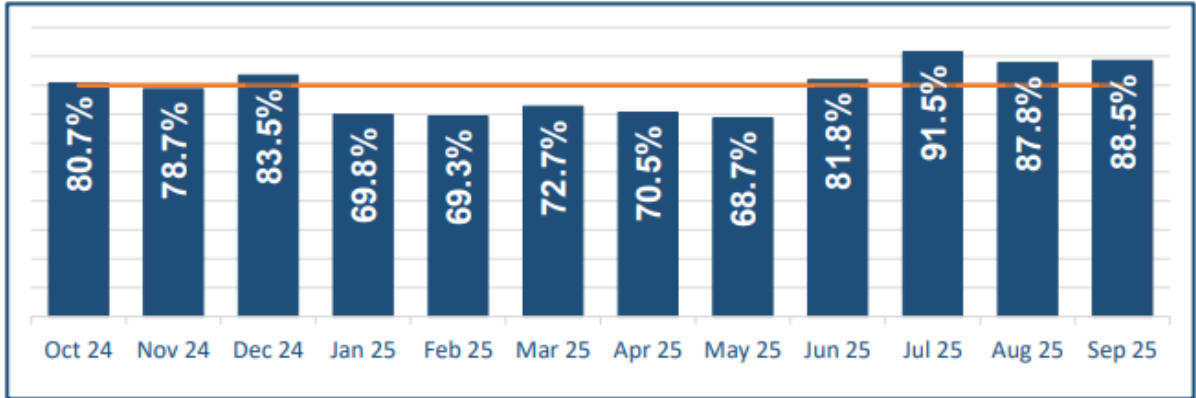
Percentage of patients waiting less than 26 weeks for adult psychological therapy



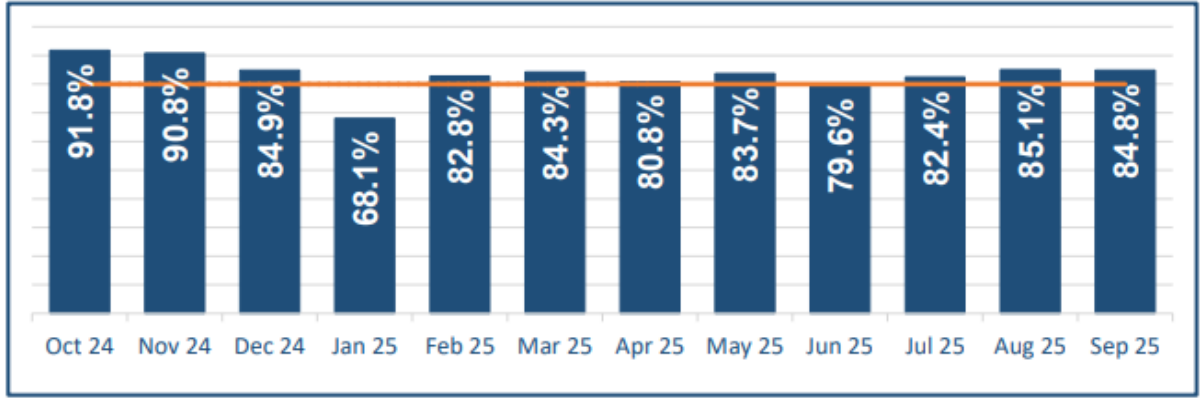
Adult psychological therapy waits have improved after a dip in August.

Adult Mental Health Assessments and therapeutic interventions have consistently been performing above the 80%. According to the Integrated Performance Framework, these two measures should now be stood down from escalation. However, it is recommended they remain in escalation as there are inequalities of waits across the region with Anglesey and Denbighshire not achieving the 80% rate.

Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)



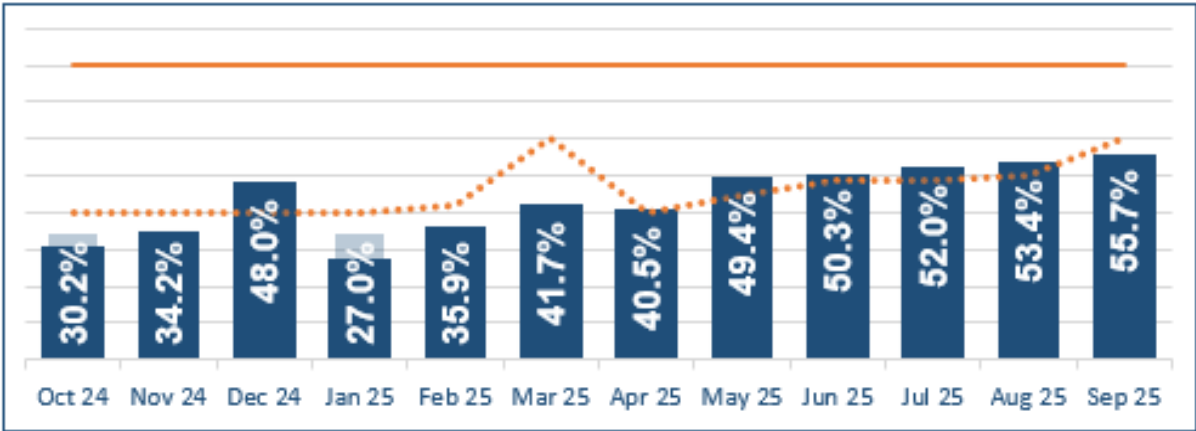
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)



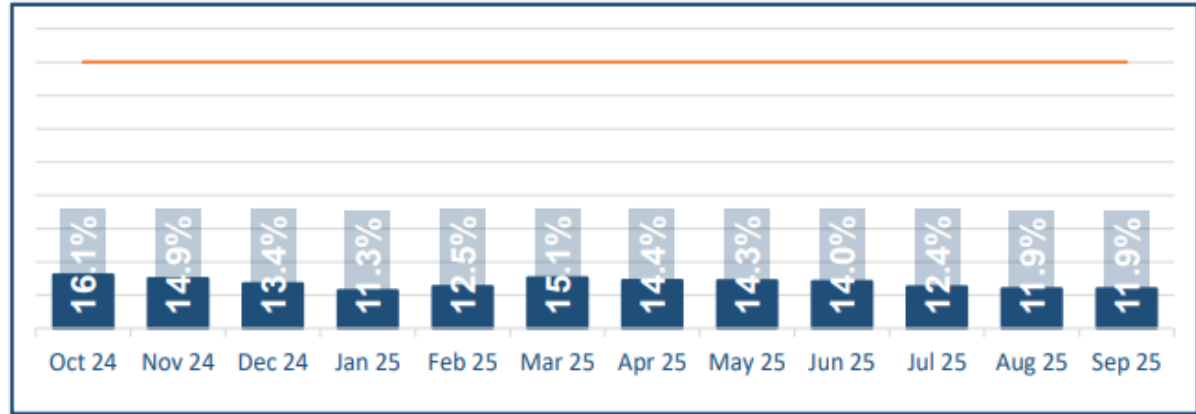
Access & Activity: Escalated Performance Measures

CAMHS and Neurodevelopment

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)



Percentage children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment



CAHMS therapy interventions:

Escalation: East IHC off track with WG submitted trajectory for delivery of Part 2 intervention which will affect Regional BCUHB position for expected year end delivery.

Risks / Challenges

- Reliance of agency staff, risk of immediate cessation of agency staff prior to completion of performance recovery actions to mitigate financial risk relating to East IHC CRES, reported via IQPD

Recovery

- East IHC Recovery plan in development to get back on trajectory, continue to see significant reduction of patients waiting slightly over target
- Group interventions to be put in place as standard offer to create additional capacity and throughput following successful test of change in Central area.
- Agency exit strategy in East IHC as part of CRES has impacted on capacity. Mitigation - Submission for approval of 4 additional Agency to support capacity planning to year end to be funded from Regional SIF slippage rather than core East budget. ECRs in progress.

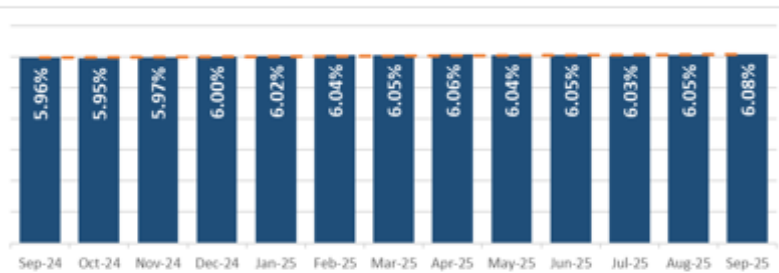
Neurodevelopment waiting times remain a concern, with the Health board currently ranked as 6th of 7 in Wales. The All Wales latest performance is 21% as at February 2025. None of the Health boards are achieving the target although one Health Board has seen improvement in year and is now achieving 74.8%.

People & OD: Escalated Performance Measures

(Corporate Risk 24-01 People, Culture and Wellbeing) (Corporate Risk 24-1 Leadership/Special Measures)

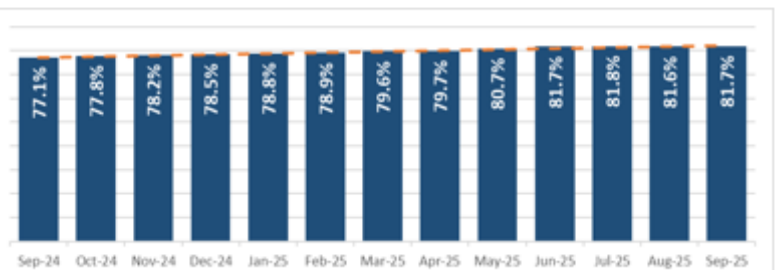
BCU Rolling Sickiness Rate

The in-month sickness rates for August and September 2025 were higher than they were during the same period last year leading to an increase in the rolling sickness rate in September 2025 to 6.08%. In July 2025, BCU had the lowest rolling sickness rate of the 6 largest Health Boards in Wales.



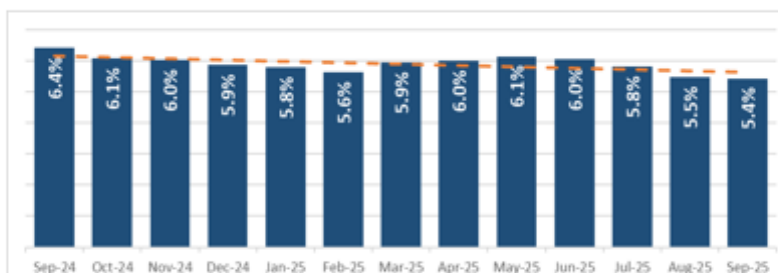
BCU PADR Rate

PADR compliance is generally showing slow but steady improvement across the 13 month period rising to 81.7% in September 2025, a 4.6% increase on the same period last year. In July 2025 BCUHB was the second best performer of 6 largest Health Boards in Wales with regards to Appraisal compliance.



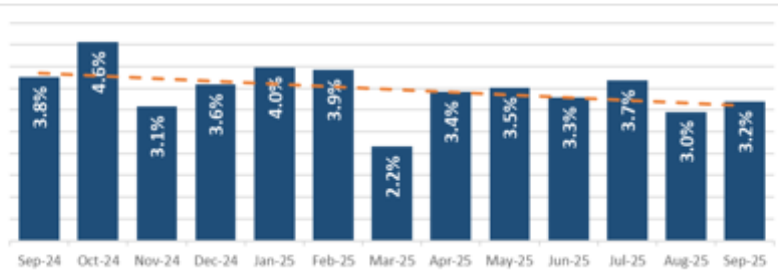
BCU Registered Nursing Turnover Rate

The BCUHB registered nursing external turnover rate continues on a downward trend to 5.4% in September 2025. In the 12 month period to September 2025 there were 46.5 FTE fewer leavers compared to the same period last year. BCU was the third best performer against the 6 largest Health Boards in Wales with regards to nursing turnover in July 2025.



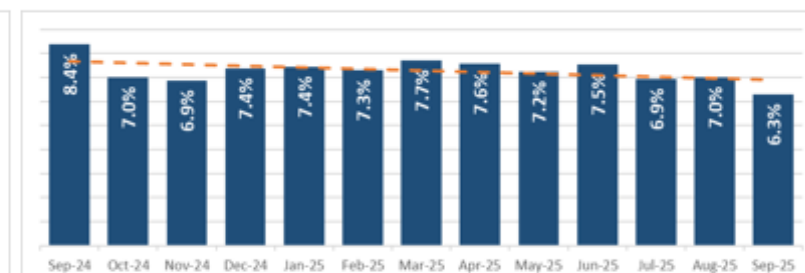
BCU Agency Usage Rate

Agency spend was £438k lower in September 2025 than it was in September 2024 demonstrating ongoing improvement. Lower agency rates reported in November 2024, March 2025 and August 2025 were caused by increases in total pay relating to the pay award and end of year.



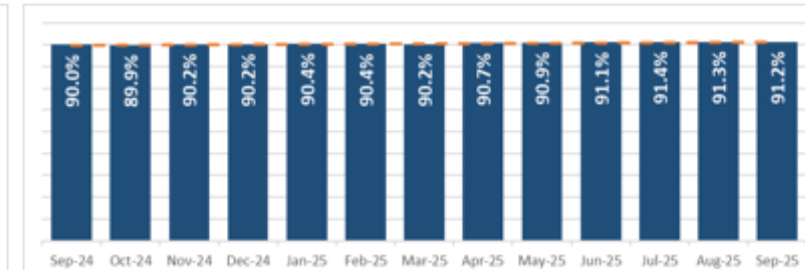
BCU Registered Nursing Vacancy Rate

The BCUHB registered nursing vacancy rate continues to improve with the rate for September 2025 falling to 6.3%, 2.1% lower than it was during the same period last year. In September 2025 there were 394.5 FTE vacancies, 127.4 FTE fewer than September 2024. BCU had the highest nurse vacancy rate of the 6 largest Health Boards in March 2025.



BCU Mandatory Level 1 Training Rate

Despite slight reductions in compliance over the last 2 months, Mandatory Training Level 1 compliance remains well above the 85% target at 91.2% and shows a slow and steady positive improvement over the 12 months to September 2025. In July 2025 BCUHB reported the highest level 1 mandatory training compliance rate of the 6 largest Health Boards in Wales.



Finance: Escalated Performance Measures

(Corporate Risk 24-05 Financial Sustainability)

- The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Expenditure commitments will need to be prioritised to enable the key financial duty and the performance ask to be attained. Achieving the control target in 2024/25 has resulted in the £74.6m conditionally recurrent funding received in 2023/24 and 2024/25 being allocated as recurrently in 2025/26 and the receipt of the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, with conditions associated with retention recurrently of the funds for 2026/27 and beyond being:
 - £40.0m Deficit Support Funding – Recurrent and non-conditional following submission and delivery of a financially balanced IMTP by the Health Board.
 - £42.0m Performance & Transformation Funding – Recurrent on de-escalation from Special Measures and Welsh Government having greater oversight and direction in use against Special Measures and Ministerial priorities.

Year to Date deficit of £16.3m driven by £3.4m JCC pressures, £5.7m Capacity pressures including escalated beds, £4.4m Out of Area MHLD placements, £3.0m English tariff inflationary pressure above funded uplift, £2.5m Employers National insurance contributions, £1.2m cost overruns (including contracting pressures & CHC) offset by £3.8m additional savings. Forecast position is to deliver a balanced position, which is in line with the financial plan which contains significant risk to delivery.

- In-month position is reporting a deficit of £1.4m, an improvement of £0.9m from previous month and is £0.9m higher than the forecast deficit profiled for Month 6. Year to Date position is reporting a deficit of £15.1m, largely driven by £2.1m year to date shortfall in Employers National Insurance Contributions (ENIC) funding, £3.5m Out of Area Mental Health placements pressures, £4.7m pressures associated with Escalated Beds, £2.8m year to date shortfall against the English Tariff funding and £2.0m JCC.

- The Health Board’s £40.0m savings target is profiled on an equal twelfth’s basis. Full year forecast of Green Saving Schemes totals £42.1m (comprising of £36.6m green schemes and Accountancy Gains of £5.5m). Of these, £23.1m are recurring savings. Further work is required to convert the remaining £1.5m Red Schemes and £3.9m pipeline opportunities to Green Schemes.
- The continued focus on savings schemes identification is required to deliver the current year financial plan (mitigating cost overruns) and further to get ahead of the savings delivery ask for the 2026/27 financial year.



De-escalated Performance Measures

Clinical Coding Compliance

Current position:

- Latest nationally reported position **95.4%** achieved for August 2025
- On course to deliver 95% target for September 2025 (submission due 17/11/25), currently at 80%
- Placed second best in Wales on this measure (excluding Velindre NHS Trust)

Recruitment and trainee development:

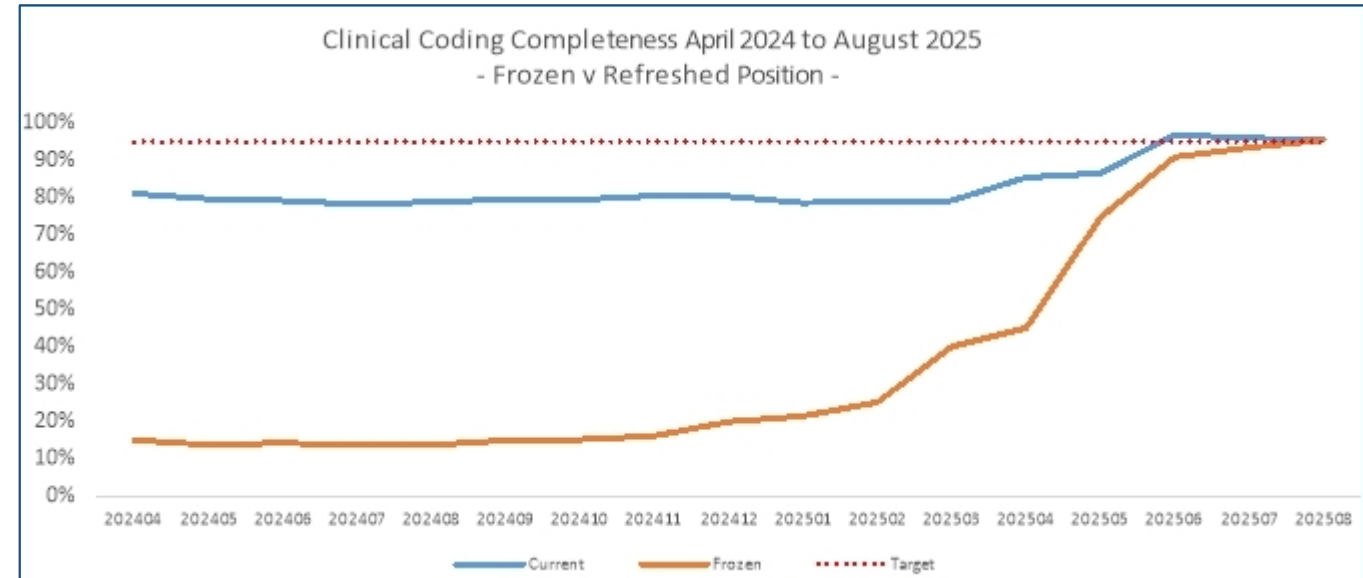
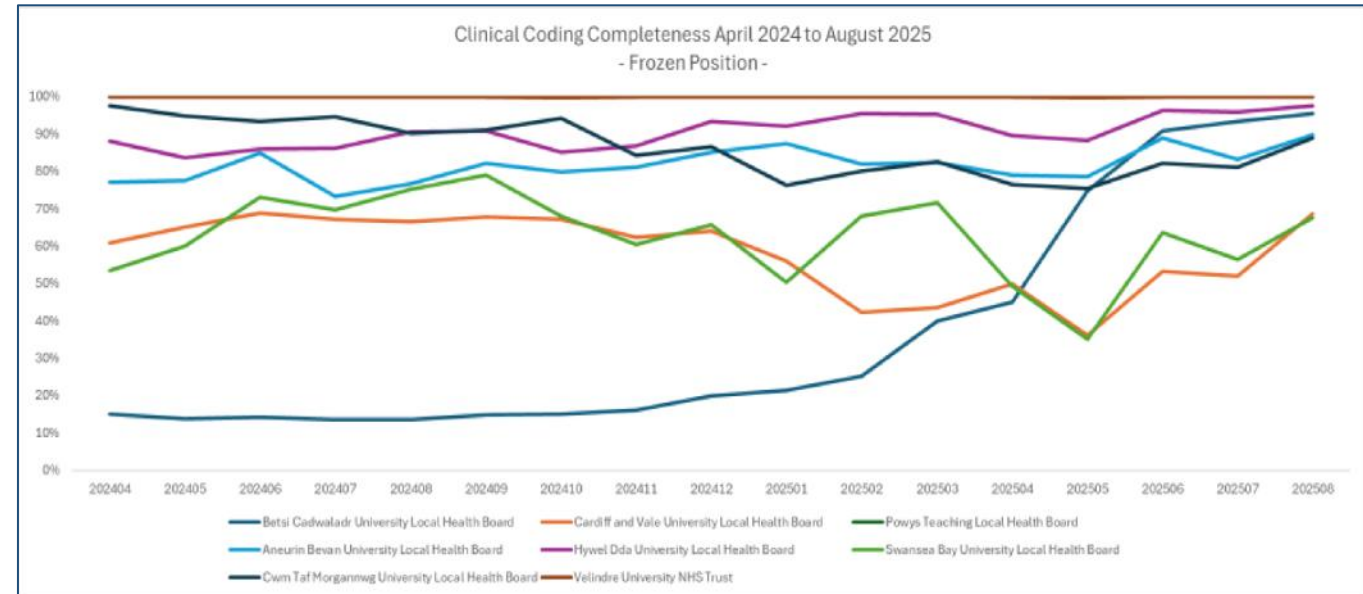
- 1 trainee recently appointed.
- Two vacancies within the team, one coder and one coding support assistant role
- Four trainees sat their NCCQ (National Clinical Coding Qualification) exams in September, results expected in December

Next actions

- Ongoing 'mop up' of Q1 episodes to 95%
- Development of coding quality dashboard continues, first three measures and reporting criteria confirmed
- Coding audit Digital Healthcare Wales (DHCW) commenced late September, postponed for West area. East and Centre audit results expected early November

De-escalation

- Demonstrated compliance with de-escalation criteria outlined in the Integrated Performance Framework 2023-2026
- Formally de-escalated by Integrated Performance Executive Delivery Group on 05.11.2025
- Return to standard monitoring, business as usual.





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Betsi Cadwaladr
University Health Board

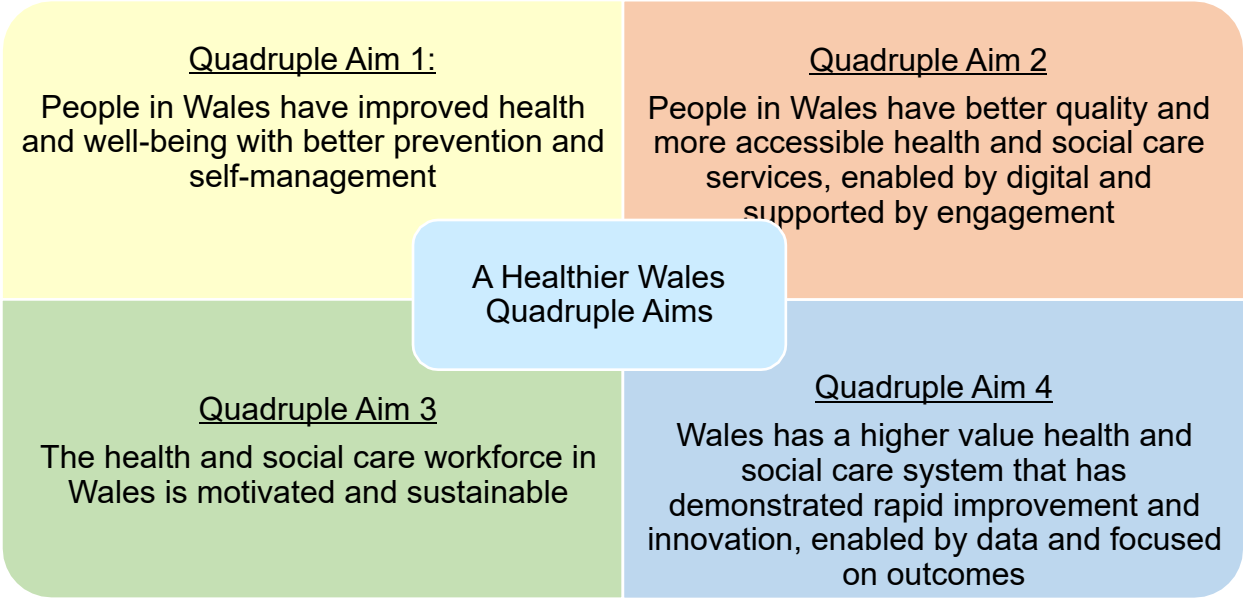
About the Integrated Performance Report



The performance measures in the NHS Wales Performance Framework for 2025-2026 reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2024-2027.

The 2025/26 revision now consists of 53 quantitative measures.

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.



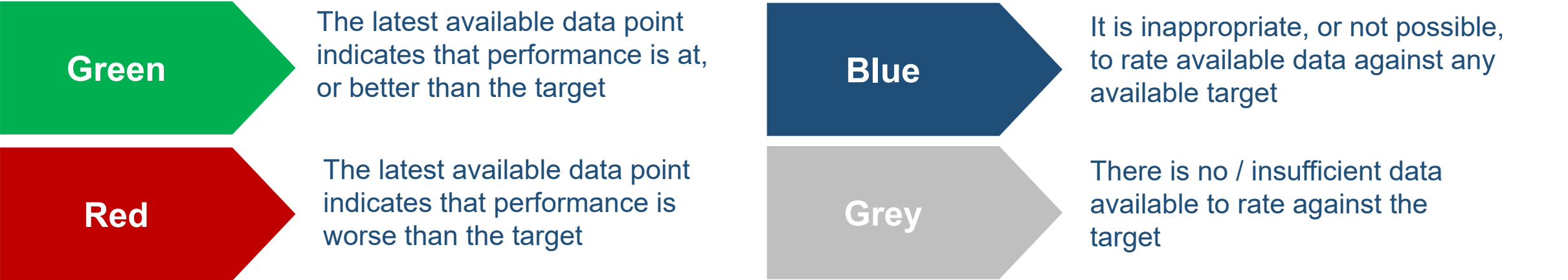
- Our Integrated Performance Report
- Our Quality, Safety, Effectiveness & Experience Performance
- Our Access & Activity Performance
- Our People & Organisational Development Performance
- Our Financial Performance

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.



Exception	Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.
Criteria of an exception	Criteria for escalation
Any target failing an NHS Performance target, operational, or local target/trajectory 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	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: concerning changes or patterns present that require investigation / action.
-  Special cause variation present: a upwards or downwards change or pattern is evident, which is neither positive or negative in nature.
- 

Orange icons indicate negative occurrence

Blue icons indicate a positive occurrence

Grey icons indicate no significant data occurrence

Assurance (*based on data presented in the SPC only)

-  No assurance: we would expect to sometimes achieve, and sometimes miss the target
-  Positive assurance: we would consistently expect to achieve the target
-  No assurance: we would consistently expect to miss the target
-  There is no profile or target, or insufficient data, thus assurance can not be ascertained

Legend

— Performance	— Control Line (Mean)	- - Upper Control Limit 3σ
- - Lower Control Limit 3σ	- - Upper Control Limit 2σ	- - Lower Control Limit 2σ
..... National Target	 Internal profile	 Trend

The column charts that feature within this report use the following legend:

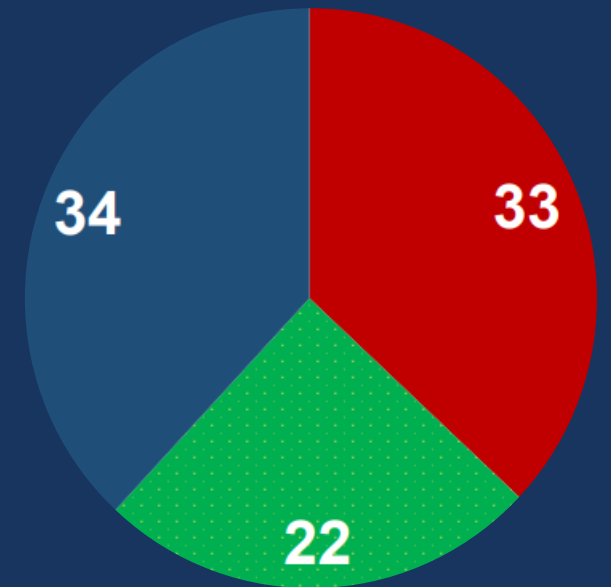
■ BCU Position Internal Profile - - Trend (Rolling 12 Month) — WG Target



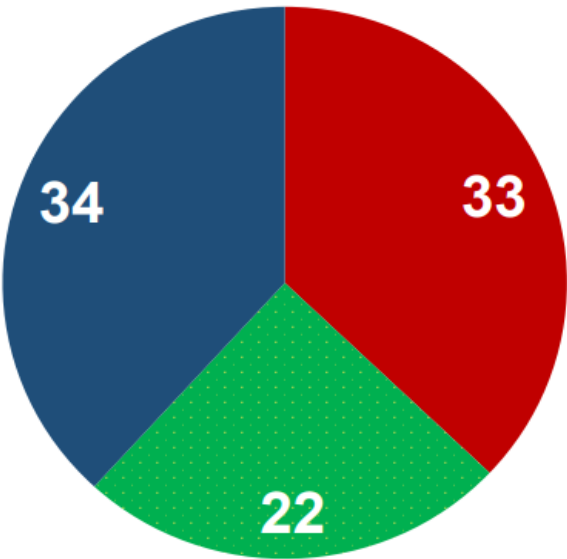
GIG
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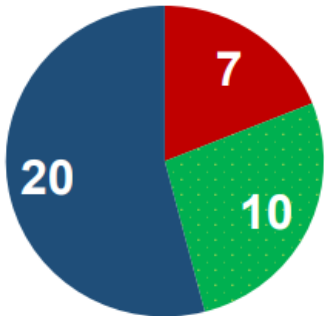
Integrated Performance Scorecards



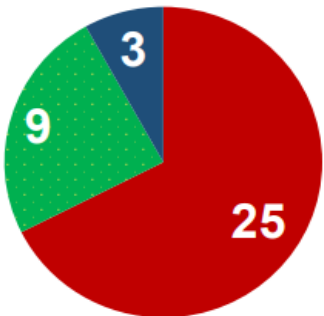
Summary of Performance to Month 3



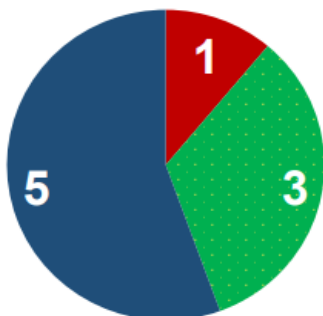
All Sections



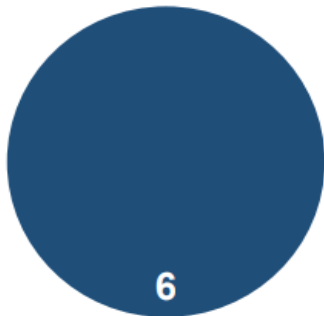
Quality, Safety,
Effectiveness &
Experience
Performance



Access & Activity
Performance



People &
Organisational
Development
Performance



Financial
Performance

NHS Wales Performance Framework – part 1

Quarterly Measures	WG Target	BCU Trajectory
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual 	TBC
Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target 	TBC
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95% 	TBC
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90% 	87% 

Q4 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26
3.57%	6.35%	1.90%	3.57%	5.13%	6.98%	2.17%
19.42%	12.95%	17.82%	19.42%	19.78%	19.69%	24.59%
90.2%	90.8%	90.0%	90.2%	90.4%	89.5%	88.8%
78.2%	75.7%	77.9%	78.2%	69.5%	68.9%	71.7%

Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
2nd of 7 (at Dec 24)	Public Health		
3rd of 8 (at Dec 24)	Public Health		
3rd of 7 (at Mar 25)	Public Health		Yes
5th of 7 (at Mar 25)	Public Health		Yes

Monthly Measures	WG Target	BCU Trajectory
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
Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90% 	TBC
Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90% 	TBC
Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95% 	TBC

Sep 24	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
87.4%	96.8%	96.7%	95.2%	97.1%	97.6%	97.4%
5.9%	4.3%	3.9%	7.6%	8.5%	6.7%	
98.5%	97.6%	97.2%	98.3%	98.3%	98.6%	
96.0%	96.4%	94.9%	97.3%	96.7%	97.4%	97.1%

Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
5th of 7 (at Mar 25)	MH&LD		
6th of 7 (at Mar 25)	Public Health		
2nd of 7 (at Mar 25)	Public Health		
5th of 7 (at Apr 25)	Public Health		

Seasonal Measures	WG Target	BCU Trajectory
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75% 	75% 
Percentage uptake of the COVID-19 vaccination for those eligible Spring and Autumn Booster: All eligible people	75% 	75% 

Sep 24	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
	73.9%					
6.7%	10.7%	37.4%	53.3%			

Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
1st of 7 (at Mar 25)	Public Health		Yes
5th of 7 (at Apr 25)	Public Health		Yes

NHS Wales Performance Framework- part 2

Monthly Measures	WG Target	BCU Trajectory	Sep 24	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Equivalent month increase (2025/26 to 2025/26 to)	✓ TBC	36.7%	40.7%	40.3%	40.2%	41.0%	41.3%	41.4%	7th of 7 (at Sep 25)	Primary Care	 	Yes
Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increasing trend (to 30% (end Sept) then)	TBC	30.3%	3.3%						6th of 7 (at Sep 25)	Primary Care		
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2025/26 to)	2705 ✓	2090	2925	2676	2514	3142	2904	2773	1st of 7 (at Aug 25)	Primary Care	 	Yes
Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80% ✓	80% ✓	87.8%	96.7%	95.2%	98.5%	95.0%	86.0%	94.5%	6th of 7 (at Aug 25)	Paediatrics	 	Yes
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80% 	45% ✓	50.0%	40.5%	49.4%	50.3%	52.0%	53.4%	55.7%	7th of 7 (at Aug 25)	Paediatrics	 	Yes
Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80% ✓	79% ✓	76.4%	70.5%	68.7%	81.8%	91.5%	87.8%	88.5%	4th of 7 (at Aug 25)	MH&LD	 	Yes
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80% ✓	80% ✓	76.9%	80.8%	83.7%	79.6%	82.4%	85.1%	84.8%	6th of 7 (at Aug 25)	MH&LD	 	Yes
Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65% 	TBC	47.7%	52.5%	50.0%	49.1%				6th of 7 (at Jun 25)	UEC		
Median emergency response time to amber calls	Decreasing trend ✓	TBC	103.8	93.0	81.6	82.1	76.1	86.3	100.4	6th of 7 (at Aug 25)	UEC		
Median time from arrival at an emergency department to triage by a clinician	15 minutes or less 	TBC	21.0	20.0	19.0	20.0	19.0	20.0	20.0	5th of 6 (at Aug 25)	UEC	 	
Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less 	TBC	132.5	119.0	134.0	144.0	136.0	147.0	131.0	6th of 6 (at Aug 25)	UEC	 	
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2025/26 to)	 TBC	64.8%	63.1%	61.4%	60.6%	61.7%	59.9%	59.1%	6th of 7 (at Aug 25)	UEC	 	
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2025/26 to)	3717 	3356	3523	3711	3618	3760	3914	3751	7th of 7 (at Aug 25)	UEC	 	Yes

NHS Wales Performance Framework – part 3

Monthly Measures	WG Target	BCU Trajectory
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increasing trend (to 80%) 	62% 
Number of pathways waiting 8 weeks for specific diagnostic	0 	7925 
Percentage of children (aged under 16 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% 	TBC
Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0 	TBC
Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Month on Month Reduction 	TBC
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Month on Month Reduction 	TBC
Number of patients waiting over 52 weeks for a new outpatient appointment	0 	TBC
Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Equivalent month decrease 	TBC
Number of patients waiting more than 104 weeks for referral to treatment	0 	2800 
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80% 	11% 
Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80% 	80% 

Sep 24	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
53.6%	53.8%	50.6%	54.9%	55.0%	56.7%	52.6%
8476	12612	13998	13716	15055	16927	18826
97.1%	98.8%	98.4%	98.4%	99.2%	98.7%	98.7%
2419	Quality Quadrant SPC Charts: ...				677	819
	59	59	32	13	27	10
	989	970	946	969	974	921
28816	30384	31137	30026	29949	28477	23152
87522	94186	95710	96342	97820	99914	101456
10441	6187	6618	5442	5477	5538	4691
17.2%	14.4%	14.3%	14.0%	12.4%	11.9%	11.9%
65.9%	67.9%	62.9%	70.9%	75.0%	66.7%	69.8%

Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
6th of 6 (at Aug 25)	Cancer	 	Yes
7th of 7 (at Aug 25)	Diagnostics	 	Yes
3rd of 7 (at Aug 25)	Therapies	 	
6th of 7 (at Aug 25)	Therapies	 	
	Planned Care		
	Planned Care		
7th of 7 (at Aug 25)	Planned Care	 	
7th of 7 (at Aug 25)	Planned Care	 	
7th of 7 (at Aug 25)	Planned Care	 	Yes
7th of 7 (at Aug 25)	Paediatrics		
3rd of 7 (at Aug 25)	MH&LD		

NHS Wales Performance Framework – part 4

Monthly Measures	WG Target	BCU Trajectory
Percentage of sickness absence rate of staff	Decreasing trend	TBC
Turnover rate for nurse and midwifery registered staff leaving NHS Wales (HEIW data)	Decreasing trend against 2019/20	TBC
Agency spend as a percentage of total pay bill	Decreasing trend	TBC
Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR) in the previous 12 months (excluding medical appraisal, and doctors and dentists in training)	85%	TBC

Sep 24	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
5.7%	5.7%	5.4%	5.9%	6.0%	6.0%	6.1%
8.9%	8.9%	8.8%	8.9%	8.7%	8.7%	
3.8%	3.4%	3.5%	3.3%	3.7%	3.0%	3.2%
77.1%	79.7%	80.7%	81.7%	81.8%	81.6%	82.6%

Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
7th of 13 (at Jul 25)	WOD		
7th of 11 (at Jul 25)	WOD		
11th of 12 (at Jul 25)	WOD		
5th of 13 (at Jul 25)	WOD		

Quadruple Aim 4

Monthly Measures	WG Target	BCU Trajectory
Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increasing trend (to 95%)	TBC
Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC
Number of Pathways of Care Delayed discharges	Decreasing trend	258
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	90%
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%	85%
Number of service user feedback experience responses completed and recorded on CIVICA	Increasing trend	TBC
The cumulative number of laboratory confirmed Klebsiella in reporting month	TBC	TBC

Sep 24	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
14.9%	45.0%	74.6%	90.8%	93.3%		
4.4%	3.0%	1.7%	0.0%	0.8%	2.4%	
297	307	337	300	290	318	280
92.5%	95.2%	91.5%	94.6%	97.6%	99.2%	93.8%
86.8%	82.2%	81.7%	80.9%	82.2%	83.0%	82.8%
4240	5600		6619	6701	4954	
64	10	24	36	49	60	71

Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
4th of 8 (at Jul 25)	DDaT		
8th of 8 (at Aug 25)	DDaT		
8th of 8 (at Sep 25)	Planned Care		Yes
2nd of 7 (at Aug 25)	Paediatrics		
5th of 7 (at Aug 25)	MH&LD		
2nd of 10 (at Aug 25)	Quality		
5th of 6 (at Sep 25)	Nursing		

NHS Wales Performance Framework – part 5

Monthly Measures	WG Target	BCU Trajectory
The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	27 	TBC
The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	67 	TBC
The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	20 	TBC
The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	25 	TBC
Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19 (>14 days after admission)	Equivalent month reduction (2024/25 to 2025/26 to 	TBC
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
Number of ambulance patient handovers over 1 hour	0 	1725 
Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2025/26 to 	TBC
Number of National reportable incidents that remain open 90 days or more	Decreasing trend 	TBC

Sep 24	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
11	2	3	5	9	12	15
79.40	72.09	75.23	74.77	73.07	69.98	71.19
24.67	35.16	29.40	30.14	29.83	29.30	26.23
54.73	40.44	44.10	42.31	42.37	46.54	46.41
23.9%	50.0%		47.8%	46.8%	42.6%	40.8%
49.6%	58.7%	53.4%	51.9%	53.1%	56.7%	50.6%
2109	2049	1969	1819	1682	1785	1903
11.1%	9.1%	11.2%	9.4%	10.0%	11.2%	10.4%
42	2		1	1	1	1

Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
4th of 6 (at Sep 25)	Nursing		
4th of 6 (at Sep 25)	Nursing		
3rd of 6 (at Sep 25)	Nursing		
5th of 6 (at Sep 25)	Nursing		
4th of 6 (at Sep 25)	Nursing		
6th of 7 (at Sep 25)	Planned Care		
6th of 6 (at Sep 25)	UEC	 	Yes
	UEC		
3rd of 12 (at Sep 25)	Quality		

Additional Information

What is an Integrated Quality & Performance Report (IQPR)?

The Integrated Performance Report (IPR) combines the areas of Quality, Performance, People and Finance in one overarching report. It provides the reader with a balanced view of performance intelligence and assurances from across the organisation.

The Integrated Performance Framework (IPF)

The Integrated Performance Framework (IPF) for 2023-2027 was ratified by the Health Board on 28th September 2023. The Framework lays the foundations for an integrated approach to performance monitoring, intelligence, management, assurance and improvement. An integral element of the IPF is this new Integrated Performance Report and the governance structure wrapped around it.

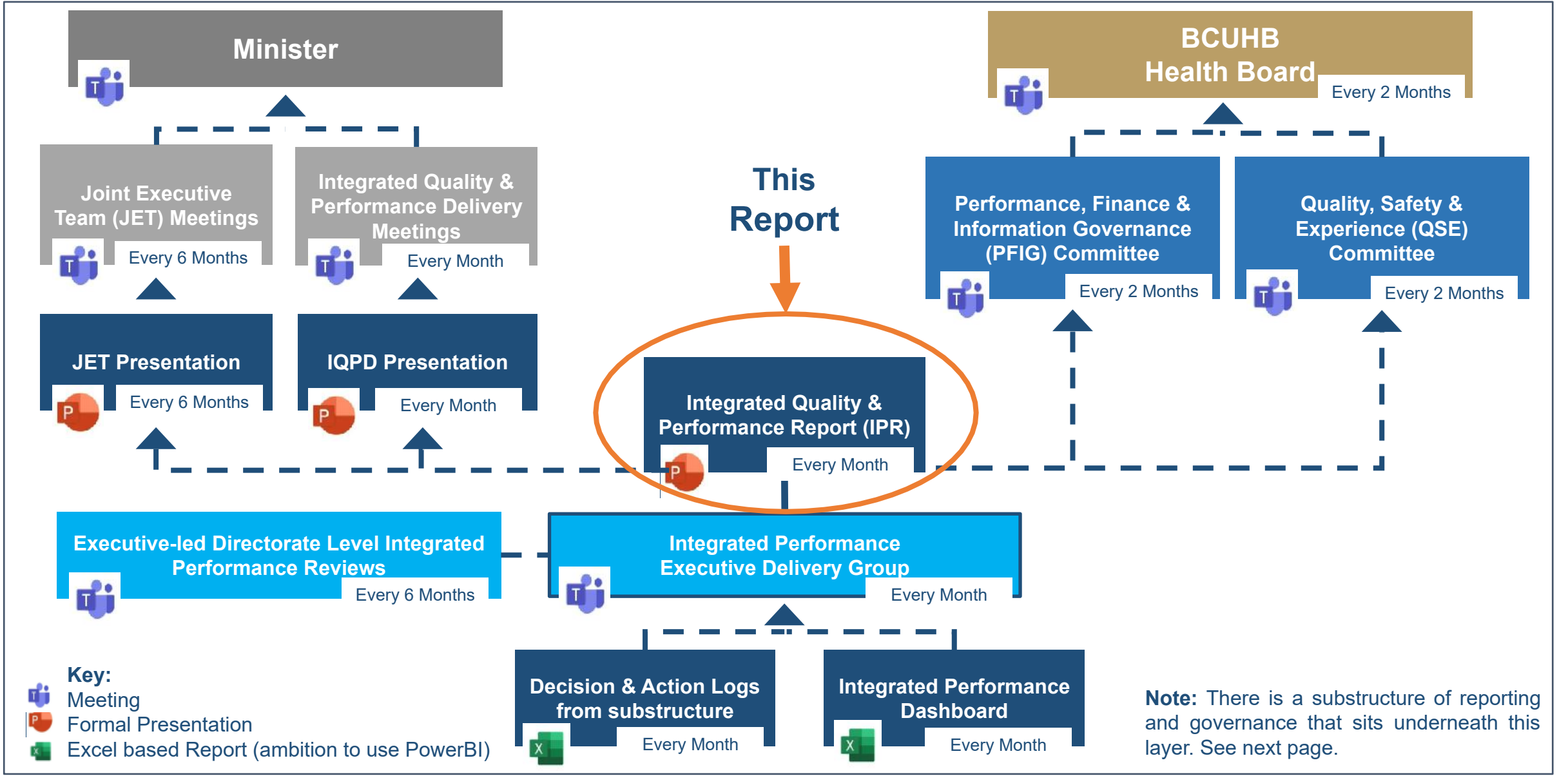
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the Health Board’s strategic objectives between now and April 2027. Work has also commenced with the corporate directorates working together on the development of an integrated approach to organisational quality surveillance mechanisms. Once this initial phase is complete, we will then begin our work with the services.

Where does the IQPR feature within the Performance Governance Structure

The Health Board’s business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF contains information on all metrics, including those that are consistently achieving success however, the main focus is on metrics in exception or escalation.

The IPR will be embedded as the ‘single version of the truth’ and used to report on performance to the Health Board, it’s scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally to Welsh Government. Once published for each Committee/Health Board, the report will be shared across the organisation via BetsiNet (internally), published externally on Betsi Cadwaladr University Health Board’s (BCUHB) external facing website and shared in parts or as a whole on other channels such as social media via our partners in BCUHB’s Communications Team.

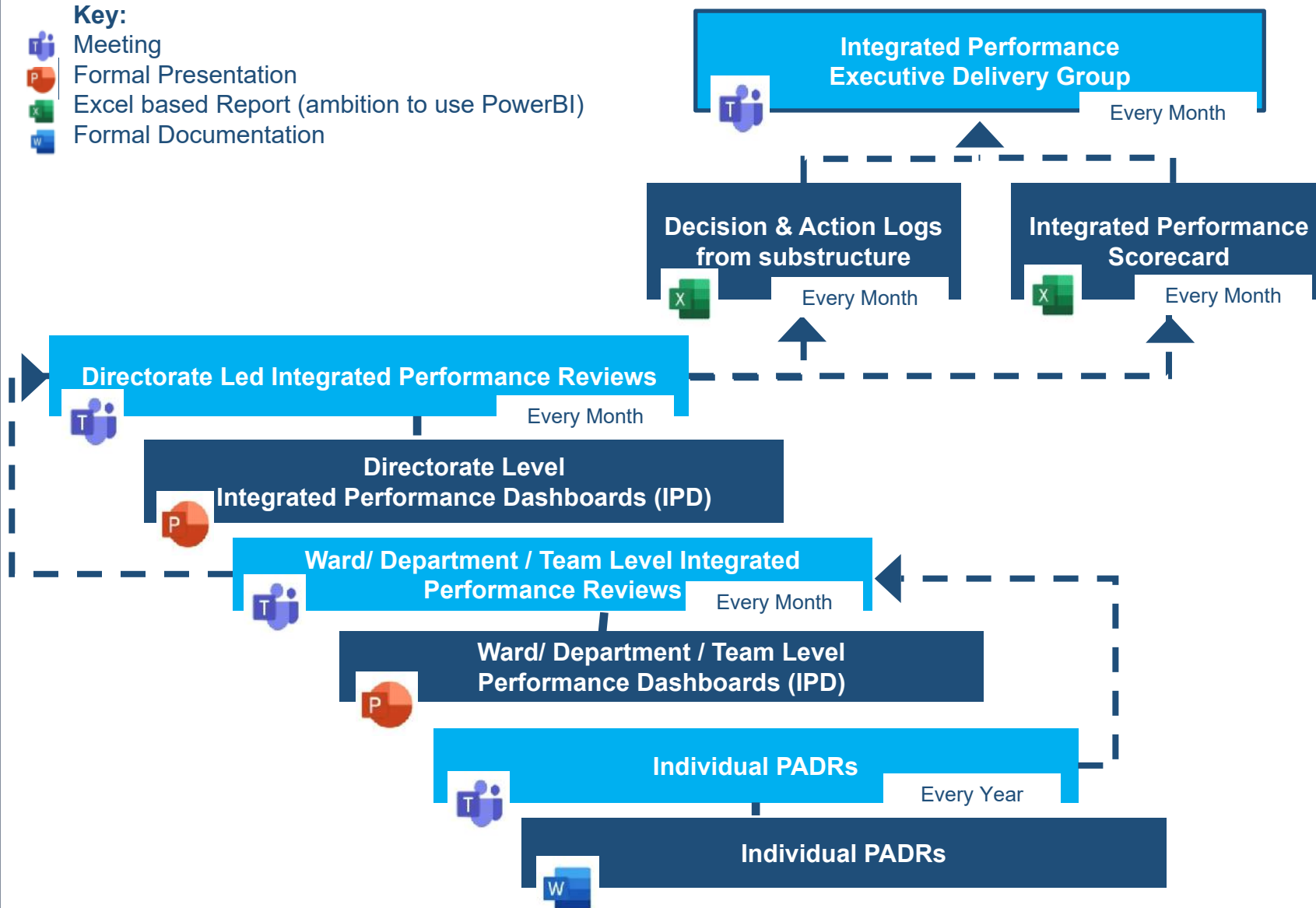
The Integrated Performance Reporting & Governance Superstructure



The Integrated Performance Reporting & Governance Substructure

- Key:**
-  Meeting
 -  Formal Presentation
 -  Excel based Report (ambition to use PowerBI)
 -  Formal Documentation

Note: For Directorate, please think IHC, Pan-BCU services etc. Includes Corporate Services.



Note: There is a superstructure of reporting and governance that sits above this layer. See previous page.

Performance Directorate Outputs

Integrated Quality & Performance Reports



Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD Welsh Government) and Joint Executive Team (JET).

Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

Integrated Performance Dashboards



Operational level performance dashboards with drill through capabilities. For end of month's submitted position. Ambition for production in PowerBI. – Produced by Digital, Data & Technology (DDAT) in partnership with the Performance and Commissioning Directorate(P&CD)

Deep Dive Reports



Detailed Deep Dive reports used in accompaniment to Formal Reports, Scorecards and Dashboards to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary, i.e. to support escalation, de-escalation.

Ad-hoc Reports



Ad-hoc reports used outside of the formal channels and for specific queries to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary to provide additional intelligence and assurances as required.

Common Acronyms and Abbreviations

Please see below a list of abbreviations commonly found within the report:

A&E	Accident and Emergency	LPMHSS	Local Primary Mental Health Support Services
AB	Aneurin Bevan Health Board	MH&LD	Mental Health and Learning Disabilities
ADHD	Attention Deficit Hyperactivity Disorder	MMR	Measles, Mumps and Rubella
ASD	Autistic Spectrum Disorder	NHS	National Health Service
BCU/BCUHB	Betsi Cadwaladr University Health Board	NR	non-recurrent
C&V	Cardiff and Vale University Health Board	PADR	Performance Appraisal and Development Review
Cmt	committee	PFIG	Performance, Finance, and Information Governance Committee
CRR	Corporate Risk Register reference	QSE	Quality, Safety, and Experience Committee
CTM	Cwm Taf Morgannwg University Health Board	R	recurrent
ENT	Ear, Nose, and Throat	SB	Swansea Bay University Health Board
GDS	General Dental Services	SM	Special Measures
GP	General Practitioner	WAST	Welsh Ambulance Services NHS Trust
HDda	Hywel Dda University Health Board	WG	Welsh Government
HEIW	Health Education and Improvement Wales	YTD	year to date
IHC	Integrated Health Community		

This report has been produced on behalf of the **Health Board** by the **Performance 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.

- Chief Operations Officer
- Executive Director of Finance
- Executive Director for Public Health
- Interim Executive Director for People & Organisational Development
- Executive Director of Therapies and Health Sciences
- Acting Executive Director of Strategic Planning & Transformation
- Executive Director of Nursing & Midwifery
- Interim Executive Medical Director

Benchmarking information has been sourced (as identified) from NHS Benchmarking Network, Welsh Government and CHKS

Integrated Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance for further details regarding this report. And further information on our performance can be found online at:

- Our website www.bcu.wales.nhs.uk
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuhb



<http://www.facebook.com/bcuhealthboard>

Teitl adroddiad:	2025-26 Month 7 (October) Finance Report																																																									
Report title:																																																										
Adrodd i:	Health Board																																																									
Report to:																																																										
Dyddiad y Cyfarfod:	Thursday, 27 November 2025																																																									
Date of Meeting:																																																										
Crynodeb Gweithredol:	This report provides a briefing on the financial position of the Health Board as at the end of Month 7 (October 2025). In addition, the report includes an update on delivery of the approved Capital Programme and Savings delivery against target.																																																									
Executive Summary:	<u>Finance Report</u> The Health Board is reporting a year to date deficit of £16.3m as at 31st October 2025, driven by £3.4m JCC pressures, £5.7m Capacity pressures including premium working and escalated beds, £4.4m Out of Area MHLd placements, £3.0m English tariff inflationary pressure above funded uplift, £2.5m Employers National insurance contributions, £1.2m cost overruns (including contracting pressures & CHC) offset by £3.8m additional savings. The in-month (October 2025) position is reporting a deficit of £1.1m, an improvement of £0.2m compared to September’s in-month position. The below table summarises actual position to month 7 and an indication of the future improvements required by calendar month to deliver the planned outturn of break-even for 2025/26. The table highlights the need to deliver surpluses in future reporting periods to offset the current adverse financial year to date performance: <table><tr><th rowspan="3"></th><th colspan="14">2025/26</th></tr><tr><th colspan="7">Actual</th><th colspan="6">Forecast</th><th rowspan="2">Total Year to Date £m</th><th rowspan="2">Forecast Outturn Position £m</th></tr><tr><th>April £m</th><th>May £m</th><th>June £m</th><th>July £m</th><th>August £m</th><th>Sept £m</th><th>Oct £m</th><th>Nov £m</th><th>Dec £m</th><th>Jan £m</th><th>Feb £m</th><th>Mar £m</th></tr><tr><td>Total Monthly Surplus/ (Deficit)</td><td>(3.7)</td><td>(2.4)</td><td>(1.6)</td><td>(3.6)</td><td>(2.3)</td><td>(1.4)</td><td>(1.2)</td><td>0.0</td><td>3.0</td><td>3.7</td><td>4.7</td><td>4.9</td><td>(16.3)</td><td>0.0</td></tr></table> The Health Board received £82m as a non-recurrent (one off) allocation for the 2025/26 financial year. There are conditions imposed upon the Health Board in order for this allocation to be made recurrent and received in 2026/27 and beyond. The conditions centre upon attainment of the 2025/26 break-even plan and key first duty of the Health Board. A series of financial recovery measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This has generated a range of risk-assessed initiatives, where those identified as low		2025/26														Actual							Forecast						Total Year to Date £m	Forecast Outturn Position £m	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	0.0	3.0	3.7	4.7	4.9	(16.3)	0.0
	2025/26																																																									
	Actual							Forecast						Total Year to Date £m	Forecast Outturn Position £m																																											
	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m																																														
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	0.0	3.0	3.7	4.7	4.9	(16.3)	0.0																																												

risk have been implemented with immediate effect and where the criteria meet a savings definition these are reported as green savings schemes.

The Health Board has debated the challenging financial position and the Chair of the Health Board with Executive and Independent Members have formed a Financial Oversight Group to debate the financial position and mitigations put forward in support of the delivery of a balanced financial plan. Specifically, the group will ensure that the delivery of a recovery plan is sustainable and in line with the commitments made by the Board balancing quality, safety, performance and financial considerations.

The above actions are in addition to the continued grip and control actions implemented in 2024/25 that will continue throughout 2025/26.

Risks

Containment and reversal of cost overruns is now key, with the total risk to attainment of the 2025/26 financial plan assessed as circa £56.6m when national pressures being experienced are taken into consideration (Welsh Risk Pool, English Tariff Inflation, Workforce and Employers National Insurance). The net risk to delivery post actions delivered to date is forecast to total c£42m, national pressures totalling c£28m of this residual shortfall.

Savings

The Health Board's financial plan for 2025/26 requires a savings target delivery of £40.0m and is profiled on an equal twelfth's basis. There has been a step up in the Savings Plans reported as at the end of October (Month 7) with the Health Board having identified £42.1m against a targeted £40m contained within the plan (£35.6m Green saving schemes and £6.5m Accountancy Gains).

The Health Board has £24.2m identified as recurring, with a full year effect of £32.2m. It is important for the recurrent savings to total £40m as we enter 2026/27 to ensure there is no increase in the planned level of savings for 2026/27 requirement.

Full year plan value of Red Schemes totals £2.0m and full year plan value of further pipeline opportunities totals £3.9m. The teams continue to work to move the pipeline and red schemes into green and further identify additional pipeline schemes to ensure cost overruns are mitigated, savings recurrently required for 2025/26 are achieved and further that we enter 2026/27 with identified savings schemes to provide assurance over delivery of the financial plans contained within the Integrated Medium Term Plan (IMTP).

Capital Programme

The approved Capital Resource Limit (CRL) for 2025/26 is £53.4m (including £0.2m IFRS16 and £53.2m Capital). Year to Date expenditure is £19.1m.

The forecast outturn reflects the anticipated amendment of £3.9m which is contingency for the Orthopaedic Hub. The Health board continues to monitor and re-profile the expenditure to ensure risks to delivery of expenditure in accordance

	with our allocated capital resource limit (expenditure not exceeding plan or being below targeted levels by more than £500,000).			
Argymhellion:	The Board is asked to:			
Recommendations:	Receive, and scrutinise this report			
Arweinydd Gweithredol:	Russell Caldicott, Interim Executive Director of Finance.			
Executive Lead:				
Awdur yr Adroddiad:	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> ☐	I Benderfynu arno <i>For Decision</i> ☐	Am sicrwydd <i>For Assurance</i> ☒	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> ☒ 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> ☐ 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> ☐ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.		
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?		Naddo N Equality Impact (EqlA) and a socio-economic (SED) impact assessments not applicable. The health board continues to assess the requirement for carrying out Equality Impact		

	Assessments and Social-Economic impact assessments on a capital project by project basis.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <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 – Financial Stability From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	The Health Board is in receipt of £82m of non-recurrent funding from Welsh Government that requires attainment of the 2025/26 plan (a) delivery of financial balance £40m and (b) de-escalation from Special Measures £42m for these funds to be received recurrently (available for future financial years). If the plan is not attained then the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Appendix A BAF risks BAF SP14 – Estates & Capital (There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.) Link to Corporate Risk Register: CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 25/26 Financial Plan
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion	

Next Steps:
Implementation of recommendations

Rhestr o Atodiadau:

List of Appendices:

- 2025/26 Finance Report – October (Month 7)

Finance Report – Health Board

October - Month 7 2025/26

Russell Caldicott
Executive Director of Finance



Executive Summary

Objective	To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.	
Statutory Financial Duties	Revenue	- Year to Date deficit of £16.3m (£1.2m deterioration from month 6) - Driven by £3.4m JCC pressures, £5.7m Capacity pressures including premium working and escalated beds, £4.4m Out of Area MHLTD placements, £3.0m English tariff inflationary pressure above funded uplift, £2.5m Employers National insurance contributions, £1.2m cost overruns (including contracting pressures & CHC) offset by £3.8m additional savings. - Forecast position is to deliver a balanced position, which is in line with the financial plan for the year, noting the significant risks to delivery.
	Cash	Closing Cash Balance as at 31st October 2025 was £10.1m, including £1.8m for Revenue and £8.3m for Capital projects. The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.
	Savings	- The Health Board's financial plan has set a savings target of £40.0m to be delivered in 2025/26 profiled equally across the financial year - Savings attained year to date total £42.1m (above plan) with £35.6m green savings schemes and Accountancy Gains of £6.5m) - Year to Date Savings are £27.2m, of which £12.5m is recurring - Contained within the £35.6m are £24.2m recurring savings with a full year effect of £32.2m which is below the £40m targeted in 2025/26 - The additional red schemes and opportunities total £5.9m, work is progressing to turn these into green schemes and increase the level of opportunities. This would both support mitigations to in year financial pressures and offer schemes that will be required as we move into 2026/27
	Capital	Approved Capital Resource Limit (CRL) for 2025/26 is £53.4m. Year to date expenditure totals £19.1m.
	PSPP	Quarter 2 PSPP for paying non-NHS invoices by number was 96.9% (Welsh Government target 95.0%).
Key Messages	➤ Quantifiable net risks to the attainment of a break-even outturn position is currently reported at £42.9m. (See further detail in Slide 13) ➤ A series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This has generated a range of risk-assessed initiatives, where those identified as low risk have been implemented with immediate effect and where the criteria meets a savings definition these are reported as green savings schemes. These actions are in addition to the delivery of schemes required to meet savings targets. ➤ A Financial Oversight advisory group has been established following presentation of the challenges to attainment of the financial plan to the Health Board to support the delivery of a balanced financial plan. Specifically, the group will ensure that the delivery of a recovery plan is sustainable and in line with the commitments made by the Board balancing quality, safety, performance and financial consideration. ➤ The above actions are in addition to the continued grip and control actions implemented in 2024/25 and the additional mitigations put in place from August 2025. ➤ The Health board received non-recurrently £82m in 2025/26, with the risk to not attaining plan being the loss of all or part of this funding allocation as we move into 2026/27 and beyond. Conditions on retention of these funds centre upon attainment of a 2025/26 break-even plan, in delivering the key first duty of the Health	



Key Performance Indicators



Month 7 Position

In Month: £201.6m against plan of £200.4m

£1.2m adverse

Full Year: £1383.2m against plan of £1366.9m

£16.3m adverse



2025/26 Full Year Position

Forecast Balanced

(See Risks to delivering a forecast balanced position – Slide 13)

YTD Divisional Variance

West IIC	£18.8m adverse
Central IIC	£17.0m adverse
East IIC	£22.7m adverse
Womens	£2.1m adverse
VH & LD	£12.8m adverse
Commissioning Contracts	£0.8m adverse
CD Primary Care	£2m favourable
CD Regional Services	£5.5m adverse
Support Functions	£2.2m adverse
Other Budgets	£68.8m favourable



Savings

In-month: £4.6m against target of £3.3m

£1.3m favourable



Full Year Savings Delivery

£42.1m against target of £40.0m

Target Surpassed by £2.1m (Additional red schemes and opportunities of £5.9m are under review)



COVID-19 Impact

£6.2m YTD Cost

£13.0m COVID funding allocation from WG



Year to Date Income

£97.4m against budget of £95.5m

£1.9m favourable



Year to Date Pay

£694.3m against budget of £659.0m

£35.3m adverse



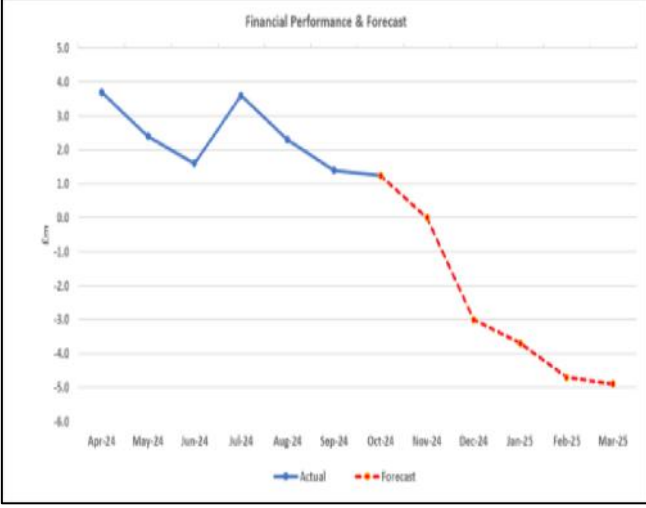
Year to Date Non-Pay

£786.3m against budget of £803.3m

£17.0m favourable

Revenue Position

	Actual				Forecast								2025/26 Cumulative against Plan				Full Year Forecast
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	Budget £m	Actual £m	Variance £m	Variance %	
Revenue Resource Limit	(186.5)	(189.5)	(189.9)	(194.9)	(207.5)	(198.1)	(200.4)	(192.5)	(196.9)	(196.1)	(194.4)	(195.2)	(1,366.9)	(1,366.9)	0.0	0.0%	(2,342.0)
Miscellaneous Income	(13.4)	(13.6)	(13.9)	(13.9)	(14.7)	(14.6)	(13.4)	(14.1)	(13.9)	(14.1)	(13.9)	(14.7)	(95.5)	(97.4)	(1.9)	2.0%	(168.1)
Health Board Pay Expenditure	94.9	96.4	96.0	96.1	110.6	99.9	100.4	97.4	97.6	97.8	97.7	97.3	659.0	694.3	35.3	5.4%	1,182.1
Non-Pay Expenditure	108.8	109.2	109.4	116.2	113.8	114.3	114.6	109.2	110.2	108.8	105.9	107.7	803.3	786.3	(17.0)	-2.1%	1,328.0
Total Deficit / (Surplus)	3.7	2.4	1.6	3.6	2.3	1.4	1.2	0.0	(3.0)	(3.7)	(4.7)	(4.9)	(0.0)	16.3	16.3		0.0



- Year to Date position is reporting a deficit of £16.3m, in-month position is reporting a deficit of £1.2m,
- Drivers of the deficit are £3.4m JCC pressures, £5.7m Capacity pressures including premium working and escalated beds, £4.4m Out of Area MHLd placements, £3.0m English tariff inflationary pressure above funded uplift, £2.5m Employers National insurance contributions, £1.2m cost overruns (including contracting pressures & CHC) offset by £3.8m additional savings.
- A series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This directive has generated a range of risk-assessed initiatives, where those identified as low risk have been implemented with immediate effect and where the criteria meet a savings definition these are reported as green savings schemes. These actions are in addition to the delivery of schemes required to meet savings targets.
- The above actions are in addition to the continued grip and control actions continued from 2024/25 and the additional mitigations implemented from August 2025, as per below:
 - Temporary workforce – Cease use of non-clinical agency
 - Forums in place to review / approve use of agency for the Nursing and Medical workforce
 - All non-clinical requests for the use of Bank to follow the Enhanced Establishment Control process.
 - All acting up and additional hours requests to follow Enhanced Establishment Control process for non-clinical roles.
 - Non-Pay – all discretionary non-clinical expenditure to be directed to the office of the Executive Director of Finance for scrutiny and approval.
 - From August 2025 additional mitigations have been put in place with immediate effect to support both the financial position and Foundations of the Future Programme. Senior Band 8b and above roles paused for recruitment pending implementation of the new structures. This arrangement will be in place with immediate effect and will remain in place until the implementation of the new structure and will be managed through the existing Establishment Control process.

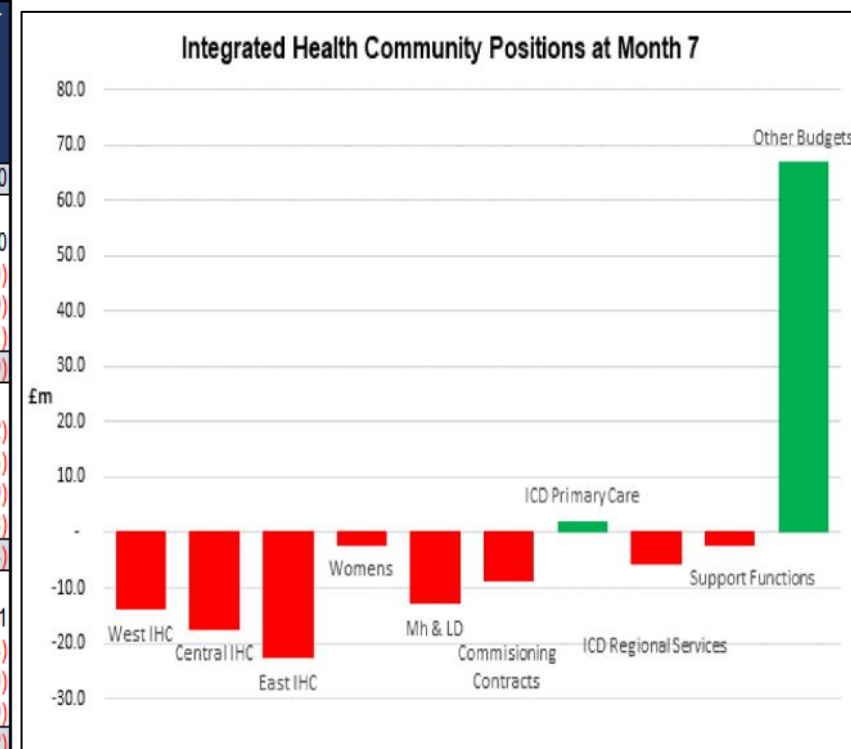


Divisional Positions

	In Month			
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %
WG RESOURCE ALLOCATION	(200.4)	(200.4)	0.0	0%
WEST INTEGRATED HEALTH COMMUNITY	0.0	0.0	0.0	
Management	0.1	0.1	0.0	
West Area	17.5	17.7	(0.2)	
Ysbyty Gwynedd	11.6	13.0	(1.3)	
Facilities	1.2	1.3	(0.0)	
Total West	30.5	32.1	(1.6)	-5%
CENTRAL INTEGRATED HEALTH COMMUNITY	0.1	0.1	(0.0)	
Management	23.1	23.5	(0.4)	
Ysbyty Glan Clwyd	14.5	16.5	(2.0)	
Facilities	1.3	1.5	(0.2)	
Total Central	39.0	41.7	(2.6)	-7%
EAST INTEGRATED HEALTH COMMUNITY	0.1	0.1	0.0	
Management	26.1	27.8	(1.7)	
Ysbyty Wrexham Maelor	12.5	13.9	(1.4)	
Facilities	1.2	1.4	(0.1)	
Total East	40.0	43.2	(3.3)	-8%
Total Midwifery and Women's Services	4.2	4.5	(0.3)	-6%
Total Mental Health and LDS	15.5	17.7	(2.2)	-14%
Total Commissioning Contracts	26.6	27.8	(1.2)	-4%
INTEGRATED CLINICAL DELIVERY PRIMARY CARE	2.8	2.6	0.2	
Dental North Wales	0.8	0.5	0.3	
Other Primary Care	0.1	0.2	(0.0)	
Total Integrated Clinical Delivery Primary care	3.7	3.3	0.5	12%
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES	(1.9)	(2.1)	0.2	
Provider Income	7.3	8.1	(0.8)	
Diagnostic and Specialist Clinical Support	6.1	6.5	(0.4)	
Total Integrated Clinical Delivery	11.5	12.6	(1.1)	-9%
Total Service Support Functions	14.3	14.7	(0.4)	-3%
Total Other Budgets	15.0	4.1	11.0	73%
Total Health Board Position	0.0	(1.2)	(1.2)	

Cumulative			
Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %
(1,366.9)	(1,366.9)	0.0	0%
0.8	0.8	0.0	
120.3	125.0	(4.7)	
80.3	88.6	(8.4)	
8.1	8.8	(0.7)	
209.4	223.2	-13.8	-7%
0.8	0.9	(0.1)	
159.9	163.5	(3.6)	
100.5	113.1	(12.6)	
9.3	10.4	(1.0)	
270.5	287.9	(17.4)	-6%
0.7	0.6	0.1	
175.7	188.1	(12.4)	
86.3	95.5	(9.2)	
8.5	9.6	(1.1)	
271.2	293.9	(22.7)	-8%
29.8	31.9	(2.1)	-7%
106.7	119.5	(12.8)	-12%
182.6	191.1	(8.6)	-5%
20.8	19.0	1.8	
4.4	4.1	0.3	
0.9	1.0	(0.1)	
26.1	24.1	2.0	8%
(13.4)	(14.6)	1.2	
50.5	54.7	(4.2)	
42.4	45.0	(2.6)	
79.5	85.2	(5.6)	-7%
100.7	102.9	(2.2)	-2%
90.3	23.5	66.8	74%
0.0	(16.3)	(16.3)	

Forecast Year End Variance against the Plan £m
0.0
0.0
(9.0)
(14.9)
(1.1)
(24.9)
(0.2)
(9.5)
(21.9)
(1.8)
(33.4)
0.1
(20.4)
(15.0)
(1.9)
(37.2)
(4.1)
(19.3)
(14.2)
2.5
0.4
(0.5)
2.5
2.0
(7.8)
(5.2)
(10.9)
(4.5)
146.2
0.0



- In-month position is reporting a deficit of £1.2m, an improvement of £0.2m from September in month position. The forecast is to deliver a balanced outturn, which is in line with the financial plan for the year.
- Variable pay costs have increased in October by £1.1m from September driven by increases across various categories. A breakdown of these costs are reported in slide 7.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.



Expenditure – Pay & Non-Pay

Pay Costs	2025-26												Cumulative			Full Year Forecast
	Actual							Forecast					YTD Budget	YTD Actual	YTD Variance	
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	£m	£m	£m	£m
Administrative & Clerical	13.2	13.3	13.3	13.3	15.2	13.8	13.8	14.1	14.1	14.1	14.1	14.1	99.2	95.8	3.5	170.7
Medical & Dental	22.3	22.7	22.2	23.0	26.7	23.7	24.1	21.7	21.8	21.8	21.8	21.7	147.9	164.8	(16.8)	263.6
Nursing & Midwifery Registered	28.8	29.1	29.2	28.9	33.6	30.1	30.4	30.1	30.2	30.2	30.2	30.1	197.9	210.1	(12.2)	365.3
Additional Clinical Services	14.2	14.7	14.6	14.4	16.2	14.8	14.8	14.9	14.9	15.0	14.9	14.9	95.0	103.9	(8.8)	180.8
Add Prof Scientific & Technical	3.9	3.9	3.9	4.0	4.8	4.1	4.2	3.8	3.8	3.8	3.8	3.8	31.0	28.8	2.1	46.2
Allied Health Professionals	6.4	6.3	6.4	6.4	7.5	6.8	6.7	6.5	6.5	6.5	6.5	6.5	44.3	46.5	(2.2)	78.4
Healthcare Scientists	1.7	1.7	1.7	1.7	2.0	1.8	1.8	1.6	1.6	1.6	1.6	1.6	12.7	12.6	0.1	19.6
Estates & Ancillary	4.3	4.4	4.5	4.3	4.7	4.5	4.4	4.6	4.7	4.7	4.7	4.6	30.4	31.1	(0.7)	56.4
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.6	0.7	(0.0)	1.1
Health Board Total	94.9	96.3	96.0	96.1	110.7	99.9	100.4	97.4	97.6	97.8	97.7	97.3	659.0	694.3	(35.3)	1,182.1
Other Services (Incl. Primary Care)	3.1	3.1	3.1	3.0	3.3	3.4	3.0	3.2	3.2	3.2	3.2	3.2	20.1	22.2	(2.0)	38.0
Total Pay	98.0	99.4	99.1	99.2	114.0	103.3	103.4	100.5	100.8	100.9	100.9	100.5	679.2	716.5	(37.3)	1,220.1

Non-Pay Costs as per Monitoring Return Table	2025-26												Cumulative			Full Year Forecast
	Actual							Forecast					YTD Budget	YTD Actual	YTD Variance	
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	£m	£m	£m	£m
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	20.8	20.5	21.1	20.6	20.5	20.4	19.6	21.0	21.0	21.0	20.8	21.2	144.4	143.5	0.9	248.4
Primary Care - Drugs & Appliances	10.9	10.9	10.8	11.5	11.6	11.8	11.3	9.7	11.2	10.7	9.7	10.7	70.6	78.8	(8.2)	130.9
Provider Services - Non Pay (excluding drugs & depre	18.6	18.3	18.2	21.1	18.6	20.0	19.8	15.5	15.4	15.9	15.5	16.3	185.8	134.8	51.0	213.4
Secondary Care - Drugs	8.4	9.4	8.8	9.3	8.4	9.7	9.3	8.9	8.8	9.0	8.6	9.0	58.2	63.3	(5.0)	107.6
Healthcare Services Provided by Other NHS Bodies	32.2	31.9	31.1	33.5	34.4	32.9	33.1	31.5	31.5	31.3	31.3	31.3	218.0	229.1	(11.1)	386.1
Continuing Care and Funded Nursing Care	11.5	11.6	11.7	11.7	12.0	10.7	11.9	10.8	11.2	11.2	10.3	11.2	77.6	81.0	(3.4)	135.6
Other Private & Voluntary Sector	2.7	2.8	2.5	3.5	3.5	3.9	4.5	6.7	6.1	4.8	4.7	4.6	18.0	23.4	(5.4)	50.4
Joint Financing and Other	0.3	0.3	0.3	0.3	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.3	1.6	2.4	(0.8)	3.9
Losses, Special Payments and Irrecoverable Debts	0.2	0.4	0.2	0.6	0.3	0.4	0.5	0.4	0.3	0.3	0.3	0.3	1.8	2.6	(0.9)	4.4
Non-pay costs	105.7	106.1	104.7	112.1	109.8	110.3	110.2	104.8	105.8	104.5	101.6	105.1	775.9	758.9	17.0	1,280.7
AME/DEL Depreciation	3.2	3.2	4.7	4.0	4.0	4.0	4.3	4.3	4.3	4.3	4.3	2.5	27.5	27.5	0.0	47.4
Total non-pay	108.8	109.2	109.4	116.2	113.8	114.3	114.6	109.2	110.2	108.8	105.9	107.7	803.3	786.3	17.0	1,328.0

Health Board Pay:

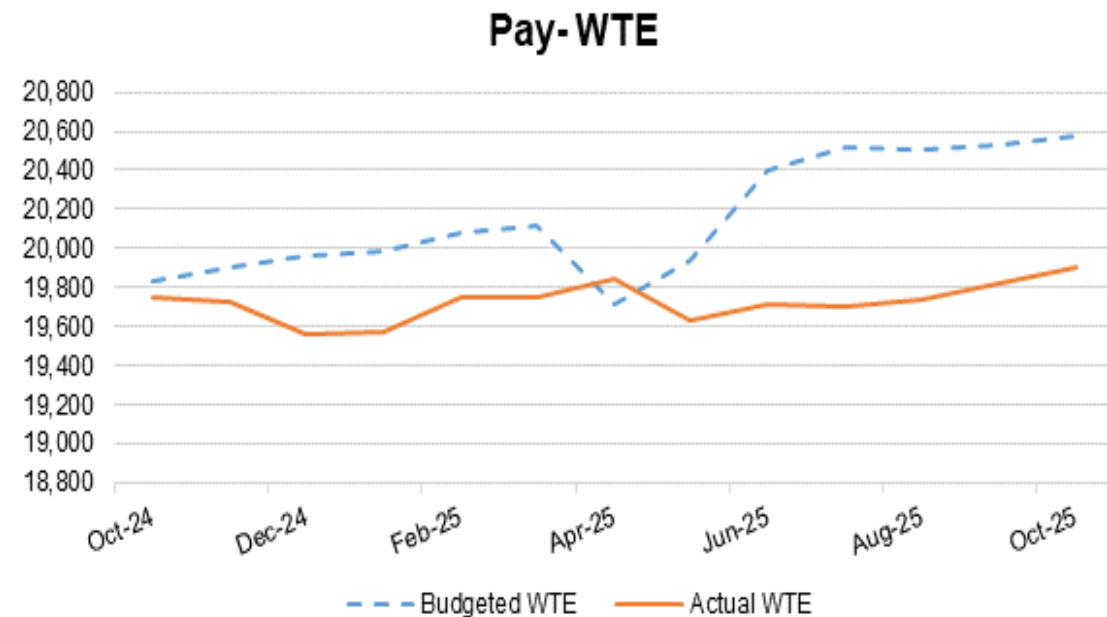
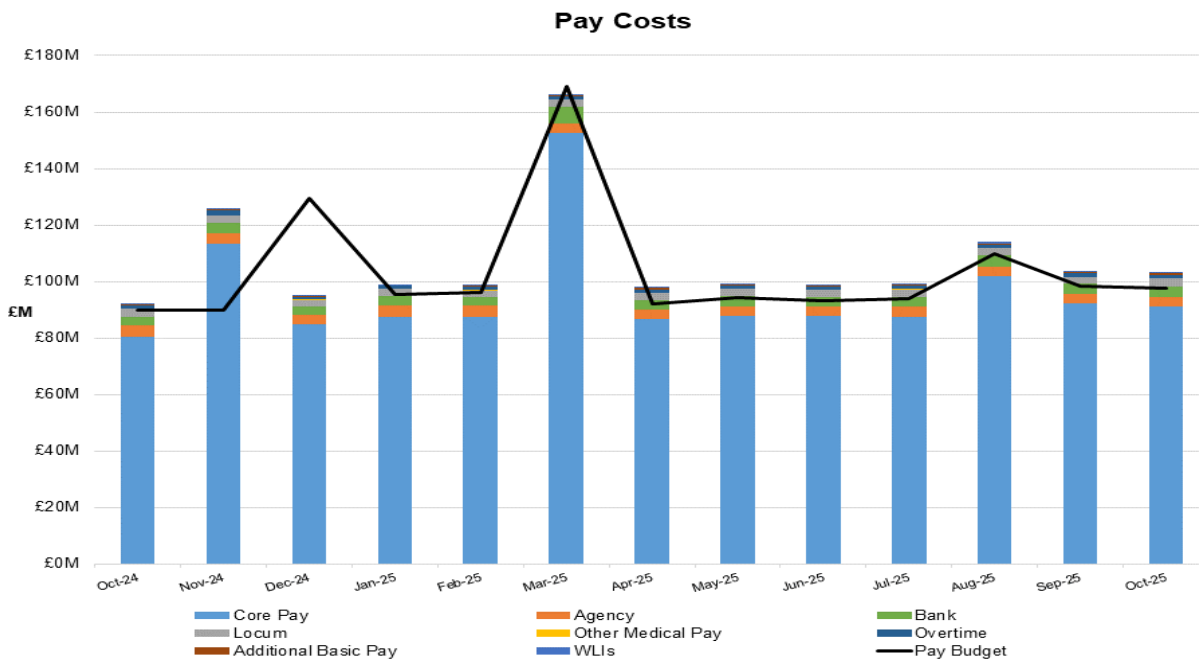
- Month 7 (October) Provider Services Pay increased by £0.1m from previous month.
- Overall variable pay costs have increased in October.
- Further detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.

Non-Pay Expenditure (excluding Depreciation):

- Total Non-Pay expenditure (excluding AME/DEL Depreciation) decreased by £0.1m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.



Expenditure – Pay



2024-25 Variable Pay	Actual 2025-26							YTD
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	£m
Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	23.5
Overtime	1.1	1.1	1.2	1.2	1.2	1.2	1.3	8.4
Locum	2.6	2.7	2.4	2.8	2.6	2.4	3.0	18.6
WLI's	0.4	0.4	0.5	0.4	0.5	0.1	0.6	2.9
Bank	3.2	3.5	3.6	3.4	3.9	3.6	3.7	24.8
Other Non Core	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.4
Additional Hours	0.4	0.3	0.4	0.4	0.4	0.4	0.4	2.7
Total	11.2	11.7	11.3	11.8	12.1	11.1	12.2	81.4

- October budgeted WTE increased by 48 WTE from September. See Slide 8 for further detail.
- Variable Pay totals £12.2m for October, an increase of £1.1m from previous month driven by increases of £0.1m in Bank, £0.5m WLI's, £0.6m Locums, £0.1m Overtime and £0.1m in Other Non-Medical.



Pay - WTE

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Movement M7 V M6
Budgeted WTE	19,719	19,941	20,400	20,522	20,502	20,527	20,575	48
Actual WTE	19,839	19,635	19,720	19,708	19,741	19,822	19,907	85

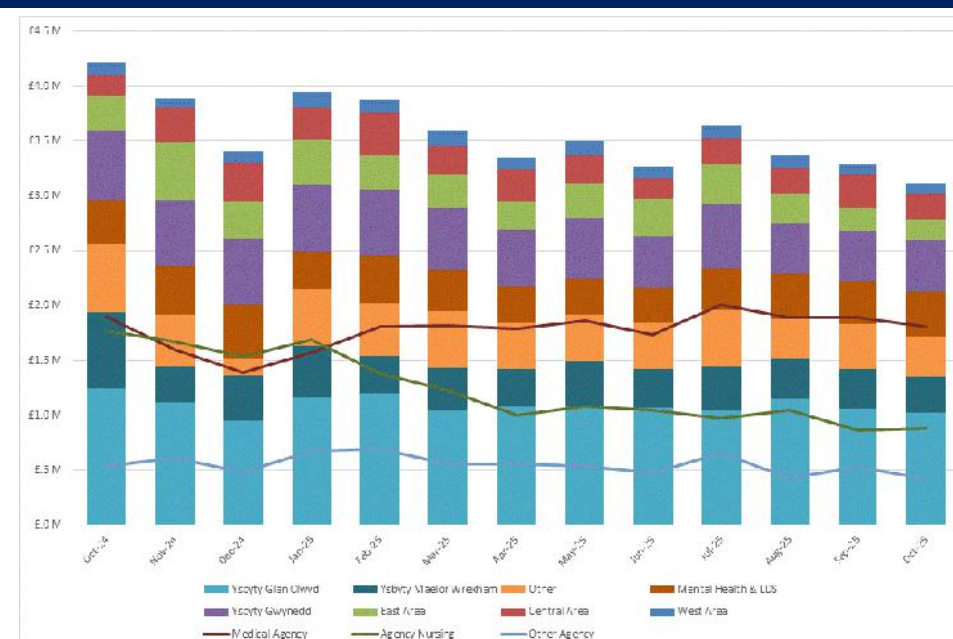
- Budgeted WTE increased by 48 WTE in October from previous month, with the below table providing further detail on Budgeted WTE movements :-
- Actual worked in October is 19,907, an increase of 85 WTE from September.

	25/26								
	WTE Budget								
	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	M07 Oct	In Month Movement	Explanation of movement from previous month
West IHC - Management	8	8	8	8	8	8	8	0	
West IHC - West Area	1,473	1,512	1,583	1,573	1,572	1,568	1,575	7	5.74wte transfer of AHP budget from Corporate PHW plus 0.51wte skill mix adjustments
West IHC - Ysbyty Gwynedd	1,721	1,722	1,812	1,815	1,814	1,829	1,839	10	7.00wte YG ED Medical Staff Deanery funded posts, 2.5wte TGS funding
West IHC - Facilities	368	368	368	380	380	380	382	2	
Centre IHC - Management	7	7	7	7	7	7	8	1	
Centre IHC - Central Area	2,098	2,159	2,309	2,320	2,311	2,304	2,312	8	3.40wte new Flying Start funding, 1.00wte DCC LA funded post plus wte corrections
Centre IHC - Ysbyty Glan Clwyd	2,174	2,176	2,237	2,235	2,231	2,239	2,241	2	
Centre IHC - Facilities	408	408	408	422	422	422	422	0	
East IHC - Management	10	10	10	10	10	10	10	0	
East IHC - East Area	2,439	2,466	2,464	2,467	2,468	2,466	2,476	10	8.00wte AHP Investment fund budget, 2.00wte WG bereavement funding
East IHC - Ysbyty Wrexham Maelo	1,868	1,874	1,835	1,892	1,893	1,896	1,906	10	1wte VBHC Community Heart Failure, 2wte Physician Associates funding, 2.4wte Welshpool Dialysis Income, 2wte Medical Secretaries correction (1 Respiratory and 1 ENT)
East IHC - Facilities	356	356	365	365	365	365	365	0	
Midwifery & Womens Services	687	693	694	694	694	694	694	0	
Mental Health & LDS	2,286	2,287	2,325	2,318	2,319	2,320	2,319	-1	
COVID Programmes	149	150	151	0	0	0	0	0	
Dental GDS	14	14	14	14	14	14	14	0	
Dental CDS	167	167	167	168	169	169	168	-1	
Other Primary Care	15	15	15	15	15	15	15	0	
Diagnostics & SCS	982	1,008	1,010	1,014	1,016	1,020	1,024	4	
Cancer Services	416	416	423	423	425	424	423	-1	
Corporate	1,958	2,009	2,079	2,265	2,250	2,255	2,251	-4	
Med ED/R&D	115	116	116	117	119	122	123	1	
Health Board Total	19,719	19,941	20,400	20,522	20,502	20,527	20,575	48	



Pay Costs – Agency

	2025-26 Agency Spend £m												Full Year Expenditure £m
	Actual Apr-25	Actual May-25	Actual Jun-25	Actual Jul-25	Actual Aug-25	Actual Sep-25	Actual Oct-25	Forecast Nov-25	Forecast Dec-25	Forecast Jan-26	Forecast Feb-26	Forecast Mar-26	
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.2
Central Area	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	2.9
East Area	0.3	0.3	0.3	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	3.2
Ysbyty Gwynedd	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.4	5.5
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.0	1.2	1.1	1.0	1.1	1.1	1.0	1.0	0.9	12.6
Ysbyty Maelor Wrexham	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.2	0.1	0.1	0.1	0.1	3.2
Mental Health & LDS	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.3	0.3	0.3	0.3	0.3	4.0
Womens	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.8
Other incl pan BCU Cancer Servcies and Corporate	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	3.0
Total Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	3.0	2.9	2.7	2.7	2.6	37.3

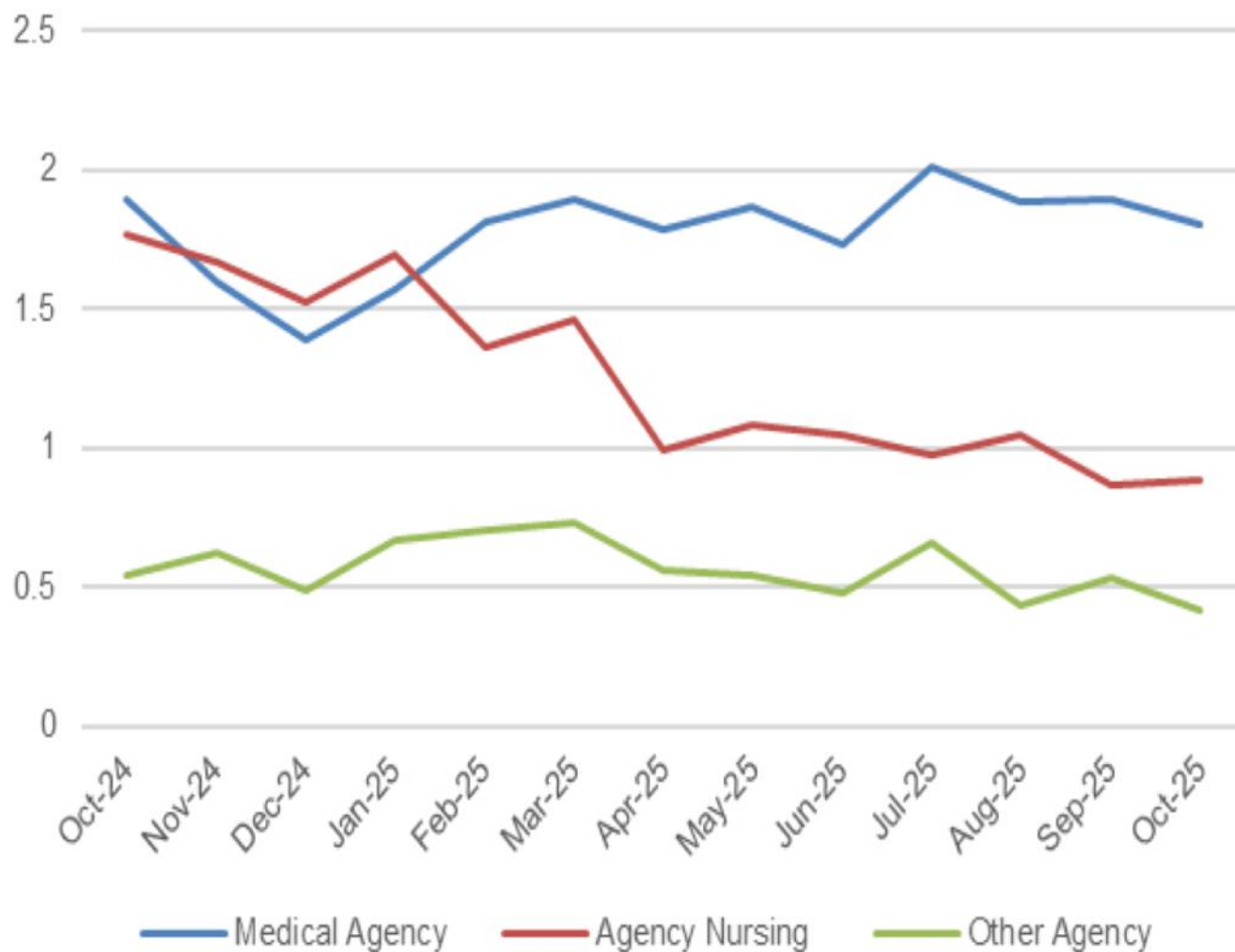


- Agency expenditure for October is £3.1m representing 3.0% of total pay, a reduction of £0.2m compared to previous months spend. (2024/25 Monthly average £3.9m). 2025/26 Agency annual forecast outturn is £37.3m, a £0.9m reduction compared to the £38.2m annual forecast outturn reported at Month 6 and a £9.7m (20.6%) reduction from 2024/25 total Agency spend of £47.0m.
- October Medical Agency expenditure is £1.8m, £0.1m lower than previous month spend. (2024/25 Monthly average £1.6m). In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.7m), Ysbyty Gwynedd (£0.3m), Women's (£0.1m), Mental Health (£0.3m) and Ysbyty Maelor Wrexham (£0.1m), covering Medical vacancies and sickness.
- Nurse agency costs totalled £0.9m for the month, in line with previous month. (2024/25 Monthly average £1.7m). The use of agency nurses is within Ysbyty Glan Clwyd (£0.3m), Ysbyty Maelor Wrexham (£0.2m), Ysbyty Gwynedd (£0.1m), Mental Health (£0.1m), and East Area (£0.1m) to staff escalated beds and cover ward vacancies. Other agency costs totalled £0.4m in Month 7, a reduction of £0.1m from previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.4m).
- The Cabinet Secretary workforce enabling action has been met within the Estates & Ancillary Agency staffing group with nil spend forecast for 2025/26. £0.4m Admin & Clerical Agency spend has been reported until end of October, however Nil spend is forecast for the remaining months of the year. There has been minimal spend reported to date against Healthcare Support Worker staffing group with spend forecast to reduce to Nil over the remaining months of the year.

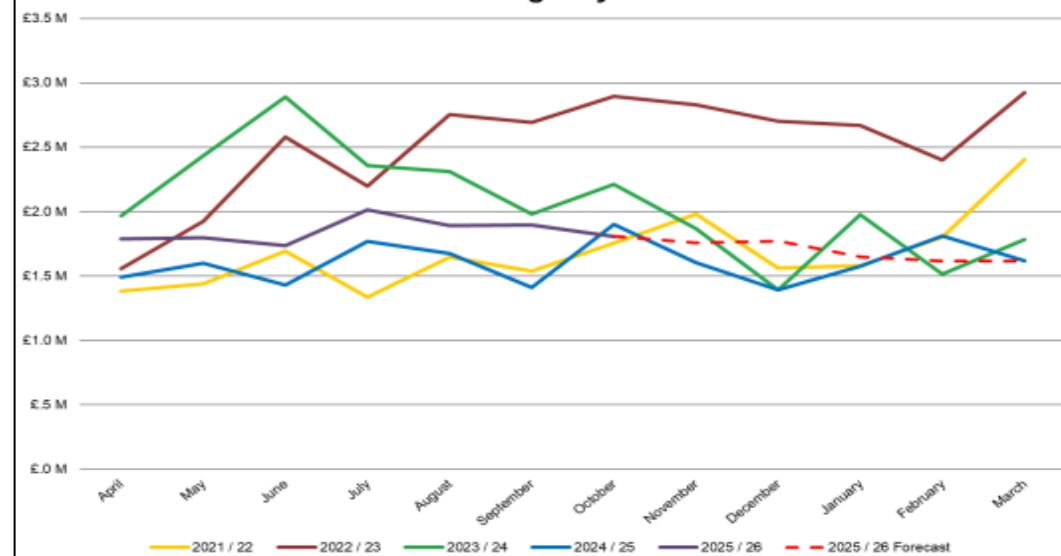


Pay Costs – Agency

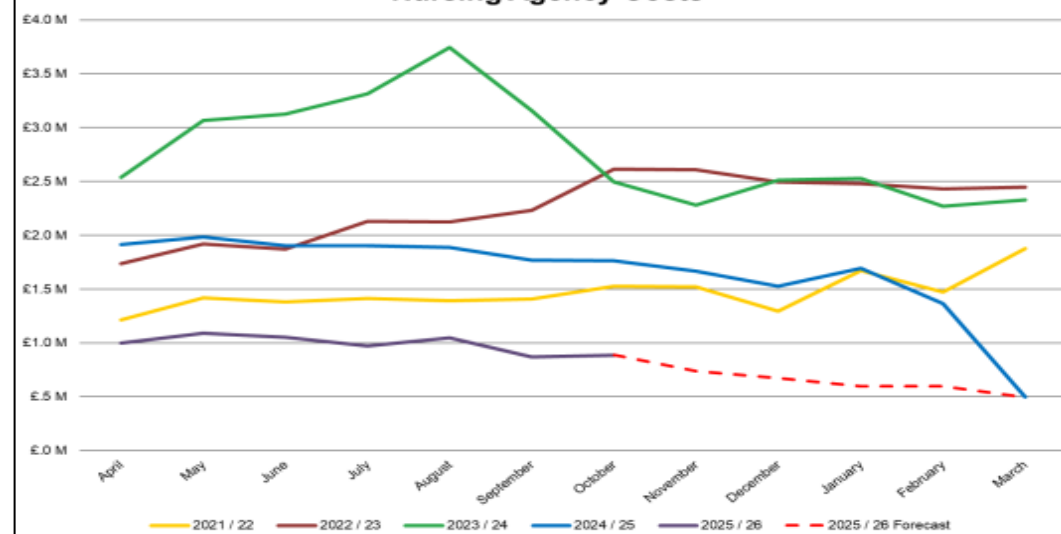
Agency Costs



Medical Agency Costs

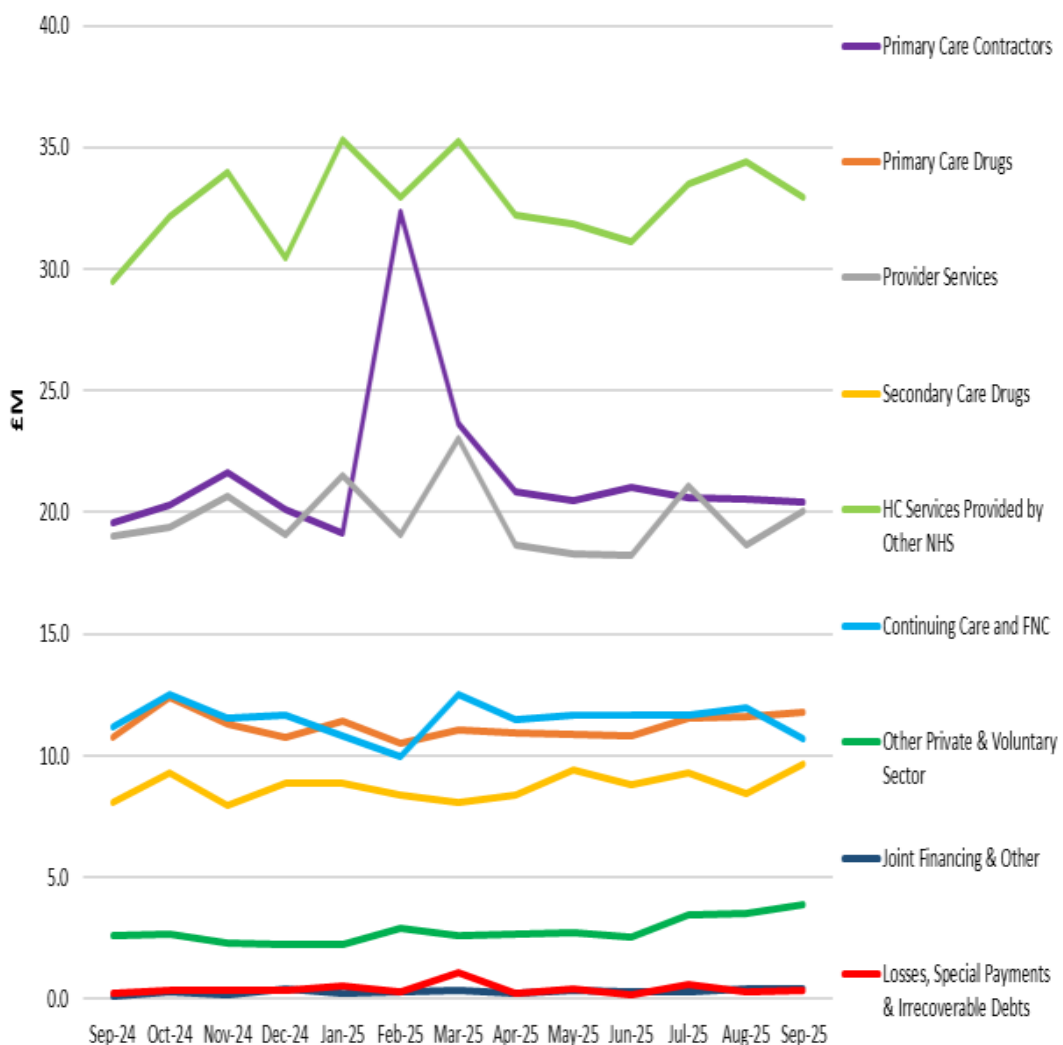


Nursing Agency Costs



Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- **Primary Care Contractor:** October expenditure is £0.8m (4.0%) less than previous month due to a £0.4m accountancy gain and £0.4m reduction in GDS spend.
- **Primary Care Drugs:** Expenditure is £0.5m (3.9%) less than previous month due to the average in month cost per prescribing day being down by 0.9% . Average Cost per Item has decreased slightly by 0.1%; August was £7.80 per item compared to July average of £7.90 per item.
- **Provider Services Non-Pay:** Expenditure decreased by £0.2m (1.0%), Whilst Clinical Services & Supplies spend increased by £0.9m (M&SE, implants and vaccines), this was offset by a £0.8m reduction in Premises and Fixed Plan expenditure, £0.1m reduction in General Services & Supplies and £0.2m reduction in Other Services -Non-Pay.
- **Secondary Care Drugs:** Expenditure decreased by £0.4m (4.1%) from previous month, due to a reduction within Cancer Services. Cancer Services Drugs spend was particularly high in previous month due to both the timing of Homecare charges and catch up of aseptic drugs costs.
- **Healthcare Services provided by Other NHS Bodies:** Expenditure is £0.2m (0.5%) higher than previous month, of which £0.5m increase is the year-to-date impact of JCC Genomics and ATMP allocations funded by WG. An in-month increase has also been reported in UCLH Prostatectomy costs due to the significant increase in activity and high inpatient activity in Shropshire community with 2 long stay critical care in CoCH, being partially offset by a reduction in UHNM spend reflecting move to block contract reporting.
- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £1.1m (10.6%) higher than previous month, of which £0.6m is increase in MHLDC packages with the remaining increase being due to additional adult and Childrens CHC packages reported in Centre and East Area teams plus an increase in 1:1 support.
- **Other Private & Voluntary Sector:** In month spend increased by £0.6m being due to the year to date impact of the Hospice funding allocation received from WG.



Allocations

Description	£m
Allocations Received	2,269.5
Total Allocations Received	2,269.5

Description	£m
Allocations anticipated	
DEL Non Cash Depreciation	7.0
AME Non Cash Depreciation	-0.2
Removal of Donated Assets / Government Grant Receipts	-0.8
Removal of IFRS-16 Leases (Revenue)	-4.5
IM&T Refresh Programme	2.5
Six Goals	2.7
Real Living Wage funding	4.2
RTT Waiting Times	4.9
Planned Care additional funding 2025-26 Phase 3 Outpatient support costs	0.6
All Ages Mental Health Digital Solution 25/26	2.2
WRP top slice for 25/26 as per IMTP	-7.0
Cataract funding 2025/26	6.3
Planned Care additional funding 2025-26 Phase 4 Diagnostics	3.6
RIF Neurodevelopment Waiting Times 2025-26	2.8
Pay Award 25/26	37.8
TGS Cohort income	2.0
Waiting Times – Minor Oral Surgery & additional OPD Capacity	2.2
Waiting Times – Diagnostic Conversions from OPD Programme	4.8
Other	1.2
Total Allocations Anticipated	72.4

	£m
Total Allocations Received	2,269.5
Total Allocations Anticipated	72.4
Total Welsh Government Income	2,341.9

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). Total Revenue Resource Limit (RRL) for the year is 2,341.9m.
- Confirmed allocations to date are £2,269.5m. This includes £13.0m allocation for COVID-19, with £1.1m of COVID income profiled into September.
- Further anticipated allocations in year total £72.4m as detailed in the table.



Risks and Opportunities

- The below are risks and opportunities to the Health Board's financial position for 2025/26. Where it is clear of specific costs for both risks and opportunities, these are incorporated into the forecast position.

Continuation of existing pressures	£m	Level
Dental Ring Fenced Allocation underspend potential clawback	2.5	Medium
MHLD Out of Area Placements	7.5	Medium
Capacity pressures, including premium working	12.1	Medium
JCC pressure (mainly relating to the non delivery of savings)	5.9	Medium
Inability to mitigate the Employers National Insurance Contribution (ENIC) funding shortfall	4.2	Medium
Inability to mitigate the English tariff increase	5.1	Medium
New pressures		
Additional 25/26 WRP Risk Share costs (value above IMPT)	9.4	High
Workforce Realignment	9.4	Medium
Joint Commissioning Committee Performance	0.5	High
Mitigation Actions		
Conversion of Red & Pipeline Savings Schemes	(5.6)	High
Mitigating Actions - Identified	(8.1)	Medium
Mitigating Actions and Savings still to be identified	TBC	Low
Opportunity to retain slippage on Ringfenced funding (No planned slippage to date)	TBC	Low
Net Quantifiable Risks and pressures	42.9	



Balance Sheet

- The closing cash balance as at 31st October 2025 was £10.1m, which included £1.8m cash held for revenue expenditure and £8.3m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.

	Opening Balance Beginning of Apr 25 £'m	Closing Balance End of Oct-25 £'m	Forecast Closing Balance End of Mar 26 £'m
Non-Current Assets			
Property, plant and equipment	740.2	732.2	745.4
Intangible assets	0.8	0.5	0.8
Trade and other receivables	119.7	125.4	125.7
Non-Current Assets sub total	860.7	858.1	871.9
Current Assets			
Inventories	20.5	21.2	20.5
Trade and other receivables	128.7	175.0	179.7
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	5.9	10.1	5.9
Non-current assets classified as held for sale	0.6	0.6	0.4
Current Assets sub total	155.6	206.8	206.5
TOTAL ASSETS	1016.3	1064.9	1078.3
Current Liabilities			
Trade and other payables	232.3	229.4	209.2
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	53.9	107.9	104.9
Current Liabilities sub total	286.2	337.3	314.1
NET ASSETS LESS CURRENT LIABILITIES	730.1	727.6	764.2
Non-Current Liabilities			
Trade and other payables	23.9	23.9	24.0
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	120.9	126.6	126.9
Non-Current Liabilities sub total	144.7	150.4	150.9
TOTAL ASSETS EMPLOYED	585.3	577.1	613.3
FINANCED BY:			
Taxpayers' Equity			
General Fund	367.2	359.0	395.2
Revaluation Reserve	218.2	218.2	218.2
PDC (Trust only)	0.0	0.0	0.0
Retained earnings (Trust Only)	0.0	0.0	0.0
Other reserve	0.0	0.0	0.0
Total Taxpayers' Equity	585.4	577.2	613.3



- The approved Capital Resource Limit (CRL) for 2025/26 is £53.4m (which includes £0.2m IFRS16 and £53.2m Capital). Year to Date expenditure is £19.1m. The forecast outturn reflects the anticipated amendment of £3.9m which is contingency for the Orthopaedic Hub.

BUDGET 2025/26					
1) Capital Resource Limit 2025/26	£m	Brief Overview / Update The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).			
WG Discretionary Capital	14.2				
All Wales Scheme	39.0				
Total CRL	53.2				
CAPITAL PROGRAMME 2025/26	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	3.4	1.6	2.9	0.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	0.2	1.7	-	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	0.4	3.5	-	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.0	0.1	3.0	-	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	1.0	0.0	1.0	-	Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	1.5	0.0	1.5	-	Brokerage managed within the programme.
WG Discretionary Capital	14.2	2.4	13.8	0.4	Under Commitment



Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Regional Orthopaedic Hub, Llandudno Hospital	11.7	10.6	15.9	- 4.1	The project is progressing with completion forecasted early 2026. The forecast outturn includes the contingency risk pot currently in section 4 in the CRL, profiled to be spent in year. WG have confirmed any overspend will need to managed within the health board discretionary capital.
Year End Funding – October 2024	0.1	0.1	0.1	-	The programme has been revised as items have moved into the diagnostic programme, this is reflected in the revised CRL.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	2.9	0.1	2.9	-	The project is programmed over the next 2 years. The contractor has commenced works in line with programme and CRL cashflow.
TEF - Fire	2.4	0.1	2.4	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Infrastructure	3.1	0.4	3.1	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Decarbonisation	0.2	0.0	0.2	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Mental Health	2.0	0.5	2.0	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Infection Prevention Control	0.8	0.0	0.8	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Decontamination	0.8	0.0	0.8	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
IRCF - Conwy & Llandudno Junction Health & Social Care Centre	-0.2	0.0	0.0	- 0.2	It has been confirmed that the project will be deferred to 27/28 as part of the IRCF prioritisation. As a result the Health Board has returned all this year and prior year funding as agreed with Welsh Government.
IRCF - Caledfryn, Denbigh Health and Wellbeing Hub – acquisition costs and related fees	0.3	0.2	0.3	0.0	The current CRL reflects the design costs which is profiled to spent in year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	-	The hardware will be procured in 2025/26.
Nuclear Medicine Consolidation at YGC	0.7	0.2	0.7	-	The current CRL reflects the fees to progress to FBC which is profiled to be spent in year. Preconstruction work appointment is being reviewed and may impact full spend of CRL.
Replacement Diagnostic and Treatment Equipment	7.7	4.5	7.7	-	The project is for two Linear Accelerators and a Spect CT, all of which are profiled to be delivered in this financial year. £2m underspend has been returned to Welsh Government as a result of a competitive tender for the Linac's.
Non-Radiology Ultrasound Replacement	0.3	0.0	0.3	-	These medical devices will be procured in year.
Replacement Diagnostic and Treatment Equipment - Phase 2	3.9	0.1	3.9	-	The purchase of the equipment has already been instigated. The programme for enabling works to support the equipment will be realised in full within this financial year. £0.5m underspend has been returned to Welsh Government as a result of a competitive tender for the Mammography equipment.
DPIF - RISP	0.2	0.0	0.2	-	The Health Board went live 5th September 2025. Payment will be due once stable operation has been reached, which is reflected in the cashflow.
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)	0.4	0.0	0.4	-	Two year project project with initiation in 24/25. It is forecasted that the project will complete in this financial year and the CRL will be spent in full.
DPIF - Digital Maternity Cymru	0.1	0.0	0.1	-	The project is currently in situ with the funding to be spent by the end of the financial year.
Mobile C-Arm/Image Intensifier Replacement	0.3	0.0	0.3	-	Procurement process is underway with confirmed lead time and delivery by 31st of March 2026.
Radiology Ultrasound Replacement	0.9	0.0	0.9	-	Procurement process is underway with confirmed lead time and delivery by 31st of March 2026.
All Wales Capital	39.0	16.7	43.4	-4.3	Over commitment
Total Capital Funding Available	53.2	19.1	57.2	-3.9	



Savings Performance against Target

- The Health Board's financial plan has set a target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis with savings identification, reporting and monitoring developed through a Value and Sustainability thematic model.
- Full year forecast value of Green Schemes is £42.1m (comprising of £34.2m Savings, £0.7m Income Generation, £0.7m Cost Avoidance and £6.5m Accountancy Gains). A forecast increase of £2.1m from month 6. Of these, £24.2m have been identified as recurring, with a full year effect of £32.2m, and £17.9m are non-recurring savings. · Full year plan value of Red Schemes totals £2.0m and full year plan value of further pipeline opportunities totals £3.9m.
- A series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This has generated a range of risk-assessed initiatives, where those identified as low risk have been implemented with immediate effect and where the criteria meet a savings definition these are reported as green savings schemes.
- In-month delivery includes Savings of £3.5m, £0.1m Income Generation/Cost Avoidance and £1.0m of Accountancy Gains, against a £3.3m Target
- The combined year to date delivery is £27.2m, of which £12.5m is recurring, against a target of £23.3m.

Service Performance against Target	Annual				Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	6.6	1.3	7.3	4.6	3.6	1.0
Central Integrated Health Community	10.0	8.0	1.9	6.8	5.8	5.0	0.8
East Integrated Health Community	10.0	9.0	1.0	8.4	5.8	4.8	1.0
MHLD	3.9	4.9	-1.0	6.6	2.3	3.0	-0.8
Womens Services	1.2	0.5	0.7	0.3	0.7	0.3	0.4
Diagnostic and Specialist Clinical Support	1.8	1.7	0.1	0.4	1.1	1.1	0.0
Cancer Services	1.5	1.5	0.0	2.0	0.9	0.7	0.2
Community Dental Services	0.1	0.0	0.1	0.0	0.1	0.0	0.0
Corporate & Support Services	3.6	3.3	0.3	0.2	2.1	2.1	0.0
Saving Total	40.0	35.6	4.4	32.2	23.3	20.7	2.7
Accountancy Gains		6.5	-6.5			6.5	-6.5
Total		42.1	-2.1	32.2	23.3	27.2	-3.8





Teitl adroddiad: Report title:	Annual Presentation of Nurse Staffing Levels to the Board - wards pertaining to Section 25B of the Nurse Staffing Levels (Wales) Act 2016
Adrodd i: Report to:	Health Board
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 27 November 2025
Crynodeb Gweithredol: Executive Summary:	This report introduces the 2024/25 Annual Presentation of Nurse Staffing Levels in line with the Nurse Staffing Levels (Wales) Act 2016. This report and accompanying appendices provide assurance to the Board that the legislative requirements associated with Section 25B of the Act and “duty to calculate and take steps to maintain nurse staffing levels” are being maintained. In accordance with the Act, nurse staffing calculations must be undertaken bi-annually (as a minimum) and are to be approved by a designated person who is authorised to undertake this calculation on behalf of the Chief Executive Officer. The designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment. Within Welsh Health Boards the designated person is the Executive Director of Nursing. The calculation undertaken by the designated person must result in the nurse staffing level for the ward area. In practice, the approved nurse staffing level will be the required establishment and the planned roster. The approved nurse staffing level should be funded from the health boards revenue allocation.
Argymhellion: Recommendations:	The Board is asked to receive this report to gain assurance in relation to the following: 1. Betsi Cadwaladr University Health Board (BCUHB) is meeting its statutory “duty to calculate and take steps to maintain nurse staffing levels” in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016. 2. BCUHB is meeting its statutory duty to provide an annual presentation to the Board detailing calculated nurse staffing levels 3. The Executive Director of Nursing & Midwifery, as the designated person has undertaken the bi-annual reviews and approved the nurse staffing calculations presented within this report and the associated appendices.

Arweinydd Gweithredol: <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing & Midwifery			
Awdur yr Adroddiad: <i>Report Author:</i>	Alison Griffiths, Director of Nursing Workforce, Staffing and Professional Standards Joanna Brown, Nurse Staffing Programme Lead			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☐	I Benderfynu arno <i>For Decision</i> ☐	Am sicrwydd <i>For Assurance</i> ☒	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> ☒ 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> ☐ 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> ☐ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		<u><i>Nurse Staffing Levels (Wales) Act 2016¹</i></u> Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatient wards, adult acute surgical inpatient wards, and paediatric inpatient wards. <u><i>A Healthier Wales: Our Plan for Health and Social Care²</i></u> identifies a requirement to “drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales” <u><i>A Healthier Wales: Our Workforce Strategy for Health and Social Care³</i></u> draws a direct link between vacancy rates and high agency expenditure. <u><i>The Strategic Nursing Workforce Plan⁴</i></u> addresses the significant and well documented challenges facing the nursing profession in Wales, setting out the		

¹ [Nurse Staffing Levels \(Wales\) Act 2016](#)

² [A healthier Wales: long term plan for health and social care](#)

³ [A healthier Wales: our workforce strategy for health and social care](#)

⁴ [Strategic nursing workforce plan](#)

	overarching strategic nursing workforce actions of growing the nursing workforce; transforming the nursing workforce and supporting the nursing workforce.
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Statutory reporting requirements aligned to the Nurse Staffing Act (Wales) 2016 “ <i>duty to calculate and take steps to maintain nurse staffing levels</i> ”
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
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	Risk ID1976 - Nurse Staffing (Continuity of service may be compromised due to a diminishing nurse workforce). There is a risk to the provision of high quality safe and effective nursing care due to the number of nursing vacancies across the Health Board. Inability to provide appropriate nurse staffing levels to ensure time to care for patients sensitively can compromise the Health Boards ability to deliver health care effectively, and compromise the reputation of Health Board nursing services. CRR15 Recruitment & Retention (this applies to all staff across the Health Board but the nursing workforce is a significant element of the risk). There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes and low staff morale and well-being.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	This report details the whole time equivalent (WTE) nurse staffing changes required following the autumn 2025 nurse staffing calculations.

	As per the statutory guidance the approved nurse staffing levels should be funded from the health boards revenue allocation. In line with the guidance, the Executive Director of Nursing, in discharging their statutory duty, suggests that if agreed nurse staffing levels are not able to be supported financially, mitigating actions must be taken to maintain patient safety in the areas that remain unfunded. This may include ward reconfigurations, bed closures or the use of temporary staffing. The Executive Director of Finance has overseen £12m investment over the past 24 months in the areas pertaining to Section 25B. This in turn has seen an increase in the workforce within Nursing and Healthcare Support Workers. Whilst the budgets allocated to these areas have supported improvements in the quality of care, this has resulted in pressures to secure savings in other areas of the Health Board to facilitate this substantial investment. The Chief Operating Officer supports the recommendations as outlined by the Executive Director of Nursing and recognises the requirement for mitigating actions should it not be possible to support the recommendations financially.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Workforce implications relate to the ability to both finance, recruit and retain a workforce of both registered nurses and healthcare support workers.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	<i>Not applicable</i>
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	As detailed above - Risk ID1976
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	<i>Not applicable</i>

<i>Reason for submission of report to confidential board (where relevant)</i>	
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i>	
Rhestr o Atodiadau: <i>List of Appendices:</i> Appendix 1 - Annual Presentation of Nurse Staffing Levels to the Board November 2025 Appendix 2 - Summary of Nurse Staffing Levels for 25B Wards Autumn 2025	

Annual Presentation of Nurse Staffing Levels to the Board			
Health Board	Betsi Cadwaladr University Health Board		
Date of annual presentation of Nurse Staffing Levels to Board	27th November 2025		
Period Covered	1 st October 2024 to 30 th September 2025		
Number and identity of section 25B wards during the reporting period. - Adult acute <u>medical</u> inpatient wards (inclusive of Oncology & Haematology inpatient wards) - Adult acute <u>surgical</u> inpatient wards (inclusive of Womens Gynaecological inpatient wards) <u>Paediatric</u> inpatient wards	A total of 45 wards met the requirements pertaining to Section 25B ¹ of the 2016 Act at the end of this reporting period. This reporting period has seen no changes to the number of wards who have met the definition of a Section 25B ward.		
	The tables below identify the wards that have been included under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 within this reporting period.		
	Adult acute <u>medical</u> inpatient wards (at end of reporting period September 2025)		
	Total at start of reporting period (October 2024) 25 wards Total at end of reporting period (September 2025) 25 wards		
	Ysbyty Gwynedd x 7 Aran Glaslyn Glyder Hebog Moelwyn Prysor Alaw (Oncology & Haematology)	Ysbyty Glan Clwyd x 9 Ward 1 Ward 2 Ward 4 Ward 6 Ward 9 Ward 10 Ward 12 Ward 11 Enfys (Oncology & Haematology)	Ysbyty Wrexham Maelor x 9 Acton ACU Bersham Bonney Cunliffe Fleming Morris Pantomine Prince of Wales

¹ Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatient wards; adult acute surgical inpatient wards; and paediatric inpatient wards. Excluded from the definition of Section 25B wards are Outpatient departments, admission portals/assessment units, critical care/high dependency units, day case areas, rehabilitation areas, theatres, procedural units and coronary care units. These areas ordinarily undergo a (minimum) annual nurse staffing review to ensure there are sufficient nurses to provide timely and sensitive care to patients.

	Adult acute surgical inpatient wards (at end of reporting period September 2025)					
	Total at start of reporting period (October 2024) 17 wards					
	Total at end of reporting period (September 2025) 17 wards					
	Ysbyty Gwynedd x 5		Ysbyty Glan Clwyd x 6		Ysbyty Wrexham Maelor x 6	
	Enlli Dulas Ogwen Tegid Ffrancon (Womens)		Ward 3 Ward 5 Ward 6 (ABH) Ward 7 Ward 8 Ward 19a Glaslyn (Womens)		Arrivals Erddig Mason Glyndwr / SAU U5 Bonney (Womens)	
	Paediatric inpatient wards (at end of reporting period September 2025)					
	Total at start of reporting period (October 2024) 3 wards					
Total at end of reporting period (September 2025) 3 wards						
	Ysbyty Gwynedd x 1		Ysbyty Gwynedd x 1		Ysbyty Wrexham Maelor x 1	
	Childrens Unit		Childrens Unit		Childrens Unit	
Staffing requirements	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Required establishment (WTE) calculated (October 2024)	RN	HCSW	RN	HCSW	RN	HCSW
	508	468.64	320.91	279.92	85.29	28.43
WTE of required establishment funded (October 2024)	501.51	447.44	318.93	275.9	81.98	30.95
Required establishment (WTE) calculated (May 2025)	RN	HCSW	RN	HCSW	RN	HCSW
	522.22	481.44	329.44	288.45	82.59	28.43
WTE of required establishment funded (May 2025)	515.22	470.08	327.49	288.33	83.46	30.95
Required establishment (WTE) calculated (September 2025)	RN	HCSW	RN	HCSW	RN	HCSW
	508	467.22	320.91	279.92	85.29	28.43
WTE of required establishment funded (September 2025)	505.27	462.96	321.48	279.92	85.29	28.43
WTE Supernumerary band 7 ward manager (September 2025) funded but excluded from planned roster	25		17		3	

Required establishment (WTE) calculated and WTE of required establishment funded	Financial implications of the Autumn 2025 nurse staffing level calculations will be considered during the 2026/27 financial planning cycle. In order to ensure the delivery of sensitive and timely nursing care to patients all wards pertaining to Section 25B are able to take mitigating actions to maintain patient safety, which include the recruitment of staff to the required staffing level, utilising temporary staffing as necessary to achieve these. The Summary of the Nurse Staffing Levels for 25B Wards (appendix 2) provides further detail regarding individual ward workforce and associated FTE requirements. Staffing levels reported within Appendix 2 are the calculated nurse staffing levels required to staff funded beds only. Work is ongoing within the respective Integrated Health Communities (IHCs) in regard to the use of unfunded escalation beds.
Using the triangulated approach to calculate the Nurse staffing level on section 25B wards	In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, wards pertaining to Section 25B are subject to bi-annual reviews² (as a minimum) in order to appropriately calculate planned nurse staffing levels. The triangulated methodology described in the section 25C of the Nursing Staffing Level (Wales) Act 2016 sets out the principles to be applied when calculating nurse staffing levels. The process for calculating the nurse staffing levels within BCUHB has three steps: Step 1: Initial Review The review process is commenced at ward level with the completion of the designated proforma as per the ‘Nurse Staffing Levels (Wales) Act 2016’ Operational Guidance as evidence of the review and application of the triangulated methodology. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations. This is presented at site level, for review, discussion and supportive challenge. The Integrated Health Community Nurse Director / Associate Director of Nursing leads the site review to calculate Nurse staffing levels in collaboration with the Heads of Nursing, Matrons, Ward Manager, and colleagues from Finance. The review is informed by both qualitative and quantitative information comprising of: ➤ Acuity data - acuity is measured by using an evidence-based workforce planning tool Welsh Levels of Care³. ➤ Professional judgement – the Integrated Health Community Nurse Director / Associate Director of Nursing in conjunction with the relevant Head of Nursing, Matron and Ward Manager use their knowledge of the

² Statutory calculations of nurse staffing levels across wards pertaining to Section 25B ordinarily take place between March/April (reporting to Board in May) and August/September (reporting to Board in November).

³ The Welsh Levels of Care consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.

	clinical area plus the evidence from the acuity audit to make an informed decision regarding the calculation of Nurse staffing levels. ➤ Quality Indicators – the review includes an analysis of quality indicators that are particularly sensitive to care provided only by a Nurse. The quality indicators shown to have an association with low staffing levels and must be reported on are: ○ <i>Patient falls</i> - any fall that a patient has experienced whilst on the ward; ○ <i>Pressure ulcers</i> - total number of hospital acquired pressure ulcers considered to have developed while a patient on the ward; ○ <i>Medication errors</i> - any error in the preparation, administration, or omission of medication by Nursing staff (this includes medication related never events). ○ <i>Complaints</i> – wholly or partly about care provided to patients by nurses made in accordance with the complaint's regulations. For paediatric inpatient wards where sections 25B of the 2016 Act pertains, in addition to care quality indicators identified above, infiltration/extraversion injuries must also be reported on. Additional information provided at the initial review includes, though is not limited to: ➤ Current ward bed numbers and speciality, including specific treatments or procedures. ➤ Ward environment, layout, and geographical position ➤ Detail of service and patient pathway changes ➤ Ward based initiatives. improvement programmes or action plans ➤ Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, dementia support workers, housekeepers, ward administrators etc.). ➤ Workforce/Staffing related metric data i.e. Performance & Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave. ➤ Patient flow/activity related data. ➤ Finance / workforce related data i.e. utilisation of permanent/temporary staff. ➤ Utilisation of unfunded escalated beds Step 2: Health Board Wide Review A Health Board wide (multi-site, service/speciality specific) review is undertaken, led by the Director of Nursing for Workforce, Staffing and Professional Standards, or their nominated deputy, considering national guidance and best practice evidence, to ensure a consistent Health Board wide approach. The review includes sharing good practice and lessons learnt and assurance of compliance with the Nurse Staffing Levels (Wales) Act 2016
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	requirements in that all workforce models included have an uplift of 26.9% and a supernumerary Band 7 Ward Manager has been calculated within the overall workforce plan for each ward. Supportive challenge and discussions are undertaken between the senior nurse leadership team⁴, and colleagues from workforce and finance to ensure the legitimate and validated application of the triangulated methodology. Step 3: Formal Presentation of Nurse Staffing Levels to Executive Director of Nursing & Midwifery Integrated Health Community Nurse Director / Associate Director of Nursing formally present their proposed nurse staffing levels to the Executive Director of Nursing and Midwifery as the confirmed designated person⁵ and on approval; this is formally presented to the Board. The formal presentation to the Executive Director of Nursing & Midwifery took place on 15th October 2025 with the Executive Director of Finance in attendance.					
Finance and workforce implications	During the reporting period 41 wards have seen no changes to their required establishment, 4 wards have required a change due to reconfigurations of the funded bed base within the Wrexham Maelor site. Individual ward workforce requirements and any associated recalculation of the FTE nursing establishments are summarised within appendix 2. The narrative detailed within appendix 2 provides rationale for any changes to the nurse staffing levels, for example changes to care quality outcomes, or sustained change in the pattern of patient acuity and ward activity. There are existing, known variances in the length of unpaid breaks across the Section 25B wards with Ysbyty Gwynedd & Ysbyty Maelor Wrexham traditionally having a 30 minute unpaid break in long day & night shifts, and Ysbyty Glan Clwyd having an hour unpaid. These differences are reflected in the establishment requirements within Appendix 2. The overall FTE changes summarised in the table below: <table><tr><td></td><td>Required Establishment at</td><td>Funded* Establishment</td><td>Required Establishment at</td><td>FTE Variance between current funded (October</td></tr></table>		Required Establishment at	Funded* Establishment	Required Establishment at	FTE Variance between current funded (October
	Required Establishment at	Funded* Establishment	Required Establishment at	FTE Variance between current funded (October		

⁴ Director of Nursing for Workforce, Staffing and Professional Standards, Integrated Health Community Nurse Director / Associate Director of Nursing and Heads of Nursing

⁵ The designated person must act within the Health Boards governance framework authorising that person to undertake the Nurse staffing calculation on behalf of the Health Boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a Nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.

	the start of the reporting period (October 2024)		(as at October 2025)*		the end of the reporting period (September 2025)		2025) and required (September 2025)	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA
YWM Total	279.17	230.87	279.74	229.45	279.17	229.45	-0.57	0
YGC Total	263.46	254.99	263.46	254.99	263.46	254.99	0	0
YG Total	214.61	206.65	211.87	202.39	214.61	206.65	2.74	4.26
Womens Gynaecological Total	34.11	21.94	34.11	21.94	34.11	21.94	0	0
Oncology & Haematology Total	37.56	34.11	37.57	34.11	37.56	34.11	-0.01	0
Paediatric Total	85.29	28.43	85.29	28.43	85.29	28.43	0	0
BCUHB Total	914.20	776.99	912.04	771.31	914.20	775.57	2.16	4.26

* **Funded** establishment sourced from Finance Ledger

Note: The required and funded establishment figures exclude supernumerary ward manager and ward support staff i.e. housekeepers, dementia support workers etc.

Any additional requirements identified that are considered temporary for example unfunded escalation beds are accepted as a cost pressure for the IHCs and have not been included in the above.

Financial implications of the Autumn 2025 nurse staffing level calculations review will be considered within the 2026/27 financial planning cycle.

As a Health Board there has been underpinning work to secure and assure plans for maintaining Nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained locally and nationally. There are a range of both short- and long-term actions being taken by the Health Board to improve the extent to which a sufficient workforce is available to work within the Registered Nurses (RN) and Health Care Assistants (HCA) establishments across all health settings. Recruitment and retention of nursing and midwifery staff initiatives include:

- Retention Leads identified across corporate and clinical areas with a focus on the national retention plan and associated national retention tool
- Bachelor of Nursing Part Time and Open University fast track for healthcare support workers employed by the organisation to ensure that we are able “grow our own”

	• Engagement with the national RCN Healthcare Connect programme, developed by Health Education and Improvement Wales in conjunction with the Royal College of Nursing Wales, to support individuals to gain experience before applying to study a nursing degree. • Assistant Practitioners (Band 4) integrated well within establishments, and undertaking extended duties on a competency assessed basis in line with the All-Wales Framework. Ongoing work at a national basis regarding the Registered Nurse Associate Band 4 role. • Implementation of the Calculating and Maintaining Nurse Staffing Levels Standard Operating Procedure to ensure that all areas providing, or commissioned to provide, patient care are included in nurse staffing establishment reviews. This approach aims to progressively align staffing rosters with patient need and service demand, and to ensure the health board is fulfilling its statutory duty to provide sufficient nurses to deliver safe and sensitive care. • Utilisation of the RL Datix SafeCare system to provide live visibility of staffing levels and patient demand to ensure the deployment of resource effectively. Weekly reports are provided to the DoN/ADoN to ensure targeted support to areas of poor compliance. • Continual review and enhancements of BCUHB careers framework • Introduction of quarterly nursing workforce optimisation presentations by the IHC DoN/ADoN to the Executive Directors of Nursing & Midwifery; Finance; and People Services or their nominated deputies. The meetings focus on several workforce elements including staffing establishments, vacancies, recruitment, rostering compliance, and temporary staffing utilisation. • Short-term mitigation remains using temporary staffing (bank and agency workers) and deployment of substantive staff internally
Conclusion & Recommendations	
	The report provides assurance to the Health Board that in line with statutory guidance the Health Board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for 25B adult inpatient medical and surgical wards; and paediatric inpatient wards. Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'. This statutory requirement has ensured that the staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with BCUHB Nurse Staffing Levels Policy and the BCUHB Paediatric Escalation Policy

	The Board are asked to note and approve the following next steps: 1. In line with the Act and the Statutory Guidance the nurse staffing calculations presented within this report and associated appendices; approved by the Executive Director of Nursing & Midwifery, as the designated person, should be funded from the health boards revenue allocation. Where this is not possible, mitigating actions should be undertaken to maintain patient safety with oversight by the Board. Mitigating actions may include ward reconfigurations, bed closures or the use of temporary staffing. 2. Continuation of the many and varied registered nurse and healthcare support worker workforce recruitment and retention strategies to ensure a 'supply' of nursing workforce to support the maintenance of the nurse staffing levels. Key enablers are the All-Wales National Workforce Implementation Plan; HEIW Nurse Retention Plan and HEIW Strategic Nursing Workforce plan. 3. Continued development and enhancement of reporting dashboards, enabling the analysis of workforce and patient data to support and inform nursing workforce decisions 4. The planned roster demand templates to be amended within the rostering system to reflect the approved rosters to enable operational delivery and effective workforce planning. 5. Ward Managers to progress the recruitment of staff, based on the revised nursing establishment (where applicable) 6. Ward Managers will ensure the ward boards, displayed at the ward entrances, are updated to reflect any changes to the planned roster and the date the nurse staffing calculations were presented to Board
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Appendix 2: Annual Presentation of the Nurse Staffing Level to the Board report. A summary of Nurse Staffing Levels for wards where Section 25B applies.

Health board/trust:	Betsi Cadwaladr University Health Board
Period of the report	October 2024 - September 2025
Adult Acute Medical inpatient wards	25

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance report on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Adult Acute Medical inpatient wards.

Site	Name of Ward	Reported to the Board in November 2024					Calculated during spring 2025 cycle					Calculated during autumn 2025 cycle					Biannual calculation cycle reviews, and any changes made & rationale during the spring 2025 & autumn 2025 calculation cycles				Any reviews outside of biannual calculation, if yes, provide rationale for any changes made							
		SHIFT	Planned roster as stated within the annual presentation to the Board report (in November 2024)		Required Establishment as stated within the annual presentation to the Board report (in November 2024) including uplift 26.9%	TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2025 cycle		Required Establishment as calculated by the designated persons during the spring 2025 cycle including uplift 26.9%	TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	SHIFT	Planned roster calculated by the designated person during the autumn 2025 cycle		Required Establishment as calculated by the designated persons during the autumn 2025 cycle including uplift 26.9%									TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level		
			RN (band 5 & 6)	HCSW (bands 2,3 & 4)				TOTAL WTE RN (bands 5 & 6)	TOTAL WTE HCSW (bands 2,3 & 4)					RN (band 5 & 6)	HCSW (bands 2,3 & 4)		TOTAL WTE RN (bands 5 & 6)	TOTAL WTE HCSW (bands 2,3 & 4)	RN (band 5 & 6)	HCSW (bands 2,3 & 4)	TOTAL WTE RN (bands 5 & 6)	TOTAL WTE HCSW (bands 2,3 & 4)						
YWM	Acton	Early Late Long Day Twilight Night	5 4 5 4 4	4 4 3	25.58	19.9	1	Early Late Long Day Twilight Night	5 4 5 4 4	4 4 3	25.58	19.9	1	03/04/2025	Early Late Long Day Twilight Night	5 4 5 4 4	4 4 3	25.58	19.9	1	15/10/2025	Yes	No	No change to staffing	No			
YWM	ACU	Early Late Long Day Twilight Night	6 3 6 3 5	3 3 2 2 2	31.27	14.21	1	Early Late Long Day Twilight Night	6 3 6 3 5	3 3 2 2 2	31.27	14.21	1	03/04/2025	Early Late Long Day Twilight Night	6 3 6 3 5	3 3 2 2 2	31.27	14.21	1	15/10/2025	Yes	No	No change to staffing	No			
YWM	Bersham	Early Late Long Day Twilight Night	5 4 5 4 4	4 4 3	25.58	19.9	1	Early Late Long Day Twilight Night	5 4 5 4 4	4 4 3	25.58	19.9	1	03/04/2025	Early Late Long Day Twilight Night	5 4 5 4 4	4 4 3	25.58	19.9	1	15/10/2025	Yes	No	No change to staffing	No			
YWM	Bonney	Early Late Long Day Twilight Night	4 4 4 4 3	4 4 3	19.9	19.9	1	Early Late Long Day Twilight Night	4 4 4 4 3	4 4 3	19.9	19.9	1	03/04/2025	Early Late Long Day Twilight Night	4 4 4 4 3	4 4 3	19.9	19.9	1	15/10/2025	Yes	No	No change to staffing	No			
YWM	Cunliffe	Early Late Long Day Twilight Night	4 4 4 4 3	4 4 3	19.9	19.9	1	Early Late Long Day Twilight Night	4 4 4 4 3	4 4 3	19.9	19.9	1	03/04/2025	Early Late Long Day Twilight Night	4 4 4 4 3	4 4 3	19.9	19.9	1	15/10/2025	Yes	No	No change to staffing	No			
YWM	Fleming	Early Late Long Day Twilight Night	2 1 2 1 2	1 1 1	11.37	5.69	1	Early Late Long Day Twilight Night	2 1 2 1 2	1 1 1	11.37	5.69	1	03/04/2025	Early Late Long Day Twilight Night	2 1 2 1 2	1 1 1	11.37	5.69	1	15/10/2025	Yes	No	No change to staffing	No			
YWM	Morris	Early Late Long Day Twilight Night	4 4 4 4 2	4 3 4	17.06	21.32	1	Early Late Long Day Twilight Night	4 4 4 4 3	4 3 4	19.9	24.16	1	03/04/2025	Early Late Long Day Twilight Night	4 4 4 4 2	4 3 4	17.06	21.32	1	15/10/2025	Yes	Yes	Staffing reviewed in spring 2025 due to reconfigurations of the funded bed base within the Wrexham Maelor site.	Yes	Jul-25	Yes	Staffing reviewed due to reconfigurations of the funded bed base within the Wrexham Maelor site.
YWM	Pantomime	Early Late Long Day Twilight Night	4 3 3 3 2	3 3 2 2 2	15.63	14.21	1	Early Late Long Day Twilight Night	5 4 4 4 3	4 4 3	21.32	19.9	1	03/04/2025	Early Late Long Day Twilight Night	4 3 3 3 2	3 3 2 2 2	15.63	14.21	1	15/10/2025	Yes	Yes	Staffing reviewed in spring 2025 due to reconfigurations of the funded bed base within the Wrexham Maelor site.	Yes	Jul-25	Yes	Staffing reviewed due to reconfigurations of the funded bed base within the Wrexham Maelor site.
YWM	Prince of Wales	Early Late Long Day Twilight Night	3 3 3 3 2	3 3 2 2 2	14.21	14.21	1	Early Late Long Day Twilight Night	4 4 4 4 3	4 4 3	19.9	19.9	1	03/04/2025	Early Late Long Day Twilight Night	3 3 3 3 2	3 3 2 2 2	14.21	14.21	1	15/10/2025	Yes	Yes	Staffing reviewed in spring 2025 due to reconfigurations of the funded bed base within the Wrexham Maelor site.	Yes	Jul-25	Yes	Staffing reviewed due to reconfigurations of the funded bed base within the Wrexham Maelor site.
YG	Aran	Early Late Long Day Twilight Night	5 5 5 5 4	5 5 4	25.58	25.58	1	Early Late Long Day Twilight Night	5 5 5 5 4	5 5 4	25.58	25.58	1	03/04/2025	Early Late Long Day Twilight Night	5 5 5 5 4	5 5 4	25.58	25.58	1	15/10/2025	Yes	No	No change to staffing	No			
YG	Glaslyn (Tues - Fri)	Early Late Long Day Twilight Night	4 4 4 4 3	6 5 4 4 4	19.9	26.58	1	Early Late Long Day Twilight Night	4 4 4 4 3	6 5 4 4 4	19.9	26.58	1	03/04/2025	Early Late Long Day Twilight Night	4 4 4 4 3	6 5 4 4 4	19.9	26.58	1	15/10/2025	Yes	No	No change to staffing	No			
YG	Glaslyn (Sat - Mon)	Early Late Long Day Twilight Night	4 4 4 4 3	5 5 4 4 4	19.9	26.58	1	Early Late Long Day Twilight Night	4 4 4 4 3	5 5 4 4 4	19.9	26.58	1	03/04/2025	Early Late Long Day Twilight Night	4 4 4 4 3	5 5 4 4 4	19.9	26.58	1	15/10/2025	Yes	No	No change to staffing	No			
YG	Glyder	Early Late Long Day Twilight Night	3 2 3 2 2	2 2 2 2 2	14.21	11.37	1	Early Late Long Day Twilight Night	3 2 3 2 2	2 2 2 2 2	14.21	11.37	1	03/04/2025	Early Late Long Day Twilight Night	3 2 3 2 2	2 2 2 2 2	14.21	11.37	1	15/10/2025	Yes	No	No change to staffing	No			

YG	Hebog	Early Late Long Day Twilight Night	5 5 6 4 3	5 5 4 4 4	22.74	25.58	1	Early Late Long Day Twilight Night	5 5 6 4 3	5 5 4 4 4	22.74	25.58	1	03/04/2025	Early Late Long Day Twilight Night	5 5 6 4 3	5 5 4 4 4	22.74	25.58	1	15/10/2025	Yes	No	No change to staffing	No				
YG	Moelwyn	Early Late Long Day Twilight Night	6 6 6 5 5	4 4 4 4 4	31.27	22.74	1	Early Late Long Day Twilight Night	6 6 6 5 5	4 4 4 4 4	31.27	22.74	1	03/04/2025	Early Late Long Day Twilight Night	6 6 6 5 5	4 4 4 4 4	31.27	22.74	1	15/10/2025	Yes	No	No change to staffing	No				
YG	Prysor (Mon - Fri)	Early Late Long Day Twilight Night	3 2 0 2 2	3 2 0 2 2	12.79	12.37	1	Early Late Long Day Twilight Night	3 2 0 2 2	3 2 0 2 2	12.79	12.37	1	03/04/2025	Early Late Long Day Twilight Night	3 2 0 2 2	3 2 0 2 2	12.79	12.37	1	15/10/2025	Yes	No	No change to staffing	No				
	Prysor (Sat & Sun)	Early Late Long Day Twilight Night	3 2 0 0 2	2 2 0 0 2				Early Late Long Day Twilight Night	3 2 0 0 2	2 2 0 0 2					Early Late Long Day Twilight Night	3 2 0 0 2	2 2 0 0 2												
YGC	Ward 1	Early Late Long Day Twilight Night	4 4 0 3 3	5 5 1 3 3	19.07	23.21	1	Early Late Long Day Twilight Night	4 4 0 3 3	5 5 1 3 3	19.07	23.21	1	03/04/2025	Early Late Long Day Twilight Night	4 4 0 3 3	5 5 1 3 3	19.07	23.21	1	15/10/2025	Yes	No	No change to staffing	No				
YGC	Ward 2	Early Late Long Day Twilight Night	4 4 0 0 3	4 4 1 1 3	19.07	20.49	1	Early Late Long Day Twilight Night	4 4 0 0 3	4 4 1 1 3	19.07	20.49	1	03/04/2025	Early Late Long Day Twilight Night	4 4 0 0 3	4 4 1 1 3	19.07	20.49	1	15/10/2025	Yes	No	No change to staffing	No				
YGC	Ward 4	Early Late Long Day Twilight Night	4 4 0 3 3	3 3 1 3 3	19.07	16.34	1	Early Late Long Day Twilight Night	4 4 0 3 3	3 3 1 3 3	19.07	16.34	1	03/04/2025	Early Late Long Day Twilight Night	4 4 0 3 3	3 3 1 3 3	19.07	16.34	1	15/10/2025	Yes	No	No change to staffing	No				
YGC	Ward 6	Early Late Long Day Twilight Night	5 5 0 4 4	3 3 1 4 4	24.52	19.07	1	Early Late Long Day Twilight Night	5 5 0 4 4	3 3 1 4 4	24.52	19.07	1	03/04/2025	Early Late Long Day Twilight Night	5 5 0 4 4	3 3 1 4 4	24.52	19.07	1	15/10/2025	Yes	No	No change to staffing	No				
YGC	Ward 9	Early Late Long Day Twilight Night	4 4 0 3 3	4 4 1 3 3	19.07	20.49	1	Early Late Long Day Twilight Night	4 4 0 3 3	4 4 1 3 3	19.07	20.49	1	03/04/2025	Early Late Long Day Twilight Night	4 4 0 3 3	4 4 1 3 3	19.07	20.49	1	15/10/2025	Yes	No	No change to staffing	No				
YGC	Ward 10	Early Late Long Day Twilight Night	4 4 0 0 3	4 4 1 1 3	19.07	20.49	1	Early Late Long Day Twilight Night	4 4 0 0 3	4 4 1 1 3	19.07	20.49	1	03/04/2025	Early Late Long Day Twilight Night	4 4 0 0 3	4 4 1 1 3	19.07	20.49	1	15/10/2025	Yes	No	No change to staffing	No				
YGC	Ward 11 (was Ward 14)	Early Late Long Day Twilight Night	5 5 0 0 3	4 4 1 1 3	21.79	20.49	1	Early Late Long Day Twilight Night	5 5 0 0 3	4 4 1 1 3	21.79	20.49	1	03/04/2025	Early Late Long Day Twilight Night	5 5 0 0 3	4 4 1 1 3	21.79	20.49	1	15/10/2025	Yes	No	No change to staffing	No				
YGC	Ward 12	Early Late Long Day Twilight Night	5 5 0 3 3	4 4 1 3 3	21.79	19.07	1	Early Late Long Day Twilight Night	5 5 0 3 3	4 4 1 3 3	21.79	19.07	1	03/04/2025	Early Late Long Day Twilight Night	5 5 0 3 3	4 4 1 3 3	21.79	19.07	1	15/10/2025	Yes	No	No change to staffing	No				
YG	Alaw (Mon - Fri)	Early Late Long Day Twilight Night	4 4 1 2 3	3 3 0 2 3	17.66	14.21	1	Early Late Long Day Twilight Night	4 4 1 2 3	3 3 0 2 3	17.66	14.21	1	03/04/2025	Early Late Long Day Twilight Night	4 4 1 2 3	3 3 0 2 3	17.66	14.21	1	15/10/2025	Yes	No	No change to staffing	No				
	Alaw (Sat & Sun)	Early Late Long Day Twilight Night	3 3 1 1 2	3 3 0 0 2				Early Late Long Day Twilight Night	3 3 1 1 2	3 3 0 0 2					Early Late Long Day Twilight Night	3 3 1 1 2	3 3 0 0 2												
YGC	Enfys	Early Late Long Day Twilight Night	4 4 0 3 3	4 4 1 3 3	19.9	19.9	1	Early Late Long Day Twilight Night	4 4 0 3 3	4 4 1 3 3	19.9	19.9	1	03/04/2025	Early Late Long Day Twilight Night	4 4 0 3 3	4 4 1 3 3	19.9	19.9	1	15/10/2025	Yes	No	No change to staffing	No				

Appendix: Annual Presentation of the Nurse Staffing Level to the Board report

Health board/trust:	Betsi Cadwaladr University Health Board
Period of the report:	October 2024 - September 2025
Adult Acute Surgical Inpatient Wards	17

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance report on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Adult Acute Surgical Inpatient Wards.

Site	Name of Ward	SHIFT	Reported to the Board in November 2024					Calculated during spring 2025 cycle					Calculated during autumn 2025 cycle					Biannual calculation cycle reviews, and any changes made & rationale during the spring 2025 & autumn 2025 calculation cycles				Any reviews outside of biannual calculation, if yes, provide rationale for any changes made								
			Planned roster as stated within the annual presentation to the Board report (in November 2024)		Required Establishment as stated within the annual presentation to the Board report (in November 2024)		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2025 cycle		Required Establishment as calculated by the designated persons during the spring 2025 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	SHIFT	Planned roster calculated by the designated person during the autumn 2025 cycle										Required Establishment as calculated by the designated persons during the autumn 2025 cycle including uplift		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	
			RN (band 5 & 6)	HCSW (bands 2,3 & 4)	TOTAL WTE RN (bands 5 & 6)	TOTAL HCSW (bands 2,3 & 4)			RN (band 5 & 6)	HCSW (bands 2,3 & 4)	TOTAL WTE RN (bands 5 & 6)	TOTAL HCSW (bands 2,3 & 4)				RN (band 5 & 6)	HCSW (bands 2,3 & 4)	TOTAL WTE RN (bands 5 & 6)	TOTAL HCSW (bands 2,3 & 4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale				
YWM	Arrivals	Early Late Long Day Twilight Night	3 2 2	2 2 2	14.21	11.37	1	Early Late Long Day Twilight Night	5 5 3	3 3 3	22.74	19.9	1	03/04/2025	Early Late Long Day Twilight Night	3 3 2	2 2 2	14.21	11.37	1	15/10/2025	Yes	Yes	Staffing reviewed in spring 2025 due to reconfigurations of the funded bed base within the Wrexham Maelor site.			Yes	Jul-25	Yes	Staffing reviewed due to reconfigurations of the funded bed base within the Wrexham Maelor site.
YWM	Erd dig	Early Late Long Day Twilight Night	5 5 4	4 4 3	25.58	19.9	1	Early Late Long Day Twilight Night	5 5 4	4 4 3	25.58	19.9	1	03/04/2025	Early Late Long Day Twilight Night	5 5 4	4 4 3	25.58	19.9	1	15/10/2025	Yes	No	No change to staffing			No			
YWM	Mason	Early Late Long Day Twilight Night	4 4 3	6 5 3	19.9	24.16	1	Early Late Long Day Twilight Night	4 4 3	6 5 3	19.9	24.16	1	03/04/2025	Early Late Long Day Twilight Night	4 4 3	6 5 3	19.9	24.16	1	15/10/2025	Yes	No	No change to staffing			No			
YWM	Glyndwr	Early Late Long Day Twilight Night	5 5 4	3 3 3	25.58	17.06	1	Early Late Long Day Twilight Night	5 5 4	3 3 3	25.58	17.06	1	03/04/2025	Early Late Long Day Twilight Night	5 5 4	3 3 3	25.58	17.06	1	15/10/2025	Yes	No	No change to staffing			No			
YWM	U5 (was Samaritan) Mon - Fri	Early Late Long Day Twilight Night	3 3 2	2 2 1	13.4	7.72	1	Early Late Long Day Twilight Night	3 3 2	2 2 1	13.4	7.72	1	03/04/2025	Early Late Long Day Twilight Night	3 3 2	2 2 1	13.4	7.72	1	15/10/2025	Yes	No	No change to staffing			No			
YWM	U5 (was Samaritan) Sat & Sun	Early Late Long Day Twilight Night	2 2 2	1 1 1				Early Late Long Day Twilight Night	2 2 1	1 1 1					Early Late Long Day Twilight Night	2 2 1	1 1 1													
YG	Tegid	Early Late Long Day Twilight Night	5 5 4	4 4 3	25.58	19.9	1	Early Late Long Day Twilight Night	5 5 4	4 4 3	25.58	19.9	1	03/04/2025	Early Late Long Day Twilight Night	5 5 4	4 4 3	25.58	19.9	1	15/10/2025	Yes	No	No change to staffing			No			
YG	Dulas	Early Late Long Day Twilight Night	6 6 4	4 4 4	28.43	22.74	1	Early Late Long Day Twilight Night	6 6 4	4 4 4	28.43	22.74	1	03/04/2025	Early Late Long Day Twilight Night	6 6 4	4 4 4	28.43	22.74	1	15/10/2025	Yes	No	No change to staffing			No			
YG	Ogwen	Early Late Long Day Twilight Night	4 4 3	5 5 4	19.9	25.58	1	Early Late Long Day Twilight Night	4 4 3	5 5 4	19.9	25.58	1	03/04/2025	Early Late Long Day Twilight Night	4 4 3	5 5 4	19.9	25.58	1	15/10/2025	Yes	No	No change to staffing			No			
YG	Enlli	Early Late Long Day Twilight Night	3 3 2	3 3 2	14.21	14.21	1	Early Late Long Day Twilight Night	3 3 2	3 3 2	14.21	14.21	1	03/04/2025	Early Late Long Day Twilight Night	3 3 2	3 3 2	14.21	14.21	1	15/10/2025	Yes	No	No change to staffing			No			
YGC	Ward 3	Early Late Long Day Twilight Night	4 4 4	4 4 4	21.79	21.79	1	Early Late Long Day Twilight Night	4 4 4	4 4 4	21.79	21.79	1	03/04/2025	Early Late Long Day Twilight Night	4 4 4	4 4 4	21.79	21.79	1	15/10/2025	Yes	No	No change to staffing			No			
YGC	Ward 5	Early Late Long Day Twilight Night	5 5 3	4 4 3	21.79	19.07	1	Early Late Long Day Twilight Night	5 5 3	4 4 3	21.79	19.07	1	03/04/2025	Early Late Long Day Twilight Night	5 5 3	4 4 3	21.79	19.07	1	15/10/2025	Yes	No	No change to staffing			No			
YGC	Ward 7	Early Late Long Day	5 5 4	4 4 4	21.79	21.79	1	Early Late Long Day	5 5 4	4 4 4	21.79	21.79	1	03/04/2025	Early Late Long Day	5 5 4	4 4 4	21.79	21.79	1	15/10/2025	Yes	No	No change to staffing			No			

[illegible]

Appendix: Annual Presentation of the Nurse Staffing Level to the Board report

Health board/trust:	Betsi Cadwaladr University Health Board
Period of the report	October 2024 - September 2025
Paediatric Inpatient Wards	3

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance report on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Paediatric Inpatient Wards

Site	Name of Ward	Reported to the Board in November 2024						Calculated during spring 2025 cycle						Calculated during autumn 2025 cycle						Biannual calculation cycle reviews, and any changes made & rationale during the spring 2025 & autumn 2025 calculation cycles			Any reviews outside of biannual calculation, if yes, provide rationale for any changes made					
		SHIFT	Planned roster as stated within the annual presentation to the Board report (in November 2024)		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2025 cycle		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	SHIFT	Planned roster calculated by the designated person during the autumn 2025 cycle		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level													
			RN (band 5 &6)	HCSW (bands 2,3 &4)			RN (band 5 &6)	HCSW (bands 2,3 &4)				RN (band 5 &6)	HCSW (bands 2,3 &4)			RN (band 5 &6)	HCSW (bands 2,3 &4)											
			TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)			TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)				TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)															
YWM	Childrens Unit	Early					Early					Early						Yes	No	No change to staffing	No							
		Late					Late					Late																
		Long Day	5	2	28.43	8.53	1	Long Day	5	2	28.43	8.53	1	03/04/2025	Long Day	5	2								28.43	8.53	1	15/10/2025
		Twilight					Twilight					Twilight					Twilight											
		Night	5	1				Night	5	1				Night	5	1												
YGC	Childrens Unit	Early					Early					Early						Yes	No	No change to staffing	No							
		Late					Late					Late																
		Long Day	5	2	28.43	11.37	1	Long Day	5	2	28.43	11.37	1	03/04/2025	Long Day	5	2								28.43	11.37	1	15/10/2025
		Twilight					Twilight					Twilight					Twilight											
		Night	5	2				Night	5	2				Night	5	2												
YG	Childrens Unit (Mon - Fri)	Early					Early					Early						Yes	No	No change to staffing	No							
		Late					Late					Late																
		Long Day	5	2	28.43	8.53	1	Long Day	5	2	28.43	8.53	1	03/04/2025	Long Day	5	2								28.43	8.53	1	15/10/2025
		Twilight					Twilight					Twilight					Twilight											
		Night	5	1				Night	5	1				Night	5	1												



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

Board Date		27/11/2025	
Date of Committee		21/10/2025	Report of: Audit Committee
Quoracy met:		Yes	
1	Agenda	The Audit Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: Audit Committee - BCUHB	
2a	Alert	The Audit Committee wish to alert members of the Board that: 1. Significant concerns had been raised in relation to Consultant Job Planning, the Committee noted that process had been made with the Local Negotiating Committee and the General Medical Council with regards to the policy and structure. The Senior Medical Leadership Team meeting will review this at their meetings alongside other internal meetings and it was agreed that Internal Audit dates would be reviewed. This would be reported into both the People and Culture Committee and the Audit Committee.	
2b	Assurance	The Audit Committee wish to assure members of the Board that: 1. An update was received on the Civil Contingencies Audit Recommendations noting that significant process had been made. There was a concern that an additional risk should be explored around Organisational Business Continuity.	
2c	Advise	The Audit Committee wish to advise members of the Board that: 1. The Statutory Compliance Report was received noting that there was a detailed discussion around how the dates are set in the action plans. 2. Reviewed the Interim Policy Management Process noting that the document was a much more high-level helpful document. 3. Received the updated Risk Management Framework noting the significant improvement and that with regards to the Board Assurance Framework the focus should be for the Board not the Executive Committee.	
2d	Review of Risks	1. Explore a risk on Organisational Business Continuity. 2. Reviewed the Corporate Risk Register noting that it is going through each of the Committees before being received at the November Board meeting. Further work will be done to ensure that the risks are at the right level and around the line of sight of operational risks and how these feed into the Quality, Safety and Experience Committee.	
2e	Sharing of learning	No specific areas of learning were highlighted.	

3	Actions to be considered by the Executive Committee	The Committee raised concerns in relation to Management Responses to Internal Audit and the Committee Chair advised that she will ask to meet with the Chief Executive along with the incoming Chair and the Head of Internal Audit.
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Teitl adroddiad:	Risk Management Report
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 27 November 2025
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	This report provides an update on the Health Board's Corporate Risk Register (CRR) as at the end of September 2025, following a comprehensive review and refinement process. The CRR has been streamlined from 26 risks to eleven strategic risks, ensuring sharper focus on organisational priorities and improved Board oversight. Key highlights include: • Structure and Oversight: Operational risks have been de-escalated for management at Director level, while strategic risks remain under Board and Committee scrutiny. Two sensitive risks are restricted for private review. • Risk Position: No risk scores have changed in the past 12 months, indicating the need for intensified action to reduce exposure. Ten risks remain above the Health Board's risk appetite. • Action Plan Progress: Of 82 actions identified to mitigate risks, 12 have been completed, 66 are progressing, 1 is overdue, 2 delayed, and 1 not started. • Focus Areas: The next six months will prioritise driving down risk scores through strengthened controls, enhanced accountability, and targeted interventions, particularly in areas such as financial sustainability, workforce resilience, estates safety, and regulatory compliance. Members are asked to note the current position, endorse continued focus on risk reduction, and support the oversight arrangements through Committees and the Risk Scrutiny Group.
Argymhellion:	Members are asked to:
Recommendations:	• NOTE the current position of the Corporate Risk Register; • SUPPORT the actions being taken by the Executive Team to review the risks exceeding tolerance and the proposed actions; • SUPPORT the continued refinement of risk descriptors and controls; • APPROVE the Risk Appetite for 2025/26; and • APPROVE the Risk Management Framework.
Arweinydd Gweithredol:	Pam Wenger, Director of Corporate Governance



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Executive Lead:				
Awdur yr Adroddiad: Report Author:	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> ☐	I Benderfynu arno <i>For Decision</i> ☒	Am sicrwydd <i>For Assurance</i> ☒	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> ☐ 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> ☒ Lefel gyffredinol o hyder/tystiolaeth h o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> ☐ Rhywfaint o hyder/tystiolaeth h o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> ☐ Dim hyder/tystiolaeth h o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: 'Partial' Escalated to Chief Operating Officer				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Detailed in the BAF report and how the CRR aligns to the revised BAF			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	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.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	Not applicable for this report			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable for this report			

<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	The Board Assurance Framework has been updated and links of both have been referenced in both strategic risk registers.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	The effective and efficient mitigation and management of risks 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, less waste and no claims.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Corporate risks descriptions presented informally to the Board during the risk appetite session 27 August 2025. Reviewed on two occasions by Risk Scrutiny Group and Executive Committee Sept and Oct 2025. Feedback during Committee cycle updated for this version. Following the Executive Committee review of the Corporate Risk Register in November, it was noted the CRR25-01 'Timely Patient Access to Safe and Effective Care' requires a further review by the Chief Operating Officer to ensure the associated risks in relation to the urgent and emergency care pathway are reflected in the risk and is to be updated in the next iteration of the report to Committees.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	See the individual risks for details of the related links to the Board Assurance Framework.

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)

Reason for submission of report to confidential board (where relevant)

Two private risks removed and to be presented in private Committee

Camau Nesaf:

Next Steps:

1. Further scrutiny of all corporate risks by Executive Committee as per normal reporting cycle.

Rhestr o Atodiadau:

Appendices in Supporting Pack:

1. Appendix 1 – Risk Management Framework 2025-2027
2. Appendix 2 – Corporate Risk Register September 2025

RISK MANAGEMENT REPORT

1. PURPOSE

The purpose of this report is to present the Board with an updated version of the Risk Management Framework (RM01) 2025–2027 and provide the Board with an updated overview of the **Corporate Risk Register** (CRR) as of end of September 2025. The CRR reflects the latest position following scrutiny by the Executive Team and Committees, and highlights key changes, new risks, and actions taken to ensure alignment with the Health Board's risk appetite and tolerance.

2. ASSESSMENT

The Board and Committees in reviewing the Corporate Risk Register have agreed that this needs refinement to ensure that the Corporate Risks are fully understood and that the controls and assurances are clear. Discussions at the Board and Committees have focussed on the need for a small set of actions which clearly will result in risk reduction and to ensure that the risks are within the appetite and tolerance set by the Board.

The Executive Committee held two sessions reviewing the Corporate Risk Register which has resulted in the consolidated risk register for consideration by the Board. The Audit Committee and the relevant committee have considered the relevant risks during the last round of committee meetings.

The Audit Committee held a development session on 4 November 2025 and discussed and agreed several improvement priorities in relation to the reporting of risk management. These include a focus on driving down the risks and holding the Executive to account for ensuring the actions are focused to manage risks within the appetite agreed by the Board. As part of this process on a cyclical basis, the Audit Committee will invite progress on risk management by the individual Executive Sponsors for the risks, recognising the risks corporately are the responsibility of the collective Executive Committee.

Furthermore, Following the Executive Committee review of the Corporate Risk Register in November, it was noted the CRR25-01 'Timely Patient Access to Safe and Effective Care' requires a further review by the Chief Operating Officer to ensure the associated risks in relation to the urgent and emergency care pathway are reflected in the risk and is to be updated in the next iteration of the report to Committees.

The urgent and emergency care pathway presents one of the main issues for the Health Board to tackle. In September, The Board undertook a deep dive on this area and openly addressed the unacceptable standard of provision, with a commitment to prioritise short term improvement, whilst building for the longer term. A follow-up item to track progress will be discussed at the Board meeting at the end of November. The core issue relates to timely access and is a key patient safety and experience issue, which also presents unacceptable challenges to staff morale and wellbeing. There is collective commitment across the organisation to work rapidly to make improvements. Feedback has been provided by the Executive Committee in November for the Corporate risk CRR25-01 'Timely Patient Access to Safe and Effective Care' to be updated by the Chief Operating Officer ahead of the in Executive Committee in December to reflect the current associated risks presented to the Board during these sessions.

2.1 RISK APPETITE

The Board set their risk appetite in a developmental session on the 27 August 2025 and is subject to annual review. The appetite session referenced the Good Governance Institute Appetite Risk Matrix for Sensitive Decision Making, for risk types in order to score appetite.

Quality Risk: There was willingness to be ‘open’ and consider all potential delivery options and choices while also providing an acceptable level of reward (and VfM). We are prepared to accept the possibility of short-term, managed risks to quality or safety where there is strong evidence that the change will deliver long-term improvement in patient outcomes. We will embed investigation and learning into all decisions, ensuring the duty of candour remains central to our approach. **Risks should be managed to be below a score of <15**

Financial Risk: There was an agreed consensus on an ‘open’ appetite and consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM). There was an agreed consensus to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities. **Risks should be managed to be below a score of <15**

Regulatory/Compliance Risk: There was an agreed consensus supporting an ‘open’ risk appetite to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM). Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences. **Risks should be managed to be below a score of <15**

Reputational Risk: There was an agreed consensus to ‘seek’ some reputational risks and an eagerness to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk). We are willing to take bold decisions that may attract significant scrutiny if they are in the best interests of patient safety and service improvement. Reputation is actively managed through transparent, values-based communication, and we view public interest as an opportunity to demonstrate leadership. **Risks should be managed to be below a score of <20**

Innovation Risk: There was a clear consensus to ‘seek’ innovation, with eagerness to be forward-thinking and to pursue options offering potentially higher business rewards. We actively pursue innovations that challenge current practice while implementing controls to minimise risks to patient safety, where there is strong potential for substantial improvement in outcomes. Controlled trials, pilot programmes, and transparent stakeholder engagement remain integral to this approach. **Risks should be managed to be below a score of <20**

2.2 RISK MANAGEMENT FRAMEWORK

The revised Risk Management Framework (RM01) 2025–2027 provides a comprehensive and integrated approach to identifying, assessing, and managing risk across the Health Board. The Framework attached at Appendix 1 has been reviewed by the Executive Committee and the Audit Committee and reflects the Health Board’s commitment to embedding a proactive and transparent risk culture that supports the delivery of safe, high-quality, and innovative services.

The Framework aligns with national and international best practice, clearly defines roles and responsibilities, and sets out a structured governance model to ensure effective oversight and assurance.

By adopting this Framework, the Board will reinforce its leadership role in risk governance, support continuous improvement, and ensure that risk management remains a core component of strategic and operational decision-making.

3 RISK REGISTER REVIEW AS AT SEPTEMBER 2025

The report highlights the changes that have been proposed to the Health Board Corporate Risk Register which are proposed by the Executive Committee. The Risk Register attached (Appendix 2 supporting papers) provides the full details of the risks and the actions to reduce the risks.

On review of the Risk Register only 1 risk has reduced in the last 12 months, whilst it is recognised that there has been good progress on the process and system of risk management, the actual management of the risk still requires significant focus and this an area for improvement as agreed with the Audit Committee.

3.1 Risks above Health Board 24/25 appetite

In 2024, the Health Board had eight risks reported to committee score **above** the tolerance range set in the appetite. Although some of these are now being managed operationally and remain above appetite. Within this revised version of the Corporate Risk Register for 2025, ten corporate risks are above the tolerance and for the oversight of the Committees and Board.

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Appetite Main Risk Type Appetite Level	Lead Board Committee
Chief Operating Officer	CRR25-01	Timely Patient Access to Safe and Effective Care	5x4 20	Quality (<15) Above Tolerance	Quality, Safety and Experience Committee
Interim Executive	CRR25-02	Future Demand & Sustainable Workforce	4x4	Quality (<15)	

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Appetite Main Risk Type Appetite Level	Lead Board Committee
Director of People & OD			16	Above Tolerance	People & Culture Committee
Executive Director of Public Health	CRR25-03	Population Needs	4x4 16	Quality (<15) Above Tolerance	Planning, Population Health & Partnership Committee
Chief Digital and Information Officer	CRR25-04	Modernising our Digital Infrastructure	5x4 20	Quality (<15) Above Tolerance	Planning, Population Health & Partnership Committee
Interim Executive Director of Transformation and Strategic Planning	CRR 25-05	Strategic Change – Impacting Care and Staff Delivery	4x3 12	Quality (<15) In Tolerance	Planning, Population Health & Partnership Committee
Executive Director of Finance	CRR 25-06	Value Delivery and Financial Sustainability	5x4 20	Financial (<15) Above Tolerance	Performance, Finance and Information Governance Committee
Interim Executive Director of People & OD	CRR 25-07	Leadership and Operating Model	4x4 16	Quality (<15) Above Tolerance	People & Culture Committee
Director of Corporate Governance	CRR 25-08	Non-Compliance with Regulatory and Legislative Requirements	4x4 16	Regulatory (<15) Above Tolerance	Quality, Safety and Experience Committee
Director of Environment and Estates	CRR 25-09	Safe Environment	4x5 20	Regulatory (<15) Above Tolerance	Performance, Finance and Information Governance Committee

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Appetite Main Risk Type Appetite Level	Lead Board Committee
Director of Environment and Estates	CRR 25-10	Health and Safety	4x4 16	Regulatory (<15) Above Tolerance	Performance, Finance and Information Governance Committee
Chief Digital and Information Officer	CRR 25-11	Cyber	5x4 20	Quality Above Tolerance	Planning, Population Health & Partnership Committee

4. CONCLUSION

The Corporate Risk Register provides a clear and consolidated view of the Health Board's most significant strategic risks. While progress has been made in refining the register and strengthening oversight arrangements, it is notable that **risk scores have remained static over the past 12 months**, highlighting the need for continued focus on effective mitigation.

The next six months will be critical in driving down risk exposure through targeted actions, enhanced accountability, and robust monitoring. Ten risks remain above the Health Board's risk appetite, requiring sustained attention from Executive Leads and Committees to ensure delivery of agreed actions and assurance to the Board.

The Board's support for ongoing scrutiny and challenge will be essential to ensure that risk management remains embedded across the organisation and aligned with strategic priorities.

5. RECOMMENDATIONS

Members are asked to:

- **NOTE** the current position of the Corporate Risk Register;
- **SUPPORT** the actions being taken by the Executive Team to review the risks exceeding tolerance and the proposed actions;
- **SUPPORT** the continued refinement of risk descriptors and controls;
- **APPROVE** the Risk Appetite for 2025/26; and
- **APPROVE** the Risk Management Framework.

Teitl adroddiad:	CORPORATE GOVERNANCE REPORT
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 27 November 2025
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	This Corporate Governance Report provides the Health Board with a comprehensive update on key governance matters since the last meeting. It includes: • Chair's Action: One urgent decision on a High Value Claim. • Private Board Business: Strategic decisions on Planned Care Delivery, financial risks, contract approvals, and tenders. • Governance Updates: Proposed amendments to Joint Commissioning Committee Standing Orders; Mid Wales Joint Committee strategic objectives. • Policy Ratification: Individual Patient Funding Requests (IPFR) and Prior Approval Request (PAR) policies approved for Board ratification following consideration by the Quality and Safety Committee, • Risk & Legal: Progress on reducing overdue Learning from Events Reports, new legal gatekeeping process, and updated Risk Management Framework. • Mental Health Act: Ratification of Approved Clinicians and Section 12(2) Doctors. • Board Visits Protocol: Draft Board Visits Protocol that has been refined following feedback at the Board Development in August 2025.
Argymhellion: Recommendations:	Members are asked to: • NOTE the content of the report; • APPROVE the amendments to the NHS Wales Joint Commissioning Committee. • RATIFY NHS Wales Policies: "Making Decisions on Individual Patient Funding Requests" (IPFR) and "Prior Approval Requests" (PAR) were approved at the Quality Safety and Experience Committee for Board Ratification on 6 November 2025. • APPROVE the Board Visits Protocol. • RATIFY the approvals of Approved Clinicians and Section 12(2) Doctors in line with national guidance.
Arweinydd Gweithredol: Executive Lead:	Pam Wenger – Director of Corporate Governance
Awdur yr Adroddiad: Report Authors:	Philippa Peake-Jones – Head of Corporate Governance

Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☐	I Benderfynu arno <i>For Decision</i> ☐		Am sicrwydd <i>For Assurance</i> ☒
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> ☐ 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> ☒ 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> ☐ 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> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this. It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.		
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>		This is not applicable for this report.		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?		This is not applicable for this report.		

<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	There are new risks in relation to this report.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	The effective management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Failure to have effective Corporate Governance can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<i>Next Steps:</i> To continue to improve and report on Corporate Governance	
<i>List of Appendices:</i> Supporting Pack: - Revised Joint Commissioning Committee Standing Orders - Mid Wales Joint Committee Update Report - NHS Wales Policies: ➤ Making Decisions on Individual Patient Funding Requests (IPFR) ➤ Prior Approval Policy - Board Visits Protocol - Approved Clinicians and Section 12(2) Doctors – September 2025	

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

The purpose of this report is to provide the Board with an update on key corporate governance matters.

2. URGENT CHAIR'S ACTION

The Health Board's Standing Order 2.1 allows for urgent action to be taken whereby it would not be practical to call an urgent meeting of the Board. Since the last meeting, there has been one Chair's Action on a High Value Claim.

3. SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 25 SEPTEMBER 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 25 September 2025:

Agenda Item	Subject (including narrative)	Board Resolution
25/190	Royal Alexandra Hospital Business Case	• ENDORSED the Addendum to 2021 Full Business Case for RAH Phase 1, for onward submission to WG for approval. • AGREED the oversight and assurance of the commercial arrangements and capital costs and NOTED that the approval is sought to pursue funding from Welsh Government based on the final tendered costs, up to a cost not to be exceeded of £35.907 million (incl. VAT). • NOTED that the Health Board will enter into the contract award with MTX as soon as the addendum to the 2021 FBC is approved by WG. This contract will include the construction of the new hub and associated infrastructure.
25/191	Planned Care Delivery 2025/26	• APPROVED securing additional contracts to support Diagnostics and the impact from the 60,000 planned additional outpatient appointments through national directives. • DELEGATED authority to the Chief Executive to place contracts as funds are secured from Welsh Government to offset any financial impact on the Health Board (noting partial analysis of activity and costs are provided within the report). • AGREED oversight and reporting through the Executive Committee and Performance, Finance and Information Governance Committee.

Agenda Item	Subject (including narrative)	Board Resolution
25/192	Financial Outturn - Key Risks and Mitigations	• NOTED the significant challenge facing NHS Wales in attaining financial plans. • NOTED Health Board financial position as at month 5. • NOTED risk on achieving breakeven and financial plan (key duty). • NOTED risk to non-recurrent £82m allocation in future years. • NOTED proposals for savings which have been submitted by service areas to improve the forecast financial position. • NOTED areas considered for further potential cost reductions. • ENDORSED Executive Committee produce a recovery plan to mitigate forecast deficit. • ENDORSED Performance, Finance and Information Governance Committee to offer oversight.
25/193	Contracts for Approval	• APPROVED the contract awards for Professional Glucose Testing and Orthopaedic consumables including trauma and joint replacements for the full life of the contracts. • APPROVED the requests to tender for the Community Advocacy Service and Security Services.
25/194	Private Quality Report	• NOTED the content of the report.
25/195	High Value Claim	• APPROVED authority to negotiate settlement of damages. • APPROVED delegated authority to the Director of Corporate Governance and Deputy Director of Legal Services to negotiate settlement of reasonable costs in this matter as advised by a Costs Draftsman, and to make interim payments as appropriate.
25/157	Executive Committee (Private Items)	• NOTED the report from the Executive Committee.

4. AMENDMENTS TO NHS WALES JOINT COMMISSIONING COMMITTEE STANDING ORDERS

In January, the Local Health Boards, NHS Trusts and Special Health Authorities Regulations 2024 came into force. These regulations resulted in revisions to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards, NHS Trusts and Special Health Authorities. It has been agreed that the NHS Wales Joint Commissioning Committee (JCC) are to adopt same approach in committee proceedings (where appropriate) to ensure consistency across NHS boards. The proposed amendment to the Standing Orders (SOs) of the JCC relate to the timing of publication of public papers for committee meetings. The Standing Orders are included in supporting pack: [Link to supporting papers for Board](#)

5. MID WALES JOINT COMMITTEE UPDATE REPORT

The Mid Wales Planning and Delivery Executive Group (MWPDEG) leads on the development and implementation of the Mid Wales Priorities and Delivery Plan, attached is their recent update report which highlights their Strategic Objectives for 2025/26: [Link to supporting papers for Board](#)

6. NHS WALES POLICIES: JOINT COMMISSIONING COMMITTEE

The NHS Wales Policies “Making Decisions on Individual Patient Funding Requests” (IPFR) and “Prior Approval Requests” (PAR) were approved at the Quality Safety and Experience Committee for Board Ratification on 6 November 2025. It was noted at Committee that there were some amendments required to Job Titles referenced within the policy. This feedback has been shared with NHS Wales for amendment: [Link to supporting papers for Board](#)

7. BOARD VISITS PROTOCOL

A revised Board Visits Protocol has been developed to strengthen the Board’s visibility and engagement across the Health Board. The updated protocol provides a clear and proportionate framework for Board members to visit services in a way that supports learning, staff engagement, and assurance, without creating unnecessary formality or disruption. The approach links each visit to the Health Board’s IMTP priorities, ensuring alignment between strategic objectives and frontline experience. It also clarifies expectations for preparation, conduct, follow-up, and communication, maintaining a low-key, authentic style of engagement that reflects the organisation’s culture and values.

Supporting templates and guidance have been included to promote consistency and capture learning. The protocol will be implemented from April 2025, with outcomes and themes reported directly to the Board on a regular basis. The Board Protocol is included in the supporting pack: [Link to supporting papers for Board](#)

8. LEGAL SERVICES

The Health Board continues its efforts to reduce the number of overdue Learning from Events Reports (LFERs) and improve the timeliness of submissions. As the overall number has now consistently reduced, the next stage of work is focusing on reducing the number of LFERs where further supporting evidence is requested from the Welsh Risk Pool.

On 01 October 2025, the Legal Services Department implemented a new gatekeeping process for legal advice or support, which involves requests going direct to the corporate in-house team rather than directly to shared services or other external providers. This change will enhance the Health Board’s oversight of legal matters and associated risks, streamline access for clinicians and managers, and support cost control.

The second version of the new Quarterly Legal Report is being drafted at the time of writing; this new report provides a greater oversight of legal matters. A new six monthly learning Legal Report is also drafted which will help share learning from legal cases.

9. AFFIXING THE COMMON SEAL

In-line with Standing Orders, a routine report on documents to which the common seal has been affixed is required. The Board is asked to note that the Health Board Seal has been affixed on the documents listed below.

No	Contract Name and Address	Approval Route	Date Signed and Sealed	Seal No
224	Sale of Ruthin Clinic	Exec Committee 25/01/24	16.10.25	711
225	Lease of an Electricity Substation Chamber - Llandudno General Hospital	Board 28/09/23	16.10.25	712
226	Abergele Hospital - Overage Provision	In connection with previous sale of site in 2019/ Overage clause is to be passed on to new owners to protect BCUHB's interests.	23.10.2025	713
227	Lease for Omnicall Cabinets to WAST	Renewal of existing lease to WAST - Peppercorn rent for OMNICELL, previously approved 5 years ago.	23.10.2025	714
228	Former Lluesty Hospital - Deed of Covenant (Overage obligation)	in connection with previous sale of site. Original approved at PFIG 24.06.2021.	23.10.2025	715
229	Former Lluesty Hospital - Overage Provision	In connection with previous sale of site - original approval at PFIG 24.06.2021	23.10.2025	716
230	YGC Electrical Infrastructure Main Civil Works	Business Case Approval - Health Board meeting 26.09.2024 WG Approval 13.02.2025	27.10.2025	717
231	Roseneath Medical Practice - Buckley Primary Care Centre - Change of Tenants	N/A - side letter forms part of the lease requirement on change of tenant(s)	05.11.2025	N/A
232	Longford House Surgery Lease	Integrated Health Committee 20.01.25, CIG 13.02.25, Exec Committee 28.05.25	05.11.2025	718

10. APPROVED CLINICIANS AND SECTION 12(2) DOCTORS – SEPTEMBER 2025

The Board is asked to **note** and **ratify** the approvals in line with the requirements of the Welsh Government Guidance Document “Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians”, the NHS Wales Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018 and the “All Wales Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals” document.

The following appendices are included in the **supporting pack**.

- **Appendix C.1:** Approved Clinicians (All Wales)
- **Appendix C.2:** Section 12(2) Doctors (All Wales).

11. RECOMMENDATIONS

Members are asked to:

- **NOTE** the content of the report;
- **APPROVE** the amendments to the NHS Wales Joint Commissioning Committee
- **RATIFY** NHS Wales Policies: “Making Decisions on Individual Patient Funding Requests” (IPFR) and “Prior Approval Requests” (PAR) were approved at the Quality Safety and Experience Committee for Board Ratification on 6 November 2025.
- **APPROVE** the Board Visits Protocol
- **RATIFY** the approvals of Approved Clinicians and Section 12(2) Doctors in line with national guidance



Health Board Key Issues Report			
Board Date		27/11/2025	
Date of Committees		7/10/2025 (additional meeting) and 16/10/2025	Report of: Remuneration Committee
Quoracy met:		Yes	
1	Agenda	The Remuneration Committee conducts all business in private session due to financial sensitivity relating to individual staff members. An additional Remuneration Committee meeting was held on 16th October 2025 to approve the appointment of Debbie Eytayo to the post of Executive Director of People Services and Organisational Development to provisionally commence on 20th April 2026. The Committee also considered updates in relation to Very Senior Manager staff and it was noted that the transfer of the performance and commissioning function would proceed to the Executive Director of Finance portfolio. At the meeting held on 7th October 2025 the Remuneration Committee considered several matters relating to Very Senior Manager (VSM) appointments. In addition, the following matters were considered: • A review of executive portfolios. • A discussion on the selection methods currently used within Executive and Senior Pay (ESP) grade recruitment. • Allowance Expenses (Hybrid Working Protocol and Relocation Policy) • Negotiations of Settlement in Employment Tribunal Cases. • A report on Senior Agency Interim Appointments and Extensions. Ratification of Chair's Action to extend the term of office for a Senior role was resolved.	
2a	Alert	There were no matters on which the Board needed to be alerted.	

2b	Assurance	The Remuneration Committee wish to assure the Board that they were satisfied with the work being undertaken in recruiting to Executive and senior manager posts. Assurance had been provided that the approach adopted by the Health Board in relation to allowance expenses was consistent with the appropriate governance framework and policies which had been subject to audit
2c	Advise	The Remuneration Committee wish to advise the Board that they approved extensions to interim VSM appointments to ensure continuation of service.
2d	Review of Risks	No risks identified.
2e	Sharing of learning	The Committee had been informed that lessons learned exercises had been undertaken in relation to some employment tribunal cases.
3	Actions to be considered by the Board	The Board is asked to: Note the approval of the appointment of Debbie Eyitayo to the post of Executive Director of People Services and Organisational Development to provisionally commence on 20th April 2026 and ratify the Board appointment. Note the Advisory Appointments Committee (AAC) panel work discussion was to be transferred to the People and Culture Committee.



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

Board Date		27/11/2025
Date of Committee		28/10/2025
Report of:		Planning, Population Health & Partnerships Committee
Quoracy met:		Yes
1	Agenda	The Planning, Population Health & Partnerships Committee (PPHP) continues to meet bi-monthly. The Committee considered an agenda which is attached: PPHP Committee – BCUHB
2a	Alert	The PPHP Committee wish to Alert members of the Board that: 1. The Winter Resilience Plan Paper was received noting that there had been much better engagement and relationship building with all Local Authorities and other sectors this year; however much of the change work is in early stages and it will be Winter 2026 before some benefits and improvements can be fully realised. The Committee approved the Winter Planning Approach on behalf of the Board.
2b	Assurance	The PPHP Committee wish to Assure members of the Board that: 1. A Key Programmes Report was received highlighting the Laboratory Information Management System (LIMS) as a significant risk and a strategic paper will be received by the Board on the Wellbeing Hubs. 2. A Committee Development Session was held on 24 September 2025 focussed on Health and Care Services. There was discussion around Primary Care being key to prevention and early intervention agreeing this is a priority area and will be the focus for the next Development Session planned for January 2026. This relates back to Board action 25/86.3 whereby the Board asked the Committee to support a review of opportunities and areas for transformation within Community services and Primary Care.
2c	Advise	The PPHP Committee wish to Advise members of the Board that: 1. The Director of Planning Report was received and the Future Generations Response was highlighted. Independent Members were asked to review the suggested response. 2. The Committee received the Partnerships, Engagement and Communications Progress Report highlighting that the delivery of the plan is on track. 3. The themes and focus of the Director of Public Health Annual Report were discussed and supported; noting the level of change required to deliver the outcomes the report identifies. 4. The Committee received a briefing on Substance Misuse in North Wales and requested a further report on how health

		inequalities can be addressed for this group and broader prevention work be taken forward.
2d	Review of Risks	The Committee reviewed the risks noting that further work would be completed with Executives outside of the meeting to ensure that the additional controls were appropriate and would support achievement of the target risk.
2e	Sharing of learning	No specific areas of learning were highlighted.
3	Actions to be considered by the Executive Committee	The need for improved Third Sector engagement.



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

Board Date		27/11/2025
Date of Committee		16/10/2025
Report of:		People and Culture Committee
Quoracy met:		Yes
1	Agenda	The People and Culture (P&C) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: People & Culture Committee - BCUHB
2a	Alert	The P&C Committee wish to Alert members of the Board that: 1. The Health Board continues to have the lowest sickness rates in Wales but a deep dive is taking place in relation to sickness. 2. The Committee received the Workforce Race Equality Standard report and requested that an action plan is received at a future meeting to provide assurance.
2b	Assurance	The P&C Committee wish to Assure members of the Board that: 1. The new All Wales Job Evaluation Process is now in place and the policy is working well. 2. The Management of Fixed Term Contracts has improved and these were now being used appropriately. 3. The Committee approved the Race and Gender Pay Gap Report noting that the reports will be published on the website bilingually.
2c	Advise	The P&C Committee wish to Advise members of the Board that: 1. The Committee heard from the experience of two culture leaders noting that going forward the stories should try and match the strategic priorities of the Committee.
2d	Review of Risks	The Committee received and considered the contents and assurance rating of the Board Assurance Framework.
2e	Sharing of learning	Noted the importance of learning from staff experience and providing support for staff and managers in terms of training and learning to align with the culture approach.
3	Actions to be considered by the	There were no items to be referred.



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

Board Date		27/11/2025
Date of Committee		13/11/2025
Report of:		Mental Health Legislation Committee
Quoracy met:		Yes
1	Agenda	The Mental Health Legislation Committee (MHLC) continues to meet quarterly. The Committee considered an agenda which is attached: MHL Committee - BCUHB
2a	Alert	The MHL Committee wish to Alert members of the Board that: 1. The Welsh Government (WG) continues to assert that even though ring-fenced funding for Best Interest Assessors under the Deprivation of Liberty Standards (DoLS) legislation, a bidding process will still need to be followed. This makes little sense and in the Committee's view, even if the WG refuses to change its mind, the Health Board should treat this funding as recurrent in order to recruit permanent staff and to establish longer-term contracts for Independent Mental Capacity Advocacy. 2. There is an operational issue which is leading to unacceptable delays in reimbursing third sector providers for services: this needs to be resolved.
2b	Assurance	The MHL Committee wish to Assure members of the Board that: 1. Assurance was received in relation to the DoLS and MCA Report and the identified activity for the period of Q2 2025-26: the Committee noted that training compliance has increased and error rates in terms of DoLS paperwork have decreased. 2. Assurance was received in relation to compliance with the Mental Health Act (MHA) and the activities of the Associate Hospital Managers (AHMs), to whom the Health Board owes a debt of gratitude. 3. The Committee received additional data on the length of stay of in-patients and on the outcomes in respect of individuals detained by the police under Section 135/136 of the MHA and will continue to monitor this data, in particular with regard to the often lengthy time young people are detained in the Section 135/136 suites.
2c	Advise	The MHL Committee wish to Advise members of the Board that: 1. The Committee held a detailed discussion with regard to the length of time (in some instances well over a year) some patients are detained under the MHA and remain in our in-patient wards. While the Committee took assurance from the Executive and the AHMs that this was in full compliance with the MHA, it was noted that this reflected the scale of the

		challenges faced by some patients, the lack of alternative and more appropriate places of safety (for example, care homes with capacity to support Elderly Mentally Infirm patients) and the importance of ensuring there was full involvement of a Multi-Disciplinary Team in caring for patients. The Board should be aware that when the Mental Health Bill currently before Parliament is enacted and brought into force, clinicians will be required strictly to ensure that therapeutic benefit can be derived from a period of detention and this may not currently always be the case: this may lead to increased risk in the community. 2. The Committee was advised that the UK Government has recently announced plans to launch a consultation in the first half of 2026 on bringing into force the Liberty Protection Safeguards (LPS) in order to gather views from families, carers and relevant professionals and marks a significant step towards replacing the current DoLS system, which has been long criticised for being overly bureaucratic and unable to cope with the current demand of DoLS applications. 3. The Committee was informed that there was relatively frequently an issue about the timeliness of paperwork being prepared for AHM Panels. The Committee recognised that there was a difficult balancing act between protecting the patient's interests and ensuring AHMs had enough time to assimilate the background information, and reiterated that the AHM Panel should always itself decide if the papers had been provided too late to allow a proper hearing.
2d	Review of Risks	Out of area placements and the risk associated with these were discussed on the back of a recent newspaper article.
2e	Sharing of learning	Nothing to note.
3	Actions to be considered by the Quality Safety & Experience Committee	An update in relation to compliance with the Mental Health Measure in terms of the timely appointment of Care Coordinators and the provision of Care and Treatment Plans has already been referred to QSE which is due to receive a report on this. Evidence from the regular AHM scrutiny of MHA paperwork should be received as part of this item.

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

Board Date		27/11/2025
Date of Committee		19/09/2025
Report of:		Healthcare Professionals Forum
Quoracy met:		Yes
1	Agenda	The Healthcare Professionals Forum continues to meet quarterly. At its meeting on 19th September 2025, the Forum considered the following on its agenda: • BCUHB Digital and Data Roadmap (presentation) • BCUHB Preconception Strategy (presentation) • Minutes of the Quality, Safety and Experience Committee held on 3rd July 2025 • Minutes of the Planning, Population Health and Partnership Committee (PPHPC) held on 3rd July 2025 • Member's Reports • Membership Update • HPF Cycle of Business and Terms of Reference
2a	Alert	The Forum wish to Alert members of the Board that: 1. Expressions of Interest for the HPF Vice Chair continue to be sought. 2. The vacancy in the Specialist and Tertiary Care Medical Representation remains unfilled, this is being pursued through the Executive Medical Directors Office.
2b	Assurance	There are no issues/matters for assurance.
2c	Advise	The Forum wish to Advise members of the Board that HPF noted several challenges raised by various professional representatives including: 1. North Wales Local Medical / Primary Care representative: • Ongoing workforce shortages. • Slippage of work from other areas, without the associated remuneration / appropriate resource allocation. 2. Nursing Representative: • Nursing members of the Royal College of Nursing voted overwhelmingly to reject the 2024/25 pay award. There is current conversation relating to next steps but there is the protentional for this to include progression to a ballot for industrial action. 3. Mental Health and Learning Disabilities Representative: • Whilst there has been some reduction in out of area placements as a result of targeted efforts, use has plateaued at a level that remains unsustainable from a clinical and financial perspective. An improvement plan has been developed.

		4. Midwifery Representative: Highlighted the planned National Perinatal Assurance Assessment to be led by an Independent Chair. The assessment and will include a focus on governance processes, leadership, service user experience and a clinical notes review. 5. HPF noted continued ongoing recruitment process challenges across all professional groups, exacerbated by a pack of training / clinical placement opportunities in some areas.
2d	Review of Risks	Nothing to note.
2e	Sharing of learning	No learning to be shared.
3	Actions to be considered by the	There were no actions to be considered or referred to another Committee.

Teitl adroddiad: <i>Report title:</i>	EXECUTIVE COMMITTEE			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 27 November 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	Since the last Executive Committee report to Board in September, the Executive Committee has convened on 3rd September, 17th September, 1st October, 15th October and 29th October. These meetings have focused on strategic service developments, governance enhancements, and financial oversight aligned with the Health Board's priorities. Members are asked to note the report and the progress made across key areas of transformation and governance			
Argymhellion: <i>Recommendations:</i>	Members are asked to: NOTE the report from the Executive Committee.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive Officer			
Awdur yr Adroddiad: <i>Report Authors:</i>	Catrin Williams, Head of Corporate Office			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> ☒	I Benderfynu arno <i>For Decision</i> ☐	Am sicrwydd <i>For Assurance</i> ☐	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> ☐ 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> ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence /</i>	Rhannol <i>Partial</i> ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in</i>	Dim Sicrwydd <i>No Assurance</i> ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

	evidence in delivery of existing mechanisms / objectives	delivery of existing mechanisms / objectives	
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>		This work links to all strategic objectives of the Health Board.	
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this. It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.	
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>		This is not applicable for this report.	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>		This is not applicable for this report.	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>		This content of the report aligns work relating to, amongst other elements, corporate risks and board assurance framework, as the Committee oversees delivery of the healthboard strategic objectives and management of the organisation.	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>		The effective management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste	

Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Failure to have effective leadership Corporate Governance can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	None
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<i>Next Steps:</i> To continue to improve and report on the leadership, management and oversight of delivering the organisations strategic objectives.	
<i>List of Appendices:</i> None	

EXECUTIVE COMMITTEE REPORT

Since the last report the Executive Committee has convened on 3rd September, 17th September and 1st October. These meetings have focused on strategic service developments, governance enhancements, and financial oversight aligned with the Health Board's priorities.

The Executive Committee meets in private and therefore there may be some items of business that are considered to be confidential in accordance with the Health Board Standing Orders.

1.0 Meeting held on 3rd September 2025

1.1 Contracts & Capital Approvals

1.1.1 Planning Access and Booking Centre Commissioning Task Team Resource Requirement

The Committee endorsed the implementation plan for deploying previously approved funding to support planned care delivery. This ensures resources are in place to meet outpatient targets and maintain governance clarity.

1.1.2 Mobile Positron Emission Tomography-Computed Tomography (PETCT) Contract Tender

Procurement documentation for the mobile PETCT service was approved to ensure continuity until the new static unit is operational. The final contract award will return to the Committee for oversight.

1.2 Governance and Risk

1.2.1 Standing Orders & Standing Financial Instructions

The Committee reviewed updates to the governance framework, aiming to simplify decision-making and clarify responsibilities. Members supported the revised Scheme of Reservation and Delegation for submission to the Board and agreed to develop supporting materials and training to ensure effective implementation.

1.2.2 Planning Together for Winter 2025–26

The Health Board's self-assessment for winter readiness was approved for submission to Welsh Government. Members agreed to review certain ratings and ensure governance clarity around sign-off of the joint regional plan.

1.2.3 BCUHB General Ophthalmic Services (WGOS) Annual Report

The statutory WGOS report was noted and approved for submission to Welsh Government, subject to minor editorial refinements. Future versions will aim to include more patient experience data alongside performance metrics.

1.3 Radiology Informatics System Procurement (RISP)

The Committee noted readiness for the delayed system go-live, now scheduled for early September. Members confirmed support for the cutover plan and stressed the importance of robust governance and contingency planning.

2.0 Meeting held on 17th September

2.1 Contracts & Capital Approvals

2.1.1 Planned Care Delivery: Insourcing Requirements – Dermatology

Members received a report noting the significant backlog in dermatology and approved the direct award for the insourcing contract for up to £0.9m until 31 March 2026 utilising funding from £5m allocation and £34m planned care fund as backup.

2.2 Governance and Risk

1.2.1 Executive Policy Oversight Group (EPOG) Report

Update on EPOG outcomes: NHS Worldwide Scholar Policy and Quality Regulatory Policy approved with minor changes. Work underway to create a framework for engagement with all regulators beyond HIW and CIW.

1.2.2 Statutory Compliance Report

Members considered the Statutory Compliance Report which reported on internal audit actions, Audit Wales recommendations, policy management, and COVID inquiry. Six Audit Wales recommendations and several internal audit actions approved for closure. Concerns noted about overdue high-risk policies.

1.2.3 Risk Management Policies & Procedures

Members considered and recommended approval of the Risk Management Framework and supporting procedures for onward consideration by the Audit Committee and the Board.

1.2.4 Major Change Programme Report – Urgent & Emergency Care

Members received a report on the Urgent and Emergency Care Major Programme.

2.3 New Job Evaluation Policy & Process

Members considered and approved the Job Evaluation Policy and process and agreed to develop local implementation protocol with clear roles, performance indicators, and training.

2.4 Citizens Experience & Engagement Report

Members received the report and agreed with the direction of travel in terms shaping this into a wider Citizens Experience and Engagement Report that would cover how the citizen voice influences decision making. This report would be developed and shaped with feedback from the Planning, Partnerships and Public Health Committee and the Board.

2.5 Charitable Funding

Committee considered charitable funding requests before onward consideration by the Charitable Funds Committee.

3.0 Meeting held on 1st October

3.1 Contracts & Capital Approvals

3.1.1 Management of Fixed Term Contracts

Members received a report noting that the number of staff on Fixed Term Contracts had reduced by 26% since April 2024 due to stronger internal controls and governance. The committee reaffirmed support for previous recommendations; approved enhanced workforce planning and redeployment pathways; endorsed inclusion in management training; update to return by December 2025.

3.1.2 Apprenticeship Pay

Members considered and approved a proposal to standardise apprentice pay in the Health Board using National Minimum Wage by Age. It was agreed that Apprenticeship Framework for the organisation should be developed.

3.2 Governance and Risk

3.2.1 Gender, Race and Disability Pay Gap Reports

Members received and approved the Gender, Race and Disability Gap Reports noted that the gender pay gap: mean 24.49%, median 6.15%; race pay gap negative (non-white staff earn more); disability gap affected by under-reporting.

3.2.2 Workforce Race Equality Standard (WRES)

Members received the Annual Workforce Race Equality Standard Report and noted the low declaration rates. Members agreed work was required to address the key issues in the report and that

3.3 On-Call Arrangements

Members received an update on the internal audit on-call arrangements and agreed that further work was required on this before consideration by the People and Culture Committee.

3.4 Substance Misuse in North Wales Briefing

Members received the briefing on substance misuse noting this would be considered by the Planning, Partnership and Population Health Committee. It was agreed that the briefing should be broaden scope to include addictions themes.

3.5 Clinical Audit Forward Plan 2025–2026

Members received the Clinical Audit Plan for onward consideration by the Audit Committee.

It was agreed to develop Clinical Audit Improvement Plan; ensure alignment with strategic priorities and for a further report to be brought to the Executive Committee and Audit Committee in December.

4.0 Meeting held on 15th October

4.1 Contracts & Capital Approvals

4.1.1 AccuRx Primary Care Booking System

Members approved the contract for digital system supporting GP access and consultations.

4.2 Governance and Risk

4.2.1 Corporate Governance Improvement Plan

Members received the draft Corporate Governance Improvement Plan which aligns with Integrated Medium Term Plan and consolidates governance themes from audits and reviews.

4.2.2 Regional Partnership Board Report Briefing

Members noted the report from the last meeting and agreed to revisit governance arrangements and strengthen engagement with Public Service Boards and regional partners.

4.2.3 Medical Device Regulations Preparedness

Members received a report on the readiness for the Medical Device Regulations noting that the Health Board was performing relatively well but gaps exist in some areas. It was agreed that further development of governance and assurance was required and the committee agreed future reporting to clarify financial implications and regulatory exposure.

4.2.4 Update on Revised Policy Management Process

Members received and support the proposal for the governance and simplification of the approval pathways.

5.0 Meeting held on 29th October

5.1 Governance and Risk

5.1.1 Strategic Planning and Change Group – AAA Report

Members received a report on the progress of the major change programmes, key progress and service change. It was noted that there were risks related to the delivery of the Llandudno surgical hub, Laboratory Information Management System (LIMS) and Electronic Prescribing and Medicines Administration (EPMA) integration issues.

5.1.2 Planned Care Programme Terms of Reference

Members received and approved the terms of reference subject to minor amendments

5.1.3 Perinatal Self-Assessment

Members received an update on national submission process for maternity and neonatal services noting the self-assessment had been completed, Executive Director oversight as part

5.1.4 Nurse Staffing Act

Members received the statutory six-monthly review under Section 25B of the Act noting that the staffing levels remain safe.

5.2 Value and Sustainability Major Change Programme

Members received and supported the report setting out the shifting focus from cost savings to clinically-led value improvement. Programme integrates cost, outcomes, experience, and productivity.

It was agreed to include case studies and to also ensure that value and sustainability principles are embedded into planning and business cases.

5.3 Director of Public Health Annual Report

Members received the draft statutory report themed on “building health” through asset-based approach. Members requested clearer statutory context, stronger Welsh language presence, and sharper narrative on health outcomes.

5.4 Urgent & Emergency Care Major Change Programme

Members received a report and had a detailed discussion in relation to the urgent and emergency care transformation that was required. It was noted that the programme was in early development; need for public-facing metrics and stronger accountability. Recruitment for programme director underway.